



Date: Thursday, 12 September 2019

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

Contact: Michelle Dulson, Committee Officer
Tel: 01743 257719
Email: michelle.dulson@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

5 School Readiness Report (Pages 1 - 8)

Report attached.

Contact: Anne-Marie Speke, Healthy Child Programme Co-ordinator / Neville Ward, Senior Early Years and Childcare Officer

6 System Update (Pages 9 - 22)

Regular update reports to the Health and Wellbeing Board are attached:

Shropshire Care Closer to Home

Report attached.

Contact: Barrie Reis-Seymour, Shropshire CCG / Lisa Wicks

Primary Care Networks Update

Report to attached.

Contact: Nicky Wilde/Steve Ellis

The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin

A presentation will be given.

Contact: Martin Harris, Telford and Wrekin CCG / Rachel Robinson, Director of Public Health, Shropshire Council

Better Care Fund, Performance

Report to follow.

Contact: Penny Bason, Shropshire Council / Shropshire STP/Tanya Miles

Healthy Lives Update – Social Prescribing – Final evaluation report and ambitions for the future

Report attached.

Contact: Jo Robins

10 Shropshire Food Poverty Alliance Update (Pages 23 - 24)

Report attached.

Contact: Emily Fay

11 Update - Shropshire and Telford and Wrekin CCGs proposal to create a new single commissioner across the whole geographical footprint. (Pages 25 - 46)

Report for information attached.

Contact: Alison Smith



Shropshire Clinical Commissioning Group



Health and Wellbeing Board

Meeting Date: Thursday 12th September 2019

Responsible Officer: Neville Ward and Anne-Marie Speke

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1. Summary

The Department for Education has set an ambitious goal to halve by 2028, the number of children leaving reception year without the appropriate level of communication and language skills they require. The Department for Education is therefore working with Local Authorities (LAs) to improve early (language) outcomes for some of the most disadvantaged children across the country.

The measure that is underpinning the ambition is the proportion of children achieving the expected level or above for both the 'communication and language' and 'literacy' early learning goals of the early years foundation stage profile (EYFSP).

Currently Shropshire LA is achieving 71.5% on this measure (ranked joint 92/152). The best performing of our 11 closest statistical neighbours achieved 75.3% on this measure (Shropshire therefore ranked joint 8/11).

It is anticipated that in order to meet the target set, 86% of children nationally would need to achieve the expected level in both communication & language and literacy. Currently no local authority is achieving this. Further key metrics and contextual data is available in the Early Years Outcomes Dashboard, which was published on 6 June <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018>

There are a number of initiatives already underway in Shropshire to help us to achieve this ambition.

2. Recommendations

For the Health and Well-Being Board to receive and note the content of the report and support the work being carried out to improve communication and language.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

4. Financial Implications

A significant amount of work that is being undertaken is being funded using the Early Years block of schools grant, which is only available limited period of time due to the restrictions placed by DfE on how this funding can be used.

Background

5.1 Current picture

There are a number of initiatives taking place across the County within both early year's education and health to improve communication and literacy. The overall quality of early year's provision in Shropshire remains above national average as judged by Ofsted. Take up of the free early year's entitlements for 2, 3- and 4-year olds are in line or above both regional and national averages. However, the overall level of development of early year's children, in particular those from more disadvantaged backgrounds continues to be an area of focus.

- 24U 570 hours of free childcare over 12 months for those children whose families meet the qualifying criteria for Free School Meals (FSM)
- Universal 3 and 4-year-old offer- 570 hours over 12 months for all children from the term after their 3rd birthday until the child start full time education.
- Extended 3 and 4-year-old offer of an additional 570 hours per year for those children whose families where both parents are working and earning in excess £115 per week.

Unlike many local authorities the majority of early years provision in Shropshire is delivered by private and voluntary nurseries, childminders and pre-schools with only around 35% of provision delivered by academies and local authority maintained schools.

Shropshire Council area are one of the lowest funded local authorities in terms of the amount of early years block funding received per child and in addition receives one of the lowest amounts for public health per head of population.

We are also aware that the family environment has changed over the last decade with an increase in IT, screen time and more families where both parents are working resulting in limited amounts of time spent talking, reading and interacting as a family group.

5.2 Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage sets standards for the learning, development and care of children from birth to age five. All schools and Ofsted registered Early Years providers must follow the EYFS including childminders, preschools, nurseries and school reception classes. The quality of delivery of the framework is measured by Ofsted as part of their regular and on-going inspection programme. The attainment of individual children is measured in each of the key developmental areas at the end of each child's reception year by their class teacher.

In 2018, 69.9% of Shropshire children achieved a good level of development against a national average of 71.5%. However, of those children identified as being eligible for free school meals in Shropshire in the same year only 47.9% achieved a good level of development compared to 56.6% nationally.

First release date for 2019 is more encouraging with 72.5% of children achieving a good level of development against 71.7% nationally and 54.4% of FSM children achieving a good level of development against 56.1% nationally.

Additional funding is available through the Early Years Pupil Premium (EYPP) to support learning and development where concerns have been identified. However, due to the small cohorts of children the overall amount that providers can generate through EYPP is often not sufficient to cover the costs of the required interventions.

5.3 Ages and Stages Questionnaire (ASQ) and the Progress Check at Two

All children are offered a 2-year review as part of the mandated contacts within the Public Health Nursing service. In 2018-19, 71% of children undertook this. The ASQ is a parent led questionnaire that helps to assess the development of children in 5 domains. These include; communication, gross motor skills, fine motor skills, problem solving, and personal social skills. Where children are identified as not meeting expected milestones in any of these domains, further appropriate support is given to families. Where a child is in an early years setting this information is shared with them to further support the child. Although the 2-year review is a universal offer and is optional for parents, they are encouraged to take up this contact and the importance of the review highlighted. Where a child / family have been identified as vulnerable, a more targeted approach is taken to ensure that families take up this review. In addition to the 2-year review, a universal contact is offered at 12 months. However, currently the uptake of this is lower, and further work is being undertaken in the service to encourage parents to take up this contact to enable early identification and intervention for emerging concerns. Where additional needs are identified, this assessment can be used as evidence for applying for the EYPP. The sharing of this information has improved partnership working between health and early years. Early Years settings have access to the Public Health Nursing Team, who they can contact for support and advice.

Early Years' practitioners also undertake a review of each child's progress, when the child is aged between two and three - the progress check at two. This review summarises the child's progress and development in the three Prime Areas of learning and development (Communication and Language, Personal Social and Emotional Development and Physical Development) as identified in the Statutory Framework for the EYFS (2017). The progress check at two identifies the child's strengths and any areas where the child's progress is less than expected. It also describes the activities and strategies the provider intends to adopt to address any issues or concerns. Practitioners will also discuss with the child's parents / carers, how this summary of development can be used to support their child's learning at home. Referencing the 'All About Me @ 2' pathway (see appendix 1), practitioners and Public Health Nurses can share, with parental consent, any information gathered from the progress check at two and the 2-year health review, to focus support on any areas of concern, to further improve the child's early years outcomes.

5.4 Communication and Language Training and assessment

The Institute for Health Visiting in conjunction with Public Health England, have undertaken a programme of work to upskill health visitors in recognising and supporting early communication and language concerns. Two Health Visitors in Shropshire have now been trained in a train the trainer model and the training will be being rolled out to staff teams within the Public Health Nursing service from October 2019. The training will be co-facilitated by speech and language professionals.

The Early Years Consultant has also undertaken training to enable training of early years providers to utilise the Stoke Speak Out assessment tool to identify communication and languages difficulties and the effective of interventions through on-going monitoring of children.

5.5 Speech and Language

The local authority will deliver and have commissioned a wide range of Continuous Professional Development (CPD) which will be rolled to the early year's workforce during the academic year 2019/20. The purpose of this is to improve the overall level of communication between practitioners and children, raising awareness of the importance of regular communication on one to one/two basis and supporting less experienced practitioners to become more confident in storytelling in all of its forms.

It is acknowledged that nationally there is a shortage of qualified speech and language therapist and as a result further training programmes are being developed. However due to the current limited capacity of these professionals they are no longer able to deliver early interventions therefore the necessity for training programmes to be developed for early years practitioners.

5.6 School Readiness Task and Finish Group

Following a publication from Public Health England and local anecdotal evidence, a multi-agency task and finish group was set up to map services and identify gaps in relation to improving school readiness. An action plan has been worked through and a leaflet produced to provide parents with information on how to support their child's development. The leaflet will be available electronically on various platforms but funding for any printing costs need to identified. A web page has also been developed to support the key messages within the leaflet offering parents signposting to activities and sources of information.

The 2 year review data collected now also provides information on the percentage of children who have had an Ages and Stages Questionnaire completed and meet the required developmental milestones in each of the identified domains; communication, gross motor, fine motor, problem solving and personal-social skills. This may enable us to identify any areas of need going forward.

The task and finish group along with other groups put together a bid for the Early Outcomes project which also includes a maturity matrix. Although we were unsuccessful with the bid, we will continue to work through the maturity matrix and local action plan to develop the work further. There is also the option to request a peer review as part of this work.

5.7 Parenting Courses

Evidence has shown that communication and language can be improved with effective attachment. Attachment starts in pregnancy. Parents are therefore encouraged to undertake an antenatal parenting course either within a group or on-line. The parenting programme looks at baby brain development along with how parents and the wider family can influence this by interacting with their baby in the womb and then in person. Further parenting programmes are available online in the postnatal period, as well as face to face groups for parents/carers with older children.

CPD for early years practitioners also includes focused speech and language parenting skills for them to support the development of the home learning environment.

5.8 Libraries

Shropshire has 21 libraries all of which run regular Rhyme and Story time sessions to parents/carers and young children. These have an emphasis on encouraging early language and communication and literacy as well as recognising the benefit of attending these sessions on maternal mental health (<https://sharedintelligence.net/wp-content/uploads/2018/05/rhyme-times-and-mmh-2018-final4.pdf>)

Shropshire Libraries are developing “Let’s Get Ready” Book Bags aimed at 2 years – 4 years olds to encourage conversation between the child and parent/carer around the next stage of a child’s life. The bags will be able to be borrowed like any other library item and will be launched in National Libraries Week in October 2019. The bags are funded by the Early Years team.

Shropshire Libraries delivers Bookstart, the national book-gifting programme, in partnership with the Public Health Nursing Service, the Family Nurse Partnership, Early Years settings and Registrars. These valuable local partnerships will enable Shropshire Libraries to deliver over £362,747 worth of impactful resources to pre-school children over the next 3 years. Every year, approximately 2850 Bookstart Baby Packs and 2340 Bookstart Treasure Packs are gifted. In addition, children that have English as an additional language, will be offered a dual language book in each of their Bookstart packs and a range of targeted resources are gifted to children who are deaf, blind, partially sighted or have additional needs which impact on the development of their fine motor skills.

All Shropshire Libraries offer ‘Bear’s Reading Adventure’, a free sticker storybook for families with children aged up to five. Children collect a sticker every time they visit the library and put them in the special sticker book to take home – it is the perfect reason to visit the library more often. In addition, Shropshire Libraries offer the Mini Challenge over the summer holidays, which lets pre-schoolers take part in the annual

Summer Reading Challenge alongside older children. Children collect a sticker every time they visit the library over the summer. Once they have collected six stickers, children will be rewarded with a certificate. Taking part in such schemes boosts a child's language skills and helps to develop a love of stories, books and libraries.

Across the County, libraries are making themselves more accessible to parents and young children by providing storytelling sessions and other family orientated activities.

5.9 Intergenerational projects

We have begun to work with two primary schools, one in Craven Arms and one in Church Stretton who from September will deliver one half day early year's session per week from the local supported living centre within their community. This will be an opportunity for the very young and old to mix in a semi-structured environment. The children will carry out a range of usual activities with the involvement of adults living within the centres. This will help to improve the social interaction and therefore develop the communication and language of the children and the older people who attend.

5.10 Next Steps

In 2019/20, we are delivering a year's programme of "Making Language Matter" and will evaluate its effectiveness. As part of the development of this programme strong links have been made between early years, library service, multi-cultural development Telford & Wrekin team, Connexus and the museum service.

Training will be continued to roll out across different disciplines and regular evaluation of progress will take place through close consultation with early year's practitioners and providers.

Data collected through both EYFS and ASQ at the 2-year review will continue to be monitored.

We need to maintain the focus on communication and language within the early years from both a practitioner and a whole family perspective.

We will also continue to raise awareness through different vehicles to ensure that the focus on communication and language is maintained by all.

6. Additional Information

Key documents

Early Years Outcome Dashboard <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2017-to-2018>

Hungry Little Minds DfE <https://hungrylittleminds.campaign.gov.uk/>

Ofsted Unknown Children destined for disadvantage?

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown children destined for disadvantage.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/541394/Unknown_children_destined_for_disadvantage.pdf)

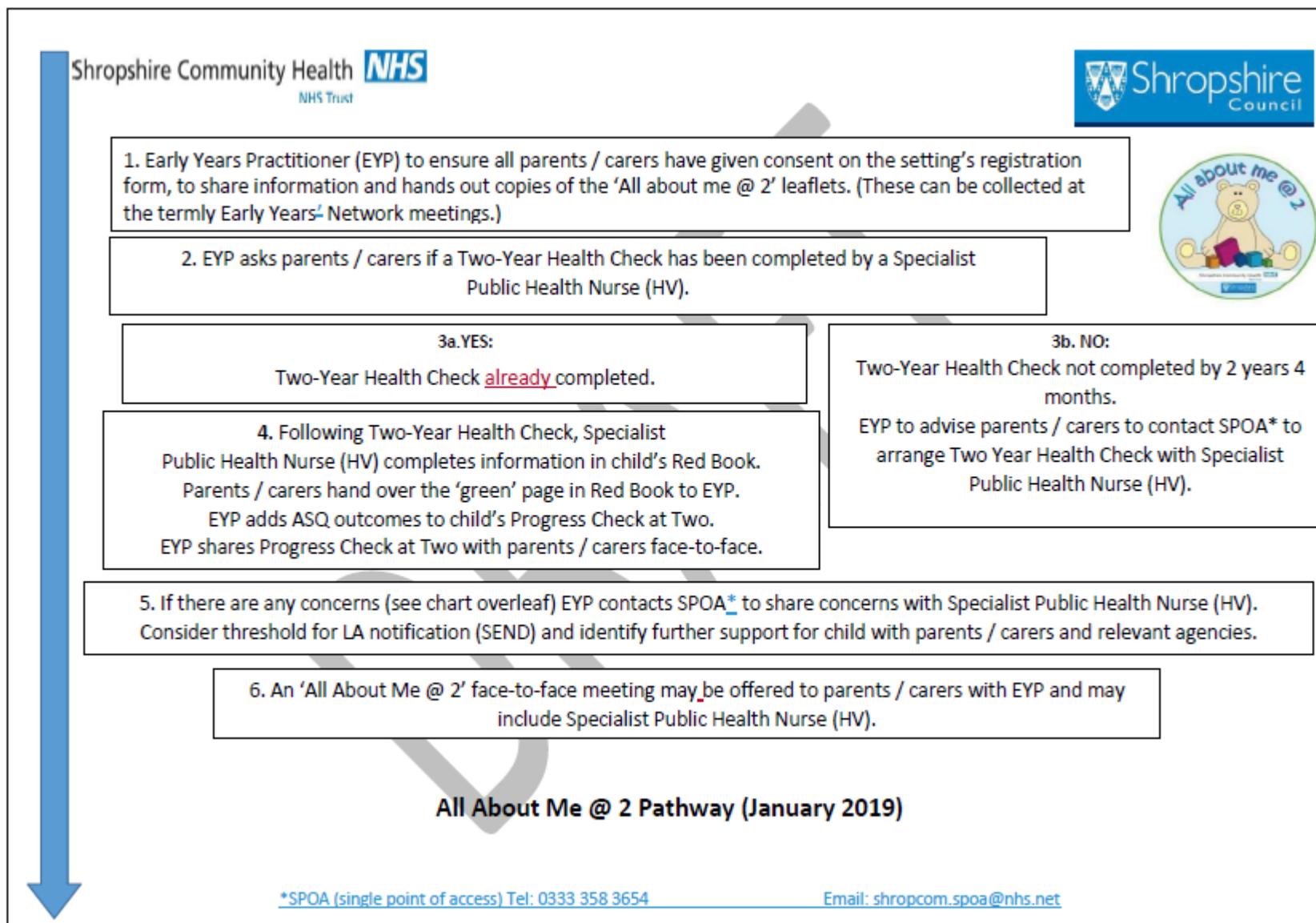
PH E school readiness report <http://startwellbirmingham.co.uk/wp-content/uploads/2016/07/SchoolReadinessInTheWestMidlands.pdf>

7. Conclusions

We are seeing an overall improvement in communication, language and literacy although further work is still required to narrow the gap for our most disadvantaged children as well as ensuring that they achieve overall school readiness.

A number of initiatives are underway with further developments due during the next academic year. These will be evaluated to ensure effectiveness.

| |
|---|
| List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) |
| Cabinet Member (Portfolio Holder) Ed Potter – Children’s Services Rob Gittins - Deputy Portfolio Holder - Public Health |
| Local Member |
| Appendices 1. All About Me @2 Pathway |





Shropshire Clinical Commissioning Group



Health and Wellbeing Board Meeting Date: 12th September 2019

Item Title Shropshire Care Closer to Home – Update Report

Responsible Officer Lisa Wicks Shropshire Clinical Commissioning Group
Email: Lisa.Wicks@nhs.net

1. Summary

This paper provides an update on the Shropshire Care Closer to Home programme.

2. Recommendations

The Health and Wellbeing Board is recommended to note the information and progress outlined in the report.

REPORT

Programme Phases & Progress Updates

Phase 1

Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) based within the A&E Department of Royal Shrewsbury Hospital. A phased launch has taken place at Princess Royal Hospital in Telford and the service is now running 5 days per week at both sites with recruitment underway for a Consultant Geriatrician to complete the team.

Phase 2

The pilot for the Phase 2 model of Risk Stratification and Case Management which was due to start in June at the 8 identified pilot demonstrator sites experienced a slight delay. This was due to issues with identification of the relevant workforce required, ensuring all training was in place and working through a number of challenges surrounding Information Governance, IT and data sharing. The official start date was re-set as Monday 19th August at seven of the eight sites: the final pilot site will go live in mid-September when the identified Case Manager is available to take up the post. These pilots will run until March 2020 and this includes a period of robust evaluation.

Multi-disciplinary teams made up of colleagues from Shropshire Community Health NHS Trust, Shropshire Council and Midlands Partnership Foundation Trust with

support from voluntary and community organisations have been established at each site. The teams are working together to provide proactive support to patients at risk of an admission to hospital with multiple long-term conditions or social care needs; these patients will have a Case Manager who will coordinate their care and develop a care plan and if appropriate an emergency treatment plan.

Phase 3

The draft models for Phase 3 services including Hospital at Home, DAART, Rapid Response and Crisis were approved by Shropshire Clinical Commissioning Committee in June 2019. A three-month period of impact assessment with all providers to ensure the new models align with existing services and pathways is now nearing the end and the results of this will be consolidated and shared with stakeholders.

Enablers

The Communication and Engagement team have developed a weekly Care Closer to Home newsletter which is now well established and reaches over 200 people. The 'What Matters to You' events continue to take place where the programme team visit different areas of the county to talk to people about health and social care services in their area and answer any questions about the Care Closer to Home programme. These events have been well attended and further dates have been scheduled for the rest of this year.

The Care Closer to Home IT group continues to look at software options to enable two-way flow of data across all partner organisations, as well as a standalone shared care plan which can be accessed by all professionals involved in the care of people being case managed. A manual workaround solution is in place for the pilots until a long-term solution can be reached.

Next Steps

Much work has been undertaken over the past few months by Shropshire Council colleagues to develop a current Joint Strategic Needs Assessment taking into account data from a number of sources in order to provide a comprehensive overview of current health and social care needs of the local population, disease prevalence and profiling as well as predicting health and social care needs for the next 15+ years.

The first draft of the JSNA is complete and the programme team are working closely with Public Health colleagues to update and refresh data contained within it. Clinical input is being sought to identify the key themes in advance of a public event scheduled to take place in early December, where we will share the findings from this document and discuss in detail what the data indicates for the population of Shropshire. Once complete, the JSNA will enable work to begin on developing requirements for Step-Up Community Beds.

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

Cabinet Member (Portfolio Holder)

Local Member

Appendices

Health and Wellbeing Board Meeting Date: 12th September 2019

Responsible Officer: Nicky Wilde, Shropshire CCG

Email:

Primary Care Networks

1. Summary

Health and Wellbeing Board have requested an update on Primary Care Networks across Shropshire CCG. In summary

- There are 4 Primary Care Networks (PCNs) in Shropshire CCG.
- All PCNs have a Clinical Director to provide leadership.
- PCNs are delivering Extended Access in 2019/20
- From April 2020 PCNs will also be providing the following nationally agreed service specifications:
 - Structured medication reviews and Optimisation
 - Enhanced health in care homes
 - Anticipatory care
 - Personalised care
 - Supporting early cancer diagnosis
- From April 2021 an additional 2 service specifications will be delivered by PCNs:
 - Tackling Neighbourhood inequalities
 - Cardiovascular case finding
- There is a national maturity matrix which PCNs need to work within over the next 2 years and support is available to guide them through this process.

2. Recommendations

Health and Wellbeing Board members are asked to note the content of the paper.

REPORT

3. Risk Assessment and Opportunities Appraisal

PCNs will be expected to reflect their member practices' requirements relating to patient engagement in their primary medical services contract.

Over time patients will receive a more resilient and comprehensive set of integrated services that anticipate rising demand and support high levels of self-care closer to home

PCNs will need to engage and communicate with their collective registered population in the most appropriate way, informing and/or involving them in developing new services

4. Financial Implications

Practices and Networks are entitled to certain levels of funding, outlined in the table below. Funding has been allocated to CCGs by NHS England.

| Payment Details and allocation | Amount | Payee |
|--|---|----------------------|
| 1. Core PCN funding | £1.50 per registered patient per year (equating to £0.125 per patient per month) | PCN |
| 2. Clinical Director contribution | £0.514 per registered patient to cover July 2019 to March 2020 (equating to £0.057 per patient per month) | PCN |
| 3. Staff reimbursements • Clinical pharmacists • Social prescribing link workers | Actual costs to the maximum amounts per the Five-Year Framework Agreement. • Up to £37,810 for a Clinical Pharmacist (70% of cost) • Up to £34,113 for a Social Prescribing Link Worker (100% of costs) | PCN |
| 4. Extended hours access | £1.099 per registered patient to cover period July 2019 to March 2020 (i.e. equating to £0.122 per patient per month) Note: This amount is pro-rata from £1.45 over 12 months. | PCN |
| 5. Network Participation Payment | £1.76 per weighted patient per year. | Individual Practices |

*Payments are based on patient lists as at 1st January 2019.

Development funding is also available for PCNs to support their development and this is outlined below in section 6 below.

5. Background

All GP Practices were given the opportunity to be part of a Primary Care Network (PCN) from 1st July 2019.

In summary the overarching principle of a PCN is that they will be fundamentally Primary Care led and owned. PCNs are about provision, not commissioning and are built on the core of current primary care service and based on GP registered lists.

PCNs have been introduced to enable greater provision of proactive, personalised, coordinated and more integrated health and social care intended to dissolve the historic divide between primary and community health services, social care and voluntary services. The move to PCNs is a change from reactively providing appointments to proactively caring for the people and communities they serve. By 2021 Integrated Care Systems will cover the whole country and Primary Care Networks, through their clinical directors, will play a role in shaping and supporting their ICS.

The criteria to approve a PCN is based on GP Practices coming together to serve natural communities of around 30,000 to 50,000 (*the upper limit can be more than 50,000 if sub-network arrangements are in place and the lower limit can only be reduced in very rural and*

sparse communities. Network boundaries must make sense geographically as community and social care providers are required to build their teams around these Networks. PCNs were required to complete an application process for CCG for approval and the CCG undertook an approval process during May and June 2019. Representatives from Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Shropshire and Telford and Wrekin CCGs, Shropshire Community Trust and Midland Partnerships Foundations Trust and Shropshire and Telford and Wrekin Local Authorities were all involved in the discussions around the approval of the PCNs.

Shropshire CCG approved 4 Primary Care Networks as below:

| South West Shropshire PCN | | |
|---|-----------------------|---------------|
| Clinical Directors: Dr Juliet Bennet (julietbennett@nhs.net) & Dr Digby Bennett (digby.bennett@nhs.net) | | |
| Code | Practice Name | Patients |
| M82033 | Bishops Castle MP | 5,352 |
| M82008 | Church Stretton MP | 7,391 |
| M82046 | Craven Arms MP | 3,957 |
| M82043 | Portcullis Surgery | 7,908 |
| M82014 | Station Drive Surgery | 8,284 |
| M82620 | The Meadows MP | 3,060 |
| | Total | 35,952 |

| South East Shropshire PCN | | |
|---|----------------------------|---------------|
| Clinical Director: Dr Shailendra Allen (sallen12@nhs.net) | | |
| Code | Practice Name | Patients |
| M82021 | Albrighton MP | 8,075 |
| M82601 | Alveley MP | 2,302 |
| M82004 | Bridgnorth MP | 16,474 |
| M82051 | Broseley MP | 4,684 |
| M82024 | Brown Clee MP | 3,434 |
| M82041 | Cleobury Mortimer MP | 7,083 |
| M82031 | Highley Medical Centre | 3,163 |
| M82019 | Much Wenlock & Cressage MP | 8,177 |
| M82038 | Shifnal & Priorslee MP | 10,694 |
| | Total | 64,086 |

| Shrewsbury PCN | | |
|--|-------------------------|---------------------|
| Clinical Directors: Dr Julia Visick (julia.visick@nhs.net) & Dr Sarah Harwood (sharwood@nhs.net) | | |
| Practice Code | Practice Name | Registered Patients |
| M82048 | Belvidere MP | 5,300 |
| M82034 | Claremont Bank Surgery | 7,701 |
| M82047 | Marden MP | 7,752 |
| M82040 | Marysville MP | 5,456 |
| M82002 | Mytton Oak MP | 10,657 |
| M82023 | Prescott Surgery | 6,689 |
| M82030 | Pontesbury MP | 7,811 |
| M82016 | Radbrook Green Surgery | 9,660 |
| M82006 | Riverside MP | 10,154 |
| M82011 | Shawbury MP | 3,999 |
| M82032 | Severn Fields MP | 17,031 |
| M82060 | South Hermitage Surgery | 8,032 |
| M82018 | The Beeches MP | 6,319 |
| M82013 | Westbury Medical Centre | 2,824 |
| Y02495 | Whitehall MP | 3,576 |
| M82604 | Worthen MP | 1,994 |
| | Total | 114,955 |

| North Shropshire PCN | | |
|---|-----------------------------|---------------|
| Clinical Director: Dr Catherine Rogers (catherinerogers1@nhs.net) | | |
| Code | Practice Name | Patients |
| M82026 | Cambrian Medical Centre | 12,955 |
| M82025 | Churchmere Medical Group | 15,962 |
| M82017 | Clive MP | 4,689 |
| M82044 | Dodington Surgery | 4,946 |
| M82010 | Drayton MP | 17,524 |
| M82058 | Hodnet Medical Centre | 3,522 |
| M82020 | Knockin Medical Centre | 3,443 |
| M82005 | Plas Ffynnon Medical Centre | 9,049 |
| M82022 | The Caxton Surgery | 13,440 |
| M82035 | Wem & Prees MP | 11,526 |
| | Total | 97,056 |

6. Additional Information

Clinical Directors

All PCNs have a Clinical Director to provide clinical leadership in the development of their Network. In time, they will have close working relationships with other PCN clinical directors, LMC, commissioners and clinical leads of health and social care services.

Their role is to ensure the full engagement of primary care in development and implementing local system plans and development of strategic plans for the Network which support quality improvement across the member practices. Clinical Directors also have a role in representing the PCN at CCG/ICS and STP level meetings and will contribute to the strategic development and the wider work of the ICS. Discussions are taking place with the Clinical Directors to determine how they intend to work with the CCG and STP in the development of the ICS.

Workforce

As outlined in point 4 above, PCNs have access to additional funding to support some new staff roles to deliver services. IN 2019/20 there is funding available for Social prescribing link workers and Clinical Pharmacies and in future years this expands to First contract Physiotherapists, Physicians Associates and First Contact Community Paramedics. These will work at PCN level and support delivery of the Directed Enhanced Services outline in point 1 and below.

PCN Maturity Matrix

To support PCNs through their development, NHS England has produced a maturity matrix which outlines the core components that underpin the successful development of networks. It sets out a progression model that evolves from the initial steps and actions that enable networks to begin to establish through to growing the scope and scale of the role of networks in delivering greater integrated care. Using the matrix, PCNs will be able to identify their learning and development needs and tailor available development support to ensure that they mature across the steps outlined in the matrix model. When a PCN is fully established (estimated to be after year 2 for new networks), and delivering the mandated services it will be able to expand to provide further PCN services. There is national funding available to support PCNs to progress through the maturity matrix.

Commissioning of Services from PCNs

From 1st July 2019, PCNs were commissioned to provide extended access appointments at a rate of 30 minutes per 1,000 population.

From April 2020 PCNs will be required to deliver an additional 5 Directed Enhanced Services (DES):

- Structured medication reviews and optimisation
- Enhanced health in care homes
- Anticipatory care
- Supporting early cancer diagnosis
- Personalised care

From April 2021 a further 2 enhanced services will also be commissioned:

- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

When the detailed specifications are published (expected January 2020) a detailed review will be carried out to identify opportunities around the development of community based models to ensure alignment including the current Care Close to Home programme.

Sustainability and Transformation Partnership (STP)

Under the Shropshire STP governance structure, PCNs sit within the Prevention and Place based care work programme together with care closer to home, integrated place, prevention and early help, primary care, frailty, long term conditions, end of life, medicines optimisation and elective care.

Primary care providers as core partners in system decision making will play a crucial role in the development of STPs and ICSs, helping to drive a more population-focused approach to decision making and resource allocation. Part of the nationally agreed role of a Clinical Director is to contribute to the strategic development and the wider work of the ICS.

The CCG is working to develop the line of Governance between the STP, ICS development and the Clinical Directors.

Future Development

Within the NHS Long Term Plan (LTP), PCNs are identified an essential building block of every Integrated Care System with General Practice taking the lead role in every PCN. However PCNs are in a very early stage in their development and it will take some time for the Clinical Directors to develop their PCNs to maturity and be able to take an active role in system development. The CCG is meeting with the local PCN Clinical Directors to ensure that the governance arrangements meet the needs of both the system and the PCNs.

The PCN concept is intended to dissolve the historic divide between primary and community health services but they are focused on provision of services not commissioning and are not new organisations. The opportunities that PCNs bring will ensure that Community and Primary Care services become integrated from a patient perspective, with organisational boundaries invisible in terms of delivery of care. To ensure that partner organisations will work with the CCG to deliver appropriate services around Networks; this requirement has been added to provider contracts as part of the 2019/20 contract negotiations.

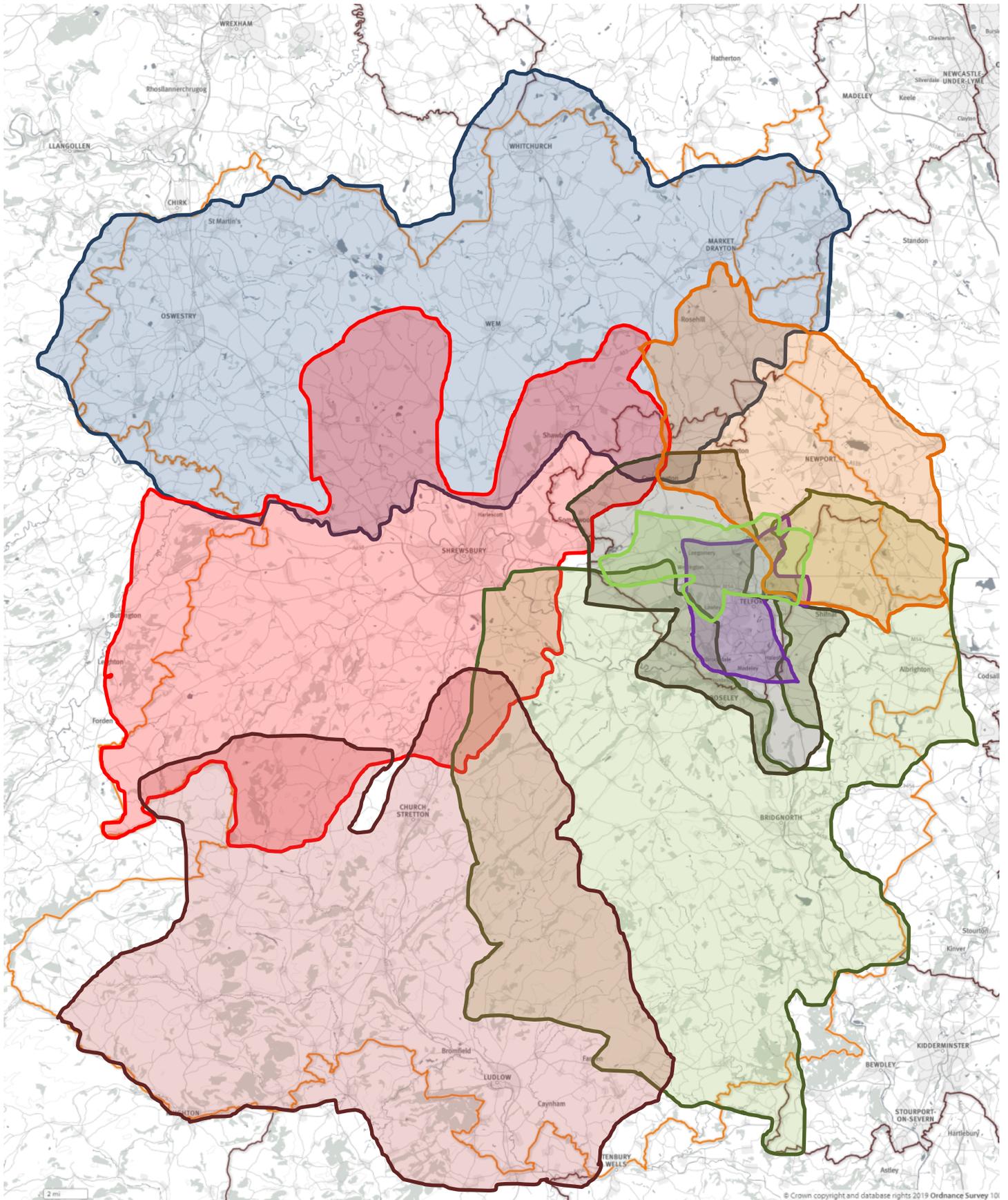
Following a development period during 2019/20, it is intended that PCNs, alongside their system partners, will begin to deliver the national services identified in this paper and to ensure that primary care, community services, social care and voluntary sector services are co-ordinated to improve population health.

7. Conclusions

| |
|---|
| List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) |
| Cabinet Member (Portfolio Holder) |
| Local Member |
| Appendices |

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Shropshire, Telford & Wrekin STP Primary Care Networks



- North Shropshire PCN
- Shrewsbury PCN
- SW Shropshire PCN

- SE Shropshire PCN
- SE Telford PCN
- Teldoc PCN

- Central Telford PCN
- Newport PCN

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Health and Wellbeing Board Meeting Date 12th September 2019

Responsible Officer: Jo Robins

Email: jo.robins@shropshire.gov.uk

1. Summary

The Health and Wellbeing Board (HWBB) have previously received key papers and documents relating to the development of social prescribing in Shropshire, this includes; the business case, development of the demonstrator site, proposals for expansion, phase 1 interim evaluation and headline suggestions for future possibilities. This paper includes the full and final report from Westminster University who were commissioned to carry out an independent evaluation of the Social Prescribing Service in Shropshire.

2. Recommendations

- That the Board receive and endorse the findings of the independent evaluation
- That board members acknowledge the cost effectiveness and return on investment that can be achieved with social prescribing
- Board members consider how social prescribing can be scaled up across the system

REPORT

3. Background

The team carrying out the research, are highly respected with expertise in evaluation, and mixed methods application. They have a national role in co-chairing the National Network for Social Prescribing, collaborating with NHS England to shape the social prescribing. The findings will be summarised in the slide presentation provided today.

They were commissioned in 2017 with the following aims:-

- To develop a robust social prescribing service using best practice in development and data collection
- To evaluate the Shropshire Social Prescribing demonstrator site to understand why the programme was being used and how well the different components are working together.

A mixed methods, pre and post data collection design was used to assess the longitudinal benefits of the service, with a matched control group used to compare health service usage between people who did and didn't use the service.

Data collection was through a range of quantitative data collection tools and administered by the social prescribing advisors at baseline and 3 month follow up. Interviews were carried out with professionals establishing the service and those receiving it in the GP practices. Validated and

reliable questionnaires were used, working status and patient satisfaction information was gathered.

Qualitative data was gathered from 24 stakeholders including service users and key themes identified to understand how people valued the service.

The following are the main findings from the evaluation:-

1. The service design adhered to national best practice identified by the Social Prescribing Network and NHS England
2. Between May 2017-May 2019, 515 referrals were made via 11 GP practices.
3. 134 people recruited into the evaluation. 105 completed pre & post
4. **A reduction of 40% of GP appointments was found at 3 month follow up**
5. The patient reported outcome data showed improvements in Measure Yourself Concerns and Wellbeing (MYCaW) concerns
6. Changes translated into improvement in weight, Body Mass Index, cholesterol, blood pressure, levels of smoking and physical activity
7. **Patient satisfaction was high for suitability of times, convenience of venue and ability to discuss concerns with the Adviser**
8. **Unmet needs were supported beyond the remit**
9. Reasons why the service has 'triggered' changes have been captured

The approach is aligned with the most recent National Public Health Strategy (2018)

The service seeks to address real life social complexity and inequalities by offering integrated, holistic solutions to complex health and care issues

4. Risk Assessment and Opportunities Appraisal

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

5. Financial Implications

None

6. Additional Information

7. Conclusions

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



Final report-
Shropshire social pre:

Cabinet Member (Portfolio Holder)

Dean Carroll Cabinet Member for Adult Social Care, Public Health & Climate Change

Local Member

Appendices



Shropshire Clinical Commissioning Group



Health and Wellbeing Board Meeting Date: 12th September 2019

Responsible Officer: Emily Fay, Shropshire Food Poverty Alliance

Email:

1. Summary

1.1 This report provides an update for the Shropshire Food Poverty Alliance.

2. Recommendations

2.1 We recommend that the Health and Well Being Board continue to support the work of the Shropshire Food Poverty Alliance.

REPORT

3.0 Background

3.1 Food poverty is an issue affecting an increasing number of households in Shropshire. Food poverty can be defined as “the inability of individuals and households to obtain an adequate and nutritious diet because they cannot afford healthy food”. People can find themselves in food poverty due to a financial crisis, but in many cases people find themselves unable to afford healthy food over extended periods of time.

3.2 The Shropshire Food Poverty Alliance was formed in 2018 to tackle the issue of food poverty in Shropshire and core members include Shropshire Council, NHS, Food Banks, Age UK and Citizens Advice Shropshire. Shrewsbury Food Hub have provided co-ordination funded by Sustain and Shropshire Council and with support from University Centre Shrewsbury.

3.3 The Shropshire Food Poverty Alliance have developed an action plan to:

- Increase support for people in food crisis;
- Prevent food poverty by supporting people to increase their financial resilience and skills;
- Encourage projects across the county which improve access to low cost healthy food;
- Increase awareness of the issue and embed it in the policy of statutory bodies and community organisations so that we can develop an effective strategic response across the county.

4.0 Programme updates

4.1 Communicating food poverty issues

4.1.1 In April we launched the Shropshire Larder website (www.shropshirelarder.org.uk) which brings together locally relevant information for people in Shropshire who are living on a low budget. The site collates information on how to access food banks, the location of community food projects, how to eat well on a budget and where to access support from local agencies in Shropshire.

4.1.2 We continue to raise awareness of food poverty in Shropshire through our website www.shropshirefoodpoverty.org.uk, local media, presentations and will be submitting a report to the Communities Overview Committee for their November meeting.

4.2 Annual Theme: Increasing access to low cost food

4.2.1 Our theme for this year is Increasing access to low cost food. We are encouraging communities across Shropshire to get involved by running food projects in their local area. These projects may involve a community meal, food sharing, starting a food co-op or a holiday hunger project. We are gathering information from existing projects running in Shropshire and across the UK and will be running a workshop in the New Year to share ideas.

4.2.2 As part of this theme we are working with Shrewsbury Food Hub which has been successful in gaining funding to work with four communities in Shrewsbury and Wem to develop pilot community food projects. The first project, on the Meole Brace estate includes a community meal run by local residents and a lunchtime club for children in the school holidays.

4.3 Healthy Start

We have received funding from a national charity Sustain to promote the Healthy Start voucher scheme in Shropshire. Healthy Start vouchers can be used by families in low incomes to buy fruit, vegetables and milk. Currently the uptake in Shropshire is 52%. We are working with Healthy Lives to identify how to increase uptake of vouchers.

5.0 Conclusions

We continue to co-ordinate responses to food poverty in Shropshire and are pleased to see new projects developing.

Agenda Item 11

Agenda item: Enclosure Number TBC
Shropshire Health and Wellbeing Board:

| | |
|---|---|
| Title of the report: | Single Strategic Commissioner for Shropshire & Telford & Wrekin – Update Report |
| Responsible Director: | David Stout, Accountable Officer, Shropshire CCG David Evans, Accountable Officer, Telford & Wrekin CCG |
| Author of the report: | Sam Tilley, Director of Corporate Affairs, Shropshire CCG Alison Smith, Executive Lead Governance & Engagement, Telford & Wrekin CCG |
| Presenter: | David Stout, Accountable Officer, Shropshire CCG David Evans, Accountable Officer, Telford & Wrekin CCG |
| Purpose of the report: The purpose of this report is to provide a further update to the Health and Wellbeing Board and seek its support on the decision to make an application to NHS England by Shropshire CCG and Telford and Wrekin CCG to dissolve the existing two organisations, with a view to creating one single strategic commissioner across the Shropshire and Telford and Wrekin footprint. | |
| Key issues or points to note: In November 2018 NHS England (NHSE) set a new running cost savings target of 20% for CCG's to attain by the end of the financial year 2019/20 Following this announcement in January 2019, the NHS Long Term Plan was published setting out key ambitions for the service over the next 10 years. The Long Term Plan included the requirement to streamline commissioning organisations with typically one commissioner for each STP/Integrated Care System. In response to these announcements and with NHSE support, Shropshire CCG and Telford & Wrekin CCG carried out separate facilitated sessions and then a joint session early in 2019 to begin exploring the appetite for, and mechanisms required to support closer working. These sessions were positively received and resulted in a firm commitment to explore the formation of a strategic commissioning organisation to cover the entire country. | |
| Actions required: The Health and Wellbeing Board is asked to: <ul style="list-style-type: none">• Note the report;• Comment on the plan and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and• Indicate their level of support for the proposals. | |

Monitoring form
Agenda Item: Enclosure Number

| Does this report and its recommendations have implications and impact with regard to the following: | | |
|--|---|-----|
| 1 | Additional staffing or financial resource implications | Yes |
| | <i>Future working arrangements will impact on future resources required by the CCG's</i> | |
| 2 | Health inequalities | No |
| | <i>If yes, please provide details of the effect upon health inequalities</i> | |
| 3 | Human Rights, equality and diversity requirements | Yes |
| | <i>The CCGs are undertaking an Equality Impact Assessment on both their workforce and on the populations they serve. Details are contained in the report.</i> | |
| 4 | Clinical engagement | Yes |
| | <i>Clinical engagement will be key in moving forward with and shaping future working arrangements</i> | |
| 5 | Patient and public engagement | Yes |
| | <i>The programme has developed a communications and engagement plan which is attached as appendix 1.</i> | |
| 6 | Risk to financial and clinical sustainability | Yes |
| | <i>Future working arrangements are a key consideration in the financial and clinical sustainability of the CCG's going forward</i> | |

Shropshire Health and Wellbeing Board meeting 12th September 2019

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

David Stout, Accountable Officer, Shropshire CCG

David Evans, Accountable Officer, Telford & Wrekin CCG

Introduction

1. The NHS is now in a period of transition with new emerging concepts of the role of commissioner and provider organisations. CCGs must respond flexibly to the new landscape and consider where best to focus clinical and managerial leadership and how they can adapt and interface with their local Sustainability and Transformation Partnership to transform into a commissioning organisations fit for this future. The recently published NHS Long Term Plan reinforces this direction of travel.
2. In addition CCGs have been tasked with making 20% reductions in their running costs by the end of the financial year, 2019/2020.
3. This report is to provide a further update to the Health and Wellbeing Board on the recent decision by Shropshire CCG and Telford and Wrekin CCG to dissolve the existing two organisations with a view to creating one single strategic commissioner across Shropshire and Telford and Wrekin footprint.
4. With NHS England (NHSE) support, Shropshire and Telford & Wrekin CCGs carried out separate facilitated sessions and then a joint session early in 2019, to begin exploring the appetite for and mechanisms required for closer working. These sessions were positively received and resulted in a commitment to explore this further, including the formation of a new single strategic commissioning organisation.
5. In order to ensure it is fit for purpose, remains efficient and effective and can best serve its population, Shropshire CCG must consider the most appropriate organisational form for strategic commissioning going forward. Discussions have included both options of closer working; informal working using joint management and collaborative mechanisms whilst still retaining two statutory bodies and the alternative of dissolving the two CCGs and creating one new strategic commissioning organisation.
6. To meet the 20% reduction in running costs*, the total reduction in allocations between 2018/19 and 2019/20 is £1.218m across both CCG's (£0.775m Shropshire and £0.443 for T&W). Although the first option has some benefits, it was felt that the efficiencies both CCGs could achieve by stripping out all the duplication of effort, time and staff resource currently used to commission services and oversee contractual performance of the same providers would not be fully realised, as some duplication will still remain.
7. The conclusion of these discussions was that the second option of dissolution of both CCGs and the creation of a new strategic commissioning organisation across the whole footprint of Shropshire, Telford and Wrekin will realise the following benefits:

*The '20%' reduction quoted in the NHSE guidance is based on comparing 2019/20 allocations to 2017/18 outturns adjusting for pay awards, pension changes etc. and assumes that the CCGs are operating within their running cost allocations.

- It will immediately respond to the requirements set out in the NHS Long Term Plan for one strategic commissioner per STP area by allowing both CCGs to redesign a new organisation that will have the right capacity and capability to commission at a strategic level and also at a more local 'place' level.
 - It will allow duplication of staff time that is currently used to contract and oversee performance to be focused on other commissioning priorities, i.e. health inequalities/prevention.
 - By reducing duplication both CCGs will be well placed to reach the 20% running cost target set by NHS England.
 - Although creating uncertainty for staff in the short term, this option will provide a more sustainable future for our staff in the long term.
8. At CCG Board meetings in May 2019, the Governing Bodies of both CCGs gave support for the creation of a single strategic commissioner for the Shropshire, Telford and Wrekin footprint by April 2020, with an application deadline to NHS England of the 30th September 2019.

Report

9. In moving towards the creation of a single strategic commissioning organisation and acknowledging the ambitious timescale of creating a new CCG by April 2020, the CCGs have set up a programme management office to oversee the project, created a Joint Executive Group to act as the project board and created 5 work streams that report to it, to focus on the key deliverables of the programme.
10. The CCG Chairs have completed a recruitment process for a joint Accountable Officer across both existing CCGs with a view that this person will become the new Accountable Officer for the single strategic commissioning CCG in the future. The recruitment to a single Accountable Officer role has been completed and a recommendation of a preferred candidate has been made to NHS England. There is not prescribed timeline for NHS England to respond, however we expect a response in early September.
11. The CCGs have secured support from Deloitte as an Organisational Development (OD) Partner to help facilitate at pace engagement with the membership of both CCGs, staff and key stakeholders to help inform the development and vision of a new single strategic commissioner. Some engagement discussions had already been initiated by the Chairs of the CCGs and Accountable Officers in July, acknowledging that an OD partner would not be able to commence until early August. Therefore some discussions have already taken place with the respective membership of each CCG through Locality Meetings for Shropshire and the Practice Forum for Telford and Wrekin and with Directors and Executive Leads from both organisations. Briefings have also been provided to both Health and Wellbeing Boards and the Joint Health Overview and Scrutiny Panel.
12. Work supported by Deloitte started on 8th August with discussions with both CCG Governing Bodies, CCG membership, local authorities and staff within the CCGs. Plans are also in place to engage with ICS partners, senior managers in the CCGs, CCG staff and Healthwatch in the coming weeks. The Deloitte work has been structured into two phases, the first being initial engagement to help inform the case for change, high level operating model and initial Organisational Development (OD) Plan which all form key documentary evidence for application to NHS England on 30th September. This will then be followed by a second phase which will be to deliver the OD plan agreed from 30th September through to 31st March 2020.
13. The CCGs have convened a Joint Executive Group, composed of the Directors and Executive leads from both CCGs and chaired by the Accountable Officers, which is

meeting weekly to provide the necessary oversight to the programme and to ensure project timelines are adhered to and risks are identified and mitigated where possible. The Joint Executive Group is supported by a PMO team to ensure that the project timelines and interdependencies are sufficiently managed.

14. The programme has also established 5 workstreams to undertake the detailed work required to prepare for creation of a single strategic commissioner. The workstreams have been focussed on producing first drafts of the evidence required for application submission on 30th September which were submitted to NHS England on 19th August, in preparation for a pre application meeting scheduled on 5th September with NHS England. As this report was written prior to this pre application meeting taking place, Accountable Officers will update Governing Bodies verbally on the outcome of this meeting.

- **Functionality** – this will include engagement with members and stakeholders, determine the new operating model for the single strategic commissioner and respective documents that will support this model.

The workstream has produced a first draft of a Commissioning Strategy, Primary Care Strategy and a case for change document which are both being dynamically informed by the OD engagement taking place.

Work is being undertaken to produce a Quality Strategy, Benefits Realisation Plan and Procurement Strategy, with plans in place to deliver these to the required standard by 30th September.

Key risks at this stage include; not enough discussion has taken place to help inform an operating model which in turn will provide the foundation for much of the Commissioning Strategy, Case for Change, Benefits Realisation Plan and future governance structure. This is however planned but not yet delivered. The Commissioning Strategy also has to be based on the Long Term Plan for the Shropshire health system which will not be fully developed until November 2019.

- **Communications and Engagement** – to provide oversight of the development of a Communications and Engagement Strategy for the new CCG and to develop and oversee the delivery of a communications and engagement plan for the project itself, across all stakeholders.

A Communications and Engagement plan has been developed and is attached as appendix 1 for information. The plan includes all key stakeholders, staff, CCG membership, senior managers, public and key patient groups. Delivery of the plan has already commenced.

A Communications and Engagement Strategy for the new single strategic commissioner has been developed and submitted on 19th August in preparation for the pre application meeting on 5th September. This is not fully completed as key areas of the strategy that described engagement at a local level has yet to be determined as this will be informed by the OD discussions planned by yet to be delivered fully.

The work stream has also take advice on the level of Equality Impact Assessment (EIA) that would be required to support this proposal. The advice has highlighted that the application process for NHS England requires an EIA of the proposal on the workforce of both CCGs. In addition, although the proposal is a structural change to the CCGs and has no immediate impact on the populations both CCGs serve, the CCGs have been advised to undertake an EIA of the proposal on the populations of Shropshire, Telford and Wrekin.

As a result the CCGs have commissioned from Arden and GEM CSU Equality Impact Assessments on both the workforce of both CCGs and of the populations the CCGs serve.

The key risks at this stage are; that not enough discussion has taken place to help inform an operating model which in turn will provide the basis for describing engagement at a local level in the Communications and Engagement Strategy and that we have a very short timescale to deliver the project engagement plan and EIA work.

- Finance - to provide oversight of the development of the Medium Term Financial Plan for the new CCG and to plan for the creation of a new financial ledger for the new CCG.

The work stream has produced a first draft of a Medium Term Financial Plan (MTFP) for the new CCG and has undertaken a piece of work to compare Standing Financial Instructions of both CCGs as required by the application criteria.

The key risk at this stage is that the MTFP requires alignment with the STP financial model which is not due to be completed until the end of September.

- HR - to provide oversight of the management of change process that both CCGs will be required to run in order to identify staff who will transfer into the new legal entity.

This work stream has been focussed to date on the recruitment process for the Accountable Officer across both CCGs. In addition some preparatory work has been continuing on ensuring job descriptions for existing staff are up to date.

Key risks are around delays in commencement of management of change process due to any further delays in appointing an Accountable Officer.

- Governance - to provide oversight of the development of a new corporate governance framework, constitution and governance processes for the new CCG.

Delivery of a Constitution and governance structure is scheduled for delivery after 30th September in line with requirements from NHS England.

The key risk at this stage is that OD discussions do not produce outcomes to support the design of a high level governance structure that will be required to produce a draft Constitution and Governance Handbook.

15. Project timeline

The high level timeline is as follows:

| | |
|---|---|
| 14 th May 2019 | Governing Bodies agree to support proposal to apply for dissolution of existing CCGs and creation of a new single strategic commissioner. |
| June | Creation of a project overview group – Joint Executive Group Creation of 5 work streams and confirmation of work stream and sub work stream leads Confirmation of deliverables for each work stream against NHS England application criteria and inter dependencies |
| 1 st July By 30 th July By 8 th August | PMO in place – produce programme plan Additional technical HR support in place – begin planning for Accountable Officer recruitment Procure OD partner Accountable Officer recruitment process completed Recommendation to NHS England on preferred candidate for Accountable Officer |
| 1 st August 19 th August | OD partner in place Deadline for submission for pre-application evidence |
| 5 th September w/c 16 th September w/c 23 rd September 27 th September | Pre application meeting with NHS England Membership support for application Governing Body support for application Final application and evidence submission to NHS England |
| 3 rd October | Make application to NHS SBS to create a new ledger |
| 18 th October | NHS England Regional Management Team to make recommendation on status of application to national team. |
| 29 th October | NHS England Statutory Committee to consider application |
| 21 st November | Application to NHS Digital for new organisational code made if application is successful. |
| 21 st January | National team notify Government Banking Services |
| 27 th February | Draft Constitution prepared and submitted to NHS England for review and approval |
| 5 th March | Staff transfer schemes and grant of merger documents to be signed off |
| 6 th March | Letter to existing CCGs regarding dissolution |
| 31 st March` | New CCG established. |

The PMO reports to the Joint Executive Group weekly and currently the project is delivering against target, but it should be emphasised that the timeline that the CCGs are working to is very challenging, with the greatest risk to delivery of the project that there will not be sufficient time to in the first instance to produce an application and

supporting evidence to the standard required by NHS England by 30th September to ensure it is successful.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the report;
- Comment on the plan and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and
- Indicate their level of support for the proposals.

NHS Shropshire CCG and NHS Telford and Wrekin CCG

Single Strategic Commissioner Transition Communications and Engagement Plan

Outline of the Plan

This is a working document setting out the planned communications and engagement to support the transition to one single strategic commissioner and the dissolution of Shropshire CCG and Telford & Wrekin CCG.

Aims

To create understanding of the transition and how it will be delivered whilst at the same time giving reassurances to patients and key stakeholders, with particular reference to the CCG's respective staff, to ensure they are involved and feel involved in the process.

Objectives

- Offer the opportunity for feedback and two-way dialogue on the transition to our stakeholders from across the whole County.
- Provide accurate, timely information tailored to an audience's particular needs with appropriate messaging.
- Provide a planned programme of engagement to reach across stakeholders including GP practices, partners, staff, patients and the public.
- Ensure participation from the GP membership and their support for the transition.
- Support as smooth as possible the transition for the CCG's respective staff by utilising and co-ordinating engagement opportunities.
- Demonstrate how feedback has been considered and, if appropriate, used.

Approach – special considerations

The key consideration is that all activity is co-ordinated and is always presented as a joint approach from the two respective CCGs.

Timing is a critical factor with the delivery submission date of September 30th and then a live date of 1st April 2020.

Already activity has been underway on a drip feed approach timed around the Governance.

Engagement and Communications Activity to date – an overview

Board Engagement

With NHS England (NHSE) support, Shropshire and Telford and Wrekin CCGs carried out separate facilitated sessions with their governing bodies late 2018 and then held a joint session early in 2019, to begin exploring the appetite for and mechanisms required for closer working.

Discussions included both options of closer working:

- informal working using joint management and collaborative mechanisms, whilst still retaining two statutory bodies, and
- the alternative of dissolving the two CCGs and creating one new strategic commissioning organisation with one governing body, one management team and one governance structure.

These sessions were positively received and resulted in a commitment to explore this further. In light of this, papers were presented to both CCG's governing bodies initially in March and then a final proposal in May 2019. This resulted in both Boards approving the dissolution of the existing CCGs and the formation of a new single strategic commissioning organisation across the whole Shropshire footprint.

Board Announcement

Engagement activity started early to co-ordinate with the first public Board paper to announce the intention in May 2019. This was delivered through a co-ordinated advance staff briefing delivered by each respective AO in face-to-face team meetings. This was further supplemented by stakeholder briefings to all partners across the health and social care economy as well as planned media releases.

GP Practice Membership

With GP practice membership there have been visits across the Shropshire CCG membership network meetings and for Telford and Wrekin membership through attendance at two Practice Forum meetings in June and July 2019. These were completed by the respective Chairs and AOs for each organisation to personally update them and assess reactions and initial feedback.

The feedback received from the meetings was mixed and further tailored engagement is being planned. A standing open offer for further engagement has been given to all practices should they have any further questions.

Executive Team Engagement

Both executive teams were brought together with a facilitator to start to discuss what the potential benefits of creating a new CCG could be in order to undertake some preparatory discussions prior to the OD partner being commissioned. The outcomes of this session were shared with the OD partner when they started their contract.

Staff Engagement

Both CCGs have internal communication mechanisms, but a priority needs to be a co-ordinated approach. Principally, this relates to verbal team briefs as Shropshire CCG holds a face-to-face team brief once a month, whereby Telford & Wrekin CCG holds a weekly huddle at the start of each week. There is clearly a need to align any news announcements on the transition so they are co-ordinated across both CCGs.

Monthly staff newsletters also run shared content on the transition as well as staff announcements issued electronically for more time-sensitive updates.

A staff Q&A has been developed and is being reviewed weekly with both organisations capturing questions via team meetings and designated 'post boxes' to allow anonymous questions to be submitted. All questions are presented to the weekly Joint Executive Meeting where they are reviewed. The signed off responses are then provided back to the Communications and Engagement Team to update the master copy who issue the revised version to all staff in a co-ordinated manner across both CCGs.

Stakeholder engagement

Accountable Officers and Chairs have attended and presented an overview of the proposal to the two local authority Health and Wellbeing Boards in July 2019 and to the Joint Health Overview and Scrutiny Committee for both local authorities in June 2019. The Accountable Officers have also met with the LMC and have meetings planned with Healthwatch.

Communication and Engagement Channels

Steps are now being made, where possible, to align channels to ensure that messages are co-ordinated and delivered in a timely manner across both CCGs, particularly with regard to staff messaging/engagement activity. This plan initially focusses on internal staff comms and engagement.

- Staff newsletters
Both CCGs produce a monthly staff newsletter – details included in the activity calendar appendix 1.
- Staff face-to-face staff briefings
At Telford & Wrekin CCG there is a staff huddle on Monday mornings hosted by AO David Evans, but in his absence Chris Morris/Jon Cooke. This is a quick, informal update for staff on news/events of the last week or up-coming. Staff can ask questions or share information with colleagues.
- Staff briefings
Shropshire CCG has a planned monthly programme of staff briefings with updates from the AO and Chair to all staff. This is scheduled for one hour and is mandatory that staff attend unless required at essential meetings. Informal in nature but there is an agenda with agreed presentations and guest speakers. Usually includes an interactive activity with staff as part of engagement.
Telford & Wrekin CCG has no current regular agreed meetings as these are held on an ad hoc basis usually when there is something specific to discuss with staff i.e single organisation. This is usually hosted in the staff rest room by the AO and Chair, depending on the subject nature.
- Shared files
Telford & Wrekin CCG Staff/GP member intranet - information can be uploaded on a daily basis.
Shropshire CCG does not have an intranet, but has a dedicated corporate documents section on its shared drive which all staff can access. This is managed by the CCG's Communications and Engagement Team.
- GP newsletter

Telford & Wrekin CCG has a monthly GP newsletter to subscribed GPs and Practice managers.

Shropshire CCG has a weekly practice bulletin which is aimed at GPs and all practice staff. This is produced in-house with copy and layout every Thursday and Friday, with an issue day every Monday.

- GP and Practice engagement
There are opportunities to have direct engagement with practices through their regular group meeting which are organised slightly differently in the two CCG areas:

Telford & Wrekin CCG GP Practices hold a Forum.

- These are held on the third Tuesday of every month, except in August and December, from 1.30pm.
- A new Chair is due to be appointed and one GP from each practice and the practice member attends.
- The agenda is set by Karen Ball at T&W CCG - it gets full very quickly so anything which needs to go on the agenda needs to be sent a.s.a.p. Papers go out the week before the meeting.

Shropshire CCG holds Locality Meetings

- These are held on a monthly basis with the exception of August and October (protected learning time).
Shrewsbury & Atcham Locality – third Thursday every month, pm meeting
North Locality – fourth Thursday every month, pm meeting
South Locality – six weekly cycle, on a Wed/Thurs from 3.30pm – 7pm
- For each of the Locality Meetings above it is possible to be considered for an agenda item and in the first instance contact is required with SCCG's locality managers to discuss.

Note:

For the purposes of this project the two respective CCG's are using existing corporate e-mail accounts to capture any feedback

Stakeholder Mapping – to be revised

The scope of the plan covers the pre-engagement completed to date and future engagement required with the following stakeholders:

- CCG Practice membership
- CCG Staff
- Local Medical Committee
- Any specific boards
- Health & Wellbeing Boards
- NHS Provider Chief Executives
- Local Authority Directors of Adult Care
- Local Authority Directors of Children's Services
- Elected Representatives
- Joint Health Overview & Scrutiny Committees for Shropshire Council and Telford and Wrekin Council
- Healthwatch: Shropshire and Telford and Wrekin
- NHS England/NHS Improvement

- MPs
- Patients and the public, via:
 - FT Governors & memberships
 - PPG Chairs and members
 - Lay and Patient Reference Groups
 - General public messaging

Key Messages (to be refined)

The proposal is that the existing CCGs are dissolved to create a new statutory body that will become a single strategic commissioner across the whole footprint of Shropshire, Telford and Wrekin.

The OD engagement discussions are at a very early stage, however the working assumptions made from these discussions to date on the case for change are:

- Potential to break down barriers and create genuinely integrated pathways that are better for patients and improve outcomes.
- A single set of commissioning and decision making processes should mean:
 - reduced variation in outcomes and access to services across the county,
 - greater influence with providers,
 - better use of clinical and managerial time on the things that count,
 - reduced duplication and potential financial efficiencies as required by NHS England.
- Enables strategic commissioning of quality services that are financially sustainable.
- Enables the health system to create a new integrated care system that prioritises healthcare transformation.
- It is the national direction of travel to have a single CCG (strategic commissioner) for each Integrated Care System (ICS) footprint across the country.
- The CCGs have a unique opportunity to design the future single CCG that we wish to see.

Governance

- **Sign off protocols**
Sign off will be by Accountable Officers for communications related to stakeholders and staff, with sign off for membership by Chairs of the CCG.

Due to holiday periods where annual leave may not allow this sign off procedure, then planning for sign off should take place well in advance.

- **Reporting**

Reporting of feedback, planned communications and other related information or risks will be to the PMO to include in the weekly update report to the Joint Executive Group.

Activity Plan

Background & Pre-engagement

The two CCGs have an ambition and intention to dissolve in order to create a new single strategic commissioner organisation. The Strategic Outline Case was taken through Governing Body discussions on 12/13th March 2019.

This direction was agreed by the two CCG Governing Bodies on 14/15th May 2019.

Approach

The approach focusses internally on the staff within the CCGs and externally with key stakeholders

Internal Stakeholders

- The Executives for each area act as the main advocates for the change during the pre-merger process and then post merger.
- Two staff meetings are held to explore the advantages and dis-advantages of merger along with any concerns raised prior to application and a whole staff meeting held pre 31/2/20 for staff.
- Regular individual directorate meetings are held, with the merger as a statutory agenda item.
- A regular specific newsletter item is sent to staff on any merger updates.
- A staff survey is undertaken regularly for views.
- A regular frequently asked questions is sent to staff.
- Senior Management Team meetings have a set agenda item on the transition and creation of a single strategic commissioning organisation.
- Regular HR sessions are held for staff to ask questions

External

- CCG CEO, 2 x Chairs, GB clinical leads, the CCG Chairs to act as main advocates for change during engagement period.
- Utilise existing CCG place, education and network meetings where available to engage with CCG membership.
- Utilising existing strategic sessions/Boards to take opportunity to consult with key stakeholders.
- With an approach of co-production hold a series of engagement events through the life cycle of the project with key stakeholders. The initial meeting would be an opportunity to highlight any issues, concerns or risks as well as identifying what has worked well in the current CCGs and what could be changed. This would then move on to what the new organisation could look like and how it would interact with stakeholders along with further updates and engagement as required.
- Secure support from LMC.

- Secure agreement from the membership with a face-to-face vote at the Membership Forum for GP Practices in Telford & Wrekin CCG and an electronic vote for GP Practices from Shropshire CCG.
- Survey to be delivered for patients, members of the public, staff and stakeholders to capture wider feedback – this will be based on the questions given to practices in the face-to-face vote and the electronic survey.

Additional information – the findings from the survey will be used to help inform and develop further engagement activity and will be supplemented by a planned Equality Impact Assessment, which has recently been commissioned.

Two CCG Governing Bodies/membership/stakeholders

| Activity | Timescale |
|----------|---|
| 2019 | Strategic Outline Case discussions at CCG Governing Bodies & with NHS England |

Engagement

| 2019 Activity | Timescale | Action By |
|---------------|---|----------------------|
| w/c 1 July | Governing Bodies and Executives to map out benefits realisation with clear strategic narrative on why merger. Include dis-benefits and mitigations | AS |
| w/c 1 July | Map engagement opportunities with stakeholders for work during July/August. Align CEO and Chairs to these sessions. | AS/ST |
| w/c 1 July | Map engagement opportunities for CEO and Chairs at existing primary care forums, including network, education, place alliance meetings. <ul style="list-style-type: none"> • Pre-membership forum • During engagement period Align managers to support discussions and get agenda time as required. | AS/ST |
| w/c 1 July | Agree internal governance on decision making and map GB decision points (plan may need amendment accordingly). | PMO – programme plan |
| w/c 8 July | Draft Engagement document | AH |
| w/c 8 July | Governing Body meetings to agree strategic paper | ST/AS |
| w/c 8 July | Invite to Membership Forums to be held in August and again in September | AS/ST |
| w/c 15 July | Information to HOSC chairs to brief on background | AS |

| | | |
|--------------------------------|--|---------------------|
| w/c 15 July | Finalise plans for launch of engagement, including views collation method, promotional materials, media handling, social media calendar. | AH |
| w/c 22 July | Finalise engagement documentation and fulfilment/distribution methods. | AH |
| 22 Jul – 22 Aug | Attendance at existing stakeholder meetings for pre-engagement <ul style="list-style-type: none"> • HWBB x 2 • JHOSC | June and July 2019 |
| w/c 22 July | NHS England Sense Check meeting. | AS |
| w/c 22 July | Finalise membership voting process | ST/AS |
| DATE OF GP Membership meetings | Membership Forum – Shropshire | ST |
| w/c 05/08/19 | Draft Strategic Narrative Paper from AOs shared with GBs | Deloitte/ST/AS |
| w/c tbc | Present to Local Authorities | Deloitte/AOs/Chairs |
| w/c 05/08 | Discuss merger proposal with Healthwatch Shropshire/Telford and Wrekin | AOs |
| w/c 13/08 | Membership forum - Telford | Deloitte/ST/AS |
| w/c 02/09 | Membership forum – Shropshire if required | Deloitte/ST/AS |
| w/c 12/09 | Membership forum – Telford | Deloitte/ST/AS |
| w/c 02/09 | Draft public questionnaire (based on BSOL & Derbyshire) | AH |
| w/c 02/09 | Review engagement document draft | AH |
| w/c 02/09 | Prep Survey Questions for GP membership | |
| | Prep Survey Questions for Public/stakeholders | |
| w/c 09/09 | Layout and load two surveys with supporting comms and messaging | AH |
| w/c 02/09 | Develop template for engagement questionnaire | AH |
| TBA | Launch Public Engagement online – 2 websites and social media | AH |
| TBA | Upload copy & Survey link to 2 CCG websites | AH |
| On-going | Launch stakeholder engagement – <ul style="list-style-type: none"> • ICS partners • Health & Wellbeing Board • NHS Provider Chief Executives • Local Authority Directors of Adult Care • Local Authority Directors of Children's Services • LMC • Elected Representatives • Health Overview & Scrutiny Committees for TBA • NHS England/NHS Improvement • PPGs • General Public | AH |
| w/c 09/09 | Develop drip feed of updates for practice vote | AH |
| | | |
| TBA | Record votes (Support or Oppose) | AH |
| | | |

| | | |
|----------|---|----------|
| TBA | Closure of stakeholder engagement | AH |
| | Collate stakeholder responses and develop decision engagement report documenting feedback from all stakeholders including membership. | AH |
| TBA | Decision/recommendation made following engagement | Chairs |
| | NHS England Panel Meeting | AS |
| w/c 17/9 | Governing Body Decision on Submission – meeting in common | AS/ST |
| | GP membership receive outcome of engagement and GB decision on options | AS/ST/AH |
| w/c 24/9 | Update report emailed to HOSCs, HWBB and Healthwatch | AH |
| w/c 24/9 | Share engagement feedback and decision with stakeholders | AH |

Key:

| |
|-------------|
| Complete |
| In progress |
| Pending |

Feedback mechanism and reporting

In order to demonstrate what feedback has been provided and how it will be used, a feedback capture template and log has been developed (see appendix 2 and 3).

Feedback from each engagement opportunity will be captured in the template and then transposed across to the tracker which will be used to identify themes. From this an engagement report on the proposal will be published to allow the governing bodies and membership of the CCGs to determine what mitigation can be put in place to address the feedback received.

Engagement Activity Plan - Appendix 1

| Activity | Date | Stakeholder | Status |
|---|----------|---------------------|----------|
| Staff Briefing across both CCGs – face-to-face | 3 June | Staff – both CCG | Complete |
| Presentation on NHSE directive to reduce workforce by 20% and single organisation | April 16 | T&W GPs | Complete |
| Report from the CCG Board presented to GPS | May 21 | GPs T&W | Complete |
| Roundtable discussion | June 18 | TBA – Sharon at T&W | Complete |
| Launch of AO recruitment – e-shot | 21 June | Staff - both CCGs | Complete |
| Staff announcement – update on HOSC – e-shot | 25 June | Staff – both CCGs | Complete |
| Staff announcement AO update | 26 June | Staff - both CCGs | Complete |
| Staff FAQs | 1 July | Staff - both CCGs | |
| SCCG Staff Briefing | 11 July | SCCG staff | Complete |
| Staff FAQs | 16 July | Staff – both CCGs | Complete |
| Dr Leahy presentation | 16 July | GPs | Complete |
| Staff FAQs | 22 July | Staff – both CCGs | Complete |
| SCCG Staff newsletter | 26 July | Staff | Complete |
| SCCG GP Newsletter update | 29 July | GP members | Complete |
| Update on AO recruitment | 2 August | Staff – both CCGs | Complete |

| | | | | |
|--|---|------------------------------|--------------------------|-----------------|
| | | | | |
| | Staff FAQ | 6 August | Staff – both CCGs | Complete |
| | Note: Staff FAQs on a weekly basis, every Tuesday, subject to any questions being received | | | |
| | | | | |
| | SCCG Staff Briefing | 19 August | SCCG staff | |
| | SCCG Staff newsletter | Last week August | SCCG staff | |
| | T&W Staff Newsletter/GP Monthly newsletter | Deadline 21 August | T&W staff | |
| | | | | |
| | SCCG Staff Briefing | 25 September | SCCG staff | |
| | SCCG Staff newsletter | Last week September | SCCG staff | |
| | T&W Staff Newsletter/GP Monthly newsletter | Deadline 25 September | T&W staff | |
| | | | | |
| | SCCG Staff Briefing | 31 October | SCCG staff | |
| | SCCG Staff newsletter | Last week October | SCCG staff | |
| | T&W Staff Newsletter/GP Monthly newsletter | Deadline 23 October | T&W staff | |
| | | | | |
| | SCCG Staff Briefing | 18 November | SCCG staff | |
| | SCCG Staff newsletter | Last week November | SCCG staff | |
| | T&W Staff Newsletter/GP Monthly newsletter | Deadline 20 November | T&W staff | |
| | | | | |
| | SCCG Staff Briefing | 12 December | SCCG staff | |
| | SCCG Staff newsletter | Mid- December | SCCG staff | |
| | T&W Staff Newsletter/GP Monthly newsletter | Deadline 18 December | T&W staff | |

Appendix 2
Communications and Engagement Capture Form

Single Strategic Commissioner/Group Attended Feedback Form

| Date | Location | Who from CCG Attended | Group Name | Equalities Group | No of People |
|-----------|----------|-----------------------------|---------------|---------------------|-----------------|
| | | | | | |
| Feedback: | | | | | |
| | | | | | |

Appendix 3
Feedback Log and Theme Analysis

See separate Excel Spreadsheet.

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