



Future Fit Pre-Consultation Engagement Report

May 2018



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Introduction

This document summarises the engagement that has been carried out since 2013 around the Future Fit programme until the start of the formal public consultation in 2018. It details how we have developed our communication and engagement process based on feedback from stakeholders, patients their families and carers, members of the public, clinicians and GPs.

Call to Action



In July 2013, NHS England called on the public, NHS staff and politicians to engage in an open and honest debate on the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients. In response to this national initiative, Shropshire and Telford & Wrekin CCGs agreed to undertake a joint Call to Action engagement process.

Almost 3,000 people took part in a short survey which asked for people's views on healthcare across the region. A key outcome of the survey was that 59% of respondents addressed the issue of access to healthcare services. Out of the 1,034 comments received about improving local services, 61% referred to improving access to GPs or GP out of hours services.

The Call to Action closed in November 2013 with a conference where the results of the survey were shared and discussed. There was agreement from those taking part on the need for radical change within the local NHS. The CCGs pledged to undertake a programme of work called Future Fit which would look at how the need for change could be translated into local safe and sustainable NHS services for the future.

Future Fit principles

The following principles were developed at the conference which we have and continue to adhere to:

- Patients are at the heart of everything we do
- All factors have been taken into account
- All decisions must be based on accurate or best available information
- There is shared confidence that problems and issues will be addressed
- Decisions will be objective and rational, but also compassionate
- Processes will be transparent
- Decisions will be based on shared principles
- There must be two-way, honest and accurate communication with affected people
- Easily understandable language must be used
- Everyone affected by a decision must have an equitable opportunity to be involved in helping shaping the decision
- A decision must attempt to address the problem for as many people as it can
- Any risks arising from the decision must be identified and mitigated as far as possible
- There must be access to specialist advice to help make the decision
- Ongoing monitoring must be in place to ensure the outcome of a decision is as expected.

Engagement approach

We developed our approach to engagement as a result of feedback from patients, public and other stakeholders. In this section we explain what people said and what we said we would do as a result of that feedback.

You said ... Involve all groups and individuals

We will ... Recognise that there is a wide range of stakeholders for this programme and we will have to make best endeavours to engage with as many as possible within the time and resources available. The table below shows whom we will engage with, who will lead the engagement plus where and when the engagement is needed.

The following chart details the different stakeholder types that were identified and how we would engage with them:

Whom to engage with	Who leads the engagement	Where	When
Public/Patient Engagement <ul style="list-style-type: none"> • Patient groups • Councils; borough, parish and town • Community and patient leaders • Seldom heard and vulnerable groups • Media • Voluntary sector providers • Social care providers • Healthwatch • Patients, carers and the public • Montgomeryshire Community Health Council 	Lead clinicians, Executive Teams and Engagement & Communications Team	Extensive programme of outreach to meet people where they are plus use of research and insight as described below	Ongoing until commencement of formal consultation.
Future Fit Champions <ul style="list-style-type: none"> • Patient Groups • Healthwatch • Engagement & Communications Workstream Members • Voluntary Sector Organisations • Social Housing Teams 	Engagement & Communications Team	Attend their meetings to agree the support they are willing and able to offer	Ongoing throughout the programme

Whom to engage with	Who leads the engagement	Where	When
<ul style="list-style-type: none"> Youth Health Champions <p>These are groups who through the engagement to date have indicated that they would be willing to actively support Future Fit to spread the message and gather views/feedback</p>			
<p>Leadership Engagement</p> <ul style="list-style-type: none"> Professional bodies MPs Councillors Health Overview & Scrutiny Committees Other relevant local authority committees and senior officers Regulators NHS England Local Area Team & Trust Development Authority Gateway Review Team Health and Well Being Boards Neighbouring Clinical Commissioning Groups & Trusts Programme Board members 	<p>Senior Responsible Officers and Lead Clinicians with support from executive teams and the programme engagement and communications lead</p> <p>Engagement & Communications Lead to map individuals and committees who need to be engaged</p>	Regular formal and informal meetings	Ongoing throughout the programme
<p>Programme Engagement</p> <ul style="list-style-type: none"> Engagement and Communications Workstream members Programme Team and other workstreams Programme Board 	Engagement & Communications Workstream Lead supported by Engagement & Communications Team	<p>Monthly meetings supplemented by email updates</p> <p>Update reports to fortnightly Programme Team for cascade to other Workstreams</p> <p>Formal reporting to each</p>	Ongoing throughout the programme

Whom to engage with	Who leads the engagement	Where	When
		Programme Board	
Internal Engagement: <ul style="list-style-type: none"> Clinicians Local NHS staff NHS staff union representatives 	Lead clinicians supported by Engagement & Communications Team Executive Teams supported by Engagement & Communications Team Engagement & Communication Workstream Reps	Extensive programme of outreach to meet clinicians and staff where they are plus use of research and insight as described below Seek advice regarding how the local convenors should be engaged in the programme	July 2014 to 8 weeks prior to commencement of formal consultation 8 weeks needed for preparation of consultation material and series of approvals June/July 2014 onwards

You said ... Work with organisations that have existing networks

We will ... Develop Future Fit Champions

Through our 'shaping engagement' events we have heard a clear message that our patient groups, Healthwatch, voluntary sector organisations, Young Health Champions and others are keen to help. We welcome this rich resource and will support these groups, that we refer to as 'Future Fit Champions', with the training, materials and other support to allow them to be able to reach out on our behalf and gather views and feedback from their networks. Being a Future Fit Champion will not be limited to external groups, we will encourage clinicians and our NHS staff to take messages out to their teams and feedback responses. **This will be a key feature of our engagement approach.**

You said ... Go to where people are

We will ... Continue the good practice of Call to Action, reaching out and attending groups, events and meetings across the three commissioning areas; Shropshire, Telford & Wrekin and mid Wales.

Throughout the consultation period, a cohort of Senior Responsible Officers, Executives, clinicians and Future Fit Champions will be provided with the training and materials needed to get the Future Fit messages out on the ground. They will be attending groups such as:

- Parish and Town Councils
- Clinical Networks
- Special interest groups e.g. Women's Institute, Carer Networks, Cancer Support Groups, parent and toddler groups
- Groups representing people with protected characteristics, e.g. Age UK, ethnic minority groups, women's support groups, etc.
- Isolated communities that do not have access to convenient transport links
- Large crowd events such as Shrewsbury Flower Show and County Shows

You said ... There is a need for genuine consultation, opportunities to feed into the debate and providing a wide range of ways to be involved.

We will ... Identify what can be influenced at each stage of the programme and provide a variety of means for people to be involved in the ongoing debate which will include:

- Focus groups
- Large and small-scale public events where people can be informed of progress and where they can learn how they can contribute to the process
- Large-scale public events where large numbers of people can engage in an interactive format rather than being talked at from a stage
- Smaller-scale public events (such as Local Joint Committee meetings or Patient Group meetings) where people can be informed of progress and consulted on proposals and developments
- Surveys supplied electronically, hosted on the website, by text and provided in hard copy
- Twitter chats
- Going to where people are – see above

You said ... Ensure we reach all possible groups and individuals and closing the loop

We will ... Actively monitor participation to identify who we have made contact with and more importantly, who we haven't

In order to ensure we are meeting our statutory duties to engage and involve all sections of society we will gather equality and demographic information with every contact. The monitoring form will be provided online and in hard copy. We will encourage every person

who engages with Future Fit through any type of activity to provide this information. Though it would not be possible to engage with every resident of Shropshire, Telford & Wrekin and mid Wales, we can ensure that we monitor our coverage to ensure it is representative of the population as a whole and target any under-represented groups. Capturing information and storing it systematically will also allow us to be able to continue the dialogue with individuals who have taken part and to demonstrate how their efforts have influenced the programme therefore closing the loop.

You said ... The impact on populations in mid Wales as well as Shropshire and Telford and Wrekin should be taken into account at all stages

We will ... Develop a specific plan for engagement in mid Wales

It is appreciated that many people living in Powys currently rely on hospital services provided in Shrewsbury and Telford for their care, particularly acute care. The Future Fit Engagement & Communications Team will work with colleagues at Powys Teaching Health Board on a specific plan for mid Wales, taking into account the needs of this rural community and the requirements of Welsh regulations and legislation. A 'shaping engagement' event hosted by Montgomeryshire CHC was held in April 2014. We will also translate all consultation materials into Welsh and provide Welsh subtitles to any videos.

You said ... We need specific approaches for those with learning difficulties, disabilities and English as a second language

We will ... Co-create solutions with our voluntary sector colleagues

The Future Fit team has access to local and national expertise in engaging groups for which traditional approaches will not suffice. Working with our voluntary sector colleagues we intend to co-create events/methods for these groups that will include innovative engagement. We will also create an Easy Read version of the consultation document and will translate the consultation document into other languages, on request.

You said ... keep politics out of the debate

We will ... focus on health and best outcomes for patients

We need to keep our local Councillors and MPs informed and updated about the progress of this important programme. However, we will ensure that the debate in our engagement activities is about health and best outcomes for patients. Political debates are best discussed in other more appropriate settings.

Communications approach

We developed our approach to communication as a result of feedback from patients, public and other stakeholders.

With whom?	By whom?	How?	When?
<p>Public/Patient Engagement</p> <ul style="list-style-type: none"> • Patient groups • Councils; borough, parish and town • Community and patient leaders • Seldom heard, hard to reach and vulnerable groups • Media • Voluntary sector providers • Social care providers • Healthwatch • Patients, carers and the public • Montgomeryshire Community Health Council 	<p>Engagement & Communications Team</p>	<p>You said...all media</p> <p>We will...provide proactive media activity to keep up public awareness of the programme to include:</p> <ul style="list-style-type: none"> • Press releases • Radio interviews • Local television • Social media • YouTube channel <p>Regular syndicated news items to go into local newsletters and websites</p>	<p>Ongoing throughout the programme</p>
<p>Future Fit Champions</p> <ul style="list-style-type: none"> • Patient Groups • Healthwatch • Voluntary Sector Organisations • Social Housing Teams • Youth Health Champions <p>These are groups who through the engagement to date have indicated that they would be willing to actively support Future Fit to spread the message and gather views/feedback</p>	<p>Engagement & Communications Team</p>	<p>You said...prepare information packs.</p> <p>We will...provide a monthly 'pick and mix' to include:</p> <ul style="list-style-type: none"> • News articles to include in local publications • Newsletters • Surveys • Question of the month • Slide deck and key messages • Blog content <p>Training to ensure champions are confident</p>	<p>June 2014 onwards</p>

With whom?	By whom?	How?	When?
		in delivering messages	
<p>Leadership Engagement</p> <ul style="list-style-type: none"> Professional bodies MPs Councillors and HOSC Chairs Regulators NHS England Local Area Team Gateway Review Team Health and Well Being Boards Neighbouring CCGs 	Engagement and Communications Team	Programme Bulletin after each Programme Board to update on progress and any decisions made	Week after Programme Board
<p>Programme Engagement</p> <ul style="list-style-type: none"> Engagement and Communications Workstream members Programme Team and other workstreams Programme Board 	Engagement and Communications Team	Programme Bulletin after each Programme Board to update on progress and any decisions made	Week after Programme Board
<p>Internal Engagement:</p> <ul style="list-style-type: none"> Clinicians Local NHS staff NHS staff unions representatives 	Engagement & Communications Team	<p>Regular syndicated news items to go into local newsletters and websites</p> <p>Information packs to support colleagues who want to become Future Fit Champions to gather feedback</p> <p>Seek advice from local convenors on their preferred way to receive communication</p>	<p>Ongoing throughout the programme</p> <p>June 2014 onwards</p> <p>June/July 2014 onwards</p>

You said ... Be clear and easy to understand and communications should be accurate and honest

We will ... Identify a small group of patient readers

We will set up a patient reading group to work with us on developing and checking content for our consultation documents before it is published. The patients and public who have taken part in the three key events listed in the introduction were very clear that the only way to build trust in the programme and to challenge cynicism is to communicate regularly, accurately and honestly. This test will apply when the patient readers check the communications content for the programme.

You said ... Develop specific approaches for those with learning difficulties, disabilities and English as a second language

We will ... Create alternative formats of our consultation documents and a video with subtitles

We will work with experts Easy Read Online to provide an Easy Read version of the consultation documents. We will also test it out with a local group of people with learning difficulties before it is printed. We will also have the consultation documents and materials translated into Welsh and, on request, provide in alternative languages. And we will provide the documents in a Word version which can be used with a screen reader and in a large print format. In addition, we will develop a video which explains the proposed changes with subtitles. All documents and the video will be available on our website and at our public events.

How we have involved people from 2015 until now

Over the last four years, we have made every effort to listen to and involve as many people as possible. We have held a number of events across Shropshire, Telford and mid Wales and talked to thousands of people, asking their views and suggestions on how we can improve our hospitals. This includes:

- More than 40 focus groups with patients, families and the public, including hard-to-reach groups
- Over 40 pop-up information stands (drop-in style events for members of the public in town centres, libraries, etc.)
- 6,000 people took part in our 3 telephone surveys
- Responded to over 50 written requests for information
- Adverts in local newspapers
- Media releases
- Live radio interviews answering questions from the public
- Flyers and publications
- 10,000+ people reached through Facebook
- Regularly updated and widely promoted Future Fit website.
- Circa 281,835 visits to the NHS Future Fit website from January 30th 2014 to 30th May 2018.
- Over 100 talks given to a wide range of groups, including Healthwatch, local councils, Community Health Council, schools, colleges and universities

- Over 40 briefings to MPs.

You can read the full list of engagement activity in Appendix 1.

You can read details of when and where engagement activity was discussed and reported to the NHS Future Fit programme board, the joint health and overview scrutiny committee and the CCGs boards and joint boards in Appendix 2

You can read in more detail about the engagement activity undertaken in Appendix 3.

Engaging with seldom heard groups

Working with colleagues in voluntary organisations, we have been able seek the views of people from many different communities. This includes traveller communities, people with drug or alcohol problems, homeless people, people with disabilities, LGBT community, people with mental health issues and those from Black Minority Ethnic (BME) communities. This included a series of focus groups and 'deliberative events'

In addition, we have met with and talked to people across mid Wales, taking into account the needs of this rural community and the requirements of Welsh regulations and legislation. Working with our voluntary sector colleagues, we were able to develop specific ways of involving people with learning difficulties, disabilities and English as a second language.

In 2015, to support understanding of key issues for those with protected characteristics the Future Fit Programme Board commissioned a pre-engagement activity and report, entitled Future Fit: Protected Characteristics Engagement Report. The intention of the exercise was to gain a better understanding of how to engage with groups with protected characteristics in preparation for the full integrated impact assessment (IIA) and consultation process.

In 2016 the Future Fit Programme Board commissioned an Integrated Impact Assessment report from ICF Consulting Service and the Strategy Unit, Midlands and Lancashire Commissioning Support Unit. The aim of the IIA was to conduct a robust, independent assessment of the potential impacts and equality effects of the preferred options; it includes economic, environmental, health and equalities impact assessments. In 2017 an additional analysis for the integrated impact assessment was commissioned for the proposed changes to the women and children's services. During the development of these activities, we engaged with a range of specific groups to consider their views and recommendations have since been captured in the IIA Mitigation Action Plan.

Involvement of hospital staff

The Shrewsbury and Telford Hospital NHS Trust has also continually listened to and involved its doctors, nurses and other staff, patients, families and the public in the development of the proposals for formal consultation. This activity has included Task and Finish Groups, technical team meetings, updates and presentations to community groups, weekly roadshows at both hospitals, planning workshops, 'critical friend' groups, 'gossip' groups and an information stand at the Trust's fun day/ Annual General meeting.

Since March 2016, The Shrewsbury and Telford Hospital's Sustainable Services Programme have carried out over 100 weekly roadshows for staff, patients and visitors at both hospitals.

You said, we did

This table captures some of the key feedback from our engagement with people across Shropshire, Telford & Wrekin and mid Wales and what we have done to address this.

You said	We did
<p>'Each geographical area in Shropshire has different requirements for urgent care services'</p> <p>'People want an emphasis on services and that current buildings are not being used to their maximum potential'</p>	<p>Without dismissing the importance of NHS buildings, we are focusing on the services that provide urgent care to local people.</p> <p>We are combining services and teams and working closely with voluntary organisations.</p> <p>We are looking for new and better ways of using our buildings.</p> <p>We are aiming to give people confidence in local urgent care services.</p> <p>All this has become the foundation of our neighbourhoods workstream as part of our Sustainability and Transformation Plan.</p>
'Have two vibrant hospital sites'	The Strategic Outline Case was developed with this key point in mind. It moved away from a 'hot/cold' site to two 'warm' sites that would create two vibrant hospital centres.
'Keep most of the A&E services for each area'	The two Urgent Care Centres (one at The Princess Royal Hospital, one at The Royal Shrewsbury Hospital) will be open 24 hours a day, seven days a week. 60% of people who access our existing A&E departments will go to the same hospital in the future.
'Doctors and nurses told us they did not like the C2 option (the emergency centre in Shrewsbury and services for women and children in Telford – so on different sites). They said it would not work in the long term.'	This feedback was reflected in reports and this led to C2 being scored lowest when options were examined
'In our initial Call to Action you said that public views must be considered when decisions are made'	Our communications and engagement strategy was based on people's feedback in the Call to Action event. This included a telephone survey. Patients have been involved at every stage of developing the proposals and will now be asked their views on those proposals in this consultation.
'Senior leaders must listen to public opinion and give assurances throughout the process'	On several occasions we have delayed our schedule to undertake work to ensure our processes are robust. For example, one delay allowed necessary work to be undertaken on the county deficit reduction plan. This happened following strong public feedback.
'Patients should be involved in deciding	We have undertaken sample surveys of patients' recent

what buildings and services will look like under the new proposals'	experiences of our hospital services. This work was used to develop the Outline Business Case and options.
'You must involve people who use the services a lot but are not easily heard through the usual communication and engagement methods'	<p>We have undertaken a number of engagement exercises working alongside voluntary partners such as Impact, Fresh, RAFT, Healthwatch and engagement partners Participate.</p> <p>We have heard directly from people with protected characteristics such as people from black and minority ethnic communities, young mothers with children, young people, older people, drug and alcohol addiction dependents, travellers and the homeless. We learnt about how current services are accessed, information that will feed into the Integrated Impact Assessment, that specific impacts regarding travel distances weren't necessarily the most important but that getting the right care was. This information was used for developing options and the Outline Business Case.</p>
'Give us a say about formal consultation'	We held focus group meetings across the county and Powys to understand how local people, patients, councillors and others would like to see us run the consultation. This was used in drawing up our consultation plan, for example we will set aside a week in the middle of the consultation period to take stock of responses so far, emerging priorities and ensure there are no gaps. We will ensure patient representatives are part of this review.

How people's views have informed how we reached decisions

In 2015, following a year of listening phase, over 40 potential ideas were developed. A robust process was carried out which included a series of meetings, a feasibility study and shortlisting panel. These meetings received information from feedback gathered since the Call to Action and public and patient representatives were in attendance.

During this process, these 40 ideas were narrowed down to the following four options:

Option A: Do nothing

Option B (now known as Option 2): Emergency Care at the Princess Royal Hospital and Planned Care at the Royal Shrewsbury Hospital

Option C1 (now known as Option 1): Emergency Care at the Royal Shrewsbury Hospital and Planned Care at the Princess Royal Hospital

Option C2: Emergency Care at the Royal Shrewsbury Hospital and Planned Care at the Princess Royal Hospital with women and children's inpatient services retained at the Princess Royal Hospital.

Reaching two options

In September 2015, an Options Appraisal workshop took place which invited representatives from over 50 organisations from across Shropshire, Telford & Wrekin and mid Wales to form a panel. This included Shropshire and Telford CCGs, The Shrewsbury and Telford Hospital NHS Trust, Powys Teaching Health Board, Shropshire and Telford & Wrekin Councils, Powys Community Health Council, Healthwatch Shropshire, Healthwatch Telford & Wrekin, the Welsh Ambulance Service and the West Midlands Ambulance Service, NHS England and patient representatives.

Each panel member was provided with an evidence pack which you can view on our website www.nhsfuturefit.org The panel looked at the non-financial impact that each option would have on four key criteria: Accessibility, Quality, Workforce and Deliverability. As a result of this, Option C1 (now option 1) and Option B (now option 2) received the highest scores and therefore these are the two options that we will be consulting on.

For more detail on how this was influenced by feedback from our engagement, please see Appendix 3.

Integrated Impact Assessments

In 2015, to support understanding of key issues for those with protected characteristics the Future Fit Programme Board commissioned a pre-engagement activity and report, entitled Future Fit: Protected Characteristics Engagement Report. The intention of the exercise was to gain a better understanding of how to engage with groups with protected characteristics in preparation for the full integrated impact assessment (IIA) and consultation process.

In 2016 the Future Fit Programme Board commissioned an Integrated Impact Assessment report from ICF Consulting Service and the Strategy Unit, Midlands and Lancashire Commissioning Support Unit. The aim of the IIA was to conduct a robust, independent assessment of the potential impacts and equality effects of the preferred options; it includes economic, environmental, health and equalities impact assessments. In 2017 an additional analysis for the Integrated Impact Assessment was commissioned for the proposed changes to the women and children's services.

The purpose of the IIA was not to determine the decision; rather it was to assist in decision-making. The IIAs presented evidence-base practical understanding of key issues for Shropshire, Telford & Wrekin and mid Wales people and service users in order to promote and protect patient well-being; and also reduce health inequalities.

As a result of these two Integrated Impact Assessments, a mitigation action plan was developed, including key actions for various workstreams to consider and take into account the views and needs of our population, including those under the none protected characteristics and the additional four areas the programme considers:

- Deprivation/ people living in poverty
- Rurality/ people who are geographically isolated
- Caring/ people who have caring responsibilities
- Welsh language community.

This feedback and the actions feed into the planning for wider consultation activity and the focused work to reach those who may be more significantly affected by any potential changes, including seldom heard groups. All actions are monitored through the governance processes of the Future Fit Programme.

Independent assurance

Throughout the NHS Future Fit programme, we have followed a rigorous assurance process to ensure that we have followed a robust process which has involved a number of independent experts reviewing and commenting on our proposal:

Organisation	Who are they	Its involvement
The West Midlands Clinical Senate	A professional group of doctors, nurses and other health and care professionals who advise, and where necessary challenge, all parts of the healthcare system to drive improvement. They use their knowledge of the local healthcare system to help commissioners make the best decisions about healthcare for local people.	<ul style="list-style-type: none"> • Undertook a review of the current challenges and the proposed clinical model • Assessed the clinical quality, safety and sustainability of the Future Fit programme's models under consideration • Supported the decision that doing nothing was not an option and that the women and children's inpatient services must be located on the Emergency site
North West Midlands and North Wales Critical Care and Trauma Network	Part of the Midlands Critical Care and Trauma Networks which includes 33 hospitals. Its members include clinicians that practice in critical care and trauma services. Its role is to oversee the hospital services we provide.	<ul style="list-style-type: none"> • Provided an opinion on the impact of any change to the location of emergency and trauma services within the county • Provided an opinion on the preference of the location of the Emergency Department
Manchester Transformation Unit	Internal NHS consultancy that provides comprehensive programme management support in the UK.	<ul style="list-style-type: none"> • Conducted an independent review of the clinical evidence for the location of the women and children's inpatient services and its proposed location alongside the Emergency Department
NHS England	An executive non-departmental public body of the Department of Health. NHS England regulates the Clinical Commissioning Groups that buy and make decisions about our healthcare services. It also manages the contracts for GPs, pharmacists and NHS dentists.	<p>Conducted a series of reviews to ensure:</p> <ul style="list-style-type: none"> • the CCGs are ready to consult with the public on options for change • the options are deliverable, both financially and clinically • there is a clear clinical evidence base • there is the support of GP commissioners • Patient choice has been considered and there has been effective engagement in developing the options
Joint Health Overview and Scrutiny Committees	A committee within Shropshire and Telford & Wrekin Councils. It includes councillors who are not on the Executive Committee or Cabinet of	<ul style="list-style-type: none"> • Scrutinised the ongoing planning and work of the Future Fit Programme throughout the three years

(HOSC)	either council and voluntary sector representatives. HOSC carries out an independent check on local healthcare services.	<ul style="list-style-type: none"> Representatives from HOSC attend the programme board
Powys Community Health Council (CHC)	Powys CHC is an independent statutory organisation which represents the interests of patients and the public in the National Health Service in Powys.	<p>Scrutinised the ongoing Future Fit programme</p> <p>Ensuring all activity meets the guidance for the NHS in Wales</p> <p>Approval procedure for public facing documents and plans</p>
Healthwatch Telford & Wrekin and Healthwatch Shropshire	Healthwatch organisations aim to give patients, service users, carers and the wider public a say in the way health and social care services are run. It uses public feedback about health and social care services to hold providers and commissioners to account. It aims to make sure that the patient voice remains at the centre of any decisions about service change.	<p>Critical friend to challenge commissioners on planning and decision making</p> <p>Supportive and involved in patient engagement activities</p>
Deloitte	Independent audit company commissioned by The Shrewsbury and Telford Hospital NHS Trust	Assessed and provided assurance that the Outline Business Case had been developed in line with standard procedures and accepted 'good practice'.
KPMG	Independent audit company commissioned by the Future Fit Programme	Undertook a four-week Independent Review. Assessed and provided assurance that the option appraisal was a robust process and was in line with best practice.
ICF Consulting	A global consulting and technology services provider	Carried out two Integrated Impact Assessments on the Future Fit Programme alongside the Strategy Unit of the Midlands and Lancashire Commissioning Support Unit.
Consultation Institute	A not-for-profit best practice organisation, supporting the delivery of high-quality public and stakeholder consultation in the public, private and voluntary sectors.	<p>Delivered training, advice and the latest guidance</p> <p>Reviewed consultation documents and surveys</p> <p>Providing Quality Assurance for the formal public consultation</p>

Appendix 1: Full list of engagement activity March 2014 to May 2018

Date	Location / meeting	Type of engagement
2014		
4 March 2014	Patient focus group: acute and episodic care	Programme update/presentation, workshop
4 March 2014	Patient focus group: planned care	Programme update/presentation, workshop
6 March 2014	Bishops Castle Local joint Committee	Programme update/presentation
19 March 2014	Shropshire Patient Group	Programme update/presentation
24 March 2014	Joint HOSC	Programme update/presentation
26 March 2014	Clinical Reference Group meeting (around 40 participants)	Programme update/presentation, workshop
2 April 2014	Acute and episodic care sub-group meeting (around 30 participants)	Programme update/presentation, workshop
3 April 2014	Newtown Health Group	Programme update/presentation
7 April 2014	Mental health cross cutting theme meeting (13 participants)	Programme update/presentation, workshop
9 April 2014	Long-term conditions sub-group meeting (16 participants)	Programme update/presentation, workshop
10 April 2014	Children's services cross cutting theme meeting (13 participants)	Programme update/presentation, workshop
14 April 2014	Engagement sessions, Telford	Engagement sessions
14 April 2014	Social care cross cutting theme meeting (12 participants)	Programme update/presentation, workshop
15 April 2014	Engagement session, Newtown	Engagement session
16 April 2014	Planned care sub-group meeting (10 participants)	Programme update/presentation, workshop
22 April 2014	Patient focus group: long-term conditions and frailty	Programme update/presentation, workshop
22 April 2014	Patient focus group: acute and episodic care	Programme update/presentation, workshop
24 April 2014	Secondary care cross cutting theme meeting (12 participants)	Programme update/presentation, workshop

24 April 2014	Health Round Table Telford and Wrekin	Programme update/presentation
25 April 2014	Engagement sessions, Shrewsbury	Engagement sessions
28 April 2014	Primary care cross cutting theme meeting (15 participants)	Programme update/presentation, workshop
30 April 2014	Acute and episodic care sub-group meeting (16 participants)	Programme update/presentation, workshop
30 April 2014	Patient focus group: acute and episodic care	Programme update/presentation, workshop
1 May 2014	Therapeutics cross cutting theme meeting (11 participants)	Programme update/presentation, workshop
2 May 2014	Patient focus group: long-term conditions and frailty	Programme update/presentation, workshop
6 May 2014	Patient focus group: planned care	Programme update/presentation, workshop
7 May 2014	Long-term conditions sub-group meeting (13 participants)	Programme update/presentation, workshop
8 May 2014	Community hospitals cross cutting theme meeting (13 participants)	Programme update/presentation, workshop
8 May 2014	Ambulance and transport cross cutting theme meeting (9 participants)	Programme update/presentation, workshop
8 May 2014	Patient focus group: planned care	Programme update/presentation, workshop
12 May 2014	Diagnostics cross cutting theme meeting (10 participants)	Programme update/presentation, workshop
13 May 2014	Ellesmere PPG	Programme update/presentation
14 May 2014	Planned care sub-group meeting (10 participants)	Programme update/presentation, workshop
15 May 2014	Women's services cross cutting theme meeting (11 participants)	Programme update/presentation, workshop
15 May 2014	7 ay working and workforce cross cutting theme meeting (13 participants)	Programme update/presentation, workshop
19 May 2014	Cancer cross cutting theme meeting (10 participants)	Programme update/presentation, workshop

20 May 2014	Primary care cross cutting theme meeting (19 participants)	Programme update/presentation, workshop
21 May 2014	Community hospitals cross cutting theme meeting (13 participants)	Programme update/presentation, workshop
21 May 2014	End-of-life cross cutting theme meeting (7 participants)	Programme update/presentation, workshop
22 May 2014	Therapies cross cutting theme meeting (15 participants)	Programme update/presentation, workshop
22 May 2014	Rural health solutions cross cutting theme meeting (21 participants)	Programme update/presentation, workshop
27 May 2014	IT cross cutting theme meeting (11 participants)	Programme update/presentation, workshop
28 May 2014	Clinical Reference Group meeting (around 60 participants)	Programme update/presentation, workshop
11 June 2014	Montgomeryshire Councillor briefing	Programme update/presentation
2 July 2014	Diabetes Group Shrewsbury	Programme update/presentation
2 July 2014	Severnside PPG	Programme update/presentation
9 July 2014	Better Care Fund Launch	Programme update/presentation
9 July 2014	Shropshire Voluntary Sector Group	Programme update/presentation
14 July 2014	Alzheimer's Carers Group Shrewsbury	Programme update/presentation
16 July 2014	Learning Disability Carers Group	Programme update/presentation
31 July 2014	Monkmoor WiC public meeting	Programme update
31 July 2014	Practice managers meeting	Information stand
1 August 2014	South Locality Board	Programme update/presentation
14 August – 1 September 2014	Cross section of population (1,015 participants)	Telephone survey
15 August 2014	Let's shape the future event, Wem (28 participants)	Deliberative event
16 August 2014	Let's shape the future event, Telford (19 participants)	Deliberative event
21 August 2014	Let's shape the future event, Newtown (17 participants)	Deliberative event
22 August 2014	Let's shape the future event, Shrewsbury	Deliberative event

	(44 participants)	
18 September 2014	Let's shape the future event, Oswestry (29 participants)	Deliberative event
19 September 2014	Let's shape the future event, Newport (26 participants)	Deliberative event
22 September 2014	Let's shape the future event, Newtown (23 participants)	Deliberative event
23 September 2014	Let's shape the future event, Ludlow (80 participants)	Deliberative event
9 October 2014	Healthwatch Telford and Wrekin Board	Updated at meeting
30 October 2014	South West Locality Patient Group Meeting, Craven Arms	Updated at meeting
31 October 2014	Health and Wellbeing Board	Updated at meeting
5 November 2014	Telford and Wrekin walkabout	Roadshow, handing out leaflets talking to people out shopping
7 November 2014	Let's shape the future event, Shrewsbury (34 participants)	Deliberative event
8 November 2014	Let's shape the future event, Telford (25 participants)	Deliberative event
14 November 2014	MP briefing	Programme Update
21 November 2014	Shropshire Seniors & Bridgnorth PPG workshops	Presentation
11 December 2014	HWB: Communication and Engagement Stakeholder Event	Presentation
17 December 2014	Focus groups with hard to reach groups	Focus groups and subsequent report
2015		
21 January 2015	Community walkabout Telford & Wrekin	Roadshow, handing out leaflets talking to people out shopping
28 January 2015	Staff briefing – T&W CCG	Programme update/presentation
4 February 2015	Ludlow Community Hospital league of friends	Programme update/presentation
11 February 2015	Staff Briefing T&W CCG	Programme update/presentation
12 February 2015	Joint HOSC	Programme update/presentation
18 February 2015	Staff Briefing T&W CCG	Programme update/presentation

20-21 February 2015	Pop up Telford Shopping Centre	Information stand
27-28 February 2015	Pop up Shrewsbury Darwin Shopping Centre	Information stand
6 March 2015	Pop up Whitchurch town centre	Information stand
9 March 2015	Donnington Parish Council meeting	Programme update/presentation
11 March 2015	Pop up Sodexo (T&W business)	Information stand
13 March 2015	Pop up Newtown	Information stand
14 March 2015	Pop up Much Wenlock	Information stand
17 March 2015	Telford & Wrekin Council members briefing	Programme update/presentation
18 March 2015	Pop up Market Drayton	Information stand
19 March 2015	Pop up Bridgnorth	Information stand
23 March 2015	Pop up Ludlow	Information stand
8 April 2015	Patients in Control event	Programme update/presentation
11 June 2015	Rural Urgent care workshop Bishops Castle	Focus group
15 June 2015	Rural urgent care workshop Whitchurch	Focus group
16 June 2015	T&W Council members briefing	Programme update/presentation
18 June 2015	Rural urgent care workshop Ludlow	Focus group
25 June 2015	Rural urgent care workshop Bridgnorth	Focus group
29 June 2015	Rural urgent care workshop Oswestry	Focus group
30 June 2015	Telford & Wrekin Parish Council meeting	Programme update/presentation
8 July 2015	Joint HOSC	Informal update
16 July 2015	Rural urgent care workshop Bishops Castle	Focus group
20 July 2015	Rural urgent care workshop Whitchurch	Focus group
28 July 2015	Shropshire Patients Group	Programme update/Presentation
6 August 2015	Rural urgent care workshop Ludlow	Focus group
10 August 2015	Rural urgent care workshop Bridgnorth	Focus group
13 August 2015	Rural urgent care workshop Oswestry	Focus group
17 August 2015	Hip and knee replacement workshop Market Drayton	Programme update/presentation
17 August 2015	Shropcom staff away day	Information stand

20 August 2015	Hip and knee replacement engagement workshop Oswestry	Programme update/presentation
26 August 2015	Hip and knee replacement engagement workshop Bridgnorth	Programme update/presentation
September 2015	Cross section of population (3,000 participants)	Telephone survey
1 September 2015	Hip and knee replacement engagement workshop Shrewsbury	Programme update/presentation
4 September 2015	Coffee morning Whitchurch	Programme update/presentation
7 September 2015	Shropshire Association of Local Councils	Programme update/presentation
14 September 2015	Shropcom away day	Information stand
8 October 2015	Shropcom away day	Information stand
9 October 2015	MP Briefing	Programme update
13 October 2015	Vol sector Age UK	Programme Update
13 October 2015	Local Joint Committee Gobowen	Programme update/presentation
17 October	Shropshire PPEC	Programme update/presentation
3-4 November 2015	2 focus groups with hard to reach community groups	Focus Groups
19 November 2015	Oswestry Equalities Group	Programme update/presentation
September / October / November 2015	Series of focus groups with hard to reach groups including: people with drug and alcohol problems; carers of people with long term drug and alcohol problems; homeless people; older people (independent living)	Focus Groups
15 December	Telford Parish Council Forum	Programme update/presentation
2016		
12 January 2016	Local Joint Committee, Cleobury, Chelmarch	Programme update/presentation
13 January 2016	Shropshire Council Cabinet	Programme update
18 January 2016	Telford & Wrekin Council Cabinet	Programme update
20 January 2016	Senior Citizens Forum	Programme update
20 January 2016	Pop up Telford	Information stand
24 January 2016	Telford Young Health Champions	Programme update
27 January 2016	Pop up Bridgnorth Hospital	Information stand

28 January 2016	Pop up Ludlow Hospital	Information stand
February 2016	Admission Avoidance Workshop with staff working in the community	Programme update, workshop
4 February 2016	Health roundtable Telford & Wrekin	Programme update
5 February 2016	Joint HOSC meeting	Programme update
9 February 2016	Pop up Whitchurch Community Hospital	Information stand
10 February 2016	Pop up Bishops Castle Community Hospital	Information stand
15 February 2016	Montgomeryshire Local Committee	Programme update
16 February 2016	Pop up Shrewsbury	Information stand
16 February 2016	Local Joint Committee, St. Oswald and Llanymynech	Programme update/presentation
22 February 2016	Mid Wales Health Collaborative	Programme update
25 February 2016	Pop up Princess Royal Hospital	Information stand
1 March 2016	Pop up Robert Jones and Agnes Hunt Hospital	Information stand
1 March 2016	Pop up Oswestry Memorial Hall	Information stand
9 March 2016	Interfaith forum Shrewsbury	Programme update
9 March 2016	Telford & Wrekin Young People's Forum	Programme update
11 March 2016	Pop up Royal Shrewsbury Hospital	Information stand
15 March 2016	Whitchurch RUCC briefing	Information session
16 March 2016	Bishops Castle RUCC briefing	Information session
21 March 2016	Ludlow RUCC briefing	Information session
21 March 2016	Shropshire Health & Wellbeing Comms and Engagement Board	Programme update
22 March 2016	Bridgnorth RUCC briefing	Information session
23 March 2016	Oswestry RUCC briefing	Information session
23 March 2016	Local Joint Committee, Market Drayton	Programme update
23 March 2016	Pop up Market Drayton	Information stand
24 March 2016	Powys stakeholders	Programme update
31 March 2016	Pop up Newtown	Information stand
1 April 2016	Online survey of local people asking about	Survey and report

	proposals	
8 April 2016	SOC drop in session for staff	Overview of SOC
8 April 2016	See and Hear Event	Programme update
13 April 2016	Local Joint Committee, Bridgnorth	Programme update
April 2016	Future Fit telephone survey – cross section of people (2,000 participants)	Telephone survey
19 April 2016	Clinical Reference Group	Programme update
21 April 2016	Local Joint Committee, Loton, Longden, Ford and Rea Valley	Programme update
22 April 2016	MP Briefing	Programme update
2 June 2016	Pop up SaTH (SOC)	Information stand
6 June 2016	Locality Board meeting	SoC update
9 June 2016	Pop up SaTH (SOC)	Information stand
13 June 2016	Shropshire Association of Local Councils Executive Committee	Programme update
13 June 2016	Pop up Llanidloes, mid Wales Collaborative Event	Information stand
13 June 2016	Locality Board Meeting	SOC update
20 June 2016	Oswestry Parish Council	Programme update
16 June 2015	Pop up SaTH (SOC)	Information stand
21 June 2016	Bridgnorth PPG	Programme update
21 June 2016	Powys stakeholder meeting	Programme update
22 June 2016	Telford PPG	Programme update
27 June 2016	Locality Board Meeting	Programme update
27 June 2016	Focus groups with hard to reach groups including people with drug and alcohol problems; carers of people with long term drug and alcohol problems; homeless people; mums and toddlers; travelers; LGBT groups	Focus groups and report
30 June 2016	Pop up SaTH (SOC)	Information stand
4 July 2016	Pop up Bridgnorth Library	Information stand

5 July 2016	Pop up Ludlow Library	Information stand
5 July 2016	Carers Partnership board	Information stand
6 July 2016	Whitchurch LJC	Programme update
6 July 2016	Carers Partnership board	Programme update
6 July 2016	Pop up Market Drayton Library	Information stand
7 July 2016	Pop up Whitchurch Library	Information stand
7 July 2016	Pop up Oswestry Library	Information stand
8 July 2016	Pop up Shrewsbury Library	Information stand
18 July 2016	Telford & Wrekin CCG practice forum	Programme update
18 July 2016	Health and Wellbeing Communications and Engagement Operational Group	Programme update
18 July 2016	North Locality Board Meeting	Programme update
20 July 2016	Clinical Senate	Programme update/presentation
21 July 2016	Shrewsbury & Atcham Locality Board meeting	Programme update
25 July 2016	Powys stakeholder meeting	Programme update
9 August 2016	Powys stakeholder meeting	Programme update
22 August 2016	South GP Forum	Programme update
29 August 2016	North GP Forum	Programme update
5 September 2016	Shifnal Medical Practice PPG	Programme update
7 September 2016	Montgomeryshire Council	Presentation
13 September 2016	Powys Stakeholder meeting	Programme update
14 September 2016	Telford & Wrekin Parish Council Forum	Programme update/presentation
14 September 2016	Shrewsbury and Atcham GP Forum	Programme update
15 September 2016	Shropshire Parent Carers Council	Programme update/presentation
19 September 2016	Pop up Senior Citizen's Forum	Information stand
19 September 2016	Telford GP Forum	Programme update
19 September 2016	North Shropshire Area Committee of the Shropshire Association of Local Councils	Programme update/presentation
20 September 2016	Pop up Wellington Library	Information stand

22 September 2016	PPG networking event	Programme update/presentation
21 September 2016	Pop up Oakengates Library	Information stand
22 September 2016	Pop up Southwater Library	Information stand
23 September 2016	Oswestry Health Group	Programme update/presentation
26 September 2016	Pop up Madeley Library	Information stand
26 September 2016	Powys Stakeholder Meeting	Programme update
27 September 2016	Alveley PPG	Programme update/presentation
30 September 2016	Pop up Newport Library	Information stand
3 October 2016	South GP Forum	Programme update
4 October 2016	Focus Group – Shrewsbury	Information giving
6 October 2016	Focus Group – Ludlow	Information giving
6 October 2016	T&W council members forum	Programme update/presentation
10 October 2016	Focus Group – Telford	Information giving
10 October 2016	Focus Group – Ludlow	Information giving
11 October 2016	North GP forum	Programme update
12 October 2016	Pop up Bridgnorth Library	Information stand
12 October 2016	Focus Group – Whitchurch	Information giving
17 October 2016	Pop up Bishops Castle	Information stand
17 October 2016	Shrewsbury & Atcham GP Forum	Programme update
18 October 2016	Pop up Shrewsbury	Information stand
18 October 2016	Telford GP forum	Programme update
18 October 2016	Joint HOSC	Programme update
19 October 2016	Pop up Market Drayton	Information stand
20 October 2016	Pop up Oswestry	Information stand
21 October 2016	Pop up Whitchurch	Information stand
1 November 2016	Pop up Welshpool	Information stand
2 November 2016	Shropshire council members meeting	Programme update/presentation
4 November 2016	Pop up Newtown	Information stand
10 November 2016	T&W carers partnership board	Programme update/consultation

14 November 2016	CHC Powys Committee	Programme update
17 November 2016	Local Joint Committee Gobowen	Programme update
22 November 2016	Mid Wales Health Collaborative	Information Stand
25 November 2016	Clinical Reference Group	Programme update
29 November 2016	Telford MIND Service user group	Programme update
6 December 2016	Carers Partnership Board	Programme update
9 December 2016	MP briefing session	Programme update
2017		
3 January 2017	Telford & Wrekin Fibromyalgia Group	Programme update
17 January 2017	Wellington Townswomen's Guild	Programme update and presentation - KD
23 January 2017	Health Awareness Forum, The Place, Oakengates	Information stand
25 January 2017	Ketley Companions	Programme update
25 January 2017	Shropcom staff away day	Information stand
1 February 2017	Joint HOSC	Programme update
13 February 2017	BBC Radio Shropshire debate (Defend our NHS and Mark Cheetham)	Programme discussion
15 February 2017	Shropshire Patients' Group	Programme update - SW
21 February 2017	Montford Bridge Parish Council	Programme update
28 February 2017	Pontesbury Women's Group	Programme update - KH
2 March 2017	Shifnal Medical Practice health group	Programme update
3 April 2017	Noor Women's Group, Arleston	Programme update
12 April 2017	Shropshire Down's Syndrome Group	Programme update and invitation to feed into W&C IIA
11 May 2017	FF Reading Group, Roden	Feedback on draft consultation document
19 May – 30 June 2017	Online survey (719 responses)	W&C IIA engagement
24 May 2017	Bowbrook Women's Group	Programme update - KH
16 June 2017	Festival Drayton	W&C IIA engagement
19 June 2017	Mascall Centre, Ludlow	W&C IIA engagement

19-30 June 2017	Powys engagement activity	W&C IIA engagement
21 June 2017	Palmers Café, SY1	W&C IIA engagement
23 June 2017	Cabin Lane Community Café, Oswestry	W&C IIA engagement
30 June 2017	W&C IIA focus group, Donnington	W&C IIA engagement
3 July 2017	W&C IIA focus group, Woodside	W&C IIA engagement
4 July 2017	Shropshire Young Health Champions, PRH survey	W&C IIA engagement
15 July 2017	Carnival of Giants event, Telford Town Park	Information stand
27 July 2017	FF Reading Group, Roden	Feedback on draft consultation document
10 August 2017	Joint Committee	Programme update
8 September 2017	Communications & Engagement Leads	Planning Meeting for provisional consultation start in October
12 September 2017	T&W CCG Board and AGM	Programme update and information stand
12 September 2017	Powys CHC Full Council Meeting	Programme Update
12 September 2017	Marsden GP Practice Open Day	Information stand
13 September 2017	Shropshire CCG Board	Programme update
14 September 2017	H&W Board Shropshire	Programme update
15 September 2017	PTHB Board Development Session	
20 September 2017	Shropshire Patient Group	Programme update
26 September 2017	Carers Partnership Board	Programme update
27 September 2017	PTHB Meeting	Programme Update
28 September 2017	SaTH Board	Programme Update
3 October 2017	H&W Shropshire C&E Committee	Programme Update
4 October 2017	Powys Communications & Engagement Leads	Planning meeting
10 October 2017	NHSE Assurance Panel	Programme update
12 October 2017	Clinical Design Workstream	Programme update
23 October 2017	Engagement Leads Shropshire Council	Engagement planning meeting
23 October 2017	Engagement Leads T&W	Engagement planning meeting

26 October 2017	Welshpool Referendum	Information giving
26 October 2017	FF Reading Group	Engagement planning meeting
1 November 2017	Gorge WI	Programme update
2 November 2017	Joint HOSC	Programme update
6 November 2017	Senior Citizen's Forum Meeting, T&W	Presentation and programme update
7 November 2017	VCSA Social Care Forum	Programme update
7 November 2017	Lawley WI	Programme update
13 November 2017	FF Programme Board	Programme update
14 November 2017	T&W CCG Board	Programme update and sign off draft consultation documents
15 November 2017	Shropshire CCG Extraordinary Board meeting	Programme update and sign off draft consultation documents
16 November 2017	NHSE Assurance Panel	Programme update
18 November 2017	Cleobury Mortimer	Information stand
28 November 2017	Carers Partnership Board	Programme update
5 December 2017	Joint HOSC	Programme update
6 December 2017	H&W T&W Board	Programme update
14 December 2017	Assurance Workstream	Programme meeting
2018		
9 January 2018	Health & Wellbeing Board	Programme update
9 January 2018	T&W CCG Board	Programme update
10 January 2018	Shropshire CCG Board	Programme update
16 January 2018	IIA Meeting	IIA Meeting
16 January 2018	VCSA Board	Programme update
18 January 2018	H&W Shropshire Board	Programme update
23 January 2018	Powys CHC	Programme update
24 January 2018	Stakeholder Reference Group Meeting	Comms and Engagement planning meeting
25 January 2018	Disability Network Meeting	Presentation
31 January 2018	Future Fit Programme Board	Programme meeting

8 February 2018	SaTH Board	Programme update
13 February 2018	T&W CCG Board	Programme update
14 February 2018	Shropshire CCG Board	Programme update
26 February 2018	Stakeholder Reference Group – T&W sub group	Comms and engagement planning meeting
27 February 2018	Stakeholder Reference Group – Shropshire sub group	Comms and engagement planning meeting
6 March 2018	JHOSC	Information only
6 March 2018	Stakeholder Reference Group	Comms and engagement planning meeting
12 March 2018	Stakeholder Reference Group – Telford sub group	Comms and engagement planning meeting
13 March 2018	T&W Board	Information only
14 March 2018	Shropshire Board	Information update
26 March 2018	Stakeholder Reference Group – Shropshire sub group	Comms and engagement planning meeting
3 April 2018	Stakeholder Reference Group	Comms and engagement planning meeting
4 April 2018	Future Fit Programme Board	Programme update
16 April 2018	Stakeholder Reference Group – Telford sub group	Comms and engagement planning meeting
25 April 2018	Health & Wellbeing Board	Future Fit update
25 April 2018	Future Fit Programme Board	Programme update
26 April 2018	IIA	IIA meeting
26 April 2018	Stakeholder Reference Group – Telford sub group	Comms and engagement planning meeting
2 May 2018	Telford Patients First meeting	Update to patients group
3 May 2018	Stakeholder Reference Group – Telford sub group	Comms and engagement planning meeting
9 May 2018	Shropshire CCG Board	Programme update
10 May 2018	Joint HOSC meeting	Programme update
22 May 2018	Staff briefing at Telford CCG	Update to staff in advance of launch
23 May 2018	Staff briefing at Shropshire CCG	Update to staff in advance of launch

23 May 2018	Staff drop-in at Telford CCG	Drop-in session for staff
24 May 2018	VCSA meeting – Shropshire	Presentation/ workshop with VCSA members

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Appendix 2: Review of engagement received by Joint HOSCs, CCG boards, and NHS Future Fit programme boards March 2014 to May 2018

Methodology for Appendix 2

Firstly, to provide an overview of the major pre-consultation engagement activities that took place.

Secondly, to present an overview of the engagement which was used to inform the key decision making stages during the pre-consultation and where they were used as evidence and presented to the decision making boards.

To undertake this overview the minutes of the boards of the Joint Overview and Scrutiny Committee for Shropshire Council and Telford & Wrekin Borough Council and the Governing Bodies for Shropshire CCG and Telford & Wrekin CCG have been reviewed and the papers provided for these boards by the NHS Future Fit board.

- The papers for the Joint Health Overview and Scrutiny Committee Shropshire Council and the Borough of Telford & Wrekin were retrieved from the following links: <http://apps.telford.gov.uk/CouncilAndDemocracy/Committees/Details/MzE%3D> and <https://shropshire.gov.uk/committee-services/ieListMeetings.aspx?Committeeld=230>
- The papers for Shropshire CCG governing body were retrieved from here: <http://www.shropshireccg.nhs.uk/events/governing-body-meetings/archive-governing-body-meetings/>
- The papers for Telford & Wrekin CCG governing body were retrieved from here: <https://www.telfordccg.nhs.uk/who-we-are/publications/ccg-governance-board/governance-board-papers>
- The papers for Joint Committees were taken from here: <https://www.nhsfuturefit.org/key-documents/about-the-future-fit-programme/joint-committee-ccgs>
- The papers for the Programme Board were taken from here: <https://www.nhsfuturefit.org/key-documents/about-the-future-fit-programme/programme-board-papers>

2013 Engagement activity received by the decision-making boards

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Joint HOSC meeting minutes	Board were given an update on reconfiguration of hospital. Informed of ongoing engagement with staff and patient groups (focus groups and invites to sites for the latter) and the forthcoming launch of 'Call to Action'. Reported more and ongoing staff, public and patient engagement going forward.	27/03/2013	Joint HOSC	Acknowledged work.
Meeting pack included NHS 'Call to Action' leaflet	Update on sustained clinical services. CCG AOs outlined the need to undertake extensive public and patient engagement moving forward to involve all parts of the community in the formation of plans and decision making. 'Call to Action' would be first stage.	08/08/2013	Joint HOSC	Chair confirmed a requirement for engagement and consultation to reach all parts of the community.
Meeting pack included NHS 'Call to Action' leaflet	Report on 'Call to Action' which took place in July 2013. Staff to all members of the public have been engaged.	23/09/2013	Joint HOSC	Resolved that the joint CCG leads would report back on 'Call to Action' findings and information gathered. CCG leads to work with councils on joint communications plan.
Call to action summary report and minutes	<p>Every CCG is required to undertake a local Call To Action engagement process. The Board was updated on 10/09/2013, the purpose of the national A Call To Action initiative and the local challenges facing the health economy in Shropshire.</p> <p>Call to Action September-November 2013: On 08/08/2013, Shropshire Clinical Commissioning Group, Telford and Wrekin Clinical Commissioning Group, Shropshire Community Health NHS Trust, The Shrewsbury and Telford Hospital NHS Trust and the NHS England Area Team for Shropshire and Staffordshire attended to the Joint Health Overview and Scrutiny Committee for Shropshire and</p>	08/10/2013	Telford and Wrekin CCG Board	<p>Call to Action will inform what the public would like to see as part of future service provision.</p> <p>Noted the content of the summary report and appendix 1.</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
<p>Excellent and Sustainable Acute and Community Hospital Services review report</p>	<p>Telford & Wrekin to set out the need for a far-reaching debate with patients, communities and partner organisations to shape the future of the NHS.</p> <p>It was proposed that senior clinicians and officers from the CCGs undertake a series of face to face presentations to key strategic local groups and stakeholder groups across the county, to introduce the need for Call To Action and to signpost how they can get their experiences and views fed into the process. We would also look to enlist these groups and organisations support, by asking them to use their own networks to spread the word beyond their immediate organisational boundaries.</p> <p>Developed a communication pack to be used by NHS representatives undertaking engagement activity on Call to Action which is attached as Appendix 1 for information.</p> <p>In addition to the face to face meetings, we want to capitalise on the links the CCGs have to a large number of patient support groups developed across the health sector, as well as their own engagement structures and partnerships. In order to ensure that we provide as much exposure to Call To Action as we can, we propose to contact these groups directly, to cascade information about Call To Action and how they can feed their views in, with the offer of a face to face meeting where that can be facilitated within the timescales.</p> <p>As part of the Call To Action process, providers of NHS services are being asked to engage with their staff.</p> <p>The CCGs are considering the use of web based feedback forms and online surveys, as well as the more traditional central postal address</p>			

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>for information to be captured and then collated. We also recognise that social media is a more popular and immediate mechanism for engagement, particularly with children and younger people, and we will be considering how we can deploy this to reach specific audiences.</p> <p>Finally the CCGs propose to hold one large event towards the end of the Call To Action engagement process to give an opportunity for patients, carers, members of the public, third sector organisations, NHS staff from across the whole county to attend, to discuss and debate the challenges presented in a more interactive way.</p> <p>The CCGs intend to establish a rolling media plan to support the outlined engagement plan above, which will include both proactive media opportunities and reactive issues, which will be implemented on a week by week basis. We will ensure that through this plan, all opportunities to take part in Call To Action are promoted using local newspapers and radio.</p> <p>A Call to Action webpage can be found on the Telford and Wrekin website. A number of stakeholder events are being arranged with a major public event is being planned for both Telford and Wrekin and Shropshire CCGs, which will take place on 25/11/2013.</p> <p>Clinical events for clinicians will be held, to allow them to give their clinical views on Call to Action.</p> <p>ESAHCS: At the last Board meeting in September, Board members were updated on the ongoing work with regard to the development of governance structure for the Excellent and Sustainable Acute and</p>			

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>Community Hospital Services review.</p> <p>ESACHS programme: To agree a communications and engagement programme that ensures meaningful engagement and consultation with patients, public and other stakeholders at all stages of the programme. Scope: a major programme of engagement and eventually consultation with a wide range of stakeholders including most importantly patients and public (to be established from the outset of generating the high level models and long list of options).</p> <p>Shropshire and Telford and Wrekin Healthwatch on the programme.</p>			
T&W CCG board minutes	<p>There had been over 3,000 responses from members of the public and over 250 responses from clinicians to the Call to Action campaign, and a summary of the responses had been circulated to Board members. A clear consensus was building in terms of the need to move care closer to the home with less reliance on acute facilities. A Call to Action conference jointly hosted by Telford and Wrekin and Shropshire CCGs was held on 25/11/2013. Sir David Nicholson gave the key note address at the conference. The conference proved to be a successful event and generated a significant amount of media interest.</p> <p>Feedback to the campaign and conference was broadly positive and the CCG was impressed with the input from the Young Peoples Champion whose challenge was for the NHS not to just plan services for the short term but also for their future. Feedback from both the campaign and conference would be fed into the Clinical Services Review (CSR) process. Mr Evans asked the CCG Board to note his personal thanks to Miss Smith, Executive Lead for Corporate Governance & Performance, Mrs Bharti Patel-Smith (Shropshire</p>	10/12/2013	Telford and Wrekin CCG Board meeting	CCG's intention to listen to the suggestions and comments of the community rather than writing its own pathways in line with the Call to Action Strategy, which will be formulated November and will be reported back to Board in December 2013. Mr Evans advised that this action was covered in the Approved by Clinical Commissioning Board – 10/12/2014 of the Chief Officers report.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	CCG), Mr Richard Caddy and Mr Paul Honeghan, Communication Leads (CSU), for all their work in relation to the Call to Action campaign and conference.			
'Call to Action' presentation report	Findings from the 'Call to Action' report were presented. CCGs leads said that the findings would be used to inform reconfiguration plans and proposals and specifically clinical services review and operational plans.	13/12/2013	Joint HOSC	Noted the report.

2014 Engagement activity received by the decision-making boards

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Shropshire CCG board minutes	<p>Update on the Call to Action.</p> <p>The aim of the review would be to develop a clear vision for excellent and sustainable acute and community hospitals and to understand how local services measure up and what the gaps were in key areas such as both Shropshire and Telford & Wrekin CCGs would oversee the process and were committed to leading discussions with local people on the best way of transforming locally.</p> <p>The reason for the date was Sir David Nicholson's availability as the keynote speaker and the event will be used to launch the Clinical Services Review. It was short notice but members were reminded and encouraged to attend as it was considered a large and important piece of work about hospital considerations and would impact on the GP community. There would be locum funding to support attendance. This work would be on-going and both Shropshire and Telford & Wrekin CCGs would be leading on these meetings, focussing on the demographics of both areas, particularly in relation to the urban and rural challenges.</p>	08/01/2014	Shropshire CCG Board	<p>The committee were pleased by the numbers of responses to the Call to Action (approx. 2,000) and felt, anecdotally, based on their knowledge of the distribution of the 'call to action' through their networks that there would be a good spread of respondents including a wide variety of ages and protected characteristics – however, this will need to be confirmed by analysis of the data. The committee agreed to look in more detail at the segmented data once it had been collated by the Birmingham CSU and were satisfied with the opportunities offered to understand the methodology that the CSU would be using.</p>
Shropshire CCG board minutes	<p>Future Fit – 'Shaping Healthcare Together' Programme Execution Plan (PEP)</p> <p>Concerns expressed from members of the public about the lack of evidence of engagement with the wider</p>	12/03/2014	Shropshire CCG Board	<p>Approved the Programme Execution Plan, recognising the risks associated with patient and public engagement and the need for</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	population.			<p>further communication and engagement work to address this risk.</p> <p>ACTION Dr Morton to take forward issues and concerns raised by Shropshire Patients' Group and Healthwatch Shropshire with Mr Dave Evans, as Joint Senior Responsible Officer for Future Fit.</p> <p>ACTION Mrs Patel-Smith to include patient and public engagement for the Future Fit programme as a risk on the Board Assurance Framework (BAF).</p> <p>ACTION Dr Morton to take forward issues raised by Mr David Sandbach with Mr Dave Evans, Joint Senior Responsible Officer for Future Fit.</p>
Future Fit programme updates	Key documents presented covering governance of Future Fit and planned work.	26/03/2014	Joint HOSC	Endorsed – support for initial programme timetable which included C&E.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Shropshire CCG board minutes	<p>Communications & Engagement workstream had developed a revised plan with involvement and assurance provided by the Patient & Public Engagement Committee (PPEC) and Shropshire Patient Group (SPG).</p> <p>Future fit communications and engagement: more resources are in place to support this</p> <p>workstream: work is ongoing to widen the numbers and range of citizens engaged and to ensure simple, consistent and relevant language is used in communication.</p> <p>Call to Action. The Call to Action was a dominant feature of the engagement landscape for 2013/14. Working closely with Telford and Wrekin CCG, the engagement activities also benefitted greatly from exceptionally strong engagement and commitment from the voluntary sector, Healthwatch, patient groups, Shropshire Youth and staff. One PPG</p> <p>dropped information off at a local garage, as a thoughtful way to encourage middle aged males to get involved in the consultation. Some 3,000 responses were received and these were analysed and reported upon by the Commissioning Support Unit.</p> <p>Community focus groups were undertaken in partnership with the local authority, using the model of training local people to cascade and capture information with their own community. The findings were used as part of the Call to</p>	14/05/2014	Shropshire CCG Board	Members formally received and noted the progress of the Future Fit programme and workstreams for the Excellent and Sustainable Acute and Community Hospital Services Programme.

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	<p>Action but will also inform the refresh of the Health and Wellbeing Strategy, as well as the CCG's own 2-5 year planning processes. The Call to Action consultation secured areas of strong agreement between the public and clinicians. These included an acceptance that changes are needed to improve health outcomes, experience and safety for patients.</p>			
Future Fit Programme Board Summary Report	<p>The focus of Phase 2 to date has been the development of a full clinical model which the Board is due to consider on 10/06/2014, alongside plans for further extending public engagement and for developing and appraising options for how the clinical model might be implemented once completed. It has been an intense period of clinical activity – supported by patient representatives and focus groups – involving over 200 local clinicians working together to shape the model of future care for the area.</p> <p>The Local Area Team reviewed a comprehensive evidence pack submitted prior to the Sense Check – feedback from NHS England on impressive clinical engagement.</p> <p>Two additional workstreams have been created to: a) Undertake a feasibility study of the proposed single emergency care centre; and b) Ensure that appropriate Impact Assessments of programme proposals are planned and completed. Patient representatives have been invited to join these new workstreams.</p> <p>The Board approved a strategic plan for communication and engagement which has been coproduced with patients. There has been strong feedback about using existing networks, ensuring the accessibility of</p>	14/05/2014	Future Fit Programme Board	<p>Agreed a revised Programme timeline which works towards formal Public Consultation on a Preferred Option as soon as possible after the 2015 General Election. This remains a very tight timescale, which will require some tasks to be undertaken in parallel.</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>materials through the use of patient readers, going where people are and monitoring who has been engaged in order to target any groups being missed.</p> <p>A more detailed implementation plan based around key activities scheduled for coming months will be brought to Board at the end of June.</p> <p>A stakeholder panel will be formed with a single representative from each of the Board's 29 member organisations, including 5 patient representatives. The panel will hold 4 workshops (in June and September) to discuss ideas for long list options and propose a set of criteria. They will then agree weightings for the finalised criteria and score the long list against the criteria to produce a short list.</p> <p>From June to August – community and clinical engagement planned on the development of a long list of options and evaluation criteria. Further engagement planned October to January.</p>			
Future Fit verbal update	Future Fit Minutes: Communications & Engagement workstream had developed a revised plan with involvement and assurance provided by the Patient & Public Engagement Committee (PPEC) and Shropshire Patient Group (SPG).	14/05/2014	Shropshire CCG	Noted the report.
Future Fit Programme Board Update Report	<p>The Local Area Team reviewed a comprehensive evidence pack submitted prior to the Sense Check – feedback from NHS England on impressive clinical engagement.</p> <p>Work has now begun to assess the activity and capacity impact of the new Clinical Model. This is being</p>	15/06/2014	Future Fit Programme Board	Noted the report.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>undertaken through a number of workshops in June and July involving the membership of both the clinical design and activity and capacity workstreams, with input from other clinicians as required.</p> <p>The evaluation panel held its first two workshops on 17/06/2014. From June to September – community and clinical engagement on the development of a long list of options and evaluation criteria. This, along with the results of the emergency centre feasibility study and activity and capacity modelling, will inform the Board's identification of the final long list and how this is reduced to a short list. From October to January – further community and clinical engagement on the short list. From June to January – ongoing engagement on the implications of the clinical model.</p> <p>In May the Board approved a strategic plan for communication and engagement which has been co-produced with patients.</p> <p>A more detailed implementation plan based around key activities scheduled for coming months has now been developed and was approved at the June Board. At the heart of this is an extensive phase of public engagement from now until September focusing on: a) The clinical model, b) The emerging long list of options and c) The emerging evaluation criteria.</p> <p>Engagement on the clinical model will continue after this and, after the October Board, the options shortlisted for further development and evaluation will also be subject to extensive public engagement.</p>			
Development of a full Clinical	The Local Area Team reviewed a comprehensive evidence pack submitted prior to the Sense Check –	08/07/2014	Telford & Wrekin	Feedback from Health Roundtable for meetings to

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Model	<p>feedback from NHS England on impressive clinical engagement.</p> <p>Workshops in June and July involving membership of clinical design and activity and capacity workstreams.</p> <p>Evaluation Panel: two workshops 17/06/2014. From June to September – community and clinical engagement planned on the development of a long list of options and evaluation criteria. Further engagement planned afterwards.</p> <p>In May the Board approved a strategic plan for communication and engagement, which was co-produced with patients.</p>		CCG	be split between Telford and Wrekin and Shrewsbury – to be fed back to programme.
Programme Update Report	<p>Dr Morton provided the Future Fit update as follows: Engagement and communications - Tremendous progress had been made to date, with presentations being to staff, patients and clinicians. It was noted that continued ongoing engagement and support through the process would be crucial.</p>	09/07/2014	Shropshire CCG	Members formally received and noted the report.
Programme Update Report	<p>The Board were updated on the programme's progress and on the identification and shortlisting of options.</p> <p>The Evaluation Panel's recommendations will be informed by reports from public engagement events and stratified telephone survey of 1,000 people.</p> <p>Workshops were held in August across Shropshire. Further public events planned in September to focus on</p>	09/09/2014	Telford & Wrekin CCG	Noted the current programme progress

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>long list of ideas.</p> <p>From October to March there are plans to tour the area to enable public feedback to contribute directly to the evaluation of shortlisting.</p> <p>Sponsor and stakeholder organisations can involve their staff/members in brainstorming ideas prior to the first evaluation workshop. A stakeholder workshop was planned for May/June.</p>			
Future Fit Programme Post Board Report	<p>Following its initial workshops in June, the Evaluation Panel has met again twice to further develop its recommendations on a long list of options and on evaluation criteria. Meetings have been informed by the outputs of other workstreams and a range of travel analysis.</p> <p>The Core Group has decided that the period of time between agreeing a long list and a short list of options should be extended in order to allow greater economic analysis of the long list. This decision has taken into account feedback from the recent public workshops in August from which there was a clear message that the public wanted to know how the programme's plans will be resourced.</p> <p>The August workshops were held to offer an opportunity for people to understand Future Fit and the reasons for change and to provide information for Evaluation Panel's long listing and evaluation criteria workshop. An independent report on these events was supplied to the</p>	14/09/2014	Future Fit Programme Board	Approved a long list of 8 scenarios (13 with variants for consultant-led obstetrics) for implementing relevant components of the clinical model.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>Evaluation Panel, as were the results of the stratified telephone survey.</p> <p>Further events in September will seek public opinions on the long list and evaluation criteria, to inform the shortlisting process.</p> <p>From October to March the Programme will be touring the Shropshire, Telford & Wrekin and mid-Wales area to continue promoting the Case the Change, explaining the Clinical Model and gaining insight into the potential impact of each shortlisted option. Feedback from this activity will inform the ongoing development and refinement of those options, and will also inform their subsequent evaluation.</p> <p>An additional workstream was created to assess the impact of the programme's proposals across a range of areas, encompassing the mandatory Equality Impact Assessment and also providing significant opportunity for channelling public feedback on the short list. The Assurance workstream has received reports from the Communications & Engagement workstream on its activities and their compliance with national guidance.</p>			
Programme Board Update Report	Board provided with recent progress and the Programme Board on 17/09/2014. Four public workshops held in August and a stratified telephone survey of 1,000 people was carried out to provide information for Evaluation Panel. Further public events were planned for September to focus on long list and evaluation criteria. Feedback from Board on deliberative events that there was a high level quality debate at these events and people had a	14/10/2014	Telford & Wrekin CCG	The Future Fit Team Communications Team to be invited to attend the November 2014 Board meeting to demonstrate the action they were taking in relation to (proactive) media

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>good understanding of the issues.</p> <p>From October to March plans to tour area to promote the case for change.</p> <p>Shortlisting period extended- this decision considers feedback from the recent public workshops in August.</p> <p>The Board was informed that practices had received posters relating to the Future Fit events for display in the practices, but they were delayed.</p>			handling.
T&W CCG board minutes	Additional engagement workshops are planned alongside open days and attending meetings to keep stakeholders updated and informed. Ongoing staff and public engagements.	11/11/2014	Telford & Wrekin CCG	Concerns regarding Future Fit communication had been raised by Mr Evans and colleagues. Mr Evans will discuss further with Future Fit Project Lead.
Future Fit Programme Update	<p>Public announcement following October board meeting. Regular statements and media briefings have continued, a newsletter is being used to provide updates to key stakeholders and a range of engagement events has taken place with Local Joint Committees, Parish Councils, community groups, patient groups and GP surgeries. A comprehensive engagement programme is also speaking to specific groups, including the homeless, older people and Eastern European workers.</p> <p>MP briefings by the SROs and there are plans to hold further pop-up shops out in the community. The website</p>	08/12/2014	Telford & Wrekin CCG	Noted the report.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	has been updated to improve document access. Presentations to workforce groups have been taking place and more are planned in the months ahead. A summary document containing the programme's key outputs to date has been published on the website.			
Programme Update Report/ Development of Long List and Evaluation Criteria Report	<p>The Board were given an update on the progress of the programme. Clinical model proposals presented to independent clinical review team. Baseline work for Impact Assessment resulted from detailed collaborative work between patient representatives along with quality and public health leads.</p> <p>Two deliberative workshops in September (long list scenarios), with a further two held in November.</p> <p>Detailed tactical plan being developed: a) grassroots engagement, b) announcing and engaging on the shortlist, c) continuous engagement.</p> <p>Finance: Board agreed an extension to the period prior to shortlisting. This echoed public concerns about the affordability of the proposals.</p> <p>Briefing session with the Constitution Institute. Reference to progress membership.</p>	09/12/2014	Telford & Wrekin CCG	<p>Mr Evans said that all feedback and deliberative events are being evaluated and will be shared with the Board once it has gone through the Programme Board.</p> <p>Noted the work undertaken since its last meeting.</p>
Future Fit Public Board Report	The programme's clinical model proposals have been presented to an independent clinical review team established by the West Midlands Clinical Senate.	14/12/2014	Future Fit Programme Board	Agreed an extension to the period prior to shortlisting. This echoed public concerns about the affordability of

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>A comprehensive Impact Assessment, including Equality Analysis, will also inform the final evaluation of the short list. This approach was approved by Board in May. Baseline work has identified key information sources and any gaps that will subsequently need to be addressed. This has resulted from detailed collaborative work between patient representatives along with Quality and Public Health leads from stakeholder organisations.</p> <p>In addition to September's deliberative workshops which focused on the longlist of scenarios, a further two workshops were held in November. All engagement activity will inform the shortlisting work of the evaluation panel.</p> <p>The Engagement & Communications workstream is developing a detailed tactical plan, focussing on three interdependent elements: A) grassroots engagement (attending events and meetings, delivering presentations and engaging the community via groups, open days etc.), B) Announcing and engaging the shortlist, C) Continuous engagement via key stakeholders/influencers.</p>			proposals, expressed through deliberative events and in response to the Feasibility Study.
Future Fit Public Board Report	<p>Clinical leadership has involved engagement through providing advice on issues relating to the co-location of acute hospital facilities and clarifying the types of activity which could be treated at Urgent Care Centres, along with the associated workforce requirements.</p> <p>Reference to programme membership of over 200.</p>	17/12/2014	Future Fit Programme Board	

2015 Engagement activity received by the decision-making boards

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Future Fit Programme Board Report (17/12/2014 meeting)	<p>The Programme's clinical model proposals have been presented to an independent clinical review team established by the West Midlands Clinical Senate.</p> <p>The Clinical Reference Group held another meeting in October.</p> <p>Finance: Board approved an extension to shortlisting period. This echoed public concerns about the affordability of proposals, expressed through deliberative events.</p> <p>Impact assessment: baseline work – resulted from detailed collaborative work between patient representatives along with Quality and Public Health leads from stakeholder organisations.</p> <p>Deliberative workshops in September which focused on the longlist of scenarios, a further two workshops have been held in November. Report is available on website.</p> <p>A detailed tactical plan is being developed by the Engagement and Communications workstream; grassroots engagement; announcing and engaging on shortlist; continuous engagement with key stakeholders/influencers.</p> <p>Membership of programme – mentions 200 members.</p>	13/01/2015	Telford & Wrekin CCG	Noted the content of the December 2014 Programme update reports.
Shropshire CCG board minutes	Health and wellbeing board communications and engagement. An overarching communications and	14/01/2015	Shropshire CCG	The Committee noted the update

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>engagement group (including local authority as well as health organisations) has now been established, chaired by Jane Randall-Smith Chief Officer of Healthwatch. Its remit is to make the most of communications expertise across the patch especially with regard to large workstreams such as the better care fund and future fit which touch a range of organisations.</p>			
Programme Board Shortlisting Report	<p>A number of pre-consultation public engagement events informed the development and evaluation of options.</p> <p>A further round of pre-consultation public engagement which kicks off with two 'popup shops', one in Telford Shopping Centre on 20/02/2015 & 21/02/2015 and Shrewsbury Darwin Shopping Centre 27/02/2015 & 28/02/2015. Events in Powys are also being planned. Many more events will follow and will be publicised via the Future Fit website.</p> <p>Healthwatch representation at the Evaluation Panel. The Chairs of the JHOSC were in attendance as observers. NHS England and Montgomeryshire Community Health Council declined to nominate members because of their subsequent assurance and scrutiny functions.</p> <p>The weighting applied to the criteria was determined by the Panel, informed by public views. To be made available on the website.</p> <p>Workforce criterion (previously a component of the Quality criterion) was informed by the assessment of senior local</p>	10/02/2015	Telford & Wrekin CCG	Noted the content of the December 2014 Programme update reports.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>acute clinicians.</p> <p>Rural urgent care: The Panel was presented with a proposal about the potential make up of a shortlist for UCCs. This proposal built on clinical design work, patient and public engagement and financial, activity and travel time modelling. A proposal from Bishops Castle Patient Group was also made available.</p>			
Future Fit Programme Board Report	The Workforce workstream held its first meeting in December – noted that there was not currently an effective workforce planning forum that existed for the local health economy.	15/02/2015	Future Fit Programme Board	
Shropshire CCG board minutes	Future Fit Update received - noted that the short list of options for delivering the clinical model was currently being determined by the panel and that these would be formally presented to the CCG Governing Body in due course. Work had commenced on phase 2 of the programme. A launch meeting with GPs had taken place and further engagement events were planned.	11/03/2015	Shropshire CCG	The Committee noted the update
Future Fit Programme Board Report	<p>A series of stakeholder workshops has formed the focus of the next stage of development of the shortlisted options for acute hospital services (including Urban Urgent Care Centres). These workshops have looked at design standards and principles, functional relationships and draft plans.</p> <p>The conversations will start with a description of the current thinking of the core Urgent Care Centre (UCC) model and will then progress into a plan to develop local services appropriate to local need and demand, based on the principles of the core UCC model.</p>	15/04/2015	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>Elements of the Impact assessment involve work through targeted engagement with groups representing people with Protected Characteristics.</p> <p>A second Gate 0 review was undertaken following the February Board meeting.</p>			
Shropshire CCG board minutes	CCG's Communications & Engagement Strategy was presented to the Board.	13/05/2015	Shropshire CCG	Noted the update.
Future Fit Programme Board Report	<p>The first round of locality meetings has been completed and will inform the development of a rural urgent care offer. That round was designed to engage local clinicians (including all local GPs) and patients to develop a baseline understanding of urgent care and of the minimum system requirements for all Urgent Care Centres in Shropshire.</p> <p>During a Board workshop in May, a strong desire was expressed for a plan which would still enable Public Consultation to commence in December 2015.</p> <p>It has recently completed some targeted engagement with groups representing people with Protected Characteristics, as a necessary extension of the Baseline Assessment work and as preparation for the Equalities Analysis.</p> <p>The Workstream has been fully focused on delivering two fundamental aspects of the programme, facilitating and implementing the rural urgent care centre workshops, and implementing IIA delivery with targeted engagement with</p>	24/06/2015	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>groups representing people with Protected Characteristics.</p> <p>Initiated discussions on proposed consultation activities and structure.</p>			
Future Fit Programme Board report	<p>Rural urgent care: The first round of locality meetings has been completed and will inform the development of a rural urgent care offer. That round was designed to engage local clinicians (including all local GPs) and patients.</p> <p>Impact assessment: recently completed some targeted engagement with groups representing people with Protected Characteristics.</p> <p>Ongoing activities include the delivery of presentations to parish councils and other interest / public groups as well as focused engagement with MPs and councillors.</p>	14/07/2015	Telford & Wrekin CCG	
Future Fit Programme Board report	<p>The engagement and communications team has been busy supporting the equalities engagement work and the activities of the rural urgent care steering group (including two rounds of workshops in five locations). The final event was on 13/08/2015.</p> <p>Newsletters continue to be issued and the website has been updated to improve document access.</p> <p>Presentations to workforce groups have been taking place and more are planned in the months ahead.</p>	13/08/2015	Future Fit Programme Board	
Chief Officer's report (verbal)	Discussion about consultation start date.	08/09/2015	Telford &	Agreed that detailed financial figures should be made

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
update)			Wrekin CCG	available by the Future Fit Programme Team, including those for the excluded options, and the 6 options would be discussed at an extraordinary CCG Board meeting on 22/09/2015.
Future Fit Update for Sponsor Boards Minutes	<p>The purpose of this report is to provide a summary of the reports made to the recent Board meeting.</p> <p>PCBC: Shropshire CCG felt more time was required for engagement with local clinicians and patients.</p> <p>Rural urgent care: Two rounds of deliberative workshops involving local patients and clinicians have been held in each of the five localities which the Board has identified as potential sites for rural Urgent Care Centres (UCC). This is in addition to urban UCC in Shrewsbury and Telford. The final event was on 13/08/2015.</p> <p>The Integrated Impact Assessment workstream has recently completed an initial phase of engagement with groups representing people with protected characteristics.</p> <p>Newsletters continue to be issued and the website has been updated to improve document access. The team continues to attend community open days and present to groups, including workforce groups.</p> <p>A draft paper setting out a proposed Approach to</p>	22/09/2015	Telford & Wrekin CCG Extraordinary board meeting	<p>Voted on the options.</p> <p>A query had been raised by Healthwatch Shropshire concerning the appropriateness of starting consultation immediately prior to the Christmas period. These concerns were noted but the Board felt it important to commence consultation as soon as possible.</p> <p>Received initial equalities report.</p> <p>Action: Information regarding the evaluation of the options would be published on the Future Fit website and presented to Board members.</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>Consultation was considered. Views on this are also being sought from the Joint HOSC and from Powys Community Health Council.</p> <p>The Communications Strategy has also been updated, and the Engagement and Communications workstream remit has been revised.</p> <p>Discussions had taken place with clinicians around new build and existing build standards.</p>			
Developing framework for consultation plan	Future Fit consultation plans presented. Committee were keen that the consultation went to the community – it was confirmed by the Future Fit leads that there would be a robust engagement plan which took the consultation to the community.	28/09/2015	Joint HOSC	
Future Fit Programme Board report	Feedback from NHS England recognises that the case for change is strong, and also suggested further information that might be added. Programme Board asked for the scope of the document to be broadened beyond hospital staff, and for an update to be given at its November meeting.	02/10/2015	Future Fit Programme Board	
Future Fit Update for Sponsor Boards T&W CCG board minutes	<p>A press release was issued post Programme Board.</p> <p>Future Fit received an assurance letter which will be published on Telford & Wrekin's website within the next 48 hours.</p>	13/10/2015	Telford & Wrekin CCG	<p>Report noted.</p> <p>Action: Assurance letter to be published on T&W website.</p>
Shropshire CCG board minutes	The Patient & Public Engagement Communications Committee (PPECC) felt that greater communication and	11/11/2015	Shropshire CCG	The Future Fit Team agreed to take this forward as part of the

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	engagement with community groups was needed.			Communications & Engagement workstream.
Future Fit programme board report	<p>Discussed plan for a year of interactive engagement and communications with the public to remove existing confusion about plans for Future Fit and Community Fit.</p> <p>The Future Fit programme board report outlined engagement in the form of regular statements and media briefings have continued, a newsletter is being used to provide updates to key stakeholders and a range of engagement events has taken place with Local Joint Committees, Parish Councils, community groups, patient groups and GP surgeries. A comprehensive engagement programme is also speaking to specific groups, including the homeless, older people and Eastern European workers.</p>	19/11/2015	Joint HOSC	Committee resolved to support the engagement plan, with the addition of a further presentation being made to a meeting of the Joint HOSC in late January or early February 2016.

2016 Engagement activity received by the decision-making boards

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Shropshire CCG board minutes	Bishops Castle Patients Group concerned by the lack of patient involvement and communication over the past few months, which risked disengagement. Asked the CCG to commit to publish a work plan for RUCCs and community provision, identifying when and how patient groups would be involved.	13/01/2016	Shropshire CCG	The Committee noted the update
Future Fit Programme Board Report	<p>A full day workshop last year for the Chief Officers and Finance Directors of all local NHS organisations.</p> <p>The first data-specific workshops to discuss mental health, social care and community health data have been well attended and characterised by full engagement from across health and social care providers, as well as patient groups. A second round of meetings in early March will preview the linked data sets.</p> <p>The workstream has since held a workshop to explore what a whole-system workforce plan might look like and how it could be developed.</p> <p>A series of engagement pop up events in local centres and community hospitals are currently underway, with people invited to give their views on the clinical model, shortlisted options, their health concerns as well as ask questions.</p> <p>Recently Shropshire Radio supported the aim of keeping Future Fit in the public domain and a 'hot seat' segment</p>	February 2016	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	gave listeners the opportunity to ask questions.			
Future Fit programme board report	This report referred to engagement pop up events in local centres and community hospitals to engage patients and public on the clinical model and shortlisted options. Also a 'hot seat' on Radio Shropshire. Others target local engagement with parish councils, stakeholder and community groups, community and patient groups and local joint committees. Communications and engagement ongoing.	02/03/2016	Joint HOSC	Noted the report.
Governing Body Meeting	<p>Minutes are part of May Agenda papers for Shropshire CCG. Mrs Randall-Smith expressed concern with regards to communications and engagement and felt that the public wanted to know what was happening and that early communications was fundamental. Mrs Stacey reported that the STP Programme Board had recently met and agreed the key messages and these would be fed through to the Communications & Engagement Workstream over the next couple of weeks.</p>	09/03/2016	Shropshire CCG	The Committee noted the update
Future Fit Post Board Update Report	<p>The Board received an update on the programme, including community fit, changes to the programme team and the STP.</p> <p>Deficit reduction plan: full day workshop in 2015 for the Chief Officers and Finance Directors of all local NHS organisations.</p>	08/03/2016	Telford and Wrekin CCG Board Meeting	<p>Board noted comments on report.</p> <p>Debbie Vogler said there will be lots of opportunities to hear the views of the public and an important session is taking place</p>

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	<p>Community fit: data-specific workshops attended by health and social care providers, as well as patient groups. A second round of workshops planned for March. Work with the Private, Independent and Voluntary sectors is continuing and the existing and potential contribution from these important groups will form part of the output of phase one.</p> <p>Clinical Leaders' Group: blog summarising key evidence in relation to the impact of patient travel times.</p> <p>Since February Board, the workforce workstream has held a workshop to explore what a whole-system workforce plan might look like.</p> <p>There has been a series of engagement pop up events in local centres and community hospitals, with people invited to give their views and comments on the clinical model, shortlisted options, their health concerns as well as ask questions. In the coming weeks the promotion and delivery of a number of 'pop up' stands will continue.</p> <p>The recent Radio Shropshire 'hot seat' programme also supported the aim of keeping Future Fit in the public domain and gave listeners the opportunity to ask questions on key topics, including the wider CCG pressures.</p> <p>Equalities: initial report has been received of outcomes of work with traditionally 'hard to reach' groups.</p> <p>A series of conversations / presentations with stakeholders</p>			<p>on 19/03/2016.</p> <p>Alison Smith confirmed engagement has been extensive about informing people about the complexities of Future Fit.</p>

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	<p>and community groups, with recent updates to the Telford & Wrekin Parish Council Forum and further meetings planned in with Members in Powys and in Shropshire, Local Joint Committees, community groups, patient groups and GP surgeries.</p> <p>A high-level workshop is being delivered to confirm the key messages going forward.</p> <p>Future Fit publicity / information event took place in Telford on 20/01/2016.</p>			
T&W CCG board minutes	<p>Sustainable Services Programme Final Strategic Outline Case Presented to Telford & Wrekin CCG/ Extraordinary board meeting in April 2016.</p> <p>"Pre-consultation public engagement events also informing the development and weighting of the criteria."</p>	April 2016	Telford CCG	The Committee noted the update
Future Fit Executive Summary and Strategic Outline Case letter	<p>The CCG Board received a draft of the strategic outline case and proposed letter to NHS Improvement.</p> <p>Public concerns raised:</p> <ul style="list-style-type: none"> • Concerns regarding model (highlighting report from Senate and College of Emergency Medicine) • LMC concerns around the transfer of activity from the acute sector to primary care. • Community services – care in the community • Shropshire and Telford Trades Union Council - Concerns about closure of A&E. 	12/04/2016	Telford and Wrekin CCG Board meeting	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
T&W CCG Extraordinary Board meeting minutes	<p>The CCG met as an extraordinary board to review the strategic outline case.</p> <p>CRG meeting – over 130 people present including clinicians, GPs, CCGs Board members, patient representatives and local authorities. Following feedback from the CRG meeting it was acknowledged that it would be difficult for CCG Governance Board members to decide on the signing of a letter of support for the SOC, until more detailed work had been carried out.</p> <p>Mrs Noakes noted that when 'Call to Action' had taken place there was more concern from the public about what services were available away from the hospital setting rather than in the hospital so there is a need to deliver the whole vision for healthcare.</p> <p>Mrs Choudhary, Health Roundtable said that she was the patient voice on the CCG Board and in the past two years patients' groups had been involved in both the case for change engagement on Future Fit.</p>	26/04/2016	Telford and Wrekin CCG Extraordinary Board meeting	<p>Recognition for meetings in evenings</p> <p>Recognition for need to engage with the public to set out the case for change</p>
Executive Summary Sheet	An extraordinary board meeting for the CCGs to review the Strategic Outline Case and associated letter to NHS Improvement.	10/05/2016	Extraordinary Board Meeting	<p>The boards considered the letter of support for the Sustainable Services Programme Strategic Outline Case (SOC) and answered a number of public questions.</p> <p>The outcomes were:</p>

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				<p>The governance board of Shropshire CCG did not approve the letter of support for the SATH Sustainable Services Programme Strategic Outline Case.</p> <p>The governance board of T&W CCG approved the letter of support for the SATH Sustainable Services Programme Strategic Outline Case.</p>
Future Fit Director's Report	<p>Strategic Outline Case: During April, all Boards (SaTH and CCGs) were well attended by the public and patient interest groups. Open discussions were had prior to convening the formal Board meetings.</p> <p>Over 130 clinicians, health professionals, patient representatives, representatives from our local authorities and members of the voluntary sector came together at the Clinical Reference Group on 19/04/2016. Feedback from the event will be considered by the CCG Boards.</p> <p>Communications regarding the Strategic Outline Case and continuing to progress the Future Fit engagement plans with hard to reach groups. This has included:</p> <ul style="list-style-type: none"> Weekly engagement sessions at PRH and RSH with the SaTH SOC team and more recently the 	10/05/2016	Telford & Wrekin CCG	Noted the report

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>community hospitals.</p> <ul style="list-style-type: none"> • Ongoing engagement through social media with a daily growing audience. • Presentations at a number of events including Bridgnorth LJC, Pontesbury LJC, Shropshire Voluntary Assembly, Montgomeryshire Council. • Pop up stands at Newtown Hospital in partnership with Powys Teaching Health Board and Market Drayton with Shropshire Healthwatch. • Media activity: compiling key messages to create responses from pressure groups and individuals. <p>Following the CRG, plans for a wider reaching communications campaign are being developed including a positive press campaign. Refreshed Communications and Engagement Plan to be presented to the Programme Board in May including wider staff engagement and GP engagement.</p> <p>A workshop for members of both CCG Boards was held in March and a programme of further shared workshops is being planned.</p>			
Engagement and communications report	<p>Since the last report in February 2016 the team have continued to communicate and engage on the key messages of the programme; focusing on the case for change and, more recently, supporting SaTH in their engagement of the SOC.</p> <p>Pop up engagement events in the different localities – providing updates and presentations to local boards, groups</p>	12/05/2016	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>and forums and social media throughout this process, the team have collated feedback from patients and public.</p> <p>Communications activity has been a mixture of both reactive and proactive including highlights of the CRG meeting and updating public on the CCG letter of support to the SOC and the creation and development of a Facebook page.</p> <p>The communications and engagement team has been asked to resubmit a report to inform the July appraisal panel with information representing the views of patients and public in the local area.</p> <p>IMPACT has engaged with groups with substance misuse issues, homeless, travellers, older people and mums with young children, but not domestic abuse despite efforts to do so.</p>			
Engagement and Communications Update Report	<p>Since the last report in February 2016 the team have continued to communicate and engage on the key messages of the programme, focusing on the case for change and, more recently, supporting SaTh in their engagement of the SOC.</p> <p>Engagement activities have included organising and attending pop up engagement events in the different localities (including events in Powys), providing updates and presentations to local boards, groups and forums and digital channels such as Facebook, Twitter and the website.</p> <p>As part of our ongoing equalities work and in preparation for</p>	12/05/2016	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>the forthcoming Integrated Impact Assessment (IIA), we have worked with a number of third sector partners to conduct specific engagement with hard to reach groups, with a focus on understanding their preferred methods of consultation alongside providing a general overview of the key aims of the programme.</p> <p>A telephone survey began in April and will conclude in June allowing for a full report to be constructed. The survey will sample 2,450 residents drawn from the five districts of Shropshire, three districts of Telford & Wrekin and the wards on the eastern boundary of Powys.</p>			
Programme Director's update	<p>During April the Strategic Outline Case (SOC) was approved by SaTH Trust Board and was received by CCG Boards together with a draft letter of support for consideration. All Boards were well attended by the public and patient interest groups.</p> <p>Over 130 clinicians, health professionals, patient representatives, local authority representatives and members of the voluntary sector attended the CRG on 19/04/2016.</p> <p>SOC continuing to progress the Future Fit engagement plans with hard to reach groups – by attending and presenting to a number of stakeholder groups. This includes weekly engagement sessions at PRH and RSH with the SaTH SOC team; ongoing social media activity and delivering presentations at events such as Bridgnorth LJC.</p> <p>A workshop for members of both CCG Boards was held in March in order to agree the process which leads to a final</p>	12/05/2016	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	decision being reached by commissioners next summer.			
Future Fit board paper	<p>Recommendations for the next phase of work for the STP programme board will be presented alongside a more articulation of the Community Fit case for change.</p> <p>The Strategic Outline Case is the engagement of GPs at a locality level to address their concerns continues to take place.</p> <p>Clinical Design Group membership has been refreshed to include local authority colleagues, public health practitioners and the voluntary sector. Next Clinical Reference Group will be held in June.</p> <p>A communications and engagement workshop was held and attended by partners and patient representatives across the health economy.</p> <p>Two case studies to be scheduled in for release to the media, in collaboration with our NHS partners.</p> <p>The stratified telephone survey has been completed to gain qualitative and quantitative information to feed into the forthcoming appraisal process. The survey sampled 2,450 residents drawn from the five districts of Shropshire, three districts of Telford & Wrekin and the wards on the eastern boundary of Powys. The survey engaged with a representative sample of the population by age, gender, ethnicity and geography.</p>	14/06/2016	Future Fit Programme Board	Noted the report

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>Invitation to be sent out to widen offer of community presentations to include GP practices and their Patient Participation Groups.</p> <p>Many sections of the Future Fit website have been updated recently with a focus on simplifying it for the public. Facebook page has been created, and a digital campaign launched to draw online users to it. More proactive messaging and retweeting on twitter account.</p> <p>Shropshire CCG's clinical advisory panel selected a locality to prototype the full approach. However, this was also accompanied by a strong recommendation that conversations begin in parallel with all localities in Shropshire CCG to begin to develop different ways of working, coproduced with existing NHS staff working in the localities. The prototype will be evaluated as it develops to inform any wider role out of rural urgent care services.</p>			
Future Fit Programme Board update	<p>A workshop was held and attended by partners and patient representatives across the health economy.</p> <p>The stratified telephone survey has been completed to gain qualitative and quantitative information to feed into the forthcoming appraisal process – engaged with a representative sample of the population by age, gender ethnicity and geographic location.</p>	23/06/2016	Future Fit Programme Board	
Summit and minutes	The Clinical Design Group which includes GP representatives have been tasked to set out the case for change for community provision and the detailed work	05/07/2016	Joint HOSC	Neighbourhood work: It was recognised that it was particularly important to engage

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>streams necessary to support the redesign.</p> <p>Engagement at locality level is planned for June primary care? response and July. A further CRG is planned for 22/06/2016 primarily for GPs. The AO, CCG Clinical Chairs and SaTH CEO have met with the LMC to discuss their concerns.</p> <p>The Chair informed the Committee that after the last Committee meeting the Chairs had met with the Chief Executives at the Shrewsbury and Telford Hospitals NHS Trust (SaTH) and the Chief Officer / Accountable Officer for the CCGs.</p>			GPs in this work.
Future Fit Director's Report	<p>The model has been refined in response to concerns expressed by some clinicians within SaTH and GPs on the practicalities and sustainability of triaging unplanned patients directly to the planned care site.</p> <p>Primary care and community representatives have been invited to attend the Trust's Clinical Working Groups. Patient representatives are already in place. Presentations by the SaTH team are also planned to the T&W GP Forum and Shropshire Locality Boards as well as the LMC in July.</p> <p>Rural urgent care report at the Future Fit Programme Board in May, Shropshire CCG's Clinical Advisory Panel (CAP) selected a locality to prototype the full approach. However, this was also accompanied by a strong recommendation that conversations begin in parallel with all localities in Shropshire CCG to begin to develop different ways of</p>	12/07/2016	Telford & Wrekin CCG	Noted report, in particular Shropshire CCG's approval for the letter of support to the Strategic Outline Case (SOC) at their Board meeting on 29/06/2016

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>working, coproduced with existing NHS staff working in the localities. The prototype will be further refined over the next month by a small clinical working group together with patient representation and the case presented to the relevant CCG committee for approval in July.</p> <p>Clinical Reference Group met on 22/06/2016. Over 90 health and social care professionals from across the area attended and there was an overwhelming endorsement for the proposed place-based approach.</p> <p>Future Fit Phase 2 models: Questions from stakeholders have indicated concerns about the high level of ambition in this model and the risks of underestimating acute capacity if these ambitions are not realised.</p> <p>A workshop was attended by partners and patient representatives to review the current approach and set out a detailed plan of action going forward.</p> <p>A number of case studies have been released to the media to help illustrate how the Future Fit model could work, hopefully making it more accessible to the wider public. The telephone survey of 2,460 residents was completed during April and May. As far as possible, the sample was split equally across the geographical area, and was representative by age, gender, and ethnicity. The survey asked questions on recent healthcare experiences and views on the latest proposals.</p> <p>Widening out our offer of community presentations to</p>			

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	include GP practices and their Patient Participation Groups, the first of these have already taken place successfully.			
Shropshire CCG extraordinary meeting minutes	Extraordinary meeting minutes 29/06/2016 minutes included in August 2016 agenda. A Series of public letters and Shropshire CCG responses about the lack of quality in engagement prior to SOC acceptance.	August 2016	Shropshire CCG	Noted the update.
Shropshire CCG board minutes	A Series of public letters and Shropshire CCG responses about the lack of quality in engagement.	10/08/2016	Shropshire CCG	Letters put on file and presented as papers to the Agenda.
Future Fit Programme Director's Update	<p>Long term conditions pathways: plan for wider engagement with stakeholders in September. Planned Clinical Reference Group 07/09/2016.</p> <p>Programme team presented to Senate Council meeting on 20/07/2016.</p> <p>A consultation workshop has been organised for 05/10/2016 to provide a refresher about the process and the risks – includes Consultation Institute.</p> <p>Media and messaging workshops are planned to help support senior managers and clinicians.</p> <p>Future Fit engagement and communication material is also being updated; this includes the community presentation and the website.</p> <p>A new animated video describing the case for change has been launched and is available to view on the future fit website. Social media statistics and data evidence a</p>	13/09/2016	Telford & Wrekin CCG	Noted the content of the report.

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>positive impact via Facebook and twitter on the launch of the video.</p> <p>Further pop-up events have been identified and dates and venues are currently being confirmed. These will be promoted through local newspaper adverts and Healthwatch / CHC have pledged their support to assist the delivery.</p> <p>A number of community presentations and visits are planned for September and these include engagement activity with PPGs, Council Forum, Carers Forum, SALC, Senior Citizens Forum etc.</p> <p>A telephone survey was completed during April and May. A total of 2,460 residents were surveyed and as far as possible the sample was split equally across the five old districts of Shropshire, the three districts of Telford & Wrekin and the wards along the eastern boundary of Powys. The survey was representative by age, gender, and ethnicity. The survey asked questions on recent healthcare experiences and views on the latest proposals. The report will form part of the non-financial appraisal pack of evidence for consideration on 23/09/2016.</p>			
Future Fit Joint Committee Executive Summary – Board meeting minutes	Three members of the Health Roundtable had attended the Future Fit Non-financial Options Appraisal. Due to the confidentiality agreement there was no report fed back to the Health Roundtable at this time, however members had requested a meeting with Mr Evans which took place on	11/10/2016	Telford & Wrekin CCG	Approved the Terms of Reference for the Future Fit Joint Committee subject to the discussed amendments being made.

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	<p>06/10/2016.</p> <p>Public question – asking for the Joint Committee meeting to be held in public.</p>			<p>Approved the Principles of Joint Working.</p>
Shropshire CCG board minutes	<p>Mr Evans gave a verbal update following the Future Fit Programme Board meeting held last week in relation to the delay in making an announcement with regards the preferred option. Mr Evans reported that Telford & Wrekin Council had written formally him, as the Senior Responsible Officer (SRO) for Future Fit, outlining concerns in relation to the process.</p>	12/10/2016	Shropshire CCG	<p>Mr Evans advised that in order not to delay the process, and avoid the possibility of a judicial review, the Programme Board felt it was appropriate to address the concerns of the local authority over the next 4 weeks, before the Programme Board met again in November Mr Evans advised that this would also avoid impacting on the overall timescale of the programme, with public consultation planned for December 2016, subject to both CCGs approving the recommendation on the preferred option.</p>
Report and minutes	<p>Presentation provided on consultation process to be followed.</p> <p>Question from HOSC about staff engagement: responded Significant engagement has been completed already in determining the workforce requirements identified within the plan. A full engagement and communication plan will be</p>	18/10/2016	Joint HOSC	<p>Confirmed that the consultation document would cover a range of issues and comprise of a summary document and leaflets which were easy to understand.</p> <p>Agreed that further plans</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>instrumental in ensuring successful delivery as we move forward and we will be adhering to our management of change policy with appropriate formal staff consultations, informal group sessions.</p> <p>The acute activity and capacity sub group met 7 times to February 2014. Membership included SaTH clinicians, Shropshire CCG, T&W CCG, Shropshire Community Trust, GP leads, ambulance services and patient representation.</p> <p>The Future Fit communications and engagement team has collected hundreds of comments during the pre-engagement period. These comments have been collated and analysed to help inform the basis of the consultation plan. sent regular news bulletins, which have included press releases and regular e-bulletins. Where people have provided us with their views and suggestions they have been read and considered by programme board members, responded to and 8 given feedback as to how their views will be taken into consideration. Their views have been used to shape services, an example being where we have held 'Rural Urgent care workshops', understanding the key issues that local people were facing and their concerns.</p> <p>Learning from working with young health champions.</p>			<p>regarding the consultation be shared made available to the whole Committee, and not just the two Joint Chairs. This could be considered by the Committee at its 02/12/2016 meeting.</p> <p>The Co-Chair emphasised that it was important for the consultation document to be clear about how decisions would be made at the end of the process.</p>
<p>Future Fit Executive Summary</p> <p>Future Fit Programme Director's Report</p>	<p>To provide a brief update on recent programme activities, including the establishment of a Joint Committee for decision making.</p> <p>Clinical Design Group working on long term condition</p>	08/11/2016	Telford & Wrekin CCG	<p>Noted the Future Fit Programme Update</p> <p>Mrs Vogler confirmed that consultations will take place on</p>

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	<p>pathways, report states that the group approved the commencement of a period of wider stakeholder engagement (primary care and, acute) to 'sense check' and seek wider clinical support for the proposals including the next planned Clinical Reference Group at the end of November.</p> <p>STP Neighbourhoods development: The next phase of work will test these assumptions at neighbourhood level working with all local stakeholders including GP practices.</p> <p>West Midlands Clinical Senate undertook an independent clinical review over 3 days during October.</p> <p>A consultation workshop took place on 05/10/2016 to provide a refresher about the process and the risks surrounding ensuring an effective consultation and best practice for good engagement. The workshop was done in collaboration with the Consultation Institute. In addition, media and messaging workshops are planned to help support the training of senior managers and clinicians on key Future Fit messages.</p> <p>From the end of September, through to early November, an intensive period of engagement has been undertaken. This included a tour of Telford and Wrekin libraries, and pop-up events across Shropshire. Stakeholders were invited to attend a focus group and have their say about how we consult with people. Several people attended each group, which led to plenty of qualitative feedback from the public. Two pop-up events are planned in Powys in November.</p>			<p>any option deemed deliverable.</p> <p>Mrs Vogler said if both committees have met by the end of the week beginning 05/12/2016, then the latest it can go out for public consultation is 05/01/2017 which is a tight timeline.</p>

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	Montgomeryshire, Shropshire Council and Telford and Wrekin Council, are also to receive an update from senior managers in the first week of November.			
Shropshire CCG board minutes	Shropshire CCG STP discussion. Noted that further work was required to develop a Communications and Engagement Strategy - to ensure that there was good public and patient involvement in developing plans; and that there was a consistent way of engaging with the public to explain the STP and gain public confidence.	November 2016	Shropshire CCG	Noted by the Board
Future Fit Executive Summary Future Fit Programme Director's Report to Sponsors Organisations	Board were given an update on progress of the programme including a verbal update on the Joint Committee Meeting outcome. Report states: Formal consultation preparatory work complete, JHOSC consulted. Pro-active media and public messaging is challenged currently with T&W Council and campaign groups challenges which presents a reputational risk to the programme.	13/12/2016	Telford & Wrekin CCG	The Board noted the Future Fit programme update.

2017 Engagement activity received by the decision-making boards

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Scrutiny report and minutes	<p>The Board received an update of progress on programme delivery including the independent options appraisal review and additional analysis on women's and children's services.</p> <p>The consultation materials including the consultation document, survey questionnaire and a refresh of the programme website are currently in development. Work has begun to develop clear and unambiguous public messages describing the role and function of the UCCs on each site. Next steps are to share the draft messaging with GP Forum/Locality meetings and patient reps in March for feedback prior to inclusion in any consultation materials.</p>	07/03/2017	Joint HOSC	<p>Noted the was enormous public unrest about the time it was taking to develop the Future Fit model and with-it hospital services were becoming less sustainable.</p> <p>Agreed that the CCG would provide a timeline for the FFP and public consultation following the Joint CCG Board meeting on 12/12/2016.</p>
Future Fit Programme Update	The Board were given an update especially around the Integrated Impact Assessment work on women's and children's services. It was observed that there are no GPs currently on the Workstream Group however, acute clinical input has come from Public Health via the Programme Board.	14/03/2017	Telford & Wrekin CCG	Acknowledged work and in particular the agreed Terms of Reference for the Joint Review of the Option Appraisal process
Future Fit Programme Update	The Board were given an update especially around the Integrated Impact Assessment work on women's and children's services. An omission had been identified – high risk maternity mothers had not been included. This has now been addressed. Public consultation is due to take place late spring/early summer.	11/04/2017	Telford & Wrekin CCG	Accepted the minutes of the Future Fit Joint Committee Meeting 12/12/2016
Shropshire CCG board minutes: question from the public	It was highlighted that the Future Fit Programme Board minutes had not been made publicly available.	12/04/2017	Shropshire CCG	Action: Dr Freeman to arrange for Future Fit Programme Board minutes to be made publicly

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
				available.
Optimity Advisors report	This report gives a summary of engagement activity for Shropshire Health and Care to date, including Future Fit. There is a lack of clarity on the Future Fit Strategic and Outline Business Case activity shift analysis and we know this work has been a source of friction between stakeholders (as evidenced in our interviews).	12/04/2017	Shropshire CCG	Action: Dr Julie Davies/Mr Whitworth to present Optimity Review project briefs and actions plans to future Governing Body meeting.
Governing Body Meeting minutes	Shropshire Defend our NHS representative noted that there was potentially a significant amount of service redesign taking place and asked at what stage engagement or consultation would take place.	12/04/2017	Shropshire CCG	Response: "A process for circulation of documents to the Shropshire Patient Group (SPG) had been agreed in order to ensure appropriate engagement." – not clear whether this has been used for Future Fit.
Future Fit Joint Committee Terms of Reference	Commenting on the report, Mr Shepherd highlighted that although Healthwatch Shropshire were observers on the Joint Committee, there were no patient group representatives.	12/04/2017	Shropshire CCG	Action: Dr Povey to liaise with Telford & Wrekin CCG in relation to amending the Terms of Reference for the Future Fit Joint Committee to include observers from Patient Groups
Verbal update	The Board received a verbal update. It was noted that clinical data is being looked at, but the detailed focus group work cannot continue until after the general election has been held. The draft report will be received by Programme Board in the first week of	09/05/2017	Telford & Wrekin CCG	Acknowledged work

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	July.			
Healthwatch Report	Mrs Randall-Smith highlighted that Healthwatch Shropshire had run a communications campaign to raise awareness of the case for change as part of Future Fit (they are unaffected by the pre-election purdah period). She also stressed that Healthwatch wanted to encourage and facilitate feedback on the programme by raising awareness of existing documents available, but was mindful what it could do before the general election has been held.	10/05/2017	Shropshire CCG	Received and noted the report Action: Mrs Randall-Smith and Dr Julie Davies to liaise with regards to patient feedback on discharge process to ensure it linked to work being undertaken by the CCG and Local Authority
Programme Plan - Progress Update	Joint HOSC and CCG Board development sessions took place in April to develop the approach to consultation.	08/06/2017	Future Fit Programme Board	
West Midlands Clinical Senate Stage 2 Review Report – Action Plan	Discussed planned engagement work including the design and implementation of communications plans for NHS111 / OOHs / community referrers and the EC/UCC. Also outlines additional focused IIA work to take place on the impact of the relocation of women's and children's services under option C1, and to incorporate the outcome as part of the evidence in decision making reports on preferred option.	08/06/2017	Future Fit Programme Board	
Health Gateway Review Action Plan (In Confidence)	Consultation material in draft form and summary document has been shared with reader group.	08/06/2017	Future Fit Programme Board	
STP Comms & Engagement Lead Report	This paper discusses communications and engagement resources for the programme, and also gives an outline of proposed consultation activity.	08/06/2017	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Community Services Review update	There has been ongoing engagement with Healthwatch and Shropshire Patients Group. A selection of representatives from these groups reviewed the Future Fit and Community Fit engagement work that has been carried out to date. They concluded that it was still relevant to the context of current service provision and no further engagement regarding this review is currently required. A presentation was given to Whitchurch Joint Committee and a meeting with public and patients of Ludlow.	12/07/2017	Shropshire CCG	Received and noted the report
Communications and engagement plans	<p>Over 800 responses to the online survey have been received. The events are now being advertised, and the website is being developed. Comms and engagement have a formal meeting with the QA on 10/08/2017.</p> <p>The team are currently looking into having telephone surveys available – due to demographic issues for those in Wales. The timeline overlaps with Future Fit timeline in regards to key meetings etc. Key messages from communications and engagement were also shared.</p>	31/07/2017	Future Fit Programme Board	
Joint committee meeting minutes	The clinical model was developed by clinicians across primary, community, mental health and secondary care.	10/08/2017	Joint Committee meeting (streamed live)	No specific action regarding engagement.
Draft Future Fit Consultation Plan, Consultation Documents and Consultation Survey	The Board received an update on the formal consultation plans. It was confirmed that this was the latest draft version that will be submitted to NHS England on 15/09/2017. Comments made at the last CCG Governance Board meeting and those made by the	12/09/2017	Telford & Wrekin CCG	Approved the submission of all of the consultation documents to NHS England subject to any agreed final amendments required

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	patient reader groups have been incorporated.			
Draft Future Fit Consultation Plan, Consultation Documents and Pre-Consultation Business Case	<p>The Board received an update on the formal consultation plans. When asked about engaging with hard to reach communities and vulnerable people, it was confirmed that a communication and engagement activity plan was currently being developed for the consultation and the Future Fit Team was working with the Consultation Institute to ensure that all the consultation requirements were met. It was planned to undertake exhibition events across the area, and attendance at various community meetings/groups.</p> <p>When asked about involving the wider, less vocal communities, it was confirmed that the consultation process would involve a breadth of engagement with all communities across Shropshire, Telford & Wrekin and Powys. It was confirmed that both Shropshire and Telford Healthwatch would be involved in the public consultation process and advised that they would be encouraging as many people as possible to participate, including the seldom heard groups.</p>	13/09/2017	Shropshire CCG	<p>Approved the Pre-Consultation Business Case and submission to NHS England, subject to the agreed final amendments</p> <p>Discussed the consultation documents and approved the submission to NHS England, subject to agreed final amendments</p>
Joint HOSC minutes	<p>In reviewing the Pre Consultation Business Case, KPMG Independent Review and consultation documents, members expressed concern that the consultation would proceed without the public knowing how much money would be available.</p> <p>Concerns were also expressed around a lack of clear explanation of the reasons for the preferred option in the consultation document. The reason for the choice was needed.</p>	25/09/2017	Joint HOSC	<p>The Committee reiterated that proper information about finance was required in the consultation.</p> <p>Confirmation the explanation in the consultation document for the preferred option in terms of value for money would be improved.</p> <p>The narrative around the move of</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
				<p>women's and children's services would also be added within the next few days.</p> <p>The Chair concluded the meeting by emphasising that the consultation document needed sufficient quality and content to allow the public to make a reasonable and informed response. The committee had identified a number of ways in which it needed to improve.</p>
Minutes of the Shrewsbury & Atcham Locality Board Meeting: 21/09/2017	These minutes (presented to Shropshire CCG Board meeting 11/10/2017) recorded that a Future Fit representative had attended a Shropshire Patients' Group meeting to present how the public consultation was to be carried out. This had not been well received, however, because the finance had not been confirmed, the relevant communications had not been included and the group had disapproved of some of the questions included in the proposed questionnaire.	11/10/2017	Shropshire CCG	Minutes acknowledged
Joint HOSC Report and minutes	<p>The most recent drafts of the public facing consultation documents and Pre-Consultation Business Case were presented to the committee. Responses were invited to questions raised at the September 2017 meeting of the Joint HOSC (Appendix 1).</p> <p>Consultation documents have been produced in conjunction with a reading group of patients from Shropshire, Telford & Wrekin and mid Wales and with both Healthwatch organisations. As part</p>	02/11/2017	Joint HOSC	<p>Action: David Evans to re-examine the dis-benefits of the options.</p> <p>The committee made requests for additional information to be included in the documents and requested to see the consultation</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>of the QA process, we have also taken advice and guidance on the documents from the Consultation Institute.</p> <p>The committee pressed for proper engagement with the public in all plans, and felt that communication was vital – the information had to be described in a simple effective way.</p> <p>Members expressed their concern that the public consultation document did not allow for cross-referencing, there was discontinuity and it was intentionally opaque.</p> <p>At the meeting on 25/09/2017 there had been a discussion on the benefits and dis-benefits of the options and this had been articulated in the informal Joint HOSC recommendations submitted to the Future Fit Programme Director. It was felt that the dis-benefits had not been sufficiently addressed within the revised consultation document and that an admission of what the downsides were should be included.</p>			plan.
Shropshire CCG board minutes: question from the public	Mr Bickerton reported that in 2011 the West Midlands Ambulance Service (WMAS) had given a commitment to improve ambulance response times, but advised that despite additional resources being given by the CCG the response times had deteriorated. Mr Bickerton felt that a public consultation on the reconfiguration of hospital services could not go ahead without addressing ambulance response times. Dr Povey confirmed that WMAS had been involved in the Future Fit Programme and were supportive of the options within the consultation. Dr Povey advised that the CCG was working with the Regional Commissioner to improve performance.	08/11/2017	Shropshire CCG	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
Future Fit consultation documents	<p>The Board received the various consultation documents for approval. It was confirmed that the changes made in the Pre-Consultation Business Case had also been reflected in the consultation documents. The key changes were in relation to out of hospital care, bed numbers, workforce and capital funding in order to clearly articulate this to members of the public. Furthermore, the Board were advised that the documents signposted to where further information can be obtained, predominantly the Future Fit website.</p>	08/11/2017	Shropshire CCG	<p>Received and noted the changes made to the Pre-Consultation Business Case and consultation documents</p> <p>Approved the revised drafts for re-submission to NHS England, subject to the agreed final amendments</p>
Programme Director's Update	<p>The programme attended the Clinical Senate Council meeting in November to present a briefing on progress against the action plan from the Senate Review in 2016. The programme has received written confirmation that the Senate are supportive of the progress the programme has made with the action plan implementation prior to going to consultation.</p> <p>The C&E team issued a letter in conjunction with the Voluntary and Community Sector Association (VCSA) to its members providing information about the proposed approach to formal consultation and offers of support including briefings and toolkits. The letter was well received by members.</p> <p>A Stakeholder Reference Group, jointly chaired by the two Healthwatch organisations, has been formed and met to review progress. The group will now provide feedback on the stakeholder matrix, development of website and marketing materials for the consultation.</p> <p>Provided an update to the Assurance Workstream, feeding back on The Consultation Institute's Risk Assessment Workshop and</p>	13/11/2017	Future Fit Programme Board	

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	<p>ensuring all risks identified were included on the Future Fit risk register.</p> <p>Additional meetings attended to discuss the consultation included: Shropshire Disability Network; Montgomeryshire CHC and Shropshire Health and Wellbeing Board Communications and Engagement Group.</p>			
Public Consultation Document	<p>In response to a challenge about the length and complexity of the easy read version, it was confirmed that this had been tested with a patient reading group and expert advice from the Consultation Institute.</p>	14/11/2017	Telford & Wrekin CCG	<p>Approved resubmission of the consultation document to NHS England subject to the agreed amendments</p> <p>Delegated the responsibility of approving minor changes to the Chair and Accountable Officer of the CCG following the assurance meeting with NHS England</p>
Scrutiny Report	<p>Members considered the consultation documents and version 31 of the Pre-Consultation Business Case. Members were informed that the plan was still being built but it was difficult not knowing when day 1 of the consultation would be. It would be important to hit the right meetings at the right time and the plan for sharing and engaging was still open for comment.</p> <p>There would be large public exhibition events, and signposting to more information and multiple copies of both versions of the consultation document. It was confirmed that the consultation</p>	05/12/2017	Joint HOSC	<p>Action: The case for change for Community Services would be presented to the Committee once available.</p> <p>The Chair felt that the consultation plan should be a wider and broader ranging document. She reported that there had been no conversations as yet with</p>

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
	documents would be made available to Healthwatch and there would be very large runs made of these documents.			Shropshire Council as to how the process would fit in to Council business. At the moment the document inferred that arrangements had been made when they had not been.

2018 Engagement activity received by the decision-making boards

Title of report	Details of meeting and discussion on engagement and reports reviewed by the committee	Date of meeting	Board	Board's action / resolution following consideration of the report
STP Director's Update to STP Partnership Board	Presentation to Voluntary Sector Assembly on 16/01/2018 to ensure stakeholder engagement.	31/01/2018	Future Fit Programme Board	
Future Fit consultation documents	The Board was asked to approve the minor amends to the long consultation document and survey and agree the recommendation from the Future Fit Programme Board to commence a formal 14 week formal public consultation on 30/05/2018.	09/05/2018	Shropshire CCG	<p>Approved the consultation documents which included the minor amendments</p> <p>Granted delegated authority to Dr Freeman to approve any subsequent minor changes to avoid any delay in consultation commencing</p> <p>Agreed with the recommendation from the Future Fit Programme Board to commence a formal 14 week formal public consultation on 30/05/2018</p>
	<p>The HOSC received the Shropshire and Telford & Wrekin CCGs' plans for undertaking public consultation.</p> <p>The formal public consultation activity schedule was shared with HOSC highlighting, a range of channels for including staff, public and voluntary sector events, councillor and MP briefings, focus groups provided by VCSE organisations to seldom heard groups. A new website, social media and PR activity. Consultation</p>	10/05/2018	Joint HOSC	Minutes are not available until the next meeting's papers are published.

Appendix 3: Summaries of engagement activities taking place since March 2013

2013 Engagement activity in detail

Activity 1: Clinical Reference Group, 20/11/2013

Stakeholders engaged with and reach

Participants: Approximately 60 clinicians representing a broad cross section of organisations and expertise.

Key findings and feedback

The assembled group were asked to consider the national and local pressures acting upon the health economy; the scale of transformation required in response; the patient groups with the greatest need for change; and the principles and features of the health system that would best deliver this.

- On the case for change: It was agreed that radical and transformational change is needed, A whole system approach is required and the needs of patients, and not organisations should drive the changes.
- On the vision for the future: Clinicians agreed upon a set of principles which they wanted to embed in the design of the future system, including greater integration and co-ordination of care. Priorities for change focused upon patients with Acute episodic illness and those with Long Term Conditions/ the frail and complex.
- On how to enable progress: There was a consensus about the opportunity to engage the public around a clear vision. Clinicians have unique credibility with the public to seize the initiative and the agenda.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 2: NHS Call to Action

In total circa 2,500 people responded to the survey which asked 1) in terms of healthcare what is most important to you and your family 2) what might be some options for change 3) what do you think are the main difficulties and opportunities for the NHS over the next 5 years 4) do you have any other comments you would like to make

Stakeholders engaged with and reach

The call to action survey was open to all resident across Shropshire and Telford & Wrekin.

Key findings and feedback

The most important things to respondents were access and quality of healthcare. The main options for change mentioned were improved local services and to move care out of hospitals, to improve hospitals, resources and improving staff and staff education. Main difficulties identified were increasing demand, limited resources and politics. The main opportunities were to do more, change the pattern of care, improve management and restrict access.

Document produced and where this was delivered

The document was presented to the CCG boards and Joint HOSC.

2014 Engagement activity in detail

Activity 1: Deliberative Engagement Events, 15/08/2014 – 22/08/2014

15/08/2014 in Wem, 16/08/2014 in Telford, 21/08/2014 in Newtown, 22/08/2014 in Shrewsbury.

Stakeholders engaged with and reach

Participants: Wem 28, Telford 19, Newtown 17, Shrewsbury 44.

Demographic data collected: Age, gender, religion, day-to-day activities limited by a health problem.

Key findings and feedback

- 45% of participants attended the events to find out more about what is happening to healthcare locally. 57% of participants stated that they are very aware of the Future Fit programme and 23% stated they are aware.
- 64% of participants either strongly agreed or agreed that changes are needed to the way healthcare is provided across Shropshire and Telford & Wrekin. In addition, 26% were unsure or didn't know if changes were needed. The group discussions also indicated that the participants had many questions that would need to be answered before they could feel confident in agreeing with any proposed changes to services
- 6.2 was the average rating (where 1 = very poor and 10 = excellent) given by all participants when asked to rate the current quality of healthcare across Shropshire and Telford & Wrekin.
- Overall 250 'Issues and Concerns' comments were raised. In particular, participants questioned how the proposed model would be adequately resourced, especially if it would mean moving more services into the community. In Wem and Newtown, travel issues formed the basis of the majority of concerns. The perception of a current lack of joined-up working was a top concern for participants in Shrewsbury. Telford participants were mostly concerned with lengthy waiting times to see a GP. In Wem, participants felt that better signposting to other services is required and would be necessary in the proposed model.
- There were 76 positive comments – the majority highlighted areas of good quality of care and teams of staff that should be supported, nurtured and learned from when moving forward. Shrewsbury participants also said that they felt the proposed model would enable more joined-up working between professionals and that is long overdue.
- In total, participants proposed 23 'Big Ideas'. The most common idea was to enable closer and better working relationships with social services/care. In Newtown, it was asked that thought should go into providing more local facilities for the Powys area.
- Post deliberation, there was a high level of understanding overall for most facilities. The facilities and services which may be perceived as 'new or different' (local planned care, community units and health hubs) were the most unclear for participants.
- Participants felt that areas of deprivation amongst the population was the most important factor when considering where the components should be located. With the exception of Shrewsbury participants, who felt that the greatest mass of population was most important (least important in Newtown). The needs of an ageing population and ensuring good transport links were also rated as important factors to consider

(except in Telford where making good use of what already exists was deemed more important than the ageing population). For Newtown participants, locating facilities near to the Shropshire/Powys border was most important and alongside Wem residents, were concerned about provision for 'isolated communities'.

- Shrewsbury was most favoured location for both the Emergency Centre and the Diagnostic & Treatment Centre. This was followed by Telford and the approach of building a new facility in between Telford and Shrewsbury was also mentioned. Other facilities were well spread in terms of distribution and it was seen as key that there would be as many UCCs as possible, if the model only provided one Emergency Centre.

Document produced and where this was delivered

Deliberative Engagement Events Report 29/09/2014: <https://nhsfuturefit.org/key-documents/about-the-future-fit-programme/programme-board-papers/2014-6/41-140929-f-august-deliberative-events-final-report/file>

Activity 2: Station Drive Patient Group survey, October 2014

Survey undertaken during the practice's vaccination day in October 2014.

Stakeholders engaged with and reach

Surveys returned: 354

Demographic information collected: Age, home postcode.

Key findings and feedback

- When asked what method of travel respondents would use to travel to Ludlow Hospital, 58.5% would use their own car and 12.4% have access to another car, 26% would walk, and 3.1% would use public transport.
- When asked how they would travel to RSH and PRH if they needed to attend for a routine appointment: For RSH 67.9% would use their own car, 17% another car, 13.4% by public transport and 1.7% said it would be too difficult for them to get there. For PRH 60.6% would use their own car, 20% another car, 6.6% would travel by public transport and 12.9% said it would be too difficult to get to.
- There is also a significant drop from self-drive percentages by age, with an increasing dependency on other modes of travel as patients get older.
- The survey did not, of course cover those who had been invited for vaccination but did not attend, for whatever reason, which may in some cases have reflected difficulties with transport. On the day, it was observed that the questionnaires were less likely to be completed by the frailest patients who were generally accompanied by relatives and friends.

Document produced and where this was delivered

Published January 2015 and available here: <https://nhsfuturefit.org/key-documents/about-the-future-fit-programme/programme-board-papers/2015-6/123-150120-ludlow-patient-group-surveyresults-1/file>

Activity 3: Deliberative Engagement Events, 18/09/2014 – 08/11/2014

18/09/2014 in Oswestry, 19/09/2014 in Newport, 22/09/2014 in Newtown, 23/09/2014 in Ludlow, 07/11/2014 in Shrewsbury, 08/11/2014 in Telford.

Stakeholders engaged with and reach

Participants: Oswestry 29, Newport 26, Newtown 23, Ludlow 80, Shrewsbury 34, Telford 25.

Demographic data collected: Age, gender, religion, day-to-day activities limited by a health problem.

Key findings and feedback

- 43% of participants attended the events to find out more about what is happening to healthcare locally. 50% of participants stated that they were very aware of the Future Fit programme and 46% stated they were aware, post-event. In addition, there was a marked increase in those stating they were very aware post deliberation, with 20% pre to 50% post. 73% of participants either strongly agreed or agreed that changes are needed to the way healthcare is provided across Shropshire and Telford & Wrekin.
- 6.7 was the average rating (where 1 = very poor and 10 = excellent) given by all participants when asked to rate the current quality of healthcare across Shropshire and Telford & Wrekin.
- Overall 480 'Issues and Concerns' comments were raised. In particular, participants questioned the locality of proposed centres (especially UCCs) and how they would sufficiently meet the needs of rural communities. This also connected to the issue of poor transport links, which was a common theme linked to accessibility and travel times for emergency access. The need for better joined-up working was stated as a key issue throughout all events. Attracting and retaining staff and the ease of getting GP appointments was a common concern linked to the sustainability and quality of services. When discussing the location of services, participants questioned how well ambulances would be able to transport patients within the golden hour and whether they were adequately equipped to deal with callouts. The link between change, funding and shrinking budgets within the NHS was a common concern, especially at the Ludlow event. Enabling services near to the England/Wales border was a key concern for participants at the Newport event, especially UCCs and the EC.
- There were 208 positive comments. The majority of these highlighted specific services which were perceived as currently working well with good staff, these included: local GPs; Shropdoc; Royal Shrewsbury Hospital and local community hospitals. It was hoped that these would be enhanced in the proposed Future Fit model. Participants also hoped that the proposed model may result in reduced travel by enabling better local/rural services. Again the need for joined up working was a common theme.
- In total, participants proposed 53 'Big Ideas'. The most common idea was to develop 'local' services, especially in Ludlow. The need for better preventative education for patients was a key idea. There were specific ideas around UCCs in terms of ensuring they are accessible (wide spread of locations and flexible opening hours) and offer consistent services in all centres.
- Participants indicated that that post deliberation there were high levels of understanding of the 'case for change' and overall for most of the facilities forming the Future Fit model. In particular, the EC and UCCs were most clearly understood (reflecting current understanding of the traditional A&E service). The facilities and services which may be perceived as 'new or different' were the most unclear for participants i.e. local planned care, community units and health hubs.

Document produced and where this was delivered

NHS Future Fit September and November 2014 deliberative events summary report:

<https://nhsfuturefit.org/key-documents/programme-information-2/programme-board-papers/2014-6/346-e-c-report-on-deliberative-events/file>

Impact of engagement

From report – The experience of the deliberative workshops will be used to shape the on-going programme of engagement and communication on the short list, which is likely to include activities such as: drop in sessions, proactive public relations, workshops, focus groups and presentations.

Activity 4: Telephone survey, 14/08/2014 – 01/09/2014

Stakeholders engaged with and reach

- 1,015 telephone interviews completed with residents living in Shropshire, Telford & Wrekin and East Powys. Data was weighted to ensure a representative sample by age, gender, ethnicity and geographic area.
- 12% did not have use of a car or van
- 14% of respondents lived alone, all other respondents lived with family or friends (see report for full breakdown).
- 31% of respondents were retired and 50% were either fully or partly employed
- 16% of respondents could not access the internet in any way.
- Of those surveyed about their most recent healthcare experience: 33% had an appointment with a healthcare professional in a hospital, 19% had an emergency or urgent admission to hospital another 19% had a planned admission to hospital and just 11% had none.
- Of all hospital visits reported, 66% were within the last year, 16% were over a year but less than three years ago and 18% were over three years ago.
- The majority of visits to hospital were by car (80%) with 10% by ambulance). Most visits took up to 30 minutes (66%), with a further 14% taking over 30 minutes and up to two hours.

Key findings and feedback

Respondents were read a series of paired statements and were then asked to choose the statement, out of the pair, most important to them. There were six pairs of statements read to them for emergency and urgent care, and five statements read to them for both planned care and long term conditions care.

- Emergency and Urgent care: The best different specialist health care professionals in one place to give you the best chance of survival and recovery (66%); Seeing the right health professional first time (59%); The ability to access minor emergency or urgent health care locally (59%).
- Long term conditions: Care for your long term health conditions to be managed, as far as possible, at home by generalist health care professionals who have direct access to specialists if required (58%); Spending less time in hospital and quickly returning to your usual lifestyle with support (56%); A care plan tailored to your needs which will be your passport to a health care specialist when needed, avoiding the need to use 'walk-in' options or general public telephone services such as NHS111 (54%).
- Planned Care: Emergency services located alongside the DTC so that the full range of services is available on site if something goes wrong (66%); Providing more of your care before and after surgery close to your home, only attending the DTC for the operation itself (64%) Operations and procedures to be available seven days a week at a time that suits you (59%).

Document produced and where this was delivered

The report can be accessed here: <https://nhsfuturefit.org/key-documents/programme-information-2/programme-board-papers/2014-6/42-141009-presentation-charts-9529-sw-v2/file>

Activity 5: Patient focus groups, 27/02/2014 – 08/05/2014

- Acute and episodic care: 04/03/2014, 22/04/2014, 30/04/2014.
- Long-term conditions and frailty: 27/02/2014, 22/04/2014, 02/05/2014
- Planned care: 04/03/2014, 06/05/2014, 08/05/2014

Stakeholders engaged with and reach

No attendee details recorded in this report.

Key findings and feedback

Acute and Episodic Care: Attendees shared a resonant stance on how patient behaviours could be influenced by awareness and education on how to better navigate the health care system effectively. In order for patients to be able to make an informed choice about the kind of care that they need it was suggested that access to high quality advice could be pivotal in facilitating good decision making. Patients understand the importance of getting the right care, in the right place at the right time and that there is a synergy between what the NHS tells people and how they respond. Patients raised concerns about the availability of money and significant enough capital to be able to make the changes happen. They also flagged worries for the Future Fit programme around the likelihood of significant changes in policy direction following the 2015 general election. There was a belief that the organisational form and structure needs to be radical enough to really drive significant change, and there is an opportunity to lead locally where others will follow. Patients also reflected on challenges associated with the English-Welsh border and insisted that these matters cannot be ignored.

Long Term Conditions and Frailty: When someone is unwell and may be suffering with a new long term condition, they seek confirmation and a clear diagnosis from their health professional. Patients in this group reflected that knowledge of the health care system and knowing who their trustworthy, first point of contact for information is makes all the difference to the management of their care. Core elements to supporting patients with long term conditions or those who are frail include better care plans, those which actually work for the patient and involve them in all aspects of their care. Patients would like clearer support and information on self-management to help them avoid exacerbations of their condition and this will also encourage them to take control of their health. Where people end up needing to be seen in hospital, patients would like to see more care closer to their home and better use of technology innovations to facilitate this transition. Patients recognised that some of the barriers in the existing system result from not enough clear information sharing and they believe that having better shared patient information will improve this for all. All the patients wanted the programme to ensure that the approach taken is a nothing about us without us and that the provision of equitable access is at the heart of the process. They also raised concerns regarding sufficient finances to support the necessary changes and want reassurance that no decisions have been made.

Planned Care: Patients reflected that having high quality advice and information is key to supporting them to make the best decisions about their care. They also said they would like to know the timescales for appointments to being seen by a specialist. Most people said that

it is not about the distance that they have to travel necessarily but the ability to get there and that ultimately for highly-specialised procedures they would prefer to be seen in a centre of excellence. There was a plea for inefficiencies in the system to be addressed, to stop unnecessary appointments. Where possible allow patients direct access to health professionals such as podiatry or physiotherapy, this will reduce the length of time involved for both parties.

All of the groups preferred the option of local services wherever possible and welcomed the concept of utilising community hospital sites more effectively to offer better planned care. However, they all also raised concerns about how the financial modelling of this may restrict the creative solutions to both the rural and urban care needs within the local area.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 6: Clinical Reference Group, 29/01/2014, 26/03/2014 and 28/05/2014

Stakeholders engaged with and reach

Attendees: Around 40 clinicians representing both English and Welsh commissioners, all provider Trusts and social care from both Local Authorities attended the first two meetings. Around 60 clinicians, key stakeholders and patients attended the third meeting. The meetings were supported by the Strategy Unit, Central Midlands Commissioning Support Unit.

Key findings and feedback

The work to establish a radical clinical vision is to be based on clinical principles which emerged at the previous CRG meeting. Members worked in groups to identify the things that should be measured, in due course, to assess whether or not radical change in line with these principles has been delivered.

At the first meeting, members worked in groups to sense check the structure of the framework, review the draft content and discuss any proposed changes. These comments are recorded in full on pages 29-32 of the report (link below).

At the second meeting, the participants were divided into six groups, with two groups discussing each model of care. Whole system comments were that the models are predicated on a big change in primary care, the focus is on hospitals, yet the system is in danger of getting 'clogged' in other areas such as primary care, and there has been a successful 'left shift' in mental health service provision.

Q&As from the third meeting are recorded in full on pages 43-46 of the report (link below).

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Impact of engagement

The comments from the first meeting were used to inform the ongoing design process through the work of the three sub groups: Long Term Conditions / Frailty, Acute Episodic Care and Planned Care.

Second meeting: No impact / actions recorded in this report.

The third meeting was a very vibrant and positive event to share the draft final clinical design report. The report was commended by the attendees and they officially gave their sign up to the clinical models for the programme going forward. Each of the workstream leads gave an update on their respective areas and this was then followed by an opportunity for all of the tables to agree and share one burning question for the Future Fit programme. The questions posed by the tables were answered by the programme team. To close, the SROs were presented with the signatures of the group as well as the report.

Activity 7: Acute & Episodic Care Sub Group meetings, 10/02/2014, 12/02/2014 and 02/04/2014

Stakeholders engaged with and reach

Invited: Over 30 representatives from all NHS organisations, local authorities and also patient representatives from across the county were invited to each of the meetings.

Key findings and feedback

From the first two meetings, there was broad support for the suggested key features that should underpin acute and episodic care. The group then went on to discuss some of the advantages and challenges of a single Emergency Care Centre. The group felt that the most significant challenges to implementing the model were:

- Social care ability to support given funding constraints and increasing demands which the model might further accentuate.
- Privatisation of services which could fragment care and the co-ordination of care.
- Primary care might perceive the model as creating an increased workload which would not be supported with additional resources.

The group then discussed four possible workforce scenarios which contained varying degrees of workforce risks. It was agreed that under each scenario there was a significant workforce change requirements and a need for new roles to provide more flexible and holistic care for patients.

From the third meeting, the key feedback was:

- Urgent care should stand alone
- Modules should link onto it
- The patients need somewhere to rest comfortably
- Don't believe that Planned Care has to be linked
- Potential synergies
- Additive relationships
- Defending the concept of modules
- Tele links
- Access to patient records – integration.

It was agreed that the next steps should be to source modelling numbers, look at the geography and review the workforce.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 8: Acute & Episodic Care Sub Group meeting, 30/04/2014

Stakeholders engaged with and reach

Attendees: 16 representatives from all NHS organisations, local authorities and also patient representatives from across the county.

Key findings and feedback

The purpose of the meeting was to receive feedback from Cross Cutting Groups and consider the impact on the model, and to enable the modelling of the model to commence.

- Primary Care Group: A lot of challenge coming from Primary Care about various matters linked, in part, to low morale. Models describe a good, clear system that may not be deliverable. Rely on left-shift and the capacity to manage this is not yet there. Requires re-design of Primary Care.
- Secondary Care Group: Defined Length of Stay (LOS) for emergency patients. Offering a bed slows everything down and introduces new risks. Ward/Bay with 0 day LOS. Senior input would support correct identification. 7 day LOS could be identified and discharge planning begin immediately. 3 day LOS supported to avoid decompensation. Named responsible clinician. Need easy access to person with relevant knowledge (could be in Primary Care in some cases). Changes need to be big and bold to work (e.g. ward closures are a step change not incremental).
- Partnership Care: Similar education, documentation. Need grievance processes in place (e.g. recordable). Consultant care up to 30 dates post discharge could be possible if other workload reduced (e.g. ward rounds in community settings). Paeds: should be in all UCC or none.
- Patient Focus Groups: Asked what conditions patients would take to the EC or UCC. EC – chest pain, child swallowed something. Grey area – Fractures, attempted suicide. UCC – sunburn, headache, stomach pain.
- Group Discussion: Specialist nurses can deliver more at home not necessarily just in UCC. Greater distance from EC/UCC seems to correlate with local clinical ability to cope. Staff rotation between EC, UCC and Primary Care? Access to specialist advice need not just be to secondary care (e.g. specialist nurses, physios, GPwSI). Risk Appetite – GPs would need to have access to specialist input (? 24/7)

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 9: Long Term Conditions Sub Group Meetings, 17/02/2014, 19/02/2014, 09/04/2014 and 07/05/2014

Stakeholders engaged with and reach

Invited: Over 30 representatives from all NHS organisations, local authorities and also patient representatives from across the county were invited to the first two meetings.

Attendees: 16 representatives from all NHS organisations, local authorities and also patient representatives from across the county attended the third meeting.

Attendees: 13 representatives from all NHS organisations, local authorities and also patient representatives from across the county attended the fourth meeting, entitled 'Long Term Conditions and Frailty Sub Group'.

Key findings and feedback

Notes and feedback from the first three meetings are recorded in full on pages 67-84 of the report (link below).

At the fourth meeting, the group was asked to consider what the generic clinical characteristics were of someone requiring admission to a high acuity unit and the characteristics of someone who is 'stabilised' and therefore potentially fit to be transferred to a lower level of care or discharged to their original level of care.

There was agreement that, in order to quantify the impact of avoiding activity (rather than reducing it), the following method would be applied:

- Collect contemporary prevalence data for all Long Term Conditions
- Review NICE guidance and the National Service Framework for Long Term conditions to look for evidence that could be applied to the modelling.
- Convene an additional meeting of the LTC subgroup to examine each LTC in term and 'estimate' the impact of those aspects of the new models of care which prevent activity – i.e. keep people well or stable within their usual level of care (prevention, early diagnosis, education and self management, community support, care planning, key workers, information and signposting).
- Extrapolate total impact by factoring in prevalence for each LTC
- Compare LTC 'activity' (HRG coded) with other health economies to estimate whether Shropshire and T&W are starting from a high, medium or low position in terms of LTC management.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 10: Planned Care Sub Group Meetings, 24/02/2014, 26/02/2014 and 16/04/2014

Stakeholders engaged with and reach

Invited: Almost 30 representatives from all NHS organisations, local authorities and also Healthwatch representatives from across the county were invited to the first two meetings.

Attendees: 10 representatives from all NHS organisations, local authorities from across the county attended the third meeting.

Key findings and feedback

From the first two meetings:

- Model of Care 1: Expectations, information and education. Expert patients - moved to guide and buddy people. Find patients who are good communicators.
- Model of Care 2: Enhanced patient responsibility. Prevention agenda. IT based self-management system. Direct access to imaging/test. Defined pathway if diagnosis known. Specialist led care if diagnosis complex/uncertain. Pathway navigator – GP, Specialist nurse or peer worker.
- Model of Care 3: Major surgery done in emergency centre. Open access/controlled access to diagnostics. Group specialists by what they do not by which college they belong to.
- General Feedback: Specialists will educate generalists. Needs to be a push system rather than pull. Taking education to the patient. Improves consistency and quality. Do not want to create barriers. Agreed with the idea of grouping specialists by condition not job title. Navigator to give appropriate advice and guidance – partnership care. Clear diagnosis and prognosis. Defined pathway will have to meet certain criteria. There will be key enablers that will agree on key components. Agreed on automated system – reasonable and effective choices. Don't need too much intervention from HP. Self-responsibility and self-management – use patient portal in responsible way. Personalisation for complex pathways. Navigator can provide more support for vulnerable people.

At the third meeting, the group were asked to review other models and put the planned care model into context.

- General discussion: Acute Episodic and LTC models understood. No comment in relation to the planned care model.
- Planned care model: 'Interesting' to describe an ideal model, but the implementation is so challenging that it is all at risk. Implementation would require double running, which is just not possible because of the financial climate. Efficiencies can be described and have been modelled, but they do not deliver the necessary quantum of saving. Transformational change may not release a lot of resource in this area.
- Patient empowerment/self care: Needs substantial input to manage it and there is less evidence that it is either possible or effective. The preventive agenda has not been well described in the model so far. Smoking cessation is a rare example of education/prevention that can deliver in the short term as well as the long term. Delivery on the patient element and the left shift probably has the most opportunity to deliver savings over the next 20 years. Prevention and early intervention will reduce the long term disease burden. Releasing primary care from some activity can allow focus on other, more valuable/effective/efficient work.

- Primary care: Still needs to hold the gatekeeping role. Is probably as cost efficient as it can be. Could be tweaked to ensure reduction in variation in practice – pathway description, holding GPs to account on them could ensure this happens. Referral into the wrong level of care is usually costly and so getting it right first time is important. Will not deliver much saving with patient self-navigation through primary care.
- Specialist care: Is better if delivered at scale for a number of reasons: quality, safety, sustainability, cost efficiency, opportunity to grow. Considerable debate about the benefit/risk of disbursing provision vs centralising services. If devolved centres could manage GA work as well, then the opportunity to disburse work is greatly increased. There are limits to disbursement with regards to unit performance and accreditation. One might be able to describe different levels of service possible for specific HRGs, if disbursement was the option. Concluded it would be best to centralise the definitive intervention. However, the pre and post-intervention activity should still be delivered closer to home, except in limited complex cases. About 20% of planned care requires high specialist input and should be co-located with the Acute Centre for ITU etc. It is still necessary to have a 'trolley trap' to stop detrimental interactions either way (more acute impact on planned). About 80% of planned care is delivered as day surgery and could sit separately from the Acute unit. Acknowledged that bringing the two together would allow for much more organisational efficiency. The Mental Health model does not look much different from this.
- The role of IT and information: This offered the opportunity both to skill up the community workforce (including primary care), and to facilitate remote consultation for the pre and postinterventional care, allowing this to be performed closer to home.

Document produced and where this was delivered

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Activity 11: Planned Care Sub Group Meeting, 14/05/2014

Stakeholders engaged with and reach

Attendees: 10 representatives from all NHS organisations, local authorities from across the county.

Key findings and feedback

The modelling work was presented to the group and it was explained that the Planned Care section has been split between high, medium and low levels. The group were asked for feedback as to where each HRG code was in the right section, and to clarify the rules when determining which section each code should be in. A discussion was then had regarding the rules around each category.

- No point duplicating diagnostics equipment
- Emergency Centre should be a trauma centre
- What does the capacity of the DTC need to be?
- Outpatients children's diagnostics – mix of high and medium
- Leave medical in LTC
- Include surgical in Planned Care
- Design DTC around patient cohort

- Lumps and bumps to be kept in primary care and not done by secondary care consultants
- How do we incorporate RJAH?
- It was concluded that we didn't have the correct representation in order to answer these questions.

Document produced and where this was delivered

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Activity 12: Ambulance and Transport Cross Cutting Theme Meeting, 08/05/2014

Stakeholders engaged with and reach

Attendees: 9 representatives from all NHS organisations, local authorities from across the county.

Key findings and feedback

The group received a summary of the programme progress to date and an introduction into each of the three models of care. The group focussed their discussions primarily on planned care and acute and episodic care elements of the model. General points made:

- Transport, especially the emergency transport service has the opportunity to turn some unscheduled care to scheduled care. This offers great advantages to the models. From the point of view of transport, the models seemed good and needed only small amendments to optimise them. As with some of the other cross cutting themes, it falls to transport to facilitate the models rather than to limit them.
- There was an appetite within the providers present to adapt to make the models work best, recognising that not all providers were in attendance.
- As well as the specific function of transporting patients, those provider services in attendance also represent the function of triage, which is important to fit within the models. This needs to be both driven by algorithm at times, and free triage at others.
- 111 and 999 services are not always appropriately used and 111 is under-utilised. Both 111 and 999 could be used more effectively if alternatives such as community transport services or the existing NSL contract were more widely available and better publicised.
- The Pathfinder model of triage and management by paramedics has shown great promise, which needs to be built into local services for efficiency and to facilitate presentation of the patient to the right place at the right time, first time.
- The group discussed the North West Ambulance Paramedic Pathfinder triage tool which helps predict an individual patient's destination (EC or UCC), potential for non-conveyance or access to an in-situ care plan.
- Apparently there had been no adverse incidents recorded as a result of use of this tool. It was felt that there was scope to introduce this locally. It was noted that the use of this tool in the North West also involved the creation of a standard care offer for Urgent Care centres and an assessment or kite marking of those centres. The group felt this was in line with the developing vision for a standardised UCC offer.
- The use of the air ambulance service was discussed. It was pointed out that there were drawbacks with the service. There is scope for the ambulance service to carry

out more portable diagnostics and provide on-site testing with transmission of results and quick feedback which could avert an unplanned journey to hospital.

- Community transport services provide a cost effective solution to planned journeys but are suffering from lack of support. It is likely that these will need to be resourced to some degree.
- The Group also discussed the Powys Urgent Response Service at Home (PURSH) which provides a team of mobile carers to support people in their own homes. It was felt that this was a model that should be considered for Shropshire, Telford and Wrekin.
- The Ambulance service in Scotland can access patient health care records which helps crews to make more informed diagnostic decisions. Again, while it was recognised that some patient information is currently shared, more complete and systematic sharing would help to avoid unnecessary journeys. This fits with the theme of a truly integrated shared care record.
- Consolidation of services to a clear spec that supports the three models and their overlaps is likely to liberate some transport activity from the current provision, which can be recycled, or taken as efficiency.

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Activity 13: Cancer Cross Cutting Theme Meeting, 19/05/2014

Stakeholders engaged with and reach

Attendees: 10 representatives from all NHS organisations, local authorities from across the county.

Key findings and feedback

The group received a summary of the programme progress to date and were introduced each of the three models of care. The group focused its discussions primarily on planned care and acute and episodic care elements of the model. General points made:

- Wales activity is important (and it is likely to stay with SaTH for the foreseeable future).
- Welsh considerations have previously impacted on the location of cancer services.
- Radiotherapy Unit (RSH) would be very costly to relocate.
- On paper the model sounds really good, but where is the money coming from? (from efficiencies in the new system)
- Staff skills critical for this
- Chunking it up is important
- Managing survivorship has the potential to release resource (and provide better care)
- Individual Cancer site pathways will need to be considered in due course given their different requirements and constraints.

Document produced and where this was delivered

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Activity 14: Children's Services Cross Cutting Theme Meeting, 10/04/2014

Stakeholders engaged with and reach

Attendees: 13 representatives from all NHS organisations, local authorities from across the county.

Key findings and feedback

The three models of care were presented to the group before dividing into two smaller groups to examine Acute & Episodic Care and LTC / planned care.

Overall 'reaction' to the clinical models:

- We have already bought into this model in part in paediatrics (recent reconfiguration agreements) and see the model as a natural extension of that. The primary care linkage in the model is welcome.
- Nothing we have discussed tonight by way of challenge breaks the models fundamentally
- APNPs and 'specialist' GPs will be central to this..... workforce plans are essential to make it credible
- Most important is that we get assurance that it will really be seen through in full.....this model can't be done in part only.
- Ways of working can and should change ahead of buildings.

Document produced and where this was delivered

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Activity 15: Community Hospitals Cross Cutting Theme Meetings, 08/05/2014 and 21/05/2014

Stakeholders engaged with and reach

Attendees: 13 representatives from all NHS organisations, local authorities from across the county were at both meetings.

Key findings and feedback

The two meetings intended to capture the views of the group inside the clinical design workstream as one of the 'cross cutting theme' meetings, each of which are designed to interrogate the clinical models from a particular perspective.

Notes and feedback from the two meetings are recorded in full on pages 117-119 and 121-125 of the report (link below).

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 16: Diagnostics Cross Cutting Theme Meeting, 12/05/2014

Stakeholders engaged with and reach

Attendees: 10 representatives from all NHS organisations, local authorities from across the county.

Key findings and feedback

It quickly became apparent that the interdependencies between one EC, some UCCs and a DTC in respect of diagnostics provision are great, so they are dealt with together.

- **Radiology:** Lots of intelligence and suggestions around the location of CT and MRI scanners. Main points were: It is important to keep equipment separate for planned and urgent care purposes. Endoscopy would be provided on a small scale in the EC for emergency purposes only, the majority of the service being sited in the DTC. Ultrasound would also be provided 7/7 on a small scale for emergencies in the EC and on a larger scale in the DTC. However, 70% of the 36,000 elective ultrasounds per year are GP requested. There is therefore scope to move much of this activity closer to home. Peripheral surgical clinics could have some ultrasound slots for urgent cases. UCCs will require ultrasound and plain x-ray facilities. There is a national shortage of sonographers which will limit provision. The clinical workforce in UCCs will need to provisionally report plain x-rays, with radiologist reports following at a later date. Ultrasounds are operator dependant, so cannot be reported remotely. The DTC must be staffed and active 7/7, but there will be problems staffing the DTC overnight if this means duplicating rotas across the diagnostics in ED and in the DTC. This will be compounded if sonographers are dispersed in UCCs.
- **Pathology:** Would benefit greatly from a single site and a single requirement for a 24 hour service. Equipment would be separate for emergency and planned care as the two types of service do disrupt each other. EC and high acuity patients require a smaller range of pathology tests – so full pathology provision would not be required. Planned care pathology requires a full service, although there is no necessity for microbiology and cellular pathology services to be co-located if it was advantageous to site them elsewhere for estates or other reasons. Planned care transfusion services could also be remote with an electronic ordering system. Although point of care testing technology is now much more advanced, caution must be taken in assuming it will provide all pathology needs in UCCs. The maintenance and calibration of the machines remains an issue. If transport links were excellent across the system, this would diminish the need for point of care testing in UCCs. Centralising testing is more efficient from a workforce perspective. Advanced Nurse Practitioners can do the testing. A small blood stock should be available. Any point of care tests must be available across the system, so connectivity is vital (as part of need for integrated care records). Staff rotation would also be important. Patient access to their own results is also a priority.
- **The impact of Diagnostics on Urgent Care planning:** The urgent care model is predicated on UCCs being staffed by expert generalists with timely support available from specialists when required. This principle applies equally to diagnostics. A key planning question is the degree to which the need for a timely specialist radiology or pathology result / opinion / support limits the range of problems managed in UCCs. If UCCs are to manage 'ambulatory care sensitive conditions' including abdominal pain, very few patients would require instant results, and many could avoid admission if there was certainty about accessing diagnostic tests / results within 24 hours, for example.

- Planned Care Assessment and diagnosis closer to home: A county wide standard for assessment is required. Performing full diagnosis and assessment closer to home requires excellent transport facilities for both services and patients. The impact of 7 day primary care working on the provision of diagnostic services needs to be accounted for in the planning process.

Document produced and where this was delivered

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Activity 17: End of Life Cross Cutting Theme Meeting, 21/05/2014

Stakeholders engaged with and reach

Attendees: 7 representatives from Future Fit, Shropshire CCG, Telford and Wrekin CCG, SaTH and Severn Hospice.

Key findings and feedback

The group focused its discussions primarily on planned care and acute and episodic care elements of the model.

- The models 'work' and can support end of life and palliative care, although these 'fit' into the models slightly differently. Palliative care is mostly akin to the LTC model but does not entirely fit into the LTC model as its defined. EOL needs to be managed to a planned care outcome and an acute episodic outcome is a failure. With both, care needs to be embedded in the service rather than as a stand-alone. This includes training.
- Partnership working is critical with primary care taking a central role, especially in rural areas (this will reduce transitions). Care co-ordination is very important and needs to be with an experienced clinical person rather than a system or a service. The models need to be able to be flexible to accommodate the unique needs of each person and their social unit. The care co-ordinator needs to have a 'get it right at any cost' attitude that sometimes means flaunting rules and boundaries.
- The most important way to drive a change to improved care is through the interactions of partnership working (i.e. It can't be all remote), shared CPD, rotation of jobs across organisational boundaries and strengthened relationships. C.f. The way RAID was shown to improve care.
- Palliative care expertise needs to be commissioned and paid for properly with sufficient capacity. But it does not need to provide all the service, it should be there to support us all providing palliative care and EOL.
- As with LTCs, the service needs to be able to identify and focus on those with complex needs and the marginalised (addressing inequalities). Doing this will free up some resource for the partnership working.
- Urgent care/health hubs could be operating at the right level to support palliative care/EOL services away from the centre. Consideration of bed requirements in the future should model the need for hospice beds as well as the use of community beds for end of life care.
- Bereavement is currently not well addressed and should be built in (accepting that this might be one place for the voluntary sector). We need to redefine our relationship with the voluntary sector: we cannot over-rely on them (and they are not free) but we can make better targeted use of the things they can do better.

- Integrated care for EOL and Palliative care works and should involve the convening of groups from everyday services who know the patient/area rather than calling in a specialist team.
- Admissions could be avoided if we could plug the many small gaps in community services (e.g. availability of medication or advice) which make it difficult and time consuming to organise care out of hospital.

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Activity 18: IT Cross Cutting Theme Meeting, 27/05/2014

Stakeholders engaged with and reach

Attendees: 11 representatives including Heads of IM&T and Heads of Product Development from a range of NHS organisations across the county.

Key findings and feedback

The group received an overview of the draft Clinical Design report and an explanation of the models of care. The group also reviewed the extract from the report that referred to IM&T. The group considered the main IM&T issues raised by the clinical design and concluded that the issues fell within six broad areas. These areas and more specific issues are shown below. There was discussion about which were the most significant challenges to developing a fit for purpose IM&T support platform for Future Fit.

Consensus appeared to be that overcoming cultural, rather than legal barriers to data sharing and improving data transmission speeds in a rural area were the most significant. Significant funding would also be required but technical solutions to achieving the vision do exist.

The group briefly discussed the Technology Fund bid opportunity and agreed that this should be taken forward through each organisation's IM&T lead.

Document produced and where this was delivered

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Activity 19: Mental Health Cross Cutting Theme Meeting, 07/04/2014

Stakeholders engaged with and reach

Attendees: 13 representatives from Shropshire CCG, Telford & Wrekin CCG, SaTH and SSSFT.

Key findings and feedback

Acute / Episodic Care: Co-locate a Mental Health Assessment Unit in Emergency Centre

- 24/7 and Secure
- Section 136 and crisis assessments
- Drug and Alcohol / overdose assessments

- Base for 'liaison' services – RAID
- Consolidate staff – generic skilled staff carry out assessment and liaison services out of hours
- Enhanced mutual learning / education
- Culture change – alignment of physical and mental health services – parity of esteem
- Allows easier 'physical health liaison service' and improves longer stay mental health patient flows
- where to site short stay unit –EC, UCCs, stand alone / redwood
- patient volumes for assessment and short stay

Acute / Episodic Care: Co-locate CMHT / home treatment services in Urgent Care Centres

- Currently CMHT pays lip service to primary care and there is lots of inconsistency of service across the patch, e.g. Telford LA SPA signposts clients to CMHT, there is no equivalent in Shropshire.
- Most CMHT teams have offices / rooms which are not fit for purpose and some have nowhere to see patients.
- Improved relationship between CMHT and Primary Care dependant on the degree to which primary care 'owns' their UCCs at a cluster level.
- Align OOH care by subsuming EDTs into Shropdoc.
- Integrate IT systems with care records.
- Allow MH to directly access test results as currently have to go through Primary Care to access them.
- Mental Health can teach physical health about basic care planning – e.g. patients are instructed to contact CMHT directly in the event of recurrence if they are thought to be 'at risk' and therefore bypass primary care and receive more prompt assessment.
- What would success look like? – Combined physical and MH care plans!

LTCs / Frailty

- The principles of the LTC model of care were fully supported by the group and consistent with the provision of MH services.
- MH does some things well from which physical health could learn, e.g. keyworker model.
- MH interventions are based on establishing which of 21 (evidence-based) 'care clusters' a patient falls into, which cover domains of behaviour / need and are not based on diagnosis. Could physical health problems be categorised in a similar way to determine aligned and equivalent interventions? This fits with a generalist approach to multi-morbidity and the levels of care required for exacerbations based on acuity rather than diagnosis.
- Move away from a 'referral based model' which limits patient categories to a 'partnership care based model' which would allow Primary Care Teams to gain freer access to specialist advice, consultation and education for a wider range of patients e.g. managing 'thick file' patients. Primary care can then use the resource according to their priorities. This would be enabled by better use of technology, e.g. Skype and MH 'choice and medication' website. All this is completely aligned with the partnership care model.
- A concern was raised that if we move to providing LTC management in geographical clusters to achieve critical mass, we must not unwittingly remove specialist and generalist support for 'natural communities' which are closely linked to informal and voluntary support networks
- Dementia services should be part of a broader frailty service, with scope for more support for GPs in making an early diagnosis. Memory service operates 9-7 5 days a

week in most areas, but weekend memory service is generally lacking. There is significant scope to expand home treatment. Social services are not currently part of the memory service and should be.

Document produced and where this was delivered

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Activity 20: Primary Care Cross Cutting Theme Meetings, 28/04/2014 and 20/05/2014

Stakeholders engaged with and reach

Attendees: 15 representatives from Shropshire CCG and Telford & Wrekin CCG including GPs and practice managers attended the first meeting, and 19 attended the second meeting.

Key findings and feedback

At the first meeting, following a presentation of the system principles and models of care emerging from the Future Fit Clinical Design workstream, two small groups examined and interrogated the models from the perspective of Primary Care.

- The Future Fit models of care are good but not deliverable from the perspective of primary care.
- Lack of community capacity, the workforce crisis, an inability to move money and extra work 'over and above' GMS are all issues which are not resolved by the Future Fit models of care.
- It is essential to see 'the numbers' which demonstrate that money can move from acute into community. Demonstrate that the Acute Trust can survive on significantly less revenue.
- It would be more sensible to build a 'full size' hospital that can accommodate current demand without shifting all this work into primary care, and then sequentially shut beds as the system evolves to allow this.
- Primary care is 'drowning' but Future Fit may well make it worse. The 'left shift' of care proposed is 'toxic' and I (primary care) cannot support it. Go ahead and reconfigure, but leave primary care alone.
- The national agenda is such a powerful driver that it makes local solutions difficult or impossible to achieve. It's all political; although we cannot afford this, we are being told to make it work. We should finish the planning and then tell NHS England that we cannot deliver it without more investment.
- Primary care is going to 'fall over'. Its better just to let that happen.
- If Future Fit can develop a clear vision for a model of healthcare delivery in the future, it could help attract GPs and other staff into the area.
- Future Fit programme is an opportunity to make sure community resources are equitable.
- Better links with Keele University to place medical students.
- Would welcome a REAL five year plan not just the usual technical plans.
- GPs have a natural role as LTC managers but are struggling to fulfil that because of workload issues.
- Integrated care record is essential enabler of any new model.
- Better specialist/generalist links could help reduce workload.

At the second meeting, the national and local context was explained to the group, with an emphasis on the commitment to ensuring a healthy future for general practice. There was an agreement and an appetite to undertake the further work proposed, and a willingness to support the clinical model. The CCGs recognised that there was a lack of equipment and of clinical staff across all local providers and that they had to make some difficult decisions. Attendees highlighted a need to define GMS and a need for a workforce plan for primary and community care. Different providers faced different pressures but recruitment and retention was a common issue for all.

Document produced and where this was delivered

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Activity 21: Rural Health Solutions Cross Cutting Theme Meeting, 22/05/2014

Stakeholders engaged with and reach

Attendees: 21 representatives from Shropshire CCG and Telford & Wrekin CCG including GPs, practice managers and patient representatives.

Key findings and feedback

After a brief presentation of the models of care, with a particular emphasis on primary care, the group then discussed the models from the perspective of rural and primary care.

- Community nursing needs to be brought up to a minimum service level before trying to do any more with it. Current service levels should not be used as a baseline.
- Transport is a big rural issue, and any changes to services will need to deal with this.
- Most rural practices in South Shropshire would not send patients to Urgent Care Centres for minor illness and injury, but definitely would send them for conditions for which they would otherwise have had to A&E or hospital for, e.g. cellulitis or chest infection.
- Stop walk in services altogether, until you do this, urgent care won't work. The model, as applied to rural areas, is forgetting / destroying / ignoring the traditional GP practice model of care, with the GP taking overarching responsibility for the service. This is still how rural practices work. The GP model is not broken and, although everyone is very busy, they are not drowning and do not feel that primary care has to change radically.
- Rural GPs and primary care struggles more with complex patients than with urgent care. So, there is no need to relieve them of urgent care work. The system is not broken; it just needs more resources – mainly more nurses working in the community and integrating / networking / co-managed with practice nurses.
- A stand alone Diagnostics and Treatment Centre is a good model. Rural GPs would be willing to do / organise assessment, diagnostics and follow up closer to home as long as the work is resourced.
- IT issues, especially the development of an integrated care record MUST be solved for any of this to work.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 22: Secondary Care Cross Cutting Theme Meeting, 24/04/2014

Stakeholders engaged with and reach

Attendees: 12 representatives comprising clinical directors from SaTH plus divisional managers from Shropshire Community Health Trust.

Key findings and feedback

Following a presentation of the three models of care, two groups examined and interrogated Acute & Episodic / Planned Care and LTC and Frailty.

Notes and feedback from the meeting are recorded in full on pages 152-157 of the report (link below).

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 23: Social Care Cross Cutting Theme Meeting, 14/04/2014

Stakeholders engaged with and reach

Attendees: 12 representatives comprising service managers and directors from Shropshire CCG, local authorities and Shropshire Community Health Trust.

Key findings and feedback

Following a presentation of the three models of care, two groups examined the challenges and opportunities of the models from the perspective of secondary care of a strategic approach to 0, 3 and 7 day Length of Stay, Partnership Care, One Emergency Centre and 'some' Urgent Care Centres and Planned Care.

Whole system

- The principles and values of social and health care are the same (as captured in the Future Fit models of care). These include reducing dependency and increasing efficiency and flow through higher levels of care, with 'prevention' and rehabilitation at every stage in the journey, enabled by health and social care working in parallel and not in series.
- The prevention and wellbeing agendas are crucial to both LAs as well the health economy. The principle of enabling self-management, autonomy and independence must apply to families and carers as well as the client / patient. Might the responsibility for this best lie with the Local Authorities (LA)?
- How do you maintain the principle of empowerment in the face of austerity which results in services being 'restricted to save money'?
- Care should be transferable across the whole system and not be rigid and tied to one care setting. E.g. when a person is admitted to hospital their 'care package'

arrangements' should remain intact and, where appropriate be transferred to a new care setting.

- Social care in its wider sense is 'resilience work' which provides a safety net sitting beneath the whole system. Do we understand social care demand and how to accurately assess it? Do we understand the impact that social and medical care have on each other? How do we measure it?
- Whole system design should begin with a 'zero community bed base' which can be modified as a well-defined need emerges.
- Assistive technology and community support might enable radical change if it is targeted well enough.
- Telford LA are now of the view that reablement should be targeted and not applied to everyone following an exacerbation / admission.
- GP practices are 'influencers', people trust their GPs which can work for and against the system, depending on how reliable and accurate their 'messaging' is. Social Care needs to support practices in doing this better. Could this be delivered at cluster level given resource constraints?
- We should remove the incentives for people to go to A&E.
- 'Community builders' – who contribute to and develop the fabric and resilience of local communities, and keep people out of hospital, should be more proactively identified and supported. There is no template for their activities and impact and they and their communities need to be allowed to evolve in diverse ways. Although a 'gap analysis' is desirable, it may not be possible, given the diverse ways in which communities mobilise. This is aligned with and part of the Compassionate Communities project.
- Community and Voluntary sector involvement cannot be relied upon to augment / shore up care packages, and these sectors are not keen to work in this way. It was noted that Telford LA is a 'co-operative council' which accurately reflects their values, but not always their practice.
- The anomaly between health being free at the point of delivery and social care being means tested will always be a barrier to fully integrated systems. It's often said that we should not worry about 'self-funders', but this is 'where the money is'. This has potential to be 'released', e.g. People who are self-funders can invest in their own future if they were allowed to invest in sheltered housing for their own use in the future, and sub-let it until they need it. This could 'mobilise people as well as money'. (Further detail to come from Shropshire LA)
- Personalised budgets need to be viewed and developed as an asset, not a risk.
- Resolving the financial imbalance and the tension this produces between social and health care will not happen without truly radical change which includes letting go of a bed based model of care. To do this will require a robust mechanism for underwriting risk across the whole system. This does not currently exist. The BCF agreement which implies that this is in place may require challenging.
- 'Journey' should apply to the services provided, not the patient. Why should a patient have to go on a journey? = 'Service Journey' not 'Patient Journey'.
- Integration should be described and measured by its function not its form. The working definition of integration as 'a way of delivering continuity of care across time and care settings' was shared and approved of in this context. Think of integration as a continuum, with degrees of integration in service response driven by what is needed to deliver continuity of care to the individual (from stable nuclear family to total dependence)

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 24: Therapeutics Cross Cutting Theme Meeting, 01/05/2014

Stakeholders engaged with and reach

Attendees: 11 representatives comprising heads of primary care and heads of medicines management from Shropshire CCG and Telford & Wrekin CCG plus chief pharmacists from SaTH and Shropshire Community Health Trust, a representative from Shropshire Local Prescribing Committee and a store manager from Boots.

Key findings and feedback

The group were strongly of the view that the models were clinically coherent, sustainable and consistent with the prevailing direction of travel for pharmacy policy, legislation, regulation and provider dynamics.

Conclusion: Pharmacy can be a major enabler of the proposed clinical model and pharmacists and pharmacy providers want to do this and have the capacity to do so. The group concluded that it would like support to work under the Future Fit banner to develop these ideas further as soon as possible.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 25: Therapies Cross Cutting Theme Meeting, 22/05/2014

Stakeholders engaged with and reach

Attendees: 15 representatives comprising physiotherapists, occupational therapists, clinical neurotherapists and a Macmillan therapy project manager from Shropshire Community Health Trust and SaTH.

Key findings and feedback

The group focused its discussions primarily on planned care and acute and episodic care elements of the model.

General points:

- The models 'work' and can support and be supported by therapies
- Workforce numbers are a problem now and will be even more so in the new models, though efficiencies might offset some of that
- Clinical psychology is under-represented at present and it would be an important addition to teams, which could save a lot of unnecessary activity in the longer run through prevention
- Partnership care is welcomed and perhaps already done better by therapists than others – even between different organisations
- Home care and contacts will always be necessary, to some degree

- Important to separate and protect the work of therapies from each other in all models, though they agreed that rotation through the different roles would be good
- The role of telemedicine in facilitating rehab should be developed as well as using telemedicine for monitoring health status remotely
- Integrated record is critical to the success of the models
- Urban and rural models might need to be quite different with regards to therapies especially.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 26: Women's Services Cross Cutting Theme Meeting, 15/05/2014

Stakeholders engaged with and reach

Attendees: 11 representatives including women's services at SaTH, Shropshire Council's Home from Hospital Team, and a GP from Shropshire CCG.

Key findings and feedback

Following a summary of the models of care, the group then reviewed and developed the output from a focus group held on 07/05/2014.

General points:

- When considering the potential for co-location, skill mix, novel roles or generic upskilling, it is important not to confuse midwifery skills in 'normality', which therefore cannot be transferred into care settings requiring skills and decision making in abnormality, and nursing skills in 'abnormality' which are potentially transferable. (Many of the senior midwives present were dual trained but this is not the norm)
- Adult social care relates to midwifery services mainly through crisis intervention and this working relationship is enhanced through the specialist safeguarding midwife. The workload is high, but there is a new model planned to give more continuity based on a Telford networked care model with MDT working.
- Children's social care has a more proactive role, working with families alongside midwives.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

Activity 27: 7 Day Working and Workforce Cross Cutting Theme Meeting, 15/05/2014

Stakeholders engaged with and reach

Attendees: 13 representatives including medical directors and a consultant gastroenterologist from SaTH, GPs from Shropshire CCG and Telford & Wrekin CCG, service managers from the local authorities and a representative from VCSA.

Key findings and feedback

Following a summary of the models of care, the group divided into two to discuss the workforce and 7 day working implications of 'One Emergency Centre (EC), some Urgent Care Centres (UCCs)' and 'creating community capacity'.

Conclusions:

- The programme needs to accommodate the fact that to train staff in new roles takes years so we need to start now. The Workforce Director at SaTH agreed to identify the workforce gaps / risks in the new system with a view to developing roles to fill / mitigate them under one business case. (e.g. acute care GP). This would put the local health and social economy on the map and 'demonstrate our capacity to change by developing 20 staff capable of working differently'.
- A clear and bold workforce vision along with a similar service vision will help to attract new talent into the area.

Document produced and where this was delivered

Future Fit Clinical Design Workstream Appendix, June 2014: <https://nhsfuturefit.org/key-documents/making-the-case-for-change/2014-4/300-futurefit-clinical-design-report-meeting-notes-appendix-june-2014/file>

2015 Engagement Activity in detail

Activity 1: Pop-up information stalls, February – March 2015

20/02/2015 & 21/02/2015 in Telford, 27/02/2015 & 28/02/2015 in Shrewsbury, 06/03/2015 in Whitchurch, 13/03/2015 in Newtown, 14/03/2015 in Much Wenlock, 18/03/2015 in Market Drayton, 19/03/2015 in Bridgnorth, 23/03/2015 in Ludlow

Purpose of engagement

As well as having their say on a recommended shortlist of options for transforming emergency, planned and urgent care, people will also be able to find out more about NHS Future Fit and other local services.

Evidence of engagement

The pop-up shops were advertised at <https://nhsfuturefit.org/news/64-still-time-for-people-from-telford-wrekin-shropshire-and-powys-to-have-their-say-on-the-future-of-their-healthcare-services>

Impact of engagement

Dr Caron Morton and David Evans, Joint Senior Responsible Officers, said “The pop-up shops have proven a great success with many people taking the time to find out more and tell us what they think about the proposed changes. Perhaps one of the best things to come out of these days is the fact that so many people have gone away with a better understanding of what we are trying to achieve which is fantastic. If you haven't had chance to visit one of our pop-up stands yet there is still time with five more dates and venues still to come.”

Activity 2: Rural Urgent Care locality workshops, June – August 2015

11/06/2015 in Bishop's Castle, 15/06/2015 in Whitchurch, 18/06/2015 in Ludlow, 25/06/2015 in Bridgnorth, 29/06/2015 in Oswestry, 16/07/2015 in Bishops Castle, 20/07/2015 in Whitchurch, 06/08/2015 in Ludlow, 10/08/2015 in Bridgnorth, 13/08/2015 in Oswestry

Stakeholders engaged with and reach

The workshops were not public events – attendance included patient representatives and local clinicians. The workshops were held in each of the five localities identified as potential sites for rural Urgent Care Centres.

Purpose of engagement

The workshops are looking specifically at the development of rural Urgent Care Centres – a key component of NHS Future Fit.

Evidence of engagement

The workshops were mentioned at <https://nhsfuturefit.org/news/69-workshops-will-help-inform-future-of-rural-nhs-urgent-care-centre>

Impact of engagement

The workshops were designed to engage local clinicians (including all local GPs) and patients to develop a baseline understanding of urgent care and of the minimum system requirements for all Urgent Care Centres in Shropshire. The findings informed the development of a rural urgent care offer.

Activity 3: Telephone survey, September 2015

Stakeholders engaged with and reach

3,000 telephone interviews completed with residents living in Shropshire, Telford & Wrekin and East Powys. Data was weighted to ensure a representative sample by age, gender, ethnicity and geographic area.

Activity 4: Focus groups, September – November 2015

Stakeholders engaged with and reach

Hard to reach groups including people with drug and alcohol problems; carers of people with long term drug and alcohol problems; homeless people; older people (independent living).

2016 Engagement activity in detail

Activity 1: Locality workshops, 15/03/2016 – 22/03/2016

15/03/2016 in Whitchurch, 16/03/2016 in Bishop's Castle, 21/03/2016 in Ludlow, 22/03/2016 in Bridgnorth, 22/03/2016 in Oswestry

Key findings and feedback

There was a mixed reception at the locality briefings regarding the proposed rural urgent care service offer. There was support, in the main, for point of care testing although some scepticism was expressed as to whether such technology was deliverable, despite operational examples elsewhere in the country. There was also some disquiet regarding the use of the terminology of 'service' rather than 'centre', particularly in localities where the community hospital is the most logical and viable base for services. It was clear that careful signposting and messaging will be required as we move towards locality prototypes in order to avoid confusion.

Key themes identified in discussions regarding additional services:

- Clarification – what is already on offer
- Use existing services, additional existing staff e.g. GPs, nurse practitioner
- Link to consultant / 2nd opinion
- Additional local services
- Integration / bring services together

Key themes identified in discussions regarding 'what good looks like'

- Patients have confidence in the service
- Defined service that patients know about, is consistent at the site and consistent across the patch, is accessible and provides a range of services
- Coordinated care that signposts patients correctly
- Makes use of enabling technology
- Develops a market for carers, both domestic and care home services
- Evaluates the service, and provides education and training

Key themes identified in discussions regarding how to engage the local population

- Provide clarity / education on what's available and what is 'urgent care'
- Deliver good services
- Undertake publicity activities (including: big launch; local public services e.g. school, libraries; social media; local media / press; public meetings; charities; care agencies)
- Provide publicity materials (prescriptions, fridge magnet, leaflets, posters, recorded messages/telephone)
- Engage with clinicians
- Involve patient groups

Document produced and where this was delivered

Rural Urgent Care Service sub-group proposal, 12 May 2016: <https://nhsfuturefit.org/key-documents/programme-information-2/programme-board-papers/2016-7/383-rural-urgent-care-service-report-draft/file>

Activity 2: Admission Avoidance Workshop, February 2016

Stakeholders engaged with and reach

Staff working in the community

Key findings and feedback

The sub group initiated an Admission Avoidance workshop for staff working in the community to tell us about current services: what works well, what needs improvement. This was held in February 2016 and was well attended by a full range of health and social care practitioners and patient representatives. The key findings from the workshop influence the potential rural urgent care offer and are listed below.

- There was general consensus that looking at the rural urgent care offer in each locality and ensuring consistency was more important than focusing on having various building-based centres throughout the county.
- Local access to key diagnostics, with immediate results (point of care testing), is vital to admission avoidance.
- Shared/integrated patient record is a fundamental and key enabler.
- There are many local services currently available but they need to be more joined up to maximise efficiency and effectiveness, perhaps through commissioning specific integrated pathways. Consistency in availability of services such as the Early Discharge Team, Integrated Care Service and other opportunities for integrated working across acute and community would be the priority.
- They also need to be easier to navigate for both the patient and the professional – single point of access should mean single, both for professionals and the public (role of NHS111, triaging, assessing and streaming to the right service first time). Too many services are very similar, yet have different names; there is scope for providers to work in a more collaborative way.
- They would benefit from extra capacity in some services - e.g. more slots or extended working hours to include later in the day and weekend.
- Opportunities that IT can offer need to be further explored, and soon - e.g. home monitoring of LTCs, Skype, remote review of test results.
- Developing the workforce to provide alternatives to GP is required – e.g. advanced nurse practitioner and ‘someone who could do effective assessment/streaming/reassurance’.
- Developing integrated, responsive pathways for frail and complex patients is important.
- Enhancing the clinical support to residential care homes should be continued.
- Whilst maintaining patients at home is important, if patients are well enough to travel it may be a better deployment of specialist and generalist skills, capacity and availability for patients to receive their assessment and treatment (if needed) from a base within the community, with better facilities e.g. there will be circumstances where home treatment is not possible (IV antibiotics and the cleanliness of home environment).
- The voluntary sector has an important role to play. The impact of Local Authorities reducing voluntary sector grant allocations should not be underestimated.

Document produced and where this was delivered

Rural Urgent Care Service sub-group proposal, 12/05/2016: <https://nhsfuturefit.org/key-documents/programme-information-2/programme-board-papers/2016-7/383-rural-urgent-care-service-report-draft/file>

2017 Engagement activity in detail

Activity 1: Draft Future Fit Integrated Impact Assessment, 21/07/2017

Additional analysis of potential changes to Women's and Children's services (A report submitted by ICF Consulting Limited and the Strategy Unit, Midlands and Lancashire Commissioning Support Unit). This follows the Integrated Impact Assessment (IIA) of the Future Fit preferred options between May and November 2016.

Stakeholders engaged with and reach

The assessment of health impacts was informed by a clinical workshop with expert stakeholders from across the local health and care economy. Findings from public engagement and equalities activities undertaken by Shropshire CCG, Telford and Wrekin CCG and Powys Teaching Health Board have also been drawn upon throughout.

Key findings and feedback

- Key findings on impacts: In reviewing this report, it should be noted that the impacts for women and children represent a sub-group of the impacts for the population as a whole. The impacts across the population were fully stated in the 2016 IIA and the scale of impacts for women and children should be reviewed in this context. Option B and Option C1 would both have positive health impacts for users of Women's and Children's services across the catchment area. Most access impacts are neutral under Option B and negative under Option C1 at the scale of the catchment area as whole, due to higher overall average journey times. However this varies widely for different localities within the catchment area, with some projected to experience shorter journey times. Under Option C1 the most positive impacts on access would be experienced in Shrewsbury and Atcham, Oswestry and Powys. The most negative impacts would be experienced in the three Telford and Wrekin localities. The projected economic, social and environmental impacts are all either of a minimal scale, neutral or uncertain at the time of writing.
- Key findings on equality effects: Several groups of women and children would experience a combination of positive and negative equality effects arising from the projected impacts. They may be disproportionately most likely to use the affected services, and therefore benefit the most from the project positive health impacts. Equally some may be disproportionately affected by the longer projected journey times.
- Mitigation and enhancement: Key recommendations for mitigation and enhancement include: reducing unnecessary journeys and transfers; safer care pathway agreements for children; and reducing risk factors before, during and after pregnancy.
- Further work is required to enhance the availability of urgent services in remote locations. Lessons can be drawn from an Australian model where paramedics have complete access to Emergency medications and can administer these instantly if required, following remote consultation with a clinician. Additional data and information is required to better understand patient experience. This includes mortality and morbidity data for each locality, with reference to travel times and the profile of the population, particularly those groups protected under equalities legislation that will be affected by options B and C1.
- A strong public awareness campaign is needed, to inform and educate the public about the correct service to access in the case of a medical Emergency for an acutely unwell child. Further engagement could be potentially completed with the

population as a whole to ensure of a full understanding of current and future services. There needs to be continued engagement with West Midlands Ambulance Service and Welsh Ambulance Service to ensure their complete involvement and collaboration with the proposed model.

- Further explore whether there is a correlation between maternal risk factors, C-section rates and risk category that may be amenable to additional mitigation measures.
- Build on existing and planned public health interventions and consider a more proactive/aggressive system-wide approach to prevention, bridging deprivation and other inequalities gaps which would more effectively and appropriately support the re-configuration and improve outcomes for women and children.
- Further work to test the assumptions regarding public transport availability and actual travel times. Review of available parking to ensure timely access to appointments.
- Further work, building on current discussions that are well progressed, with the ambulance services regarding Ambulance response times across the area.
- Further conversations are required to ensure all clinicians are satisfied with the clinical processes proposed for identification of higher risk day case gynaecology patients who would have their day case surgery at the Emergency Site and would return to the Gynaecology Ward for their post-op care.
- A review of the location of Breast Services provided by Shrewsbury and Telford NHS Trust.
- There is some speculation that parents living further from a hospital site may choose to extend self-management of an acutely unwell child for a longer period, before opting to consult Emergency services. There is however, a lack of evidence to confirm this. Patient engagement is required to derive evidence in support or against this phenomenon.

Document produced and where this was delivered

Draft Future Fit Integrated Impact Assessment: additional analysis of potential changes to Women's and Children's services available here <https://nhsfuturefit.org/telford-shrop/key-documents/programme-information-2/joint-committee-ccgs/august-2017/455-annex-3-240719-ff-ia-women-and-children-report-compressed/file>

Activity 2: Shropshire Patient Group meeting 15/02/2017 & 20/09/2017

Attended patient group meetings to provide update on Future Fit programme, share draft consultation materials and seek feedback.

Stakeholders engaged with and reach

Around 20 members of the group attended both meetings. Members represent patient groups from GP surgeries across Shropshire. Regular articles were featured in their weekly newsletter which reaches hundreds of people across Shropshire. More information on the group can be found here: <http://www.shropshirepatientsgroup.org.uk/>

Key findings and feedback

The group shared comments and feedback on the model of care/ options, asked questions about the consultation process and suggested improvements to the draft consultation materials. All comments were fed into the final versions of the consultation materials. The

Chair of the group is a member of the Stakeholder Reference Group so will continue to be very involved.

Activity 3: Patient Readers Group 27/07/2017

Meeting with 10 patient representatives from Shropshire, Telford & Wrekin and mid Wales to comment on and feed into the draft consultation document.

Stakeholders engaged with and reach

10 patient representatives from three areas.

Key findings and feedback

Group fed back suggestions and comments on the look and feel and content of the draft document. They put forward ideas for images, design, additional content and alternative wording. All views and ideas were fed into the final version of the consultation document. Further drafts were shared to the group via email.

Activity 4: Shropshire Health and Wellbeing Board 14/09/2017 & 18/01/2018

Provided regular presentations and updates to members of the Shropshire Health & Wellbeing Board. Also regularly attended the Health & Wellbeing Communications and Engagement Group during 2017 and 2018 to provide updates, answer questions and share ideas on communications and engagement plan.

Stakeholders engaged with and reach

All members of the Shropshire Health & Wellbeing Board -

<https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=217>

Key findings and feedback

Answered questions and fed any comments into the draft engagement plan and draft consultation materials.

Activity 5: Health Roadshow, Cleobury Mortimer 18/11/2017

Future Fit had a stall at a health roadshow in Cleobury Mortimer which was open to the local community.

Stakeholders engaged with and reach

We engaged with the other stallholders which included patient groups and housing associations and other health providers. A wide range of members of the local community attended the drop-in event, including local councilors, parents of young children, young health champions and older people.

Key findings and feedback

We spoke to around 50 people about the proposed model of care and answered questions around the options and how the proposed changes would affect them. We also collected names of people who would be interested in finding out more.

Activity 6: Telford & Wrekin Health and Wellbeing Board 06/12/2017

Provided regular presentations and updates to members of the Telford & Wrekin Health & Wellbeing Board.

Stakeholders engaged with and reach

All members of the Telford & Wrekin Health & Wellbeing Board -

http://www.telford.gov.uk/info/20086/adult_social_care/401/health_and_wellbeing_board_hw_b

Key findings and feedback

Answered questions and fed any comments into the draft engagement plan and draft consultation materials.

2018 Engagement activity in detail

Activity 1: Stakeholder Reference Group – 24/01/2018 and ongoing

A Future Fit Communications and Engagement Stakeholder Reference Group was set up in January 2018 to support and guide the Future Fit communications and engagement team on how it informs and engages with patients, carers and the public during the consultation.

This group is made up of partners who represent everyone within their network. The group has been set up before the start of the consultation and will continue throughout the consultation period. The terms of reference will be reviewed at the end of the consultation period to reflect the next stage of the Future Fit programme.

The aim of this group is to:

- Help inform and shape the consultation communications and engagement plan
- Consider how best to inform and engage with people on the proposal
- Advise on the development of information and events for patients and public in their area and network
- Utilise knowledge on interested groups or networks
- Ensure we take on the views of patients and public
- Provide feedback on the engagement process
- Participate in the mid-point review and evaluation of the consultation

Stakeholders engaged with and reach

The group included representatives from the following stakeholder organisations:

- Powys CHC
- Powys THB
- SaTH

- Shropshire Council
- Telford Council
- Shropshire CCG
- Telford CCG
- VCSA
- Chief Officers Group
- Healthwatch Shropshire
- Healthwatch Telford & Wrekin
- PAVO
- Telford Patients Group
- Shropshire Patients Group
- Future Fit communications and engagement team

Key findings and feedback

Following the initial meeting, it was agreed that the group would split into three sub groups for Telford & Wrekin, Shropshire and mid Wales. Each group would review communications materials, including the website, consultation documents and marketing materials. They would also work closely with the Future Fit communications and engagement team to help develop an engagement plan for their area, for example, locations and details of events and meetings. This wider groups and sub groups continued to meet regularly up until the start of the consultation and will continue through the consultation period. The group have and continue to be invaluable in helping to shape the communications and engagement for the public consultation.

Activity 2: Shropshire Disability Network meeting 25/01/2018

Presented and took questions at the Shropshire Disability Network meeting in Oswestry.

Stakeholders engaged with and reach

Around 50 members of the Shropshire Disability Network attended the meeting – more information on the group can be found here: <https://shropshiredisability.net/>

Key findings and feedback

Members asked questions and fed back comments about the Future Fit proposal. Members also fed back on the draft Easy Read document.

Activity 3: Telford Patients First meeting 02/05/2018

Meeting with patient group to provide updates, answer questions and share consultation materials

Stakeholders engaged with and reach

Around 10 members of the Telford Patients First attended the meeting to find out the latest update on the Future Fit consultation, see a preview of the consultation materials and ask questions.

Key findings and feedback

All comments captured and questions answered. The Chair of the group is a member of the Stakeholder Reference Group so will continue to be very involved.

Activity 4: Staff briefings – May 2018

A series of staff briefings were held in May prior to the start of the consultation. This included staff at SaTH and Telford & Wrekin and Shropshire CCGs.

Stakeholders engaged with and reach

Updates on the upcoming consultation were provided to a wide range of staff, including managers, clinicians and support staff from three organisations. The briefings provided an opportunity for staff to ask questions and find out more about the proposed changes to hospital services.

Additional sessions were also held for those staff who are taking part in the public exhibition events. The purpose of these sessions was to run through the format of the events, answer any questions and make sure that all participants are fully prepared.

Key findings and feedback

Staff had a range of questions which were answered. All staff attending the public exhibition events were provided with a comprehensive brief. This staff engagement was followed up by regular articles in staff newsletters and on the intranet.