



Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 20 August 2014

**Committee:  
Health and Wellbeing Board**

**Date:** Friday, 29 August 2014  
**Time:** 9.30 am  
**Venue:** Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,  
Shropshire, SY2 6ND

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Corporate Head of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Wellbeing Board**

Karen Calder (Chairman)	Dr Helen Herritty
Ann Hartley	Dr Bill Gowans
Lee Chapman	Paul Tulley
Professor Rod Thomson	Jane Randall-Smith
Stephen Chandler	Graham Urwin
Karen Bradshaw	Jackie Jeffrey
Dr Caron Morton (Vice Chairman)	

Your Committee Officer is:

**Karen Nixon** Committee Officer  
Tel: 01743 252724  
Email: [karen.nixon@shropshire.gov.uk](mailto:karen.nixon@shropshire.gov.uk)

# AGENDA

## **1 Apologies for Absence and Substitutes**

To receive apologies for absence and any substitutes that may be notified.

## **2 Minutes (Pages 1 - 12)**

To approve as a correct record the minutes of the meeting held on 18 July 2014 and the minutes of the extraordinary meeting held on 13 August 2014.

## **3 Public Question Time**

To receive any questions, statements or petitions from the public, notice of which has been given, in accordance with Procedure Rule 14.

## **4 Disclosable Pecuniary Interests**

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## **5 Better Care Fund Update**

A verbal report will be made by the Better Care Fund Manager.

Contact: Kerrie Allward Tel 01743 253095 or 01743 277500 ext: 2092

## **6 Future Fit Update**

A verbal report will be made by the Shropshire Clinical Commissioning Group.

Contact: Dr Caron Morton, Tel. 01743 277580.

## **7 Local Area Team Update**

A verbal report will be made by NHS England.

Contact: Ros Francke and Graham Urwin Tel. 0300 7900 233 ext 3495

**8 H&WB Delivery Group Report to the Board (Pages 13 - 16)**

A report is attached by the Director of Public Health.

Contact: Dr Rod Thomson, Tel. 01743 253934.

**9 Organ Donation - For Decision (Pages 17 - 34)**

A report is attached.

Contact: Charlotte Cadwallader, Tel. 01743 253937.

**10 Housing and the Impact on Health and Wellbeing**

A report by the Service Manager Housing Health and Wellbeing will follow.

Contact: Brigid Carey, Tel 01743 253785.

**11 Health & Wellbeing Board Peer Challenge**

A verbal update will be made.

Contact Penny Bason, Health & Wellbeing Co-ordinator, Tel 01743 252767.

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## Committee and Date

Health and Wellbeing Board

29 August 2014

### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 18 JULY 2014 9.30 AM - 12.00 PM**

**Responsible Officer:** Karen Nixon  
Email: karen.nixon@shropshire.gov.uk Tel: 01743 252724

#### **Present**

Councillor Karen Calder (Chairman)  
Councillors Professor Rod Thomson, Stephen Chandler, Dr Caron Morton (Vice Chairman), Dr Helen Herritty, Paul Tulley, Jane Randall-Smith, Ros Francke (Substitute) (substitute for Graham Urwin), Nicholas Bardsley (Substitute) (substitute for Ann Hartley), Tim Barker (Substitute) (substitute for Lee Chapman) and Rachel Wintle (Substitute) (substitute for Jackie Jeffrey)

Others present:

Joyce Barrow, Amanda Holyoak, Louise Jones, Donna McGrath, Cecilia Motley, Dr Sal Riding, George Rook, David Sandbach, Madge Shineton, and Dave Tremellen.

#### **21 Apologies for Absence & Substitutions**

21.1 Apologies for absence were received from Karen Bradshaw, Lee Chapman, Ann Hartley, Dr Bill Gowans, Graham Urwin and Jackie Jeffrey.

21.2 Substitutions were notified as follows;

Cllr Nick Bardsley for Ann Hartley  
Cllr Tim Barker for Lee Chapman  
Ros Francke for Graham Urwin (NHS England)  
Rachel Wintle for Jackie Jeffrey (VCSA).

#### **22 Minutes**

22.1 Arising thereon:

22.2 At minute 14.5 it was noted that the report on links made between the Community Safety Strategy Refresh and Domain 1 of the NHS outcomes framework, the JSNA and the BCF would be made to a future meeting.

22.3 Subject to it being recorded that Ros Francke (NHS England) was present, it was

**RESOLVED:**

That the Minutes of the meeting of the Health and Wellbeing Board held on 6<sup>th</sup> June 2014 be approved as a correct record and signed by the Chairman.

**23 Public Question Time**

23.1 Four public questions were received. (There were no statements or petitions).

23.2 The Chairman welcomed Mr George Rook and Mr David Sandbach to the meeting and thanked them both for submitting their public questions to the Board (a copy of each question and the relevant response is attached to the signed minutes).

23.3 Question 1

By way of a supplementary question, Mr Sandbach asked if data re. age and location could be provided in future as a standard report item.

In response Dr Morton confirmed that she would look into this.

23.4 Question 2

By way of a supplementary question, Mr Sandbach asked if the recent ruling regarding the Better Care Fund Impact Assessment would have any effect and would the changes in the rules have an effect on the Better Care Fund.

In response the Chair replied that this issue would be picked up at Agenda item 6: Better Care Fund Update.

23.5 Question 3

By way of a supplementary question, Mr Rook asked if you are not spending new money, how can you get the changes to make Shropshire Dementia Friendly? Where will the change and new work come from?

In response, it was explained that £60,000 had been spent on dementia services within this year and that the Better Care Fund was an opportunity to get more funding. However, it was also highlighted that it was about dismantling things, reducing duplication and working smarter; transformation was at the heart of future improvements. It wasn't always about purchasing 'more'.

23.6 Question 4

By way of a supplementary question, Mr Rook asked if people and their carer's were involved in how they spent Dementia Services funding and how would Dementia Services look in the future. He was aware that there didn't seem to be a lot of engagement and co-design to support people to live better with dementia.

In response officers assured that the original strategy had involved user groups, carers and the public and recently there had been involvement with the Carers Partnership Board and the Local Health Economy Dementia Steering Group.

## 24 **Disclosable Pecuniary Interests**

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## 25 **EVIDENCE: Shropshire Health Profile**

- 25.1 The Director of Public Health introduced and amplified the Local Authority Health Profile Summaries for the West Midlands area and particularly went through the health summary for Shropshire. In doing so, he explained the traffic light system used to monitor performance; in Shropshire 17/32 areas were green – significantly better than the England average and 15/32 areas were performing well in comparison to others.
- 25.2 It was pleasing to note that significant improvements had been made in Shropshire in the past 4 years and he assured that ongoing work would continue to make Shropshire's profile even better.
- 25.3 In response to a question about how this work linked in to the determinance of health, the Director of Public Health said he would be working with the Clinical Commissioning Group and looking below the figures at the different variations. He also cited a piece of work currently being undertaken by a scrutiny Task and Finish Group; looking at Childhood Obesity in Shropshire, which was welcomed.
- 25.4 It was queried if we were robust enough on fuel poverty and excess winter deaths (indicator 24), and it was also highlighted that there was little focus on numbers around killed and serious injuries on roads (indicator 32), given that Shropshire was such a rural county.  
The Director of Public Health assured that all these areas were currently being worked on, but that more emphasis would be beneficial.

## 26 **QUALITY & PERFORMANCE: Better Care Fund Update**

- 26.1 The Director of Adult Services presented a report produced by Donna McGrath, Chief Finance Officer and circulated two further analysis documents setting out the Better Care Fund 2015-16 as per the original guidance and then based on the revised guidance (copies attached to the signed minutes).
- 26.2 The Chair highlighted that at paragraph 2.4 and 2.7 it stated there were no proposals to transfer budgets. The Director of Adult Services confirmed that some of the budget would be subject to a S.256 Agreement, but for other parts it would not be advantageous to go down this route. It would be important to consider which vehicles should be used to move the Better Care Fund forward; probably a mix of several, although what was currently in place was adequate for the time being.
- 26.3 Since the last meeting no formal guidance or change had been notified. The lack of guidance was unhelpful. Estimated timescales from informal feedback received

indicated a re-submission date of around mid-August to early September time with just a 2 week window to turn this around.

- 26.4 Concerns were expressed about the acute sector being raided and the potential to lose sight of the care focus and patient and care outcomes.
- 26.5 It was accepted that more engagement was required with stakeholders to enable better co-production. To this end it was agreed that the providers including SATH, be asked to attend the extra meeting, to ensure that they were content that this fitted in with their plans too.
- 26.6 Due to the tight timescales it was agreed that an extraordinary H&WB meeting be arranged in mid-August to discuss this further.

**RESOLVED:**

- a) That the Health and Wellbeing Board approved the total budget badged under the Better Care Fund for 2014-15 and the individual schemes as outlined in the report and within the additional attachments circulated at the meeting.
- b) That an extraordinary H&WB meeting be arranged in early August to discuss this matter further and that providers and SATH also be invited to attend as far as possible.

**27 QUALITY & PERFORMANCE: Future Fit Update**

- 27.1 Dr Caron Morton, Accountable Officer, Shropshire CCG, gave a verbal update on progress to date with the NHS Future Fit programme. She reported that in future it was proposed to submit the SRA report and programme and the Director's report to the Board for their information, which was welcomed.
- 27.2 The Clinical Design model had now been signed off. For urgent and emergency care a single emergency care centre had been approved. Planned care would be provided from a single unit, which would not be affected by emergency flows. Enhanced recovery would be provided at hospitals such as the Robert Jones & Agnes Hunt Hospital and long-term conditions would be treated in the home environment more.
- 27.3 Lots of work on the Emergency Care Centre was being done before consultations with the public were started and the Finance model was being worked on too. Public engagement events were being arranged via 2/3 large public meetings and appraisal work continued.
- 27.4 Work continued on the Assurance Work Stream and it was noted that Communications and Engagement work was going to be split into two distinct areas, requiring very different approaches;
- Statutory responsibilities
  - What do we want to do for the people of Shropshire



The wide-ranging form of engagement was welcomed by the Board.

## **28 QUALITY & PERFORMANCE: Operational Resilience and Capacity Planning**

- 28.1 Paul Tulley, Chief Operating Officer, Shropshire CCG, briefly updated the Board on Operational Resilience and Capacity Planning for 2014/15 in Shropshire. He explained that Urgent Care Working Groups (UCWG's) would evolve to cover elective care and change their name to System Resilience Groups (SRG's).
- 28.2 Their role would be to plan for the capacity required to ensure delivery and oversee the co-ordination and integration of services. Proposals for Shropshire and Telford and Wrekin were to establish an SRG with membership broadly similar to the existing UCWG, but augmented to reflect additional elective care responsibilities (Chair: Dr C Morton).
- 28.3 In addition to this there would be a Current Planned Care Working Group to continue as a sub-group of the SRG, with responsibility for development and delivery of elective care elements of operational and resilience plans (Chair: Dr J Davies).
- 28.4 A new Urgent Care Working Group would also be established as a sub-group of the SRG, with responsibility for the development and delivery of urgent care elements of operational and resilience plans (Chair: D Evans).
- 28.5 The plan had to be submitted by the 30 July 2014. It was noted that last year £4m was received. This year £3m was expected.

**RESOLVED:** That the verbal update be noted.

## **29 QUALITY & PERFORMANCE: HWB Delivery Group Report to Board**

- 29.1 The Director of Public Health introduced and amplified an update report from the Health and Wellbeing Delivery Group for information (copy attached to the signed minutes).

**RESOLVED:** That the report be accepted as an update by the Board.

## **30 FOR DECISION/ENDORSEMENT: CCG 5 Year Plan**

- 30.1 Paul Tulley, Chief Operating Officer, Shropshire CCG, introduced and amplified a report (copy attached to the signed minutes) on the Shropshire and Telford and Wrekin Strategic Plan 2014/15 to 2018/19. In doing so he introduced it as a unit of planning; a point in time providing a description within a clear template prescription.
- 30.2 The Chair commented that she found this document easy to read but asked where was the Map of Maps?

At pages 45 and 72 she felt the references to the H&WB were rather thin and didn't properly reflect the actual work that was going on by the Board. Therefore it was requested that more detail be put in here.

**RESOLVED:** That subject to more detail about the H&WB being inserted at pages 45 and 72, the Shropshire and Telford and Wrekin Strategic Plan 2014/15 to 2018/19 be supported by the Board.

### **31 FOR DECISION/ENDORSEMENT: Shropshire Dementia Strategy Update**

- 31.1 Louise Jones, Commissioning and Re-design Lead, Dementia Services, gave an update on the Shropshire Dementia Strategy 2014 to 16 and the Action Plan within the Dementia Strategy. She explained that they were working towards dementia friendly communities and a dementia friendly Shropshire. These documents will be used to develop existing work and also to develop new strategies.
- 31.2 It was noted that the local authority and health were now working together on this and that the recent joint appointment had also been very beneficial.
- 31.3 It was agreed that this was a piece of long-term work and that there was no rush to introduce metrics.
- 31.4 Extensive work undertaken by both George Rook and David Sandbach was highlighted by Dr Sal Riding and duly noted by the Board. It was agreed that following the meeting the Chair would meet them to discuss this further.

**RESOLVED:**

- a) That the revised Shropshire Dementia Strategy and Action Plan 2014 to 16 be adopted.
- b) That the Action Plan (Appendix A pages 13 to 25) be adopted.
- c) That progress against the action plan be evaluated on a six monthly basis and reported on to the Health and Wellbeing Board.

### **32 INFORMATION: Children Young People and Families Plan Final Document**

- 32.1 This item was DEFERRED to a future meeting.

### **33 INFORMATION: Children and Young People Mental Health Services Update**

- 33.1 This item was WITHDRAWN.

**34 INFORMATION: The Local Nature Partnership Update/Plan Refresh**

- 34.1 The Board received an update report from the Shropshire, Telford and Wrekin Local Nature Partnership which was amplified by Cllr Cecilia Motley. This had been in existence since 2012 and had a wide-ranging membership which looked at the environment from all angles.
- 34.2 The Chair welcomed the update and agreed that it would be beneficial to work together especially as a lot of the areas covered linked into existing work by the Board such as the Health & Wellbeing Strategy.

**RESOLVED:**

- a) That there were considerable areas of overlap with preventative interventions and the objectives of the LNP. Green infrastructure and tourism were areas of particular interest for the LNP which could also have a significant impact on Health and Wellbeing.
- b) That the LNP welcomed input from the Health and Wellbeing Board, particularly for the Natural Environment Investment Prospectus where case-studies or future investment opportunities with health impacts could be included.

Signed ..... (Chairman)

Date:

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# Public Document Pack



## Committee and Date

Health and Wellbeing Board

29 August 2014

## **MINUTES OF THE EXTRAORDINARY HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY 13 AUGUST 2014 9.30 - 11.30 AM**

**Responsible Officer:** Karen Nixon  
Email: karen.nixon@shropshire.gov.uk Tel: 01743 252724

### **Present**

Councillor Karen Calder (Chairman)  
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler,  
Karen Bradshaw, Dr Helen Herritty, Paul Tulley, Jackie Jeffrey and Andrea Jones  
(Substitute) (substitute for Jane Randall-Smith).

Others present:

Kerrie Allward, Joyce Barrow, Penny Bason, Gerald Dakin, Dr Julie Davies, Donna McGrath, David Sandbach, Dr Stanford, Sam Tilley and Dave Tremellen.

### **35 Apologies for Absence and Substitutes**

- 35.1 Apologies for absence were received from Dr Caron Morton, Dr Bill Gowans, Jane-Randall-Smith and Graham Urwin.
- 35.2 Andrea Jones substituted for Jane Randall-Smith (Healthwatch).

### **36 Disclosable Pecuniary Interests**

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

### **37 Better Care Fund Development**

- 37.1 In addition to documents that had previously been circulated to all Board Members by the Chairman on the Revised Better Care Funding Guidance and Planning, (including templates, technical guidance and the Local area briefing on BCF plans July to October 2014), the Board received two further papers; a report on the Better Care Fund; a copy of a PowerPoint presentation and a draft mapping diagram setting out visually the role of the Health and Wellbeing Board – copies attached to the signed minutes.

- 37.2 The new guidance published in July 2014 was welcomed, whilst it was noted that it was now very prescriptive in parts and in a little ambiguous in other areas.
- 37.3 Kerrie Allward, Better Care Fund Manager, introduced and amplified the report, specifically highlighting four areas;
- The new guidance – what had changed
  - New Guidance – what are our areas of focus
  - Developing a ‘golden thread’
  - Governance
- 37.4 There were two main changes in the new guidance; firstly Payment for Performance (P4P) would be linked to reducing emergency admissions only and there was an expectation that plans would set a minimum target of 3.5% reduction in emergency admissions. Secondly there was an expectation of stronger plans that demonstrated true integrated working and could be tracked through the financial model.
- 37.5 Stronger plans needed to include;
- Clear vision and schemes to deliver the vision – the ‘golden thread’ through to the H&WB Strategy, the CCG Strategy and deliverables
  - The case for change – key themes
  - A plan of action – to be detailed and robust
  - Strong governance – local arrangements in place to track interventions and their impact
  - Alignment with acute sector and wider planning
  - Protection of Social Care needed to be articulated more clearly
  - Engagement – stronger emphasis and provider commentary to be made.
- 37.6 Under the new guidance the revised process was detailed. It was noted that details of General Support and Tailored Support were due out that week and it was generally agreed that if Shropshire could get Targeted Help from the Task Force it would be welcomed, whilst it was noted there was no mechanism in place for this at the moment.
- 37.7 Members agreed that following the new guidance, areas of focus should be as follows;
- Demonstrating a ‘golden thread’ – a robust common and integrated approach for the local area.  
7 Day Working – articulate the detail and activity to happen, so can evidence it’s use.  
Financial Modelling – to link in to the ‘golden thread’ and tie in metrics to those schemes  
Stakeholder Engagement – collate all information on this into one place.  
Articulate in a planned way and place greater emphasis on this.

- 37.8 In relation to the potential loss of funding if targets for emergency admissions were not met, it was agreed that a risk share plan should be developed and that plans be made so that all eventualities were covered.
  
- 37.9 In response to a question about whether or not Shropshire was aligned with Telford and Wrekin, officers replied that yes Shropshire was, especially on the big ticket items, whilst it was acknowledged that T&W were approaching the BCF very differently to Shropshire. Therefore it was agreed that it was important for the language used to be able to be tracked back to the BCF and to have a glossary of terminology at the end of the document and to use visuals as far as possible. Identification of commonality between the two plans was needed to ensure that strategic alignment across organisations was clear.
  
- 37.10 The Chairman asked if everyone understood what 'governance' was and what it meant and there was a general consensus that everyone did. She emphasised that it was important for everyone to be clear about this so that the BCF submission could be signed-off, at least in principle, at the special H&WB meeting arranged for 11 September, prior to its final submission on 19 September 2014. In the interim, if anyone had any queries or questions they were urged to contact Kerrie Allward, Better Care Fund Manager directly, who also undertook to circulate a copy of the current governance arrangements to everyone for clarity.

**RESOLVED:**

- a) That the Board discussed and understood the new BCF guidance and confirmed available resources to deliver the submission and subsequent service transformation.
  
- b) That the Board discussed the key areas of focus for the development of the Shropshire BCF including the 'golden thread' and governance, 7 day working, financial modelling and stakeholder engagement.
  
- c) That the Board discussed and confirmed the vision, purpose, outcomes and themes as provided on the one page mapping diagram, circulated at the meeting.

Signed ..... (Chairman)

Date:

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Shropshire Clinical Commissioning Group



## Health and Wellbeing Board 29 August 2014

### HEALTH AND WELLBEING DELIVERY GROUP REPORT TO THE HEALTH AND WELLBEING BOARD

**Responsible Officer Rod Thomson**

Email: Rod.Thomson@shropshire.gov.uk

Tel: 01743 253934

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#### 1. Summary

1.1 Where appropriate the Health and Wellbeing Delivery Group implements decisions, actions and the HWB Strategy and the Better Care Fund as required by the Health and Wellbeing Board. This report aims to highlight issues raised at the Delivery Group either for information, endorsement or decision that have not been addressed as their own item at the Board.

#### 1.2 For Information:

- 1.2.1 **Better Care Fund** – The HWB Delivery Group work to ensure that the issues arising from the BCF Transformation Group, the BCF Finance and Performance Group and issues arising from the Risk stratification process are progressed. When necessary the HWB Delivery Group will highlight issues, progress, concerns, and successes to the HWBB.
- 1.2.2 Key issues currently arising from the BCF will be addressed and discussed during that item at the HWBB.

#### 1.3 For Information:

- 1.3.1 **Dementia Strategy** – Following the approval of the Dementia Strategy at the 18<sup>th</sup> July HWBB, the Group discussed the delivery of the Dementia Strategy.
- 1.3.2 The Group recognised the good work of the Dementia lead in pulling together a comprehensive strategy and recognised the input from the voluntary and community sector and the Dementia Action Alliance in both supporting the development of services and supporting the development of Dementia Friendly Communities.
- 1.3.3 The Dementia Strategy and action plan will be progressed and the Dementia Lead will work closely with the Health Economy Dementia Steering Group to ensure progress. However, the issue around national and local targets will impact on the local delivery of the strategy.
- 1.3.4 The National target to achieve 67% diagnosis rate (calculated by Dementia prevalence calculator – a local estimated prevalence of dementia in the community and for people living in care homes) is a key issue for Shropshire. Shropshire's current diagnosis rate is approximately 43% and while Shropshire (along with all other authority areas) will be measured against this national target, it is no longer part of the performance pay of the Better Care Fund. Shropshire could if it chooses, select a different local target around Dementia as part of Better Care Fund, which might be more meaningful locally.

- 1.3.5 Concerns around this target include assumptions regarding the desire for older people and their families to receive a diagnosis, the ability for services (statutory, private and voluntary) to cope with demand should the diagnosis rate rise significantly, and the availability of intervention and appropriate treatment.
- 1.3.6 This issue will impact on the delivery of the strategy and the Dementia lead has been asked to work with the Health Economy Steering Group to make some recommendations for the Health and Wellbeing Delivery Group.

#### **1.4 For Information:**

- 1.4.1 **Developing Emotional Resilience Amongst Shropshire's Children, Young People and Their Families** - The Delivery Group discussed the draft version of a comprehensive document regarding mental health for children in Shropshire (the afore titled document). The Delivery Group welcomed the consideration of Mental Health and Wellbeing for Children from early prevention (tier one) through tiers of service to the most serious need (tier four).
- 1.4.2 The Group provided input regarding the aims and outcomes. The Group was keen to ensure that clear aims and outcomes would form the basis for measuring impact and effectiveness of all of our mental health services. The group were keen to be able to track improvements and that connectivity between services was communicated clearly.
- 1.4.3 The Group highlighted that work was still ongoing to transform the tier three CAMHS (Child and Adolescent Mental Health Service).
- 1.4.4 The paper, Developing Emotional Resilience Amongst Shropshire's Children, Young People and Their Families will be presented to the Health and Wellbeing Board in due course.

#### **1.5 For Information:**

- 1.5.1 **Children and Young People's Whole System Event (WSE)** – The WSE will bring together in one room young People (50% of attendees) along with senior public sector and business figures. The purpose is to ask a question and through a series of discussions and activities come up with a number of actions that will deliver a clear measurable benefit for young people in the community.
- 1.5.2 This event is being planned by key personnel from including Children's Services, the Police, CCG, Fire Service, Shropshire Community Trust, and Young Health Champions Project Manager. The event will take place in **January** and invitations will be sent out in **October**.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

- 3.1 The work of the Health and Wellbeing Board impacts on Health Inequalities; and all work being undertaken by the Board's work streams considers impact on health inequalities.

#### 4. Financial Implications

4.1 There are no immediate financial implications associated with this report.

#### 5. Background

5.1 The Health and Wellbeing Delivery Group (formerly the Health and Wellbeing Executive) meets monthly – 6 weekly and is responsible for the delivery of the Health and Wellbeing Strategy and the Better Care Fund.

#### 6. Additional Information

n/a

#### 7. Conclusions

n/a

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Cllr. Karen Calder
<b>Local Member</b> All
<b>Appendices</b> None

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## Health and Wellbeing Board Friday 29<sup>th</sup> August 2014

### SHROPSHIRE ORGAN DONATION SURVEY REPORT

#### Responsible Officer

Email: [Charlotte.Cadwallader@shropshire.gov.uk](mailto:Charlotte.Cadwallader@shropshire.gov.uk) Tel: 01743 253937

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## 1. Summary

1.1. During summer 2014 Shropshire's Public Health department undertook a research project to gather the views of Shropshire residents in regard to organ and tissue donation. The objective of this research was to ascertain whether residents supported the current 'opt-in' policy or favoured a move to 'opt-out' for organ and tissue donation (please see full report for definitions).

1.2. The survey was completed online through the consultation pages of Shropshire Council's website and was available as a hard paper copy. The survey was open for six weeks between 1<sup>st</sup> June and 14<sup>th</sup> July 2014. The consultation period coincided with the NHS Blood and Transplant's (NHSBT) 'National Transplant Week' campaign. Significant publicity was undertaken via social media as well as promotion through partner agencies (please see Appendix 2 of full report for distribution channels and methods of promotion).

#### 1.3. Main findings:

- We received 1179 responses to the survey.
- 76% of respondents were in favour of an 'opt-out' scheme\*
- 68% of respondents were female.
- The majority of respondents (61%) would like to receive information on organ donation via leaflets available in pharmacies, GP practices or dentist surgeries.
- A significant number of responses to the survey were received but the total number of responses represented less than 1% of the Shropshire population.

\*This figure includes the combination of responses: 'an opt-out policy' and 'an opt-out policy if certain measures are in place'.

#### 1.4. Discussion

1.4.1. The survey results indicate that the majority of respondents favoured an opt-out policy whereby individuals are automatically placed on the organ and tissue donation

register and must remove themselves from the register if they do not wish to donate their organs.

1.4.2. The survey was well publicised and a significant number of responses to the survey were received over the six week consultation period. The consultation coincided with the NHSBT's national 'Transplant Week'. The number of responses compared favourably with a similar consultation in Wales during 2012 (see Appendix 4 of full report) but the total number of responses represented less than 1% of the Shropshire population.

1.4.3. Question 5 asked respondents about their preferred methods of receiving further information on the topic. The results indicated that preferred methods were information leaflets left in medical venues (GP practices, pharmacies, dentists) and researching on the internet. This information may be useful for future health-related campaigns or information-sharing by health professionals as it may indicate the most effective methods for transmitting information of receiving residents' views.

1.4.4. Thematic analysis of the comments sections of the survey indicated common matters of interest for respondents. In particular, the topics of 'family' (family members having/not having the 'final say'), 'ethical considerations' (robust systems of recording, medical assurance of no chance of recovery) and 'ability to specify organs for donation' were key matters for respondents. Analysis and application of these results should take these qualitative responses into account.

## 1.5. Limitations

- The results of this survey are representative of the sample consulted over a consultation period of six weeks.
- Caution should be applied for wider application of these results.
- To produce a more representative sample of results, a greater number of residents should be given the opportunity to form part of the consultation. This could be achieved by organising a survey/leaflet distribution to every Shropshire household.
- A similar consultation, undertaken across Wales during 2012, received a total of 2,891 responses. See Appendix 4 of full report for detail of organ donation developments in Wales.

## 1.6. Next Steps

- Shropshire Council Elected Members wished to hear the views of Shropshire residents with regard to the current England organ and tissue donation policy and the future Welsh policy.
- Shropshire Council Elected Members can interpret these survey results as an accurate representation of the population consulted.
- The policy favoured by the majority of respondents is apparent, however this must be considered with the limitations stated above.
- The cost-effectiveness of a more comprehensive campaign (such as survey/leaflet distribution to all Shropshire Council households) is open to question.

## **2. Recommendations**

- A. We recommend that the Health and Wellbeing Board take note of the results of this survey and report.
- B. The Health and Wellbeing Board should discuss the next steps regarding taking the results forward to Full Council. Options include:
  - i. Recommending that Full Council takes these results as representative of a Shropshire-wide consultation.
  - ii. Recommending that Full Council considers the need for further consultation via methods such as survey/leaflet distribution to all Shropshire households in order to reach a wider audience and increase the rate of response. This recommendation would have financial implications.
  - iii. Recommending that Full Council monitors the implementation of the change in policy in Wales (active from December 2015) and makes a decision for action based upon Welsh outcomes.

## **R E P O R T**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1. Mitigation of health inequalities in Shropshire.

### **4. Financial Implications**

4.1. There are no immediate financial implications for this report.

4.2. There may be financial implications if the Health and Wellbeing Board is to recommend to Full Council that further consultation work is undertaken.

### **5. Background**

5.1. The research project came as a result of a Full Council debate about organ and tissue donation during late 2013. During this debate, the merits of the current England 'opt-in' policy and Welsh 'opt-out' policy (to commence from December 2015) were discussed.

5.2. More information is available in the documents available for the Health and Wellbeing Board meeting, 22<sup>nd</sup> November 2013, Agenda Item 10 'Organ Donation'.

### **6. Additional Information**

6.1. None

### **7. Conclusions**

7.1. The survey results indicate that the majority of respondents (76%) favoured a form of opt-out policy whereby individuals are automatically placed on the organ and tissue donation register and must remove themselves from the register if they do not wish to donate their organs.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

[Health and Wellbeing Board Meeting, 22<sup>nd</sup> November 2013, Agenda Item 10 'Organ Donation'](#)

**Cabinet Member (Portfolio Holder)**

Cllr Karen Calder

**Local Member**

None

**Appendices**

Full Report – Appendices 1-6



**APPENDIX 1**  
**Shropshire Organ Donation Survey:**  
**Report to Health and Wellbeing Board**  
**August 2014**

## **Introduction**

During summer 2014 Shropshire's Public Health department undertook a research project to gather the views of Shropshire residents in regard to organ and tissue donation. The research project came as a result of a Full Council debate about organ and tissue donation during late 2013. During this debate, the merits of the current England 'opt-in' policy and Welsh 'opt-out' policy (to commence from December 2015) were discussed.

The objective of this research was to ascertain whether residents supported the current 'opt-in' policy or favoured a move to 'opt-out' (please see Appendix 1 for definitions).

This report will give an overview of the results from the survey.

## **Methodology**

The survey was completed online through the consultation pages of Shropshire Council's website and was available as a hard paper copy. The survey was open for six weeks between 1<sup>st</sup> June and 14<sup>th</sup> July 2014. The consultation period coincided with the NHS Blood and Transplant's (NHSBT) 'National Transplant Week' campaign. Significant publicity was undertaken via social media as well as promotion through partner agencies (please see Appendix 2 for distribution channels and methods of promotion).

The survey questions were refined through consultation with a number of partners including HealthWatch, Shrewsbury and Telford Hospital's Organ Donation Specialist Nurse, Shropshire's Health and Wellbeing Co-ordinator and a local Patient Participation Group membership.

## **Main Results**

Please see Appendix 3 for the list of questions included in the survey.

- We received 1179 responses to the survey.
- 76% of respondents were in favour of an 'opt-out' scheme\*
- 68% of respondents were female.
- The majority of respondents (61%) would like to receive information on organ donation via leaflets available in pharmacies, GP practices or dentist surgeries.
- A significant number of responses to the survey were received but the total number of responses represented less than 1% of the Shropshire population.

\*This figure includes the combination of responses: 'an opt-out policy' and 'an opt-out policy if certain measures are in place'.

Questions 4, 5, and 7 allowed qualitative responses in the comments sections. Thematic analysis has been applied to the data and the key themes have been explored (see Appendix 4 for a word cloud created using qualitative responses to the survey).

## Analysis of Results

Chart 1 Percentage of respondents selecting an opt- in or opt -out policy for organ donation (n=1179)

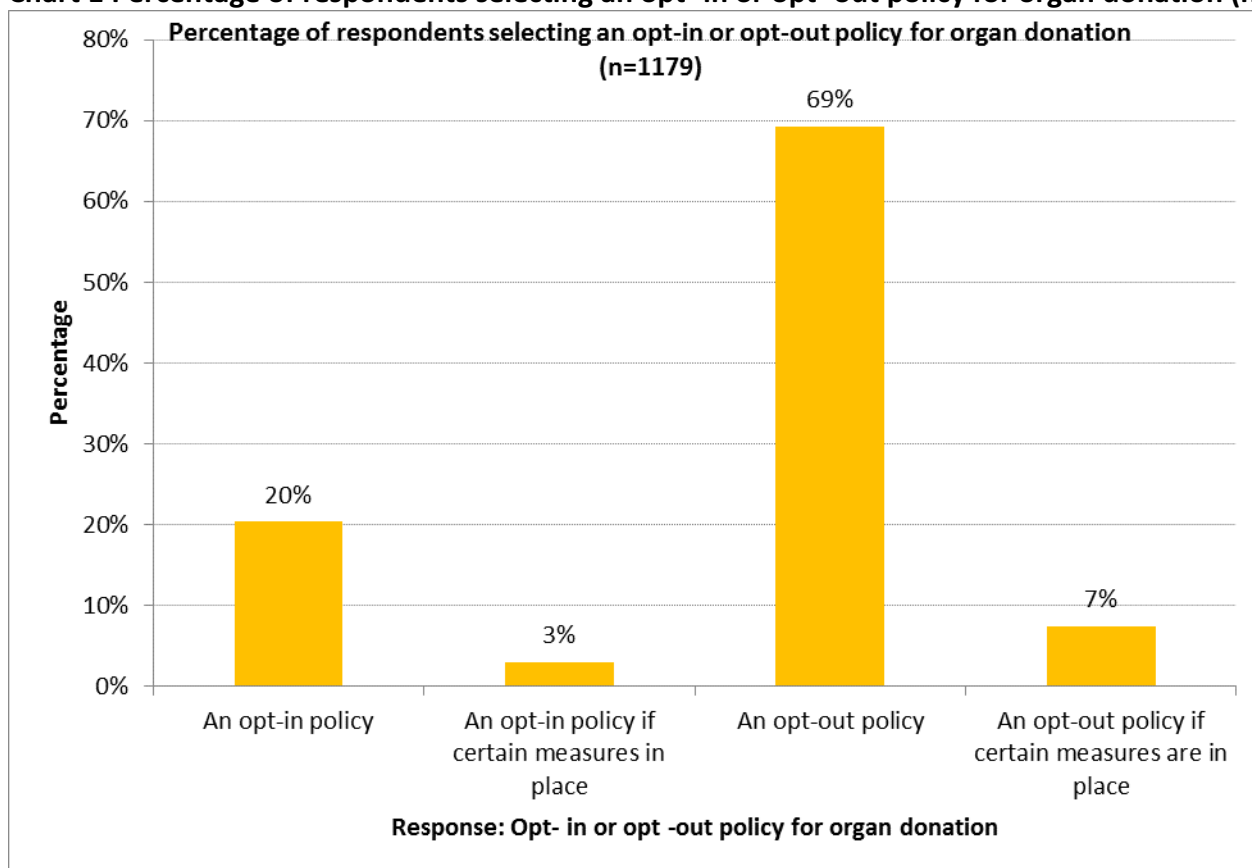


Chart 1 indicates the percentage distribution of responses to the survey's main question; 'which policy do you favour?' The majority of respondents (69%) favoured an opt-out policy. When this is combined with the number favouring 'an opt-out policy if certain measures are in place', the total becomes 76%.

### **Question 4. Which policy do you favour?**

For those selecting 'an 'opt-in' policy if certain measures are in place' or 'an 'opt-out' policy if certain measures are in place', thematic analysis of responses has been applied. This allows us to consider the main qualifications respondents applied to their response.

**Family** Respondents debated the role of relatives having the 'final say'. Twenty respondents felt that the family should be able to make the final decision regarding organ and tissue donation regardless of whether the individual has already expressed their desire. However, eleven respondents felt it was important that the family should not have a final say and that a decision should be made by the individual's presence on or off the donor register. A handful of respondents made reference to the status of children: several felt that only over 18s should be automatically registered if there were to be an opt-out policy. A small number of respondents stated that parents should make the decision about whether or not a child should appear on the register. The respondents expressed differing views as to the status of an adult (being over 16 or over 18) and how this would affect an opt-out system.

**Specify organs** Around twenty-five references were made to the need for individuals to be able to express the organs that they are happy/not happy to donate. This applied to both an opt-in and an opt-out system.

**Mental capacity** Five references were made to the mental capacity of the individual and their ability to make decisions around organ donation. This extended to those with learning difficulties and other vulnerable populations. A small number of references were made to the effect of dementia and other conditions upon decision making.

**Religion and culture** Less than ten references were made to religious beliefs needing to be taken into account and the requirement for consultation with religious groups.

**Ethical considerations** Respondents made reference to the need for robust checks and balances being in place to ensure that the process is ethical. This includes the methods of medical assurance that there would be no chance of recovery.

**Awareness** For both policy decisions, a small number of respondents passed comment about the requirement for more information/education on the topic to ensure that the public is aware about what is required to opt-in or opt-out. This would be to ensure that the population is clear on the policy and how to express their wishes.

**Other** A very small number of respondents made reference to a policy whereby signing up to the organ donation register should enable the donor to receive organs; those who were not on the register should either be unable to receive donations or should be a lower priority for receiving organ donations. Two respondents suggested that donors should be able to specify those who could receive their donations. Three comments also made reference to priority being given to NHS patients or UK citizens.

**Chart 2 Gender distribution of respondents**

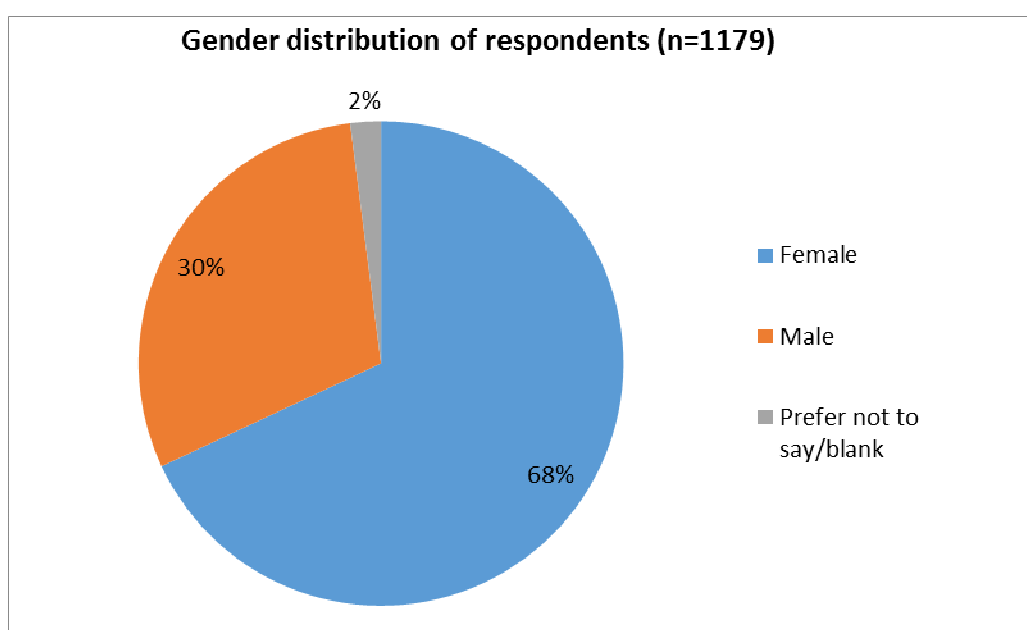


Chart 2 depicts the gender distribution of respondents. The results highlight that a significant percentage of the respondents reported being female (68%). This distribution not representative of the gender distribution across the county.

This could reflect both the locations and methods of promotion. Paper copies of the survey and posters advertising the research were distributed to libraries, GP surgeries, Children’s Centres and through customer contact points (see Appendix 2 for a full list of distribution channels). It is possible that these distribution points may be more regularly frequented by females. The gender distribution amongst respondents could indicate that the topic of organ donation is predominantly of interest to females. Data from the NHS Blood and Transplant (NHSBT)<sup>1</sup> authority demonstrates that more females than males are signed up to the organ donation register (54% women, 46% men) and a consultation by the European Commission<sup>2</sup> on ‘Europeans and organ donation’ in 2007 indicated that females are more likely than men to have discussed the topic of organ donation with their families (45% women, 37% men).

<sup>1</sup> NHSBT. (2011). Did you know? Factsheet. Available at: [http://www.organdonation.nhs.uk/newsroom/fact\\_sheets/did\\_you\\_know.asp](http://www.organdonation.nhs.uk/newsroom/fact_sheets/did_you_know.asp)

<sup>2</sup> European Commission. (2007). Europeans and organ donation. Available at: [http://ec.europa.eu/public\\_opinion/archives/ebs/ebs\\_272d\\_en.pdf](http://ec.europa.eu/public_opinion/archives/ebs/ebs_272d_en.pdf)

**Chart 3 Age distribution of respondents**

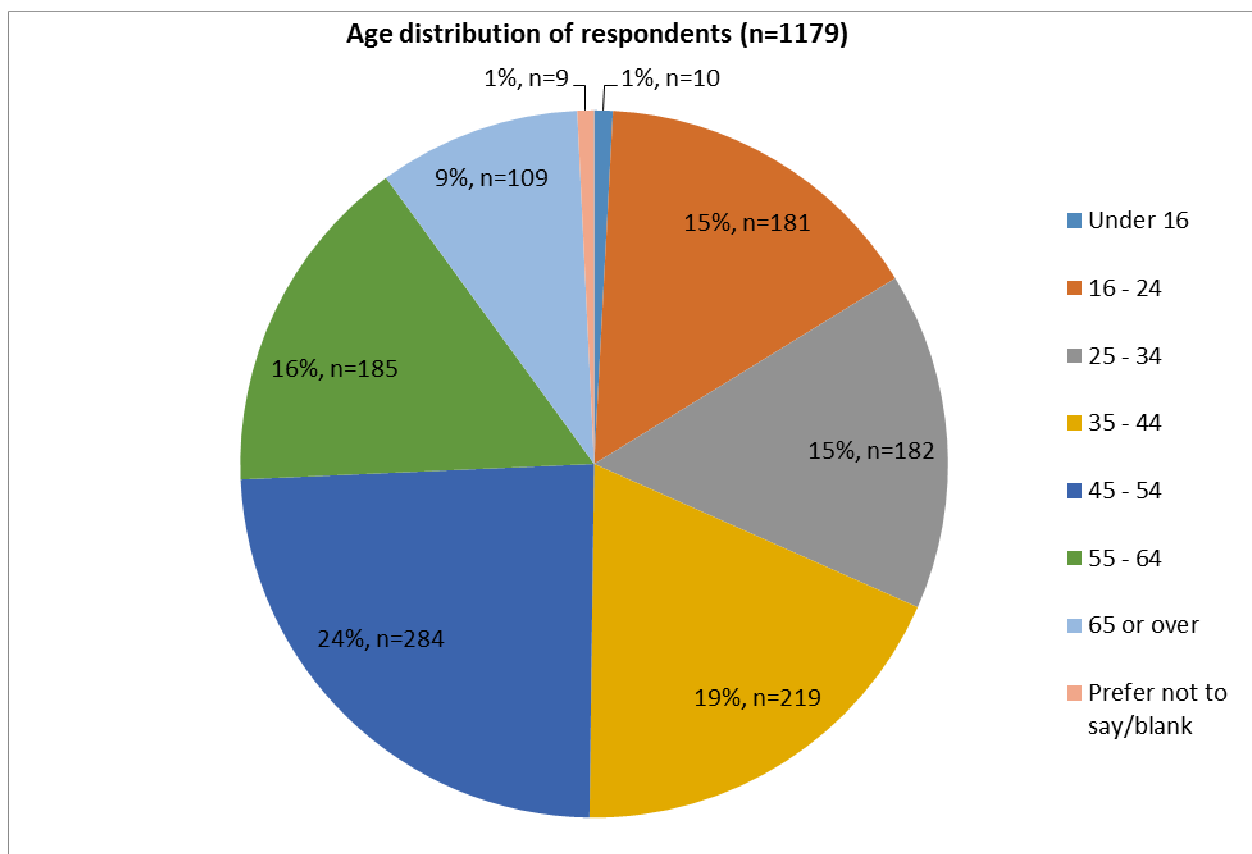


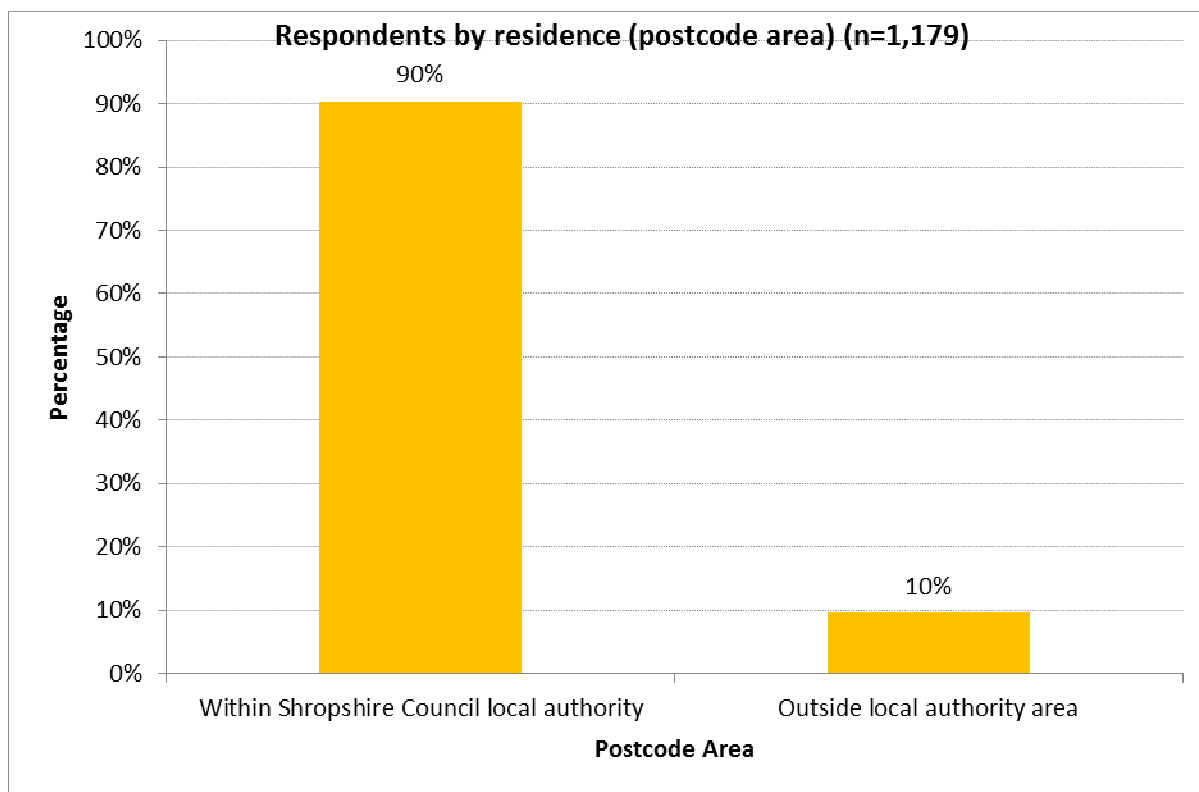
Chart 3 indicates the age distribution of respondents. The vast majority of respondents were aged between 35-64 (59%). Few respondents under the age of 16 participated in the research. Again, it is possible that locations for promotion influenced the audience reached. Although attempts were made to engage with schools to promote the survey, few responses were received from those of school age. However, promotion of the survey within one college in the county resulted in a significant number of responses for those aged 16-24.

### **Postcode**

Results from analysis of postal codes indicates that most participants lived within the Shrewsbury area, with approximately 16% of responders living within the SY3 postcode. Largely, the data reflects the population distribution across the county with most respondents living within the vicinity of Shrewsbury and the larger market towns where population is greatest.

Chart 4 (below) indicates that 10% of all respondents lived in areas with postcodes outside of the Shropshire Council local authority area. This may reflect the numbers of border populations who access services within Shropshire (e.g. GP surgeries, libraries, hospitals) but are resident within Telford, Wolverhampton, Powys and other neighbouring authorities.

**Chart 4 Respondents by residence (postcode area)**



**Chart 5 Preferred methods of finding out more information about organ donation, split by gender.**

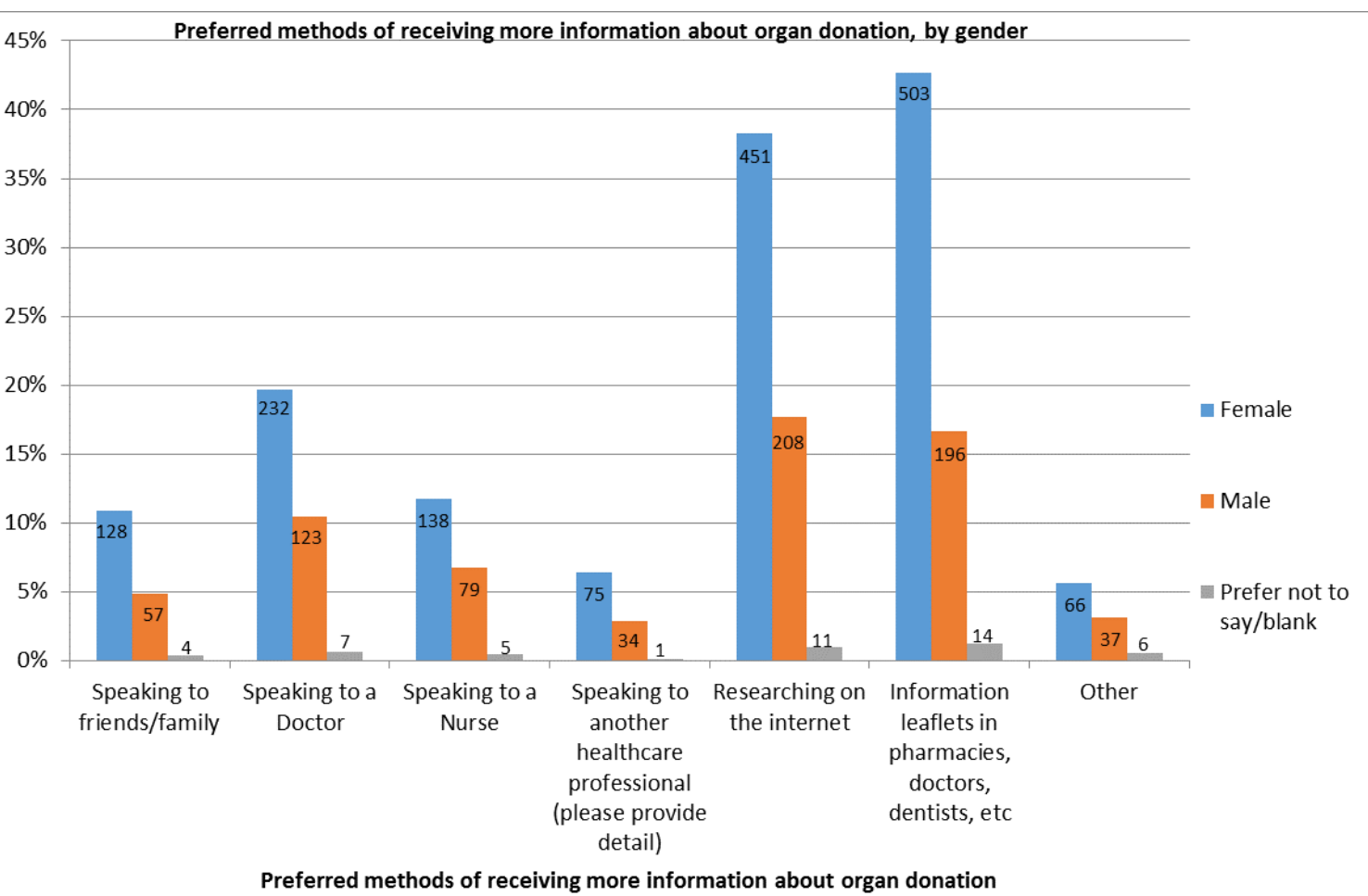


Chart 5 depicts respondents' preferences for receiving more information about the topic of organ donation. The responses have been split by gender to allow for more comprehensive analysis. Respondents were able to select more than one option in their preferred methods of communication and some respondents chose to leave this question unanswered.

The chart indicates that the majority of respondents selected information leaflets as a preferred method of receiving more information about organ and tissue donation. In total (including male, female and prefer not to say/blank), 61% of the total number of respondents would prefer to find out more information through leaflets left in public spaces, and 57% would want to find more information by researching online. Although these responses are in relation to finding out further information about organ and tissue donation, it is possible that this learning could be applied to broader health-related messages when considering the best methods to reach individuals.

#### ***Question 5. Where would you like to find out more information about organ and tissue donation?***

The majority of respondents selected methods defined in Chart 4, however, 109 respondents selected 'other'. Other methods included:

**Media coverage** Around forty respondents felt it was important for the topic of organ donation to be communicated via radio, television or social media.

**Educational institutions** Schools, colleges, universities and adult education venues were highlighted as locations where the topic of organ donation should be discussed, or where information should be available. Several respondents felt that it was important to start communication about the topic as early as possible in order to remove stigma and to encourage choice.

**Community venues** Suggestions were made for further locations where information should be made available to the public. These included; libraries, community centres, opticians, supermarkets and shops, pubs, banks, children's centres, nursing homes and work places.

**Information sent to homes** A small number of respondents suggested that information about organ donation should be sent to homes along with other documentation such as health appointment letters or alongside formal documentation such as new passports.

**Sharing experiences** A number of respondents highlighted personal stories as a method of sharing information about organ donation.

**More information not necessary** It was indicated by more than twenty respondents that no further information regarding the topic of organ donation would be necessary.

#### ***Question 7. Further comments***

Many of the comments in this section were similar to those received in answer to Question 4.

**Family** A small number of respondents mentioned the ability for family members to override/not override the individual's wishes. More than five respondents made note of the fact that discussion at the time of death is difficult and it is important for families to have had the conversation at an earlier stage. Some respondents felt it was important that there is greater encouragement for parents to sign their children up to the register. Respondents considered how the policy should apply to children.

**Ethical considerations** Respondents discussed the need for medical assurance that there is no chance of recovery and that methods should be in place to avoid manipulation of the system. There was significant discussion of 'the state' and 'ownership' of organs or the deceased. Around 10 comments were made in regard to the potential for mistakes and any correlation with decisions around euthanasia and other ethical consequences. A very small number of comments were raised regarding the system in place for an opt-out policy and recording those who have opted-out. Several respondents expressed a lack of confidence that the system for this would be robust.

**Awareness** Similar to the responses to Questions 4 and 5, nearly twenty respondents stated that publicity around organ donation should be improved with more advertisement in mainstream media including

particular focus with the elderly, schools and attendees at GP surgeries. It was felt that there should be greater clarification of the current/any changed process.

**Securing donors** Around ten respondents made reference to individuals' 'laziness', 'apathy' or 'not getting around' to signing up to the organ donation register. Many felt that an opt-out system would help to combat this. Reference was made to how a change in policy would save lives by increasing the number of available donors.

**Homosexuality/Bi-sexuality** One comment was made in regard to reassessment of the restrictions on organ and blood donations from gay/bisexual men.

**Medical research** There were a small number of suggestions that any unused organs or tissue should be donated to medical/scientific research.

**Already registered** Many respondents made note of the fact that they were already longstanding members of the organ donation register.

## **Discussion**

The survey results indicate that the majority of respondents favoured an opt-out policy whereby individuals are automatically placed on the organ and tissue donation register and must remove themselves from the register if they do not wish to donate their organs.

The survey was well publicised and a significant number of responses to the survey were received over the six week consultation period. The consultation coincided with the NHSBT's national 'Transplant Week'.

The number of responses compared favourably with a similar consultation in Wales during 2012 (see Appendix 5) but the total number of responses represented less than 1% of the Shropshire population. Question 5 asked respondents about their preferred methods of receiving further information on the topic. The results indicated that preferred methods were information leaflets left in medical venues (GP practices, pharmacies, dentists) and researching on the internet. This information may be useful for future health-related campaigns or information-sharing by health professionals as it may indicate the most effective methods for transmitting information of receiving residents' views.

Thematic analysis of the comments sections of the survey indicated common matters of interest for respondents. In particular, the topics of 'family' (family members having/not having the 'final say'), 'ethical considerations' (robust systems of recording, medical assurance of no chance of recovery) and 'ability to specify organs for donation' were key matters for respondents. Analysis and application of these results should take these qualitative responses into account.

## **Limitations**

- The results of this survey are representative of the sample consulted over a consultation period of six weeks.
- Caution should be applied for wider application of these results.
- To produce a more representative sample of results, a greater number of residents should be given the opportunity to form part of the consultation. This could be achieved by organising a survey/leaflet distribution to every Shropshire household.
- A similar consultation, undertaken across Wales during 2012, received a total of 2,891 responses. See Appendix 5 for detail of organ donation developments in Wales.

## **Next Steps**

- Shropshire Council Elected Members wished to hear the views of Shropshire residents with regard to the current England organ and tissue donation policy and the future Welsh policy.
- Shropshire Council Elected Members can interpret these survey results as an accurate representation of the population consulted.
- The policy favoured by the majority of respondents is apparent, however this must be considered with the limitations stated above.
- The cost-effectiveness of a more comprehensive campaign (such as survey/leaflet distribution to all Shropshire Council households) is open to question.

## **Recommendations**

We recommend that the Health and Wellbeing Board take note of the results of this survey and report. The Health and Wellbeing Board should discuss the next steps regarding taking the results forward to Full Council. Options include:

1. Recommending that Full Council takes these results as representative of a Shropshire-wide consultation.
2. Recommending that Full Council considers the need for further consultation via methods such as survey/leaflet distribution to all Shropshire households in order to reach a wider audience and increase the rate of response. This recommendation would have financial implications.
3. Recommending that Full Council monitors the implementation of the change in policy in Wales (active from December 2015) and makes a decision for action based upon Welsh outcomes.



## **Appendix 2 – Definitions**

### **Organ Donation**

Organ and tissue donation is the gift of an organ (e.g. heart, lungs or kidneys) or soft tissue such as corneas (the transparent front part of your eye) when you die to help someone who needs a transplant. People who need organs and/or tissue replacement go on transplant lists to wait for a suitable donor to become available.

#### **An example of an 'opt-in' system**

The current policy in England is 'opt-in'; this means that people must sign up to the organ and tissue donation register, specifying which organs and/or tissues they are willing to donate after they die.

- You can join the organ and tissue donation list regardless of your age or health.
- You can choose to donate only specific organs.
- Your family can still choose to override your request (and if you are under 18 your parents need to agree to your wishes).
- If you are not signed up to the register, your family can still choose to donate your organs and/or tissues if they believe this is what you would have wished.

#### **An example of an 'opt-out' system**

The 'opt-out' policy means that everyone is automatically considered to be a potential donor. An example option of an 'opt-out' policy would be:

- If you **do not** wish to donate your organs you would need to register a decision not to be a donor.
- If you do not register a decision it will be assumed that you are happy to donate your organs after you die.
- You can choose to donate only specific organs.
- You can appoint a representative to make a decision about consent on your behalf.
- If you lack capacity to understand the policy, a representative will make a decision upon your behalf.
- This is a 'soft' opt-out system as the family can still refuse the donation on the individual's behalf if they believe that they did not want to be a donor.

## **Appendix 3 – Distribution Channels and Promotion**

### **Distribution**

#### **Paper copies**

Paper copies of the survey were distributed through the following channels:

- GP surgeries
- Libraries
- Patient Participation Groups
- Children’s Centres
- Customer contact points
- Leisure Centres
- Councillors
- Supermarkets in Shrewsbury

The paper survey was also available by request.

#### **Online survey**

The online survey was promoted through the following channels:

- Shrewsbury and Telford Hospital
- Robert Jones and Agnes Hunt Orthopaedic Hospital
- Shropshire Council (intranet and newsroom article)
- Shropshire Council Members
- Shropshire Council Adult Services
- Shropshire Council’s social media
- Shropshire CCG
- Shropshire Community Health Trust
- Healthwatch
- Shropshire VCSA
- GP surgeries
- Shropshire Libraries
- Shropshire PPGs
- Children’s Centres
- Leisure Centres
- Shrewsbury Town Football Club
- Shropshire Learning Gateway
- Various Shrewsbury businesses
- Shropshire Silver – Emergency Planning group
- Shropshire Young Farmers
- Shropshire and Shrewsbury Women’s Institute
- Kinlet Women’s Institute
- Shropshire Youth Support Services (YSS)
- Barnabas Community Church
- Shropshire Family Information Service
- Tesco Shrewsbury
- Asda Shrewsbury
- Youth Parliament
- Shropshire Youth Association
- Shropshire Health Champions
- Shrewsbury and Shropshire Chamber of Commerce
- Federation of small businesses
- BBC Radio Shropshire

## **Promotion**

Whilst the survey was live, a number of press releases were issued to promote the research and to encourage people to discuss the topics of organ donation and how to keep healthy (reducing their likelihood of requiring donation). Local newspapers published stories encouraging their readership to participate and BBC Radio Shropshire aired three interviews in relation to the research. Three press releases and a blog were circulated via Shropshire Council Newsroom, receiving a total of 230 hits. Social media was effectively harnessed to promote the survey. Existing Shropshire Council Twitter accounts were utilised to increase reach.

49 surveys were completed outside a major local supermarket in Shrewsbury. Completing surveys with individuals face-to-face allowed respondents the opportunity to clarify the research objectives. It also incited discussion of organ donation amongst family members.

## **Appendix 4 – Survey Questions**

Questions from Shropshire’s Organ and Tissue Donation survey 2014

**Question 1.** Your gender:

Male

Female

Prefer not to say

**Question 2.** Your age:

Under 16      45-54

16-24        55-64

25-34        65 or over

35-44        Prefer not to say

**Question 3.** Please provide the first half of your postcode:

List of Shropshire Council postcodes

I live outside the authority area

**Question 4.** After reading the background information which explains the project and the difference between the policies, are you in favour of:

- A. An opt-in policy
- B. An opt-in policy if certain measures are in place (please indicate these measures)
- C. An opt-out policy
- D. An opt-out policy if certain measures are in place (please indicate these measures)

**Question 5.** Where would you like to find out more information about organ and tissue donation?

Speaking to friends/family

Speaking to a doctor

Speaking to a nurse

Speaking to another healthcare professional (please specify)

Researching on the internet

Information leaflets in pharmacies, GP practices, dentist surgeries etc.

Other (please specify)

**Question 6.** Where did you hear about this research?

Shropshire Council website

Through my employer

Word of mouth

Local newspaper

GP practice

Radio

Shrewsbury and Telford Hospital Trust

Social media

Robert Jones and Agnes Hunt Hospital

Other (please specify)

**Question 7.** Further comments



## **Appendix 6 – Organ Donation Developments in Wales**

As of December 2015, Wales will be moving to a soft 'opt-out' system. From the 1<sup>st</sup> December 2015 residents who do not wish to be on the organ donation register must register a decision to opt-out. This change in policy is as a result of the Human Transplant (Wales) Act 2013. Consent will be assumed for those who do not register a decision to 'opt-out'. For more information please see [www.organdonationwales.org](http://www.organdonationwales.org).

Prior to the passing of this legislation, Wales carried out a consultation to understand residents' views in regard to 'opt-in' or 'opt-out' for organ donation. The consultation involved a number of events held across the country. Events were principally held to consult stakeholders on the draft bill, but members of the public were welcome to attend.

Wales received 2,891 responses to their consultation. The majority, (2,601), were received as a result of a campaign by the Society for the Protection of the Unborn Child (SPUC). SPUC distributed leaflets and letters amongst religious communities across Wales.

An implementation project team has been established to continue communication with the public around the policy change. E-bulletins are released on a bi-weekly basis. For more information, please contact the Wales Organ and Tissue Donation Legislation Project Team.