



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

Date: 7 August 2018

**Committee:**  
**Joint Health Overview and Scrutiny Committee**

**Date:** Wednesday, 15 August 2018  
**Time:** 10.00 am  
**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**

Cllr Karen Calder (Co-Chair)  
Cllr Heather Kidd  
Cllr Madge Shinton  
David Beechey (Co-optee)  
Ian Hulme (Co-optee)  
Mandy Thorn (Co-optee)

**Telford and Wrekin**

Cllr Andy Burford (Co-Chair)  
Cllr Stephen Burrell  
Cllr Rob Sloan  
Carolyn Henniker (Co-optee)  
Hilary Knight (Co-optee)  
Dag Saunders (Co-optee)

Your Officers:

**Amanda Holyoak** Committee Officer, Shropshire Council

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# AGENDA

**1 Apologies for Absence**

**2 Declarations of Interest**

**3 Minutes** (Pages 1 - 8)

To confirm the minutes of the Joint Health Overview and Scrutiny Committee held on 30 July 2018

**4 Future Fit Consultation** (Pages 9 - 28)

- (a) To receive the Future Fit Programme Team report on seldom heard groups and their experiences of the consultation.
- (b) Public Feedback on Consultation Process
- (c) To receive the verbal report of the Chair of the Travel and Transport Committee.
- (d) To hear from West Midlands Ambulance Service.

**5 Proposed Next Steps for Joint Health Overview and Scrutiny Committee**

**6 Co-Chairs Update**

## SHROPSHIRE COUNCIL, TELFORD & WREKIN COUNCIL

### JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting of the Joint Health Overview and Scrutiny Committee  
held on Monday 30 July 2018 10.03 am – 12.03 pm in the  
Shrewsbury Room, Shirehall, Shrewsbury**

#### **Members Present:**

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shingleton  
Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Rob Sloan  
Shropshire Co-optees: David Beechey, Ian Hulme  
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight

#### **Others Present:**

Julia Baron, Chief Executive, Shropshire Rural Community Council  
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council  
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)  
David Evans, Senior Responsible Officer - Future Fit and Chief Officer Telford and  
Wrekin CCG  
Simon Freeman, Senior Responsible Officer - Future Fit and Accountable Officer  
Shropshire CCG  
Julian Povey, Chair - Shropshire CCG  
Pam Schreier, Communications and Engagement Lead, Future Fit  
Rod Thomson, Director of Public Health, Shropshire Council  
Debbie Vogler, Future Fit Programme Manager  
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford &  
Wrekin Council  
Simon Wright, Chief Executive Shrewsbury and Telford Hospital Trust

#### **1. Apologies for Absence**

Apologies were received from Mandy Thorn – Shropshire Co-optee and from Dag  
Saunders – Telford and Wrekin Co-optee.

#### **2. Disposable Pecuniary Interests**

Members were reminded that they must not participate in the discussion or voting on  
any matters in which they have a disclosable pecuniary interest and should leave the  
room prior to the commencement of the debate. Madge Shingleton declared a  
connection with the Health Concern Group Wyre Forest.

### **3. Minutes of the last Meeting**

The minutes of the meeting held on 10 May 2018 were amended so that the figure on page 4 stating £5m was corrected to £65m. With that amendment, the minutes were confirmed as a correct record.

The Chair referred to information requested by the Committee in relation to models rejected in the last four years and was informed that the Ryder Hunt report was in part a response to that. She also highlighted the request on page 8 of the minutes for the proforma for data analysis. NHS officers said that information had been provided as part of the papers circulated for the meeting but the Chair said that the Committee would wish to see more detail.

### **4. Future Fit Consultation**

The Chair welcomed the Committee, NHS officers and members of the public to the meeting and thanked all for attending.

Pam Schreier, Communications and Engagement Lead, gave a presentation (copy attached to the signed minutes), the purpose of which was to present information from the analysis of the activity delivered in the first half of the consultation, informal feedback from the Consultation Institute and the quantitative equalities data received at the midpoint, all of which would be used to adjust plans as necessary for the remainder of the consultation.

The presentation included the number of responses provided at the mid-point, the breakdown for Shropshire and Telford and Wrekin, the percentage of the total population served by the hospital who had responded, the percentage of men and women respondents, and percentage of working age population responding. There would be a focus in the second half of the consultation on seldom heard groups, and on increasing the number of responses from males.

The presentation also outlined the key themes and issues raised to date and feedback from the Consultation Institute Feedback which had commented on the impressive level of commitment from all involved. It had recommended that the consultation be extended by a week in the light of the new material information which had become available through the Rider Hunt Northumbria Comparator report.

During discussion of the information presented Members asked the following questions:

*How was the Future Fit Team capturing comments at events such as Local Joint Committees, public consultation events and pop ups?*

It was confirmed that at least two officers were attending every event in order that one could record any questions raised on a template. These were then forwarded to Participate and were used to update FAQs as needed, on a weekly basis.

*Would it be possible to encourage attendees at these events to also fill out and return a survey in addition to making verbal comments.*

The Future Fit Programme Manager reported that the consultation documentation was always made available at public exhibition but noted this as an action point for future events.

*Was the data presented in the papers and presentation all that was available at the current time?*

It was confirmed that this was all that was available at the current time and that it was not intended to consider themes in the consultation period.

*As the consultation period had been lengthened by a week in the light of the Rider Hunt Northumbria Comparator report being made available at the half way point – what impact would that have on those who had submitted surveys ahead of this information being available?*

The Programme Manager explained that the report had been made available by SATH and received by the Programme Board. The Consultation Institute had advised that it would be good practice for those who had already responded to have at least six weeks to reconsider their resubmission and they would be able to resubmit. It was considered that the outcome of the report was clear as to whether it would impact on the options or not.

*If a person had already submitted and decided to submit again, would this be double counted, and would it be possible for one person to submit multiple surveys?*

The surveys were anonymised with only part postcodes collected. The online survey could identify if multiple surveys were submitted from one IP address. It was recognised that some people had already completed a survey and may wish to submit again in the light of new information.

*Noting that 0.5% of the population had submitted so far, what was the usual rate of feedback on this sort of consultation and what would be considered to be an acceptable and statistically valid level of return?*

The Consultation Institute had indicated that an overall 1% return would demonstrate good practice and this had been achieved recently during a consultation in Cumbria. It was usual to see more surveys received during the second half of the consultation period with a spike in returns at the end. The feedback reported on so far was purely based on the online and freepost surveys returned to date and did not take into account an analysis of the 550 people who had commented at public events. This feedback was themed and sent to the external consultancy for consideration. It was also pointed out that qualitative not quantitative feedback was sought, although obviously the more that was gathered the better.

*The Co-Chair questioned whether this was a true consultation in terms of the Gunning Principals. Many people had expressed the view that there was a foregone conclusion and this was not a genuine consultation about options and possibilities, rather a promotional 'tell and sell' activity. He went on to ask what could anyone say that might result in an adaptation, alteration of direction or a rethink of the proposals, especially as the transport report was not published, and the modelling of ambulance numbers was not going to be available until September.*

*He said that where more complex points had been raised eg relating to bed numbers and staffing, reference had just been made to the pre-consultation business plan but the Committee still had questions around consistency and understanding of this document.*

The Chief Officer, Telford and Wrekin CCG, expressed disappointment with this point of view and reiterated that this was a public consultation and there was an obligation to take into account responses received from the public and produce analysis and conclusions to show how these had been taken into account. Responses could involve amending proposals and mitigation.

The consultation related to option 1 or 2. There would be implications for ambulance and non-emergency transport but this was not what the consultation was on. These issues would be addressed as part of the ongoing process of Future Fit and there would be no new building until 2022.

In terms of bed numbers, it was felt that the consultation document clearly set out overall numbers including overnight beds, day beds, clinical trolley and recliner chairs, critical care beds and neonatal cots.

The Accountable Officer, Shropshire CCG, also said he also felt frustrated by this view of the consultation but agreed that it was fair for the HOSC to ask what sort of feedback might be offered that would result in a change in the model. He said this was hard to say without looking at specific responses, however there was a legal obligation to look at any material aspects around care pathways and it would need to be demonstrated to NHS England that the model had been adapted to take account of these. There might be a response that highlighted a significant set of circumstances for a specific set of people. He also said that a balance between an easy read consultation document versus the detail was needed and the Joint HOSC had asked for a document that was accessible to the public.

He emphasised that there was no predetermination, and requested any evidence to demonstrate that this was the case. He also reported that at the consultation events, most comments had been related to the model of care and specifics rather than the preferred option. Both options would be an improvement on the current position.

The Chief Executive of Shrewsbury and Telford Hospital Trust (SaTH) added that consultants attending public engagement sessions were gaining a deeper understanding of impact on families and this would help inform decisions, for example, what might needed on more than one site. It would help identify not just the most efficient solution, but what was necessary for the public particularly in relation to geography and these conversations were already taking place and would impact on ultimate design.

*How was information being captured and identified for those living in the very rural areas, as only capturing part of a postcode could mean for example that all responses from SY21 came from Welshpool and had not included anyone living in very remote countryside areas covered in this this area.*

*Could the Future Fit Facebook reach be boosted and made more lively? Facebook access by mobile phone was likely to be favoured in very rural areas where broadband coverage was poor . Also responses from 16 – 25 year olds were currently low.*

*There was much scepticism around Future Fit when nothing had been done to improve ambulance service provision in rural areas and ambulances were ending up in urban parts of the West Midlands.*

In response to these comments, the Communications and Engagement Lead said that rurality was one of four characteristics identified as a focus for the consultation. Work was underway with LJCs and Parish Councils and similar issues had arisen in Mid-Wales in relation to postcodes which crossed the Welsh border. An additional mid-sized meeting had been arranged for Bishop's Castle, a meeting would take place in Clun, and questions in relation to ambulances and rural issues, travel and transport had been and would continue to be noted and addressed.

The Accountable Officer, Shropshire CCG, explained that collecting a full postcode could identify just 6 or 7 addresses in a rural area when it was intended the survey would be anonymous. He invited submission of ideas on how that information could be captured differently. In response, Members suggested that a question such as 'do you live in a village/do you live in the countryside' or 'do you consider yourself to live in a rural area' might provide a solution to this.

*In terms of transport, has the dwindling number of volunteers providing transport services been taken into account as this pool of volunteers is shrinking. Patients in rural areas were very reliant on voluntary sector for transport and availability of transport to planned appointments was a major concern.*

*In addition, people living in areas near a border might be taken outside of the county for treatment for an acute episode and then experience difficulties with discharge and sharing notes.*

The Chief Executive of SaTH explained that there was a national ambulance protocol but that were efforts underway to apply a bit more common sense and a dialogue was underway with WMAS to see if it would be possible to direct a patient to where they were already known.

*There did not appear to be much consultation activity in the part of Shropshire to the East of Telford, especially as LJCs were no longer operating in this area.*

The Communications and Engagement Lead said that she did not think there was a gap in that area but would check this to ensure the consultation was thorough.

*The working white British male did not appear to be responding to the consultation and had the attitude that it was a 'done deal'. Twice as many people would have to travel for planned care to Telford as would have to travel to Shrewsbury. Many were not seeing it as a serious consultation.*

The Programme Manager said that access data had been established for everyone who would have to move and the overall average journey time would have less impact with option 1 than with option 2.

The Chief Officer, Telford and Wrekin CCG, said that in terms of the male working population, if there were ideas for specific groups that would like to receive Future Fit information - whether a sports club, or any group, to please identify them and arrangements would be made for this to happen.

The Accountable Officer, Shropshire CCG, stated that a large population of Shropshire lived closer to Princess Royal Hospital than Royal Shrewsbury Hospital, different locations would impact on people in different ways but the model of care would produce better outcomes, the hospitals would be staffed better and services would be better.

It was also confirmed that every letter and response was read on receipt to see if a personal response was required, although it was not possible to respond to every single one.

*Why was it that Powys was engaging so much more, was it because there was a greater sense of threat or were structures different there. It appeared that certain parts of Telford were not engaged and this was likely to do with the degree of cynicism and fatigue which needed to be addressed.*

The Communications and Engagement Lead reported that Powys Teaching Health Board had set up a smaller number of events but had also been able to attend some pop up displays as there had been fewer in number.

The Chief Officer, Telford and Wrekin CCG, reiterated that if there were groups in Telford that were not being accessed, to please forward details so the team could come out to them. He welcomed a suggestion from a member that leaflets be provided between 7 am and 9 am at railway stations which would target working age people.

A member went on to question the status of the preferred option. The Future Fit Senior Responsible Officers said that the Programme Board had developed the preferred option along with a range of stakeholders and the Board had made this recommendation to the CCGs and this had been unanimously accepted. It had been a properly run process over a long period of time which had been challenged a number of times. The outcome of the consultation was not predetermined and it was quite normal to have a preferred option.

The Joint Chair commented that he felt that being given two options was a fundamental problem as it was likely that wherever anyone lived they were most likely to want an Emergency Centre closer to where they lived unless they saw the bigger picture. Geographical bias had been built in and it was inevitable the majority of people in Telford would favour option 2 whereas others would favour option 1.

Moving on to the issue of seldom heard groups, the Chair referred to gaps already identified in relation to working males, younger people, ethnic minorities and people living in rural areas.

It was intended to ask whether people had been happy with the approach taken to date at the meeting planned for 15 August. She went on to ask Julia Baron, Chief Executive of Shropshire Rural Community Charity (RCC), if she had any comments on the process. She confirmed that the RCC had been commissioned to do some consulting and conduct focus groups with seldom heard groups in the Shropshire area. She reported that 120 people had been spoken to mostly through small focus groups and there were two distinct categories emerging, those suffering from consultation fatigue and others who had not heard about Future Fit, eg 70% of those approached at maternity units. Issues raised had related to transport, parking availability, cost of parking, how parking fees were used, ambulance times, how the proposals would be paid for and why the Woman's and Children's Unit had to move. Protected characteristic group meetings had been arranged. The LGBT community had not appeared to have strong views but comments had been received on respect for issues particularly in relation to next of kin. Arranging a meeting for the Polish community had been difficult mainly due to childcare issues and a request had been made for an event outside of school holidays.

She also reported that a meeting had been arranged in Highley but there had been no attendees. Rural areas were particularly difficult and other than going door to door it was not clear how best to get people together, particularly when many had assumed that what they said would not have an impact.

A member referred to a Carers Partnership Board meeting where Future Fit had been expected to attend but had not, but this action had been recorded as completed. The Chief Officer, Telford and Wrekin CCG reported that he had attended a meeting of PODS but agreed to double check the detail of this action.

A member expressed disappointment that there still appeared to be no comprehensive list of seldom heard groups or detail of how they would be engaged with. The Accountable Officer, Shropshire CCG, acknowledged the purpose of the HOSC was to scrutinise activity but emphasised that many people were working extremely hard on a very difficult consultation, and cared about future services and doing the right thing for the population. The Joint Chair said the commitment and hard work of the team was not in question but it was the duty of the Committee to highlight any gaps or non-attendance or any problem with planning.

The Chair referred to the report made to the Programme Board and the hard to reach groups. Equalities work had progressed well despite challenges around capacity. She commented that the team was not large and was extremely busy and wondered if the resources needed were available to complete the work. The Programme Director reported that the team had been expanded with additional resource taken on to help with this work. This person had worked previously for Healthwatch, was very well connected, and had already reached into parts of the community previously hard to reach.

The Chair referred to a radio report where it had been reported that staff at SATH felt that they could not take part in the consultation and asked the CCGs for a view on this. The two CCG Accountable Officers had issued a joint letter which made clear that all staff in the NHS were perfectly entitled to have a view and express it and

open and honest feedback was expected from staff. The Chief Executive of SATH reported that any allegations that staff could not have a say could be reported to the Chairman of the Trust and would be taken seriously.

The Committee discussed the Ryder Hunt report and asked what weight was being given to it. Members heard that it had been considered by the Programme Board which had felt it was relevant and should be made available, and this was partially why the consultation period had been extended by a week.

The Chair noted that the transport data plan had moved from red to amber which indicated a degree of progress. She asked whether some of that data could be made available even in its raw form, for the meeting on 15 August 2018. The Programme Manager said that there was no data available that the Committee did not already have access to but it was suggested that the Chairman of the Travel and Transport Group could attend this meeting.

The Chair thanked NHS colleagues for attending the meeting and asked the Programme Director to arrange for the Chairman of the Travel and Transport Group to attend the meeting on the 15<sup>th</sup>.

#### **NEXT STEPS FOR JOINT HOSC**

The Committee considered the proposed survey to collect views on the consultation so far. It was suggested that questions about rurality could be added to help identify if those in rural areas were being reached.

A progress report on reaching hard to reach groups was requested from the Future Fit Team for the meeting on 15<sup>th</sup> August.

The meeting concluded at 12.03 pm.

## Agenda item:

### Joint HOSC 15<sup>th</sup> August 2018

|                                  |  |
|----------------------------------|--|
| <b>Title of the report:</b>      | Report on Future Fit seldom heard groups, equalities impacts and activity planning   |
| <b>Authors of the report:</b>    | Pam Schreier, Sarah Makin, Penny Bason – communications, engagement and programme management for Future Fit  |
| <b>Presenters of the report:</b> | Pam Schreier, Sarah Makin, Penny Bason in attendance   |
| <b>Purpose of the report:</b>    | <p>The Joint HOSC is to receive the following in relation to the FF Consultation Process relating to engaging with seldom heard groups:</p> <p>A report updating on the planned and actual activity in Shropshire, Telford &amp; Wrekin to reach seldom heard groups as part of the consultation to date, informed by the impacts of the consultation options (report)</p> <p>A brief update on survey response rate to date (verbal)</p> <p>A presentation on activity to reach seldom heard groups to date, planned activity for the remaining weeks of the consultation and media and promotional activity to support reaching seldom heard groups (presentation)</p> <p>Comments from members of the public from Shropshire, Telford &amp; Wrekin who have been engaged in the consultation to date who are covered by some of the nine protected characteristics (verbal)</p> |
| <b>Summary:</b>                  | To update the Joint HOSC on the engagement activities undertaken to date to reach seldom heard groups. All presentations and documents are submitted to update on progress to date and facilitate further discussion.  |
| <b>Recommendations:</b>          | <p>The Joint HOSC is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the report on seldom heard groups</li> <li>• Receive a brief verbal update on the survey response rate to date</li> <li>• Receive the presentation on reaching seldom heard groups, activity to date and planned activity, including supporting activity through media etc</li> <li>• Hear the comments of members of individuals engaged by the process to date</li> </ul>  |

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# Future Fit Seldom Heard Groups, equalities impacts and activity planning

## 1.0 Background

This document outlines our approach and planning to reaching seldom heard groups during the Future Fit consultation. This is a 'living' document. It was first developed at the pre-consultation stage and was informed by the consultation communications and engagement strategy and plan. It has therefore also been informed by the collation of data held in documentation produced prior to the start of consultation, which in turn was informed by workshops with clinicians, members of the public, patients and those representing our identified 'health inclusion groups'.

This plan to reach seldom heard groups and pay due regard to equalities impacts is therefore frequently updated as we progress through consultation. It has recently been through a mid point of consultation refresh to inform detailed engagement activity for the remainder of the consultation period. This refresh follows the programme's planned quality assurance process, the mid-point Future Fit Programme Board meeting and subsequent discussion with the Joint Health Overview and Scrutiny Committee of Shropshire and Telford & Wrekin Councils and Powys Community Health Council, both of which took place on 30 July 2018.

## 2.0 Health inclusion groups including the nine protected characteristics

In addition to the nine protected characteristics, our stakeholder mapping also includes a focus on the additional groups as agreed at previous Future Fit Programme Board meetings:

- Deprivation
- Rurality
- Welsh Language speakers (and non-English first language speakers)
- Carers.

In addition, in discussions with partners, GPs and clinicians and the voluntary, community and social enterprise sector (VCSE), we have now identified further groups that merited specific interactions, including the military and their families and those affected by drug and alcohol use.

## 3.0 Stakeholder mapping with partners

Engagement activity and planning was informed prior to the start of the consultation by the formation of a number of groups and informal networks of informed organisations. All of our activity continues to be informed by these groups as we progress through consultation and undertake the decision making process post-consultation. These groups include:

- Future Fit Stakeholder Reference Group (SRG)
- Future Fit SRG cluster areas task and finish groups (Telford & Wrekin, Shropshire and mid Wales)
- VCSE, including Voluntary and Community Sector Association (Shropshire, Telford & Wrekin), Rural Communities Council (Shropshire, Telford & Wrekin), Impact AAS (Telford & Wrekin), Powys Association of Voluntary Organisations (PAVO)

## 4.0 Equality Impact Analysis

It is important to record that a genuine and systematic assessment of how significant changes such as those proposed by the Pre Consultation Business Case (PCBC) will impact on protected characteristic groups and your duties towards them.

The Equality and Human Rights Commission advises that this analysis:

- has the buy-in of senior staff;
- draws on relevant equality information and the results of engagement activity;
- requires decision makers to consider taking steps to mitigate adverse impacts where they have been identified;
- documents how information about the actual impact of the policy will be used to review the policy in future.

Our method reflects the guidance identified above and ensures that the requirements of the Public Sector Equality Duties and the Equality Act regarding engagement and involvement are met. The process for the potential options has been informed throughout by the priorities for local communities.

## 5.0 Pre-consultation analysis of equalities impacts and Public Sector Equalities Duties

Prior to the start of consultation a number of key documents were produced and published at [www.nhsfuturefit.org](http://www.nhsfuturefit.org) These documents have been informed by analysing equality effects for the local population and in particular for those characteristics protected under the 2010 Equality Act. This document seeks to collate and build on the evidence analysis from these previous reports. These include:

- Future Fit Integrated Impact Assessment (November 2016)
- Future Fit Integrated Impact Assessment: Additional analysis of potential impacts to Women and Children’s services (July 2017)
- Future Fit Protected Characteristics Engagement Report (June 2015)
- Future Fit Pre-Consultation Engagement Report (April 2018)
- Public Consultation Document (30 May 2018 to 4 September 2018)
- Future Fit Public Consultation survey (word) (May 2018)
- Making the Case for Change / the Clinical Model (2014)
- Pre Consultation Business Case (November 2017)
- The Case for Change (2014)
- Facts & Figures – Health & Wellbeing JSNA Key Messages for Telford and Wrekin
- Powys Health and Care Strategy 2017 – 2027 18 March 2018: Delivering the vision discharging our duties in relation to the Joint Area Plan

## 6.0 Legislation and guidance on consultation

There is a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
- Section 244 requires NHS bodies to consult relevant OSCs on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to OSCs).
- The NHS Act 2012, introduced a new duty on the Secretary of State, NHS England and clinical commissioning groups to ‘have regard to the need to reduce inequalities’ in access to care and outcomes of care; additionally:
  - Section 14Z2 updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways): - in the planning of the commissioning arrangements by the group, - in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, - in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
  - Section 183 of the National Health Services (Wales) Act 2006 requires LHBs, with regard to services they provide or procure, to involve and consult citizens in: - planning to provide services for which they are responsible - developing and considering proposals for changes in the way those services are provided; - and making decisions that affect how those services operate.
  - Section 242 of the National Health Service Act 2006 extends this requirement to NHS Trusts.
  - Regulation 27(2) and 27(3) from the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010 which places a duty on NHS Trusts in England to consult with Community Health Councils in Wales on substantial variation in health services

The full guidance from NHS Wales on engagement and consultation is included as a link in the Future Fit consultation plan on the website at: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

Our approach to public involvement and consultation is also informed by legal case law which has established some key principles (commonly referred to as The Gunning Principles). In summary these are:

- A consultation must be held “when proposals are still at a formative stage”
- There must be “sufficient reasons for proposals to permit ‘intelligent consideration’”
- There must be “adequate time for consideration & response” of proposals
- Responses “must be conscientiously taken into account”

**The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to:

- eliminate discrimination, harassment and victimisation,
- advance 'Equality of Opportunity', and
- foster good relations.

All public authorities have this duty so the partners will need to be assured that "due regard" has been paid through the delivery of this formal consultation.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles:

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigor and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

We have also noted the additional duties to consult in Wales and refer to guidance set out in the 'The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011'

**The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies in England and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services

## Activity plan for Seldom Heard Groups

**WORKING DRAFT - version update: 31/07/18**

| Reference | Protected Characteristic/<br>vulnerability | People to reach                           | Impact General   | Impact Option 1   | Impact option 2  | Stage 1: Issues to explore to mid point<br><br>Stage 2: Key concerns and issues raised to date/relevancy testing from interactions (VCSE, PTHB and CCGs feedback required post meetings with JHOSC and Powys CHC) | Specific geographic areas to include (informed by SRG, VCSE etc)  | Groups and suggestions for communicating and engaging (Key groups and approaches / channels suggested by SRG and VCSE)  |
|-----------|--|---|--|---|--|---|---|---|
| 1a        | Age  | Young children, parents of young children | Children 0-4 have amongst the highest rates of A&E attendance of any age group.<br><br>Estimated 60% will still be able to be treated in UCC.        | Negative impact on parents of some young children living in Telford and Wrekin requiring the EC and/or inpatient stay (particularly those living in deprived areas due to increased travel and cost.) Those requiring urgent care unaffected. Positive impact for parents of young children living in Shropshire and Powys due to reduced travel time and cost. | No change to impact on parents of young children living in Shropshire and Powys as already travel to Telford and Wrekin for paediatric services. Parents of some young children living in Shropshire and Powys would have to travel further for main emergency site. Those requiring urgent care unaffected. Challenge of rurality and transport issues. Positive impact for parents of young children living in Telford and Wrekin as main emergency centre nearer to them. | Prevention), access, safety<br><br>Cost and access to travel and transport<br>Safety concerns, rurality and deprivation   | All, specifically T&W Lakeside South, the Wrekin, Shrewsbury, parts of North Shropshire, Park Lane Centre, Woodside, 'The Living Room', Woodside, Arleston Community Centre | <ul style="list-style-type: none"> <li>• Children's centres,</li> <li>• 'PODS' Parents Opening Doors, Telford</li> <li>• Baby and Toddler groups /Drop-ins, parent groups, Bumps n Babies</li> <li>• Patient Carer Forum (0-25yrs)</li> <li>• Pre-school learning alliance</li> <li>• Connect to schools</li> <li>• Social media including targeted activity on facebook and mumsnet</li> </ul> |
| 1b        | Age  | Young adults                              | Disproportionate use of Emergency services - especially if can't see a GP. (Young adults 20-29 represent 14.6% of all A&E attendances at RSH and PRH | Negative impact on young adults (particularly males) and their families living in Telford and Wrekin due to increased journey time from Telford to Shrewsbury for main emergency centre and paediatric services (particularly for those on  | Negative impact on young adults (particularly males) and their families living in Shropshire and Powys due to increased journey time from these areas to main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.) Challenge of   | Access, safety, mental health<br><br>Cost of travel and access to transport<br>Rurality and deprivation   | All - specifically T&W, Lakeside South, Hadley Castle, Shrewsbury, Oswestry   | <ul style="list-style-type: none"> <li>• College / university, large employers, sports clubs / groups / social media</li> <li>• National Citizenship Programme</li> <li>• Social media and online including the creation of videos/clips with young people interviewers of</li> </ul>   |

|    |     |              |  |   |   |  |  |   |
|----|-----|--------------|--|---|---|--|--|---|
|    |     |              | <p>combined).</p> <p>Mental health a key consideration – growing issues</p> <p>Younger people are less likely to have their own car and need to use public transport.</p>                        | <p>low incomes/living in deprived areas.)</p> <p>Those requiring urgent care unaffected.</p>  | <p>rurality and transport issues.</p> <p>No change in impact for young men living in Shropshire and Powys who need to access to paediatric services as these are already in Telford.</p> <p>No change for those requiring urgent care.</p>                                    |  |  | <p>clinicians</p> <ul style="list-style-type: none"> <li>• District Commissioners</li> <li>• JX Boards</li> <li>• TCAT and Shrewsbury College Students, Walford College, Harper Adams, Shrewsbury University, Wolverhampton University (Telford) including Health &amp; Social Care students</li> <li>• Armed Forces, including cadets</li> <li>• Youth clubs and venues, including The Hive (Shrewsbury)</li> <li>• Messaging through groups such as Energise</li> <li>• Social Media, including targeted advertising</li> <li>• Guides, Scouts and Rangers</li> <li>• BEAM mental health and emotional wellbeing</li> <li>• Special Schools</li> <li>• PODS</li> <li>• Sporting clubs and associations, including football, rugby, cricket etc</li> <li>• Young Health Champions</li> </ul> |
| 1c | Age | Older People | <p>People 60 and over responsible for more than a quarter of all A&amp;E attendances; All practices in Shropshire except 3 are higher than England average for % of practice population over</p> | <p>Negative impact on older people living in Telford and Wrekin due to increased journey time and cost from Telford to Shrewsbury for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> | <p>Negative impact on older people living in Shropshire and Powys due to increased journey time and cost to Telford for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> <p>Positive impact for older people in Shropshire and</p> | <p>Prevention, access, transport, safety</p> <p>Access to transport<br/>Cost of travel<br/>Parking charges and access to parking regarding concerns for missed appointments<br/>Flexibility of appointment times</p> | <p>Powys, South Shropshire and Bridgnorth, Wellington.</p> | <ul style="list-style-type: none"> <li>• Age UK, U3A, lunch clubs, housing associations, extra care providers, senior citizens forums,</li> <li>• Libraries, retail outlets</li> <li>• Shropshire Partners in Care (SPIC)</li> <li>• The Red Cross</li> <li>• The Royal British Legion</li> </ul>   |

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|---|-----|--------------------|--|---|--|--|---|--|
|   |     |                    | <p>65.</p> <p>Larger proportion of older people have long term conditions and required planned care e.g. hip and knee surgery<br/>Increased risk of heart and stroke in older people.</p> <p>Older people less likely to have their own car and need to use public or patient transport.</p> | <p>Positive impact for older people in Telford and Wrekin as planned care site will be near to where they live (therefore reduced travel time and cost) and positive impact of reduced number of cancelled operations.</p> <p>Positive impact for older people living in Shropshire and Powys due to location of main emergency centre (including hyper acute stroke unit) in Shrewsbury. Reduced travel time and cost.</p> <p>Negative impact for older people and visitors living in Shropshire due to increased travel time and cost to travel to planned care site in Telford. Particular impact for older people living in rural and deprived areas or with limited access to private transport.</p> | <p>Powys as planned care site will be near to where they live (therefore reduced travel time and cost) and positive impact of reduced number of cancelled operations.</p> <p>Positive impact for older people living in Telford and Wrekin due to location of main emergency centre (including hyper acute stroke unit) in Telford. Reduced travel time and cost.</p> <p>Negative impact for older people and visitors living in Telford and Wrekin due to increased travel time and cost to travel to planned care site in Shrewsbury. Particular impact for older people living in rural and deprived areas or with limited access to private transport.</p> | <p>Recognition of need for planned care<br/>Greater understanding of services at a 24/7 Urgent Care Centre</p> |   | <ul style="list-style-type: none"> <li>• Day Centres</li> <li>• Residential Homes</li> <li>• ‘Family Connect’</li> <li>• Retired Living</li> <li>• Let’s Talk’ clinics at community centres.</li> <li>• Social Workers</li> <li>• Women’s Institute</li> <li>• Oakwood Dementia Café</li> <li>• Men in Sheds</li> </ul>  |
| 1 | Age | Working population | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p> <p>Potentially less likely to reach and respond to consultation.</p>  | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p>  | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p>   | Access   | All areas, not specifically explored in the IIA | <ul style="list-style-type: none"> <li>• Local large employers</li> <li>• Council, partners and CCG staff</li> <li>• SME networks, including TweetUp</li> <li>• Chambers of Commerce</li> <li>• General engagement events including pop-ups and public events in evenings</li> <li>• Reaching commuters through leaflet drop at rush hour at train stations</li> <li>• Social media</li> </ul> |

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|---|------------|--|---|---|--|--|--|--|
|   |            |  |   |   |  |  |  | <ul style="list-style-type: none"> <li>• Out of working hours interactions</li> </ul>  |
| 2 | Disability | <p>Mental health and disability</p> <p>Physical disability</p> <p>Hearing impaired/Deaf</p> <p>Visually impaired/Blind</p> | <p>People with a disability are more likely to use A&amp;E and to develop secondary health issues (e.g. respiratory and diabetes.)</p> <p>They are also more likely to access specialised and planned operations (as an inpatient or outpatient) and scans and blood tests.</p> <p>This group has additional needs</p> <p>SENCO Networks<br/>SEND: Special Educational Needs and Disability</p> | <p>Negative impact on people with a disability living in Telford and Wrekin due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> <p>Positive impact on people with a disability living in Shropshire and Powys due to reduced journey time and cost to travel to Shrewsbury for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> | <p>Negative impact on people with a disability living in Shropshire and Powys due to increased journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> <p>Positive impact on people with a disability living in Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> | <p>Access, transport, safety</p> <p>Cost of travel</p> <p>Access to transport including community/voluntary sector transport</p> | <p>All - specifically Powys, south Shropshire, Oswestry, Shrewsbury, T&amp;W, Park Lane Centre</p> | <ul style="list-style-type: none"> <li>• Local support groups / peer support groups</li> <li>• Disability Forum and Network</li> <li>• SYA – young people</li> <li>• ‘PODS’ Parents Opening Doors, Telford</li> <li>• www.podstelford.org</li> <li>• BEAM</li> <li>• KOOTH</li> <li>• Citizens Advice Shropshire</li> <li>• Care Homes – run aways</li> <li>• PACC</li> <li>• Jayne Sargent Foundation (Telford)</li> <li>• Telford Visually Impaired Patient Support Group</li> <li>• East Shropshire Mental Health Service User Group</li> <li>• Telford Breathe Easy Support Group</li> <li>• Telford Fibromyalgia Group</li> <li>• Parent Carer Forum (0-25yrs)</li> <li>• Send Newsletters via Shropshire Council. (Special Edition: Needs and disability).</li> <li>• Deaf and visually impaired community. (Signing at events)</li> <li>• SENCO</li> <li>• Mental Health Awareness Week</li> <li>• Challenging Perceptions (16-24 yrs)</li> <li>• CD/MP3-5</li> </ul> |

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|-----------|------------|---------------------|---|---|---|---------------------------|--|---|
|           |            |                     |   |   |   |                           |  | <ul style="list-style-type: none"> <li>• Telford Mind</li> <li>• Patient Carer Forum</li> <li>• Telford Mind Service User Group.</li> <li>• TACT</li> </ul>   |
| <b>2b</b> | Disability | Dementia            | Shropshire has an ageing population and performs well for Dementia Diagnosis.   | <p>Older people are more likely to have dementia – see impacts of the two options on older people in 1c above.</p> <p>Larger older populations living in Shropshire and Powys. Particular issues for carers travelling with dementia patients and in unfamiliar environments. Increased impact for people living in rural areas and on older relatives and other visitors who have to travel further.</p> | <p>Older people are more likely to have dementia – see impacts of the two options on older people in 1c above.</p> <p>Lesser impact on people with dementia in Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre. However, will still encounter particular issues for carers travelling with dementia patients and in unfamiliar environments.</p> | Access, transport, safety | All, rural Shropshire, Powys                                     | <p>Local support groups</p> <ul style="list-style-type: none"> <li>• Age UK</li> <li>• Shropshire Partners in Care</li> <li>• Newport Peer Support Group (Alzheimer’s)</li> <li>• Dementia Action Alliance Group</li> </ul>   |
| <b>2c</b> | Disability | Learning Disability | People with learning disabilities are more likely to use A&E and to develop secondary health issues (e.g. respiratory & diabetes) | See impacts of the two options on people with a disability in 2 above.  | See impacts of the two options on people with a disability in 2 above.  | Access, transport, safety | All - specifically Powys, south Shropshire, Oswestry, Shrewsbury | <ul style="list-style-type: none"> <li>• Local support groups including Taking Part</li> <li>• PODS (T&amp;W)</li> <li>• ‘My Options’ via T&amp;W Council.</li> <li>• Parent and Carer Council (PACC)</li> <li>• Parent Carer Forum</li> <li>• Contact Council:</li> <li>• Visit Services for LD and talk about the Pop-ups</li> <li>• All in (short breaks)</li> <li>• Youth Groups</li> <li>• PoHwer</li> <li>• Taste Not Waste (Dawley)</li> </ul> |

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| 2d | Disability           | Children and Young People – mental health and physical disability | National Evidence - 1 in 10 children with diagnosable MH condition; half of all MH conditions manifest by 14<br><br>Children with a disability are disproportionately more likely to use affected services. | See impacts of the two options on children and young people in 1a and b above.<br><br>UCC will have access to MH liaison.             | See impacts of the two options on children and young people in 1a and b above.<br><br>UCC will have access to MH liaison.             | Access, transport, safety                     | All  | <ul style="list-style-type: none"> <li>• Young Health Champions Youth groups / fora</li> <li>• Schools (although previously low uptake from schools locally)</li> <li>• Colleges, TCAT and Shrewsbury</li> <li>• National Citizenship Programme</li> <li>• Shropshire Partners in Care (SPIC)</li> </ul>   |
| 2e | Disability           | Autism  | Shropshire - needs assessment highlights increasing diagnosis   | See impacts of the two options on people with a disability in 2 above.  | See impacts of the two options on people with a disability in 2 above.  | Access, transport, safety                     | All - specifically Oswestry, not specifically explored in IIA    | <ul style="list-style-type: none"> <li>• Local groups / parent groups</li> <li>• Parent Carer Forum</li> <li>• A4U – the lantern</li> <li>• Autism Hub – Louise house</li> <li>• PODS</li> <li>• Telford Autism Hub</li> <li>• Autism West Midlands</li> <li>• SNAC</li> <li>• Special Needs Activity Centre</li> <li>• STACS Shropshire &amp; Telford Asperger Carers Support.</li> </ul> |
| 3  | Gender Re-assignment |   | No local data is available; however research indicates that this population group is more likely to come into contact with services, and issues relate to patient experience.                               | No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services. | No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services. | Access, transport, safety, patient experience | All – specifically Newport, not specifically explored in the IIA | <ul style="list-style-type: none"> <li>• Local groups</li> <li>• FRESH</li> <li>• SAND</li> <li>• XYZ Youth Group &amp;W/ Shrewsbury/ Oswestry)</li> <li>• Parish councils</li> <li>• Church and parish newsletters</li> <li>• Young farmers</li> </ul>  |

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|    |                             |   | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p> <p>Most services in relation to gender reassignment tend to be out-of-area.</p>   |  |  |   |   |   |
| 4a | Marriage/ civil partnership |   | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p>   | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p>   | <p>No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p>   | <p>Access, travel and transport</p>   | <p>Not specifically explored in the IIA</p>   | <ul style="list-style-type: none"> <li>• Will be covered through general engagement and media/social media activity</li> <li>• Reach through social media</li> <li>• Businesses</li> <li>• Places of worship</li> </ul>   |
| 5  | Pregnancy/ maternity        | <p>Pregnant women, mothers and women of child-bearing age</p> | <p>More likely to be impacted by a change to maternity and children's services.</p> <p>Younger population in Telford and Wrekin but larger number of young women in Shropshire.</p> <p>Higher rate of attendance at A&amp;E for babies and young children.</p> <p>BAME women</p> | <p>Negative impact on pregnant women, mothers and women of child-bearing age living in Telford and Wrekin (particularly those living in deprived areas) due to increased travel and cost to main emergency centre, Obstetric unit for high risk births maternity and paediatric services in Shrewsbury. However, ante natal, post-natal outpatient and MLU services would still be available in Telford.</p> <p>Positive impact for pregnant women, mothers and women of child-bearing age living in</p> | <p>No change to impact on pregnant women, mothers and women of child-bearing age living in Telford and Wrekin as Princess Royal Hospital is currently the main site for paediatric and maternity services.</p> <p>No change to impact on pregnant women, mothers and women of child-bearing age living in Shropshire and Powys as they already need to travel to Telford for paediatric and maternity services.</p> <p>Pregnant women and mothers living in Shropshire and Powys would have to travel further for main</p> | <p>Access, transport, experience, prevention (reducing risk factors before, during and after pregnancy)</p> | <p>Focus on areas:</p> <ul style="list-style-type: none"> <li>• Socio economic deprivation</li> <li>• Ethnicity</li> <li>• Age of mother</li> </ul> | <ul style="list-style-type: none"> <li>• Midwives</li> <li>• Health visitors</li> <li>• Children's centres,</li> <li>• Local parent / baby groups,</li> <li>• Women and children's services</li> <li>• Lifestyle services (smoking, obesity, sexual health)</li> <li>• Targeted social media activity, including facebook advertising, mumsnet etc</li> <li>• Make links to LMS/Better Births strategy and approach through Maternity Voices</li> </ul> |

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|    |      |   | <p>known to have higher risk factors in pregnancy. Higher proportion of BAME communities in Telford and Wrekin.</p> <p>Women with a disability may be disproportionately affected with higher risk factors.</p> <p>Older women are disproportionately affected and more likely to use the services. (Over 40s).</p> | <p>Shropshire and Powys due to reduced travel time and cost.</p>  | <p>emergency site and obstetric unit for high risk births. However antenatal post-natal and MLU services remain on each site.</p> <p>Challenge of rurality and transport issues.</p> <p>Positive impact for parents of young children living in Telford and Wrekin as main emergency centre nearer to them.</p>  |   |  |   |
| 6a | Race | <p>BAME</p> <p>Pakistani, Indian, and Bangladeshi</p> <p>Polish and other Eastern European</p> <p>Chinese</p> <p>Syrian</p> | <p>More likely to access emergency services than white groups, higher prevalence of Coronary Heart Disease and Diabetes in Asian populations.</p> <p>Report poorer experience of care.</p> <p>Higher proportion of BAME communities in Telford and Wrekin.</p>  | <p>Negative impact on people from BAME communities living in Telford and Wrekin due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> <p>Positive impact on people from BAME communities living in Shropshire and Powys due to reduced journey time and cost to travel to Shrewsbury for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> | <p>Negative impact on people from BAME communities living in Shropshire and Powys due to increased journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> <p>Positive impact on people from BAME communities living in Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> | <p>Access, patient experience, formation, language barriers</p> | <p>T&amp;W specifically The Wrekin and Hadley Castle, Shrewsbury</p> | <ul style="list-style-type: none"> <li>• Local groups</li> <li>• Shropshire Islamic Foundation</li> <li>• Brookside community centre – (two African churches meet at this venue)</li> <li>• Stirchley community centre also (African church meets at this venue)</li> <li>• Mosques in Wellington (Tan Bank and Regents Street)</li> <li>• SSSFT – (Polish Group in Oakengates)</li> <li>• Catholic churches – Wellington and Trench, Shrewsbury (Catholic Cathedral)</li> <li>• Gudwaras x three in Telford at Temples</li> <li>• Syrian communities in and around Oswestry through employers etc</li> </ul> |

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|              |      |  |   |   |  |   |   | <ul style="list-style-type: none"> <li>• Sikh Temple and women's group</li> <li>• Buddhist Centre (Shropshire)</li> <li>• Mosques, Temples, Churches</li> <li>• Telford Priory School, Festival of Diversity and Culture</li> <li>• Specialist retail outlets</li> </ul>  |
| 6b           | Race | Recent migrants, including Polish, Bulgarian etc | <p>Less likely to be registered with GPs and therefore more likely to use emergency services more.</p> <p>Accustomed to different health systems in their home countries therefore lack of understanding of different services available and which should be used when.</p> <p>Possible language barrier.</p> | <p>Negative impact on recent migrants living in Telford and Wrekin due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> <p>Positive impact on recent migrants living in Shropshire and Powys due to reduced journey time and cost to travel to Shrewsbury for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> | <p>Negative impact on recent migrants living in Shropshire and Powys due to increased journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> <p>Positive impact on recent migrants living in Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> | Access, patient experience, information, language barriers            | All - specifically T&W and North Shropshire | <ul style="list-style-type: none"> <li>• Local support organisations</li> <li>• Polish, Bulgarian and Syrian communities in and around Oswestry</li> <li>• Connect with council refugee workers</li> <li>• Housing associations</li> <li>• Health visitors/ midwives</li> <li>• Employers, predominantly agricultural, such as ABP (Polish, Bulgarian etc), Muller etc</li> </ul> |
| Page 22<br>9 | Race | Gypsy Travellers                                 | <p>National and local data demonstrates specific health needs and low usage of health services.</p> <p>Reluctance to use public transport and gypsy and traveller sites tend to be in rural locations.</p>  | See impact of the two options on pregnant women and mothers in 5 above.   | See impact of the two options on pregnant women and mothers in 5 above.  | Access, transport, experience, information, prevention (immunisation) | Dispersed across Shropshire and T&W,        | <ul style="list-style-type: none"> <li>• Health visitor for pregnant mothers as they can access – via practices – Teldoc</li> <li>• Work with Liaison Officer at the Councils</li> <li>• District Nurses &amp; Health Visitors for pregnant mothers</li> <li>• One to one interviews with communities at sites</li> </ul>   |

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|         |    |                    | Particular challenge for pregnant women and mothers of poorly children without their own transport.          |   |   |   |                    |   |   |
| Page 23 | 7  | Religion or belief | <p>Muslim</p> <p>Sikh</p> <p>Hindu</p> <p>Christianity</p> <p>Buddhists</p> <p>Faith groups</p> <p>STUWA</p> | <p>See 6a above for impact of the two options on BAME communities with these religions.</p> <p>For non-BAME communities - No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p> | <p>See 6a above for impact of the two options on BAME communities with these religions.</p> <p>For non-BAME communities - No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p> | <p>See 6a above for impact of the two options on BAME communities with these religions.</p> <p>For non-BAME communities - No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.</p> | Access, experience | All, particularly Telford and Wrekin  | <ul style="list-style-type: none"> <li>Local churches, mosques and temples.</li> <li>Sikh Women's Group</li> <li>Women's and men's groups</li> <li>Interfaith forum</li> </ul>  |
|         | 8a | Sex                | Males  | <p>More likely to access emergency services however, the scale of the difference is small.</p> <p>See impact of two options on young men in 1b above</p>  | See impact of two options on young men in 1b above  | See impact of two options on young men in 1b above  | Access, experience | All areas   | <ul style="list-style-type: none"> <li>Boys Brigade, Scouts and Cubs</li> <li>Sports clubs</li> <li>Men in Sheds</li> </ul>   |
|         | 8b | Sex                | Females  | <p>Higher impact on younger females of changes to women's and children's services as well as location of main emergency centre - see 5 above.</p>   | <p>Higher impact on younger females of changes to women's and children's services as well as location of main emergency centre - see 5 above.</p>   | <p>Higher impact on younger females of changes to women's and children's services as well as location of main emergency centre - see 5 above.</p>   | Access, experience | <p>All areas</p> <p>Shropshire is home to the largest number of women aged 18-44 (43,670 compared to 29,206 in Telford and Wrekin and 1,354 in the affected part of Powys.)</p> | <ul style="list-style-type: none"> <li>Midwives</li> <li>Health visitors</li> <li>Children's centres,</li> <li>Local parent / baby groups,</li> <li>Women and children's services</li> <li>Targeted social media activity, including facebook advertising,</li> </ul> |

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|           |   |   |   |   |   |  |  | <p>mumsnet etc</p> <ul style="list-style-type: none"> <li>• Women’s Institute</li> <li>• Gyms, exercise classes, leisure centres</li> <li>• Shropshire and Telford Untied Women Association</li> </ul>  |
| 9a        | Sexual Orientation                                | <p>All Pan, gay, bisexual</p> <p>Lesbian and bisexual women</p> | <p>This group is 2 to 3 times more likely to report having a longstanding psychological or emotional problem.</p> <p>Levels of self-harm are above average.</p> <p>Experience may be impacted by lack of training and / or knowledge of healthcare staff.</p> | <p>Negative impact on gay men, lesbians and bisexual men and women living in Telford and Wrekin due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> <p>Positive impact on gay men, lesbians and bisexual men and women living in Shropshire and Powys due to reduced journey time and cost to travel to Shrewsbury for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> | <p>Negative impact on gay men, lesbians and bisexual men and women living in Shropshire and Powys due to increased journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in rural and/or deprived areas.)</p> <p>Positive impact on gay men, lesbians and bi-sexual men and women living in Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre (particularly for those on low incomes/living in deprived areas.)</p> | <p>Access, experience and understanding of staff/staff training and knowledge</p>  | <p>Not specifically explored in the IIA</p> <p>Engagement activity reports that group feels they are sufficiently engaged in the consultation through general activities rather than requiring specific approaches</p> | <ul style="list-style-type: none"> <li>• Local LGBT groups, Fresh and SAND</li> <li>• XYZ youth group</li> <li>• Gay friendly venues ( T&amp;W Three furnaces, Tweedale and The Albert at Oakengates, C21 Shrewsbury)</li> <li>• Recharge – Brookside based LGBT for young people</li> <li>• Sexual health clinics</li> <li>• Gay Working Men Focus Group</li> <li>• The Terrence Higgins Trust</li> <li>• Wellington LGBT group</li> <li>• Border Women</li> </ul> |
| Reference | Additional Inclusion Health Groups/ vulnerability | People to reach   | Impact General  | Impact Option 1   | Impact option 2   | <p>Stage 1: Issues to explore to mid point</p> <p>Stage 2: Key concerns and issues raised to date/relevancy testing from interactions (VCSE, PTHB and CCGs feedback required post meetings with JHOSC and Powys CHC)</p> | Specific geographic areas to include (informed by SRG, VCSE etc)   | Groups and suggestions for communicating and engaging (Key groups and approaches / channels suggested by SRG and VCSE)  |

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| 10 | Deprivation | Various deprived population, including rural and deprived<br><br>Homeless people | Account for a disproportionately high number of A&E attendances, nationally double for those in the 10% most deprived areas.<br><br>Increased attendance at A&E for homeless people e.g. due to addiction.<br><br>Low levels of car ownership and challenge of paying increased transport costs for the homeless and people living in deprived areas (particularly in rural areas.) | Negative impact on people living in deprived areas of Telford and Wrekin, and the homeless in this area, due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre (particularly for those living in rural areas and young women and parents of young children.)<br><br>Positive impact on people living in deprived areas of Shropshire and Powys, and the homeless in these areas, due to reduced journey time and cost to travel to Shrewsbury for main emergency centre (particularly for young women, parents of young children and those living in rural area.) | Negative impact on people living in deprived areas of Shropshire and Powys, and the homeless in these areas, due to increased journey time and cost to travel to Telford for main emergency centre and women's and children's services (particularly young women and parents of young children and those living in rural areas.)<br><br>Positive impact on people living in deprived areas of Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre and women's and children's services (particularly for those young women, parents of young children and those living in rural areas.) | Use of services, travel and transport<br><br>Homelessness | Various across Shropshire, T&W and mid Wales, most deprived in wards in Telford, with pockets of deprivation in Shropshire and Powys. Rural deprived often masked by overall affluence and sparsity | <ul style="list-style-type: none"> <li>• CHALK Homeless Group</li> <li>• Brookside – Big Local (Resident's Partnership)</li> <li>• Manning place – high street wellington – single people</li> <li>• Stay – young people</li> <li>• YMCA – housing provision</li> <li>• Foodbanks</li> <li>• Women's refuge</li> <li>• The Ark (Shrewsbury)</li> <li>• Thrive</li> <li>• Man in Place</li> <li>• Homeless Centres / shelters for temporary accommodation – Wellington etc</li> <li>• Citizen's Advice</li> <li>• Workers supporting homeless on the streets</li> </ul> |
| 11 | Rurality    | Various, rural communities, particularly in Shropshire and Powys                 | Challenge of travel and transport, particularly for older and younger people who have less access to private transport and use public transport more.   | Negative impact on people living in rural areas of Telford and Wrekin due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre and women's and children's services (particularly young women and parents of young children.)   | Negative impact on people living in rural areas of Shropshire and Powys, due to increased journey time and cost to travel to Telford for main emergency centre and women's and children's services (particularly young women and parents of young children and those living in rural areas.)<br><br>Positive impact on people living in rural areas of Telford  | Access, transport, patient safety                         | Powys and many areas specifically South Shropshire and border villages  | <ul style="list-style-type: none"> <li>• Parish councils</li> <li>• Community centres</li> <li>• Other key community buildings, such as sports facilities</li> <li>• Networks such as Men in Sheds, Women's Institute etc</li> <li>• Town and Parish Councils and Local Joint Committee meetings, SALC (Shropshire Association of</li> </ul>   |

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|    |                          |  |  | Positive impact on people living in rural areas of Shropshire and Powys due to reduced journey time and cost to travel to Shrewsbury for main emergency centre and women's and children's services (particularly for young women, parents of young children.) | and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre and women's and children's services (particularly for those young women, parents of young children and those living in rural areas. |  |   | Local Councils) and public events and pop ups <ul style="list-style-type: none"> <li>• Parish boards</li> <li>• BBC Radio Shropshire and Shropshire Star/Powys County Times, BBC Wales through ongoing media coverage</li> <li>• CSOs and police</li> <li>• GP Services, Practice Managers</li> <li>• Narrowboat community</li> <li>• Rural villages churches and village halls.</li> <li>• Young Farmers</li> <li>• Women in Rural Enterprise (WIRE)</li> <li>• Rural pubs and post offices</li> <li>• Public events and pop ups</li> </ul> |
| 12 | Carers                   | All ages, most likely to be older<br><br>Young Carers<br><br>Parent carers of disabled children (0-25) | Higher attendance rates at A&E for people with a disability<br><br>Older and younger carers most likely to be impacted on by increased transport challenges and costs (particularly if they live in deprived or rural areas) | For impact of the two options, see 2 above.   | For impact of the two options, see 2 above.  | Access, experience. travel and transport, prevention and wellbeing, rurality and deprivation | All areas   | <ul style="list-style-type: none"> <li>• Carers Partnership Board</li> <li>• CVS Carers Centre</li> <li>• A Life outside Caring Group (Oakengates)</li> <li>• PODS Parent Carer Forum</li> <li>• Carers Trust 4 All</li> <li>• Safe Places</li> <li>• Young Carers - SYA</li> </ul>  |
| 13 | Welsh Language community | All ages   | No evidence to suggest that this group has significant disproportionate or differential  | No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital   | No evidence to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.  | Access, transport, cost of fuel, language barriers   | All Powys, mitigating options focus on community hubs in larger communities | <ul style="list-style-type: none"> <li>• Powys focus groups (as part of commissioned voluntary sector led focus groups - PAVO)</li> <li>• BBC Wales – Welsh</li> </ul>   |

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|---------------|-----------------------|---|--|---|--|---|---|--|
|               |                       |   | needs in relation to acute hospital services.<br><br>Barriers can be encountered in English hospitals where Welsh is their first language.                     |   |  |   |   | Language interviews <ul style="list-style-type: none"> <li>Schools and colleges</li> <li>Public events and pop ups</li> <li>Council meetings and drop in sessions</li> </ul>   |
| 14<br>Page 27 | Drugs and Alcohol     | Adults – including young adults                               | Account for a disproportionately high number of A&E attendances, particularly people living in deprived areas and the homeless with drug and alcohol problems. | Negative impact on people with a drug or alcohol addiction living in Telford and Wrekin due to increased journey time and cost to travel from Telford to Shrewsbury for main emergency centre (particularly for those living in deprived areas and the homeless.)<br><br>Positive impact on people with a drug or alcohol addiction living in Shropshire and Powys due to reduced journey time and cost to travel to Shrewsbury for main emergency centre (particularly for those living in deprived areas and the homeless.) | Negative impact on people with a drug or alcohol addiction in Shropshire and Powys, due to increased journey time and cost to travel to Telford for main emergency centre (particularly those living in deprived areas and the homeless.)<br><br>Positive impact on people with a drug or alcohol addiction living in Telford and Wrekin due to reduced journey time and cost to travel to Telford for main emergency centre (particularly for those living in deprived areas and the homeless.) | Access, travel and transport  | All, Telford, Oswestry, Shrewsbury, Wellington  | <ul style="list-style-type: none"> <li>Aquarius</li> <li>The Ark</li> <li>Impact AAS</li> <li>Counselling services</li> <li>Homeless charities and support workers</li> <li>Thrive</li> <li>Man in Place</li> <li>Homeless Centres / shelters for temporary accommodation – Wellington etc</li> <li>Telford After Care Team</li> </ul> |
| 15            | Military and Veterans | Military personnel<br>Military wives and families<br>Veterans | Connection needed particularly when service personnel transition to civilian services or when service personnel move areas                                     | No evidence available to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.<br><br>Impacts as per maternity, families, parents of young children etc  | No evidence available to suggest that this group has significant disproportionate or differential needs in relation to acute hospital services.<br><br>Impacts as per maternity, families, parents of young children etc   | Access, travel and transport,<br><br>Support for mental health, impact on winter planning support provided by armed forces to NHS | Key bases: <ul style="list-style-type: none"> <li>Tern Hill</li> <li>Shawbury RAF</li> <li>Donnington</li> <li>Cosford</li> </ul> | <ul style="list-style-type: none"> <li>Veterans through the Armed Forces Covenant network</li> <li>Armed forces' events, including Tern Hill Irish Regiment Family Health day</li> <li>Armed Forces Covenant Network for wider communication</li> <li>Armed Forces Day Family</li> </ul>   |

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|  |  |  |  |  |  |  |  | <p>Event (Shrewsbury Sports Village)</p> <ul style="list-style-type: none"><li>• Royal British Legion</li><li>• GP practices serving bases</li></ul> |
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