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

Date: 28 January 2016

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Friday, 5 February 2016**
Time: **1.30 pm**
Venue: **Meeting Room G3/G4 - Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

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 Joint Health Overview and Scrutiny Committee

Shropshire	**Telford and Wrekin**
Cllr Gerald Dakin (Co-Chair)	Cllr Andy Burford (Co-Chair)
Cllr John Cadwallader	Cllr Veronica Fletcher
Cllr Tracey Huffer	Cllr Rob Sloan
David Beechey (co-optee)	Rajash Mehta (co-optee)
Ian Hulme (co-optee)	Barry Parnaby (co-optee)
Mandy Thorn (co-optee)	Dag Saunders (co-optee)

Your Committee Officer is:

Amanda Holyoak Scrutiny Committee Officer
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AGENDA

1 Apologies for Absence

2 Declarations of Interest

3 Minutes (Pages 1 - 10)

To confirm the minutes of the meeting of the JHOSC held on 15th December 2015

4 Children and Adolescent Mental Health Service (Pages 11 - 26)

To receive an update on the consultation and engagement on the procurement of the Child and Adolescent Mental Health Services for Telford and Wrekin and Shropshire (Appendix B)

5 111 Out of Hours Service

To receive an update on the procurement of 111/Out of Hours services for Telford & Wrekin and Shropshire (Appendix C – to follow)

6 Chairs' Updates

To receive verbal updates from the Health Scrutiny Chairs on progress since the previous meeting and any issues arising

7 Deficit Reduction Plan for the Local Health Economy (Item for information) (Pages 27 - 28)

To receive an update on progress (Appendix D)

SHROPSHIRE COUNCIL/TELFORD & WREKIN COUNCIL
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on 15 December 2015 at the Shirehall, Shrewsbury, 10.00 am – 1.00 pm

PRESENT:
Cllr A Burford (T&WC Health Scrutiny Chair), Cllr G Dakin (SC Chair, Chairman for the meeting) Mr I Hulme, Cllr J Cadwallader, Mr D Saunders, Cllr V Fletcher, Mr B Parnaby

Also present:

Fran Beck, Executive Lead for Commissioning, T&WC
Fiona Bottrill, Scrutiny Group Specialist, T&WC
Karen Calder, Portfolio Holder Health, Shropshire Council
Stephen Chandler, Director of Adult Services, Shropshire Council
Lee Chapman, Portfolio Holder Adult Social Care, Shropshire Council
David Evans, Senior Responsible Officer, Telford and Wrekin CCG
Wayne Greenwood, SATH
Daphne Lewis, Healthwatch Shropshire
Steve Gregory, Director of Nursing and Operations, Shropshire CHT
Anna Hammond, Deputy Executive, T&WC
Amanda Holyoak, Committee Officer, Shropshire Council
Debbie Kadum, Chief Operating Officer, SATH
Carol McInnes, Head of Programmes & Service Redesign, Shropshire CCG
Mike Sharon, Future Fit Programme Director
Brigid Stacey, Senior Responsible Officer, Shropshire CCG
Paul Taylor, Director of Health, Wellbeing and Care, T&WC
Rod Thomson, Director Public Health, Shropshire Council

1. Apologies for Absence

Apologies were received from Mr D Beechey (SC co-optee), Cllr T Huffer (SC), Mr R Mehta (T&W co-optee), Cllr R Sloan (T&WC), Mrs M Thorn (SC co-optee)

2. 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.

3. Minutes

RESOLVED: that the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 28 September 2015 be confirmed as a correct record and signed by the Chairman.

The Chair explained that Public Question Time and Member Question Time had been added to the agenda in error, and those items were withdrawn.

4. Children and Adolescent Mental Health Service

Anna Hammond, Deputy Executive Commissioning and Planning, Integrated Care, from Telford and Wrekin CCG introduced the report which had been produced on behalf on Shropshire and Telford & Wrekin CCGs and Councils (copy attached to signed minutes).

She explained the case for change around children and adolescent mental health services. A new service development had begun because of feedback received from professionals, children, young people and their families, particularly in relation to waiting times. It was also recognised that nationally, and not just locally there was fragmentation of responsibilities in relation to CAMHS.

In response to the feedback, the CCGs and Local Authorities had been working together to commission a seamless service to improve emotional health and wellbeing of those aged 0 – 25 years, including:

- Increased support for Looked After Children and children on the edge of care.
- A neurodevelopmental service, separate to the core CAMHS services.
- Improved and easier access, including a no wait ethos.
- A joined up service across health and social care organisations
- A stronger focus on increasing resilience, rather than purely on treatment services.
- More innovative solutions
- An improved urgent response.

The Committee heard that Commissioners were keen to ensure the development was treated as an iterative process and for the people who would be affected by such services to shape the way they would look in the future. The Committee was invited to ask questions and comment on this approach.

Members asked whether current financial challenges might impede progress and heard that the transformation plan under development had been successful in obtaining a £500,000 award from Central Government.

The Committee noted that Shropshire and Telford and Wrekin had the highest level of self-harming in the West Midlands and asked about action planned to address this issue. They heard that feedback related to self harm had highlighted the need for more support and training for teachers, GPs and other tier 1 workers.

In response to further questions, it was confirmed that:

- Training individuals who worked with children would be part of a future service
- Experience led commissioning would target engagement with vulnerable and smaller groups.
- An impact assessment was being developed and would help look at how to engage with the nine protected characteristics.
- The future service would be extended to 25 but it was not intended to make this a 'cliff edge' but to work more flexibly between Children and Adult Services.
- The aim would be to prevent children from transferring into the Adult Mental Health Service if possible.
- Children entering the criminal system and Youth Offending service were being taken into consideration
- The two councils would be leading on delivery of training in the next two months

The Committee welcomed the iterative process and the preventative approach.

Members agreed that the Chairs should meet with the Deputy Executive in January 2016 to consider progress and decide whether the draft communication and engagement plan should be brought back to the Joint HOSC for further consideration.

5. Future Fit and Community Fit

The Senior Responsible Officer for Telford and Wrekin CCG summarised the papers before the committee on Future Fit and Community Fit (copy is attached to the signed minutes).

He explained the new Future Fit timeline involved identification of a preferred option in Summer 2016, the consultation period starting at the end of 2016 and a final decision being taken in Summer 2017. NHS England and the Trust Development Authority had felt that this was a realistic timeline, although it was not possible to be certain of the time taken by central government bodies in decision making.

In terms of Community Fit, the data collection stage had almost been completed. The priority remained to maintain people in their own home or return them home from hospital as soon as possible.

The Chairman drew attention to the Shropshire Council elections in 2017 and expressed concern that the membership of the Joint HOSC might change between the consultation and the next stage of the process. The Senior Responsible Officer for Telford and Wrekin CCG said this challenge and potential risk had been recognised and steps would be taken to mitigate this. By the time of the consultation the most significant discussion would have taken place already. It would cause a more serious problem to extend the timeline and the Programme Team and SROs

were reluctant to be overambitious in shortening the timescale. There would be extensive discussion with the existing Joint HOSC up to and during the consultation period and the situation would be reviewed after the election.

It was confirmed that formal consultation would cover all options but it was intended to identify a single preferred option

Members asked for an update on the Deficit Reduction Programme, and were concerned whether any measures taken to address the deficit might lead to a substantial variation in service. The SRO, Telford and Wrekin CCG explained that Chief Officers from the CCGs, all Health Trusts and Local Authorities were working on an agreed way forward. He clarified that this work was outside of the Future Fit Programme, which was being clinically led, but Future Fit could not proceed until a deficit recovery plan had been agreed. He was confident of establishing a plan over the coming weeks which would bring the deficit back into balance over a four to five year period. The aim of the recovery plan was to look at services across the whole economy and reduce reliance on acute care, not to cut services, but to deliver in a different way, with more community and primary care based services.

Members asked about the extent to which primary care was involved in the financial recovery plan. They heard that primary care was not included within the deficit recovery plan, as funding for general medical services such as routine GP appointments were ring fenced. Members asked for reassurance that any potential impact on primary care and social care services would be taken into consideration.

The Portfolio Holder for Adult Social Care, Shropshire Council, referred to a recent meeting of Finance Officers across the health economy. He expressed concern that the meeting had not included finance leads from the Local Authorities. The SROs said that the particular meeting referred to had focused on understanding of the extent of the deficit in the health economy alone. There was commitment to working with local authorities and all partners to understand interdependencies and the pressure adult social care budgets were under were recognised. It had been agreed that any proposals would not result in shunting costs between organisations or impact negatively on Adult Social Care, or any other service. The Chancellor had recently announced that integration would be required by 2020.

Shropshire CCG had been clear with its Turn Around Team that measures to address the deficit could not destabilise any other organisation in the area.

Members went on to point out that the public was currently confused as to the progress of Future Fit and its relationship with the deficit reduction plan.

The SRO, Telford and Wrekin CCG said that much debate had focused on Emergency Care and Urgent Care. Emergency care was one component of the Future Fit programme which needed to deliver the right care in the right place at the right time in Health and Social Care across communities in future. The Future Fit

Programme Director reiterated that Future Fit had not been launched not to save money, but to address difficulties in staff recruitment, particularly in A&E, ITU, and a number of other specialisms and in community hospitals.

The SRO, Shropshire CCG, acknowledged that public perception was currently confused and referred to a whole year of planned engagement, and proactive briefings designed to keep the public informed. The public knowing what was available and where from would form the basis of the communication strategy.

Members went on to ask about prevention. The Senior Responsible Officer for Telford and Wrekin CCG confirmed that modelling activity had taken into account the preventative agenda and involved Public Health colleagues. Prevention was seen by all as key to reduce demand in future.

The Committee asked for a progress update on Future Fit, Community Fit and the deficit recovery plan in February or March 2016 with a view to identifying if any substantial variations would be proposed.

6. Winter Plan – Update on Urgent Care and Hospital Discharge

Wayne Greenwood, SATH, explained that the paper circulated to Members (copy attached to signed minutes) ahead of the meeting was an extract from the full Urgent Care plan. He gave a presentation (copy also attached to the signed minutes) which explained the plan and the process of its development, and with colleagues provided an overview of current performance for four themes: internal acute flow, admission avoidance, demand management and proactive management of over 75 complex patients.

A system wide workshop had come to agreement on root causes and the plan had been signed up to by SATH, both CCGs, the Community Health Trust and both Councils. A single dashboard of urgent care indicators had been developed along with shared modelling of forecast performance, capacity and pressures. Emergency Care Improvement Team (ECIP) support had brought nationally recognised expertise in addressing whole system problems alongside learning from SATH's partnership with Virginia Mason Hospital.

Members noted the following responses to their questions:

- Issues at the two hospital sites were different, a major cause of breaches at PRH was due to inappropriate use of the Emergency Centre. Many breaches at RSH were related to timeliness and availability of the bed base.

- Delays were incurred where there were problems with interfaces. Targeted action had improved availability of beds earlier in the day.

- Mitigating actions involved optimising numbers attending urgent care and walk in centres, where necessary resolution meetings were held to address constraints and issues. Tighter operational management of complex discharge reductions had been implemented. Patients who were ready to go were being more easily identified, and earlier in the day. Further practical advice and support was expected from the ECIP team.

Internal Acute Flow

Debbie Kadum, Chief Operating Officer, SATH, explained work underway which was focusing on delivering improvements in bed flow processes, emergency department efficiency and full implementation of ambulatory emergency care.

The Emergency Department at Princess Royal Hospital was not currently big enough to manage the volume of patients. An extension would be implemented on 13th January and processes would be adjusted to make use of this new capacity. The Vice President of the Royal College of Emergency Medicine was to visit and track how patients flowed through once the new facilities were on board.

Other projects included: improving the process by which patients obtained their drugs to take home; senior clinical review of patients early in the morning to free up beds; working with partners, for example, West Midlands Ambulance Service, to support emergency departments through locating paramedics at front door.

If a patient was in hospital for more than seven days, a peer to peer challenge would consider the reasons for this. Work was underway on considering patient discharge arrangements from the time of arrival, specifically focusing on respiratory conditions. If this was managed well it could help prevent complex discharges.

Proactive Management of over 75s

Carol McInnes, Head of Programmes and Service Redesign, Shropshire CCG, explained plans to implement improvements to support and divert greater numbers of over 75 year old patients outside of acute hospital. She reported on plans for a GP with specialist skills in acute care to be based with West Midlands Ambulance Service between 10 am and 8pm, responding to 999 calls and identifying patients where they might be able to prescribe or access diagnosis. This would help prevent the need to convey a patient to an acute hospital.

Members asked how this would be different to the 'GP in a car' system previously trialled. This scheme was based on particular GPs with acute skills, they would be able to choose which patients to attend themselves and would be fully integrated. A pilot would be starting in Shrewsbury and be rolled out if successful. She offered to share feedback on learning in future.

Admission Avoidance

Steve Gregory, Director of Nursing and Operations, SCHT, talked about admission avoidance, the integrated community service, and how the inability to provide the right care in the right place in a timely way caused problems elsewhere in the system. He emphasised the need to focus on the prevention agenda.

He referred to issues with domiciliary care especially in rural areas. However, there was a significant workforce in the community focused on adults although employed by different organisations. A co-ordinated response, breaking down of silos and using the workforce differently would help.

The Committee was encouraged by the contents of the Urgent Care plan. They drew particular attention to issues around delayed discharge which had been considered at a previous meeting. Members emphasised the need to be open and clear about where the problems lay and for systematic measurement of this. Addressing delayed discharge would be a critical step in the process. They were concerned to know whether a new domiciliary contract would be effective and address the blockage. The Committee also noted that 100 residential nursing and residential care beds had been lost in the last year but that Domiciliary Care Capacity had been boosted for a time by the Acute Trust using bank support workers to help with this.

The Director of Health, Wellbeing and Care, Telford and Wrekin Council, referred to the complex picture and the reducing grant settlement for Local Authorities who were now having to fund more people with less money. The Council was obliged by the Care Act to ensure a sustainable care market remained in place but this was becoming increasingly difficult, particularly in the light of implementation of the Living Wage and difficulties recruiting to domiciliary care jobs.

Members raised issues around quality of discharge and a recent Healthwatch report was cited which stated that 88% of over 75 year olds were readmitted. It was confirmed that readmission rates were monitored and that sometimes it was necessary a package of support did have to be tested.

In his capacity as Chair of the Strategic Risk Group, Mr Evans felt the plan provided the best possible chance to deliver the right plan for patients, would support people to go home as soon as possible, and maintain a safe and effective service. It was the first plan he had seen which was owned by all organisations within the system.

The Committee were encouraged by the plan and commended the significant amount of work involved in its creation and implementation. They asked for an update to be provide at a meeting in February/March time, and for it to have a particular focus on discharge issues.

7. Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services

Debbie Kadum, Chief Operating Officer, SATH, referred to the 'Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services – Developing our service continuity plan' report before members (copy attached to signed minutes). The Future Fit Programme was due to conclude in 2017 but in the meantime, the challenges that prompted initiation of the Future Fit work were growing. The most significant of these challenges was the continued availability of sufficient workforce to continue to provide two 24 hour emergency departments and associated clinical services. There continued to be a risk that a situation could be reached where maintaining two was unsafe and emergency measures would need to be taken.

She emphasised that any emergency measures would categorically not pre-judge the essential work through Future Fit to develop an agreed vision, but would be taken to mitigate clear and present risks to the safety of services provided.

The report provided an overview of the risks and challenges and the process to define 'tipping points' that would prompt emergency measures to be initiated. Members noted the main focus of the work, next steps and planned work with stakeholders over the coming months. It was to be an open transparent and iterative process.

The Chair remarked that the report explained the issues very clearly. Members referred to option B in the paper and asked whether it was intended to have a 24 hour urgent care offering on both sites. This was currently being explored.

Members asked whether the criteria for closing an A&E would be based entirely on clinical risk, who would make the decision, and whether the Clinical Senate could be involved. In response, Members were informed that a variety of factors would lead to the 'tipping point' and that the decision would be taken across the economy. Once the plan was agreed, everyone would be clear about when and how it would happen, if it became necessary.

Members expressed concern that the tipping point might be reached quickly and without much warning. The Chief Operating Officer explained that everything was being done to ensure it was not a sudden event. A significant level of risk had been managed for some time and it was not anticipated that a rapid decision would need to be made.

Members enquired about the number of presentations at each site overnight, both by ambulance and walk in. The Chief Operating Officer endeavoured to supply this information to the Committee.

Members also enquired about update of flu vaccination by staff and the Chief Operating Office said she would also be able to provide this information.

Members emphasised that clear communication with the public would be absolutely crucial once it was decided which site would close overnight if the tipping point was reached. They also reiterated the need to emphasise that any decision would be clinically led. The Chief Operating Officer added that it might yet be decided that it would not be possible to close one sight overnight.

It was agreed that the Joint HOSC Chairs would be kept up to date and informed once a location had been decided so that they could then consider the next steps for the Committee.

8. 111/Out of Hours Service

Fran Beck, Executive Lead for Commissioning, T&W CCG, presented a report on procurement and engagement plans for the NHS 111 and Out of Hours Service . (copy attached to the signed minutes).

She reminded Members of the history of the procurement of the services and the current hybrid arrangements in Shropshire and Telford and Wrekin. Patients in Telford and Wrekin could currently telephone the 111 service and also telephone the out of hours service provided by Shopdoc directly. This arrangement involved Shropdoc maintaining call handling which currently cost the CCGs an extra £350k a year.

New national guidance had been published in September 2015 to support commissioners in delivering a fundamental redesign to ensure the functional integration of 111 with Out of Hours Services. This was intended to have a significant impact on emergency care. Shropshire and Telford and Wrekin CCGs had agreed to be part of another regional tender to procure NHS 111, led by Sandwell and Birmingham CCGs. In the West Midlands there were currently 'step-in' arrangements for the 111 service, provided by West Midlands Doctors. The invitation to tender would be issued in early March.

The Executive Lead for Commissioning explained that an analysis of activity was currently taking place and it was important to get this right. The consultation on the work was being supported by the Consultation Institute.

In response to questions from Members, she explained:

- The intention was to have a functionally integrated 111 and Out of Hours Service - but structurally there could be more than one provider, or a prime contractor and sub contractor, as there would be two lots: Lot 1 - 111 telephony of integrated service, and Lot 2 - clinical hub and face to face treatment services. This would mean that there could be two different providers or one provider who may sub-contract to another provider.

- The CCGs were trying to be as creative as possible in structuring the lots. They had considered including other services but concluded that this would present a high risk in the light of time pressures and Future Fit.
- The existing step in arrangement would exist until October 2016.
- An invitation to tender would need to be launched by 4 March to meet the timescale.
- Following previous experience, the CCGs recognised the need to be particularly aware of the resilience of 111 and the provider would need to meet strict criteria, including working closely with the 999 service and a fully functional integrated system of telephony with a clinical hub and people on the ground.
- There would be technical problems to address, especially in relation to the Welsh border.
- Views on the sharing of records between the 111 and OOH providers to allow full integration would be sought.
- It was confirmed that consideration would be given to slotting in what was wanted locally alongside provision of a regional 111 service.

Members highlighted the benefits of the local knowledge held by the existing out of hours provider, and questioned how much cost would influence decisions.

The Executive Lead for Commissioning responded that the procurement would look at how the interface between 111 and the out of hours service could be improved. The consultation would ask how people feel about sharing medical records with the 111 and out of hours services. She expected that people would think that this happened already. Some practices were piloting this with the challenge fund.

The Committee commented that the engagement plan was comprehensive. It was agreed that reporting back to the Joint HOSC in late January early February should be added and the Chairman said the Committee would wish to identify if proposals might mean any substantial variation in service.

The Co-Chairs reported that they would be meeting the Chief Executive of the current out of hours provider early in the new year for a briefing to inform the Committee's scrutiny of this issue.

RESOLVED: To support the engagement plan, with the addition of a further presentation being made to a meeting of the Joint HOSC in late January or early February 2016.

Chairman: _____

Date: _____

Meeting of the Joint Health Overview and Scrutiny Committee

5th February 2016

0-25 Emotional Health and Wellbeing Service
Responsible Officer
Anna Hammond, Senior Responsible Officer for the programme (Deputy Executive Commissioning and Planning, Integrated Care from Telford and Wrekin CCG) **Produced on behalf of Shropshire CCG, Shropshire Council, Telford and Wrekin Council and Telford and Wrekin CCG. Presented by Anna Hammond and Tamsin Parker, (Project Communication Lead, Midlands and Lancashire Commissioning Support Unit)**
Purpose of this document
Anna Hammond attended the Scrutiny Committee on the 15th December. An overview was provided around a case for change for Child and Adolescent Health Services. The committee agreed that officers had taken the right approach for the development of a new service. The committee also agreed that the draft communication and engagement strategy could be considered outside the meeting by the two Committee chairs which happened during January 2016. **The Chairs requested that the final communication and engagement strategy is shared with the full Committee for sign off.**
Summary of the proposed change
The four organisations have agreed to design a new 0-25 Emotional Health and Wellbeing Service. A market testing exercise will soon proceed to commission a service with the following vision: ***To promote strong emotional wellbeing and resilience for children and young people*** *Children and young people will be better equipped with tools, techniques and networks to cope with everyday life/life transitions and support their own peers. Professionals who work regularly with children, (such as doctors, teachers and school nurses) will feel confident and able to promote wellbeing. They will be able to identify then support children who have emotional issues. Where assistance for emotional health issues are required from more specialist mental health workers, help will be received quickly and easily.* *Important factors within this vision:* • *Use of evidence based, innovative approaches* • *Promotion of resilience* • *Provision of robust information, advice and guidance* • *Training, development and ongoing support for those who deliver 'universal services'* • *Child and family focussed at all times, with flexibility and choice* • *Single point of access* • *High quality assessment provision* • *Joint responsibility between agencies who come into contact with children and young people* • *Seamless transition between different services (including between child and adult services)* **The communication and engagement strategy outlines the main stakeholders, key messages and**

frequently asked questions. Importantly it describes the mechanisms we will use to ensure that the service is coproduced alongside people with lived experience.

We will be working with 'Experience Led Commissioning,' (ELC) to help us to develop an outcomes based specification which includes those outcomes most valued by children, young people and their families. As part of this work all the previous local engagement feedback has been collated. In addition, ELC have access to a database held by Oxford University which collates feedback from similar exercises/evidence and research across the country. A team of people will be speaking to children, young people and their families across Telford & Wrekin and Shropshire using tried and tested methodology. The findings will then be analysed by ELC and an event held in March with local children, young people, and professionals to finalise those outcomes.

The event will also be used as a pre-market event with potential bidders of the new service. From that point people with lived experience will be included in procurement activities to ensure that the views of our population continued to be considered through to the implementation of any new service/s.

ENDS

January 2016

Communication and Engagement Plan on behalf of Telford and Wrekin CCG for the Service redesign of the Emotional Health and Wellbeing Service for 0 -25 years

Key contacts

- Anna Hammond (Senior Responsible Officer (SRO) for the Project, Telford and Wrekin CCG)
- Rob Holt (Project Manager, GE Health Care Finnemore)
- Tamsin Parker (Communications and Engagement Lead, Midlands and Lancashire Commissioning Support Unit)

1 - Background

In 2015 Telford Clinical Commissioning Group, Shropshire Clinical Commissioning Group, Telford and Wrekin Council and Shropshire Council agreed to proceed with the commissioning of an emotional health wellbeing service for children and young people.

The new service will provide a seamless service from targeted support, training and early effective help to specialist support. However all four organisations will proceed with a major procurement exercise in order to facilitate the service change.

The service redesign would involve a disinvestment in current services, reinvesting those funds in the new service as well as investing an additional amount of money, yet to be determined, to improve services significantly patients, including representative groups, those of the edge of care, and those in the nine protected groups. The improvement will also address many of the problems with the current services which have been identified by service users and their families.

Initial service outcomes have been designed by young people which will be included as part of the service specification. Further engagement with young people, their carers and families will take place to co-produce the final service model, ensuring that any stakeholder gaps are identified and addressed.

Any public consultation work will need to adhere to best practice guideline and ensure the Gunning Principles are followed. The Gunning Principles state that consultation must take place when the proposal is still at a formative stage;

- Sufficient reasons must be put forward for the proposal to allow for intelligent
- Consideration and response;
- Adequate time must be given for consideration and response; and
- The product of consultation must be conscientiously taken into account.

2 - Approach and Delivery

Midlands and Lancashire Commissioning Support Unit was commissioned in December 2016 to support the four organisations to develop a Communications and Engagement Strategy for the service redesign of the Children and Adolescent Mental Health Services (CAHMS) – now known as the Emotional Health and Wellbeing Service for 0 -25 years. The strategy was developed with key stakeholders, working directly with the SRO and project manager

The communication and engagement strategy outlines the main stakeholders, key messages and commonly asked questions. Importantly it describes the mechanisms the four organisation will use to ensure that the service is coproduced alongside people with lived experience.

As part of the communications and engagement strategy the project team have agreed to adopt an Experienced Led Commissioning Approach to help them develop an outcomes based specification which includes those outcomes most valued by children, young people and their families.* (see appendix). This will form much of the engagement work, although not all of it as other tactics to communicate and engage will also be employed.

The time and resource needed to support the communications and engagement element of the project through to fruition has also been highlighted and discussed and regular meetings are held with the CCG to agree any extra resource needed.

As an ongoing process, communications and engagement updates are shared at the monthly project team meeting. Regular updates will also be provided to HOSC and each of the area's Healthwatch.

3 - Aims and Objectives of the Communications and Engagement Strategy

- Outline the planned communications and engagement activity/tactics to be employed throughout the procurement/any engagement process.
- Establish a range of mechanisms to enable patients, the public, providers, stakeholders to feedback their views and be part of any engagement/consultation process.
- Ensure all stakeholders have been identified and are appropriately engaged with
- Make sure all key messages are consistent and delivered in an effective way
- Mitigate any risk to the CCGs and Councils of judicial review by employing the right communications and engagement tactics.
- Reporting and evaluation techniques must be included

4 - Risk and Issues

Risk	**Actions to mitigate risks**
Ineffective engagement/consultation could lead to judicial review	Ensure a communication and engagement strategy is developed and a detailed action plan is produced and followed
Mixed messages and inconsistency in timings of message, due to a lack of communications between commissioners and providers which could undermine public confidence	Identify key spokespeople for each organisation and hold a media training session to ensure consistency of message. Develop key messages and share at the project board Ensure all board meetings for each organisation where the service redesign is being discussed are included in the communications action plan Produce a frequently asked questions sheet with answers to ensure consistency of approach

Ineffective engagement/consultation due to tight procurement deadlines	Liaise with procurement lead to ensure procurement timeline is embedded into the communications and engagement plan and an action plan is developed in conjunction with the procurement timeline
Local opposition to a service redesign	Ensure communications and engagement is carried throughout the service redesign process to ensure openness and transparency, and the sharing of key messages. Ensure stakeholders are communicated and engaged with throughout the process
Negative reaction from the existing provider and their staff and impact on public perception	Ensure consistent two way communication with the key leads at the provider, through the process agreed at project board. Share key messages, any planned statements, communications with the provider before issue and vice versa.
Withdrawal of funding from adult mental health services to re-investment in this new service could concern adult service users and lead to negative publicity	Ensure key messages address this point in all communications material
There is a risk that the current provider of CAMHS could be destabilised if notice is given on the service.	The impact assessment would need to address this, which would need to be managed by the project board
A lack of resources to implement a change of this scale across multiple organisations.	Commissioners need to address this as part of the project planning process and ensure enough budget, time and resource have been allocated to the project

5 - Stakeholder Analysis (stakeholder map/stakeholder list)

There are a wide range of target audiences/stakeholders that need to be informed and involved. It would be impossible and undesirable to reach all of these audiences at the same level of concentration therefore a stakeholder analysis has been carried out to identify the target audiences and their priority levels.

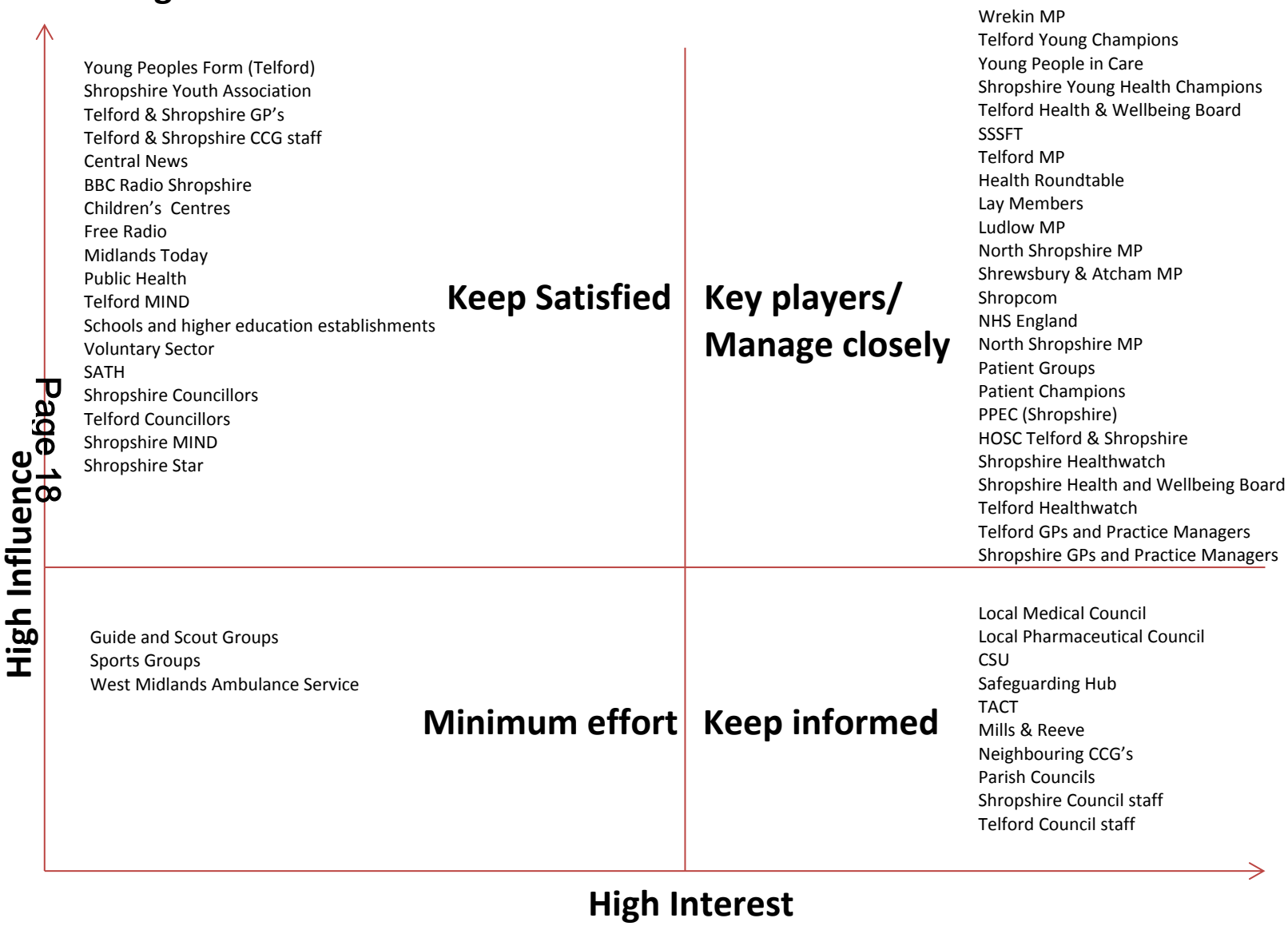
6 - Key Stakeholders (in alphabetical order, not in order of priority)

- BBC Radio Shropshire
- Central News
- Children's Centres
- Free Radio (Commercial Radio)
- Guiding and Scout groups
- Health Roundtable
- Lay Members
- Local Medical Council
- Local Pharmaceutical Council

- Ludlow MP – Philip Dunne
- Midlands and Lancashire Commissioning Support Unit
- Midlands Today
- Mills and Reeves (legal advisors)
- Neighbouring CCGs
- NHS England
- North Shropshire MP – Owen Paterson
- Parish Councils
- Patient Groups
- Patient Champions
- PPEC (Shropshire)
- Public Health
- Safeguarding Hubs
- Schools and higher education estabishments
- Shrewsbury and Telford Hospital NHS Trust (SATH) – Simon Wright, Chief Executive
- Shrewsbury and Atcham MP- Daniel Kawcynski
- Shropcom (Chief Executive Jan Ditheridge, clinicians,)
- Shropshire CCG staff
- Shropshire Council Councillors
- Shropshire Council Staff
- Shropshire GPs and Practice Managers
- Shropshire Health Overview and Scrutiny Committee (Amanda Holyoak and Gerald Dakin)
- Shropshire Healthwatch (Chair, Carole Hall)
- Shropshire Health and Wellbeing Board (Chair, Karen Calder)
- Shropshire MIND
- Shropshire Star
- Shropshire Youth Association
- Shropshire Young Health Champions
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust (Neil Carr, Chief Executive)
- Sports Groups
- Telford Action After Care (TACT)
- Telford Healthwatch (David Bell)
- Telford Health and Wellbeing Board (Chair, Richard Overton)
- Telford MIND
- Telford and Wrekin Councillors
- Telford and Wrekin Health Overview and Scrutiny Committee (Fiona Bottrill and Andy Burford)
- Telford and Wrekin Council staff
- Telford and Wrekin CCG staff
- Telford and Wrekin GPs and Practice Managers
- Telford MP – Lucy Allen
- Telford Young Health Champions
- Voluntary Sector (VCSA)
- West Midlands Ambulance Service

- Wrekin MP – Mark Pritchard
- Young People in Care
- Young Peoples Forum (Telford)

Prioritising stakeholders



7 - Key Messages

- The new model of care will be based on an innovative approach that: will provide a service offer for 0-25-year-olds, a specific service for looked after children and their carers, a wide range of therapeutic services and training
- There are currently multiple services delivered by different organisations, which means the current system isn't efficient. As a result both patients and organisations are not getting value for money and services are very difficult for young people and their families to navigate,
- There is not enough capacity with current services to cope with increased or changing demand
- There needs to be a change in focus from the delivery of treatment to early intervention and help
- There is currently confusion on what happens when a service user turns 18, which means patients may get lost in the system. Our new service means that there will be better transition between child and adult hood, ensuring no patient will get lost.
- We want to promote resilience, by giving young people the tools and techniques to cope with every-day life, to help them avoid going into crisis
- Although some money is being disinvested from adult mental health services to reinvest in our new service, this will not lead to cuts in services for adults. This is about ensuring a better transition of service from child to adult-hood which effectively means the resource will follow the patient
- Our young health champions have told us they want to see the following outcomes from a new service: young people who develop mental health problems need to be noticed sooner, improved access to services in schools and colleges, improved access, increase choice of treatment methods
- By using innovative practices and introducing new ways of working we want to reduce the stigma of mental health illness among young people and their peers

8 - Frequently Asked Questions

- Is this about cost cutting? *Absolutely not. The current system is not using resources effectively or efficiently, which means out patients are not getting value for money. We want to spend the money we do have more efficiently and make sure we have a better service as a result. In addition we have been successful in our bids for additional funds which will be invested directly in care*

- Is this because the service is so bad now? *There a variety of reasons why we need to look at services and there are clearly areas that the new service would need to address. Demand and the kind of service needed have changed over time and our services need to reflect those changes. Current services are inefficient, which means we are not getting the best value for money to serve the population. We know that waiting times are not good enough and there isn't capacity to cope with the demand. Patient, carers and staff have also told us that current services are not easy to navigate and some of the existing services have a maximum age limit of 18 years old which creates service transitions at a vulnerable age, which certainly isn't ideal.*

- Why have the organisations involved not stepped in beforehand if the existing service is so bad? *Demand for services and the kind of services needed has changed over-time. We need the kind of services we commission to reflect that and now is that time. Our contracts however are of course monitored for performance. In addition to this procurement we will be working closely with out current provider to reduce waiting times over the next year.*

- Why are you taking money away from adult mental health service to fund this? Doesn't this mean you are robbing Peter to pay Paul and adults with mental health problems will suffer a result? *No, as it stands some elements of the current service have a maximum age limit of 18. This isn't acceptable as it means someone of that age may transition into another service another age, or potentially get list in what is a complex system. This service redesign will change that and the time and resources will actually follow the patient. This isn't about cost-cutting in one area to fund another, this is about using the resources we do have more effectively for the benefit of all our patients.*

- If you are ending the contract with the existing provider does this mean there will be job losses? *Potentially there could be job losses however we will be working with providers and their staff to keep any potential redundancies to a minimum. TUPE could also apply.*

- What will the new service look like? *It is too early to stay exactly what the new service will look like. We will be working with young people, patients and our stakeholders to hear what they would like to see included in the new service. We will also go out to market to ask potential providers how they can deliver the kind of services we want to introduce. We will be designing the services over the next 18 months with those who are most likely to be affected. We want to promote innovation and reflect need rather than be very prescriptive about how that service is developed.*

- Is there any point in engaging with young people and other stakeholders? You've already decided what you want haven't you? *No, this isn't the case at all. We know that the current service doesn't have the capacity to deliver what we need and isn't working in its current form. We need to change that and we need the public's help to do this as we want to work with them to hear what services they would like to see delivered. A full communication and engagement plan has been developed and a full programme of engagement has been arranged, giving young people and our other stakeholders, a real opportunity to get involved and have their say.*

- They tried to do this in Birmingham didn't they but failed? How can you be sure this won't happen here? *We couldn't comment on the specifics relating to the service redesign in Birmingham as we weren't involved. However we hope to utilise any learning from their experience However we have a full project plan in place here which all four commissioners have signed up to. We want to ensure the right processes and tactics are employed throughout the process to ensure the successful introduction of a new Emotional and Health and Wellbeing Service from April 1st 2017.*

9 - Tactics and Approach (Resources and Budget)

This plan outlines the communications and engagement tactics that can be used to deliver the communications and engagement strategy. This includes the strategic support required, as well as specific engagement tactics (including adopting an Experienced Led Commissioning approach),* marketing material (e.g. posters, leaflets, paid for advertising) and communication tactics (e.g. press releases, newsletters)

High level support will need to include:

- Identified strategic support to oversee and manage the communications and engagement strategy for the duration of the service redesign process
- Scope out specialist engagement support to specifically reach target groups including hard to reach groups and with specific regards to both children in care and those at risk or on the edge of care. An Experienced Led Commissioning* approach has been adopted for part of this work.
- Identifying those key commissioning leads who will be the key spokesperson for each commissioning organising and involving them in a media training exercise to ensure consistency of message.

10 - Reporting and Evaluation

The communications and engagement strategy will be reviewed throughout the procurement and service redesign process to ensure the aims and objectives are being met. The actions and strategy will be amended throughout the process if this is felt by the SRG and Project Manager that amendments are needed.

Once the new service is in place the communications and engagement strategy will be fully evaluated so any lessons can be learned for future service re-designs.

12 - Procurement Timeline (key dates included only, for engagement purposes)

- Draft service specification to be completed on date to be determined in January
- Pre-market provider engagement event - early February (exact date to be confirmed) - Communications and engagement initial exercise can begin 13th January, to run throughout the process, however initial engagement exercise feedback will be captured and fed back by 17th March
- Revised service specification to include engagement feedback – completed mid-March
- Contract termination notice to be served to incumbent provider – 31st March
- New contract begins – 1st April 2017

13 - Action Plan

Below is a draft action plan for information. The fully developed action plan will be added to and developed overtime and will be a separate document, attached to the strategy as an appendix. (Date and times may be subject to review to ensure procurement timelines are adhered to). *Please note the action plan is currently being updated to include the latest information and dates. This will be shared with relevant parties once completed – it will of course be regularly updated*

Date	Communications tools	Details	Stakeholder	Progress
November to December 2015	Creation of a communications and engagement strategy	TP to lead	All	Underway
November 2015	Develop key messages	TP to lead	All	Complete
November 2015	Develop frequently asked questions	TP to lead	For key commissioning	Complete

			spokespeople	
December 2015 (meeting held 9th Dec)	Work with the procurement team to determine timeline	TP to lead	Project Team	Ongoing
December 15th 2015	SRO to attend joint HOSC to update then	AH attending	HOSC	Dec 15th
December 2015	Work with the CSU engagement team to agree timeline	TP to lead	All stakeholders	Ongoing
January 2016	Develop powerpoint slide deck to explain the project and service redesign	AH/RG/TP	All stakeholders – will need to tweaked for differing audiences	TBC
January 2016	Start the ELC process	LG/TP	Six focused groups	Started in January 2016 and ongoing
January 21st 2016	ELC Programme and design templates to complete	ELC team	Six focused Groups	Complete
W/C January 25th January 2016	Letters to go out to project team and keys groups inviting them to take part in outreach interviews	TP/LG	Six focused groups and project team	To be completed by 29th January 2016
W/C 1 St February 2016	Begin outreach interviews	TP/LG	As above	To be completed by 22nd February 2016
W/C 25th February 2016	Transcription of outreach work to be completed	ELC team	Nil	
March 2016	Interim Analysis to be completed	ELC team	Project team	To be completed by 16th March 2016
March 2016	ELC event to be held with key stakeholders and providers	ELC Team	Stakeholders and Providers	March 19th 2016
Dates to confirmed and agreed	Develop core brief for all partners to ensure consistency of message	AH/TP	Partners	TP to discuss with AH
	Develop and introduce specific engagement exercise with young people		Specific identified groups, including young people, health champions	
	Develop website		Public	

	copy for CCG and local authority websites			
	Develop messages to CCG staff and council staff		CCG and council staff	
	Develop messages to GPs and practice managers		GPs and practices	
	Written brief to MPs		MPs	
	Written to brief to incumbent provider to be shared with staff		Incumbent provider staff	
	Written briefing to councillors at both authorities		Council staff	
	Written briefing to Health and Wellbeing Board		Health and Wellbeing Board	
	Written briefing to Telford and Shropshire Healthwatches		Healthwatch	
	Briefings to LMC/LPC/LOC		LMC/LPC/LOC	
	Key patient groups including Health Round Table and PPEC - briefings		Patient Groups	
	Develop leaflet on service redesign – with details on where the survey can be completed			
	Voluntary sector - briefings		Voluntary sector	
	Surveys		All stakeholders	
	Public Engagement Events - invitees		Key stakeholders	
	Press and PR – press releases and media interviews		Media	
	Produce targeted social media communications		Public – young people	

14 - Media and Communications Support

All media enquiries relating to the CAMHS service re-design will be managed throughout the procurement and service redesign process by the Midlands and Lancashire Commissioning Support Unit. All media enquiries and press releases related to the project will be logged on the CSU's media handling system called Vuelio.

Report written and compiled by Tamsin Parker

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ENDS

Appendix 1

Experienced Led Commissioning*

Experience Led Commissioning provides a new way of approaching commissioning, service redesign and whole system change, which is evidence based and driven by the ambition to deliver a fantastic care experience. It resonates perfectly with the NHS's ambition to deliver 'no decision about me without me' and fills a significant gap in 'know how' for CCGs, the NHS Commissioning Board and policy makers at the Department of Health. ELC supports providers and commissioners to explore the co design of care that sees patients, carers and front line professionals working together within a structured, evidence based quality improvement programmes.

As part of ELC for this project, key outreach interviews will be held with 30 people in each of the six groups outlined below. Our interviewees will use emotional touchpoints to discuss services now and how they would like to see services shaped in the future. The feedback received will be analysed and themed to help inform the procurement of the new service. A specific event bringing together stakeholder, key groups and providers will also be held on Saturday March 19th 2016.

Proposed Programme Design (the sections below form the outline of the outreach work to be completed)

Focussed Commissioned Questioning: "What needs to happen to build strong emotional wellbeing and resilience in children, young people and their families in Shropshire, Telford and Wrekin?"

Six Focused Groups

1. Children and young people who are under local authority care
2. Children and young people who are subject to a child protection plan
3. Older children and young adults with mental health issues (ages 16 to 25)
4. Younger children with mental health issues (under 16)
5. Parents or legal guardians of children with mental health issues
6. Foster parents and people paid to support children in local authority care

Touch Points – Children and Young People Living with Mental health Problems

1. Spotting the signs; getting help and support
2. Treatments (including meds, talking therapy and complimentary therapies)
3. School, college or work life
4. Coping with every day and home life
5. Managing my physical health
6. Social support (friends, family and others like me)
7. Relationship with professionals and support workers

Touch Points – Parents, Legal Guardian and Foster Carers

1. Spotting the signs; getting help and support for my child
2. Supporting treatment (including meds, talking therapy and complementary therapies)
3. Supporting my child with school, college or working life
4. Supporting my child to cope with everyday life
5. Impact on family and home life
6. Impact on my working life
7. Relationship with my child

8. Social support (friends, family and other parents like me)
9. Relationship with professionals and support workers
10. My own physical and emotional health

Update on Shropshire and Telford & Wrekin NHS Deficit Reduction Plan for the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin

27 January 2016

In taking forward the NHS Future Fit Programme it became clear that further work would be needed to ensure that local plans for improving the quality and safety of local health services could be achieved within the financial framework for the NHS. NHS England and the NHS Trust Development Authority will expect any future development proposals to be seen in the context of delivering a balanced Financial Plan for the Local Health Economy (LHE).

This paper provides an update on the progress being made in taking forward this plan.

NHS Future Fit

During 2015, the NHS Future Fit Programme developed a Strategic Outline Case for the delivery of the acute elements of the NHS Future Fit clinical model. This included the establishment of two urban urgent care centres supporting a single Emergency Centre across the two hospital sites within The Shrewsbury and Telford Hospital NHS Trust. The quality and sustainability improvements from these proposals were estimated to generate a net improvement of £6 million against the underlying financial deficit. However, as this would not bring the LHE to a sustainable financial position, it was not possible to demonstrate at that time that the proposed development plans could be afforded by the local health economy.

The next steps for the NHS Future Fit programme therefore required further work to determine how the Shropshire and Telford & Wrekin Local Health Economy can live within its means.

Responding to the challenge

The LHE has commissioned Pricewaterhouse Coopers (PWC) to work with local organisations to provide an independent assessment of the scale of the financial challenge that needs to be addressed. In order to do this PWC will be consolidating each of the Medium Term financial plans of the four provider organisations operating within the LHE (Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, The Shrewsbury and Telford Hospital NHS Trust, Shropshire Community Health NHS Trust, South Staffordshire and Shropshire Healthcare NHS Foundation Trust) and the two Clinical Commissioning groups (Shropshire Clinical Commissioning Group, Telford & Wrekin Clinical Commissioning Group) into a single LHE Income and Expenditure account. This will then allow review and challenge of the assumptions underpinning these plans to ensure there is a consistent and coherent financial plan across all parties.

This process will also include engagement with the two local councils to consider the challenges also facing Adult Social Care.

The ultimate outcome of this work is then a LHE Income and Expenditure account to 2020/21 that provides a consolidated assessment of the financial deficit that needs to be addressed.

Importantly, this approach supports the local health system to fulfil the requirements of the new NHS Shared Planning Guidance[1] published in December which expects NHS organisations to work together

[1] Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 [NHS England, NHS Improvement (Monitor and the NHS Trust Development Authority), Care Quality Commission, Health Education England, National Institute of Health and Care Excellence, Public Health England – December 2015]

within localities to create a five year Sustainability and Transformation Plan (STP), that is place-based and drives the delivery of the commitments set out in the Five Year Forward View[2]. It encourages all parties to focus on strategies that deliver financial sustainability at an LHE level rather than solely at organisational level.

Timescales

Work commenced on 24 January 2016. A first assessment of the scale of challenge is expected to be available by mid-February 2016, with the work completed in early March 2016. An interim update will be presented to the Joint HOSC at its meeting on 2 March 2016.

Neil Nisbet
Finance Director and Deputy Chief Executive
The Shrewsbury and Telford Hospital NHS Trust

[2] Five Year Forward View [NHS England, NHS Improvement (Monitor and the NHS Trust Development Authority), Care Quality Commission, Health Education England, National Institute of Health and Care Excellence, Public Health England – October 2014]