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

29 July 2020

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Thursday, 6 August 2020**
Time: **2.00 pm**
Venue: **THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING**

Link to hear Joint HOSC meeting 6 August 2020

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**
Cllr Karen Calder (Co-Chair)	Cllr Derek White (Co-Chair)
Madge Shineton	Cllr Stephen Burrell
Heather Kidd	Cllr Stephen Reynolds
Co-optees:	Co-optees:
David Beechey	Hilary Knight
Paul Cronin	Janet O'Loughlin
Ian Hulme	Dag Saunders

Your Committee Officer is:

Amanda Holyoak Scrutiny Committee Officer
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AGENDA

1 Apologies for Absence

2 Declarations of Interest

3 Minutes of the Previous Meeting (Pages 1 - 8)

To confirm the minutes of the meeting held on 2nd March 2020.

4 Covid-19 Restore and Recover and System Priorities

To receive a report from Steve Trenchard, Interim Director for Transformation, Shropshire, Telford and Wrekin Clinical Group. [Report to follow]

5 Restore and Recover: Communications and Engagement (Pages 9 - 42)

To receive a report from Pam Schreier, Head of Communications and Engagement, Shropshire Telford and Wrekin Sustainability and Transformation Partnership. [Report attached]

6 End of Life Care Review - Shropshire, Telford & Wrekin STP

To receive a presentation from Dr Jane Povey, Medical Director for Shropshire Community Health NHS Trust, Julie Davies, Director of Performance at Shropshire Clinical Commissioning Group and David Evans, Accountable Officer for NHS Shropshire, Telford and Wrekin Clinical Commissioning Group.

7 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 2 March 2020 10.30 am – 12.05 pm in the Shrewsbury Room, Shirehall, Shrewsbury

Members Present:

Shropshire Councillors: Karen Calder (Chair), Heather Kidd, Madge Shineton
Telford & Wrekin Councillors: Derek White (Co-Chair), Stephen Burrell
Shropshire Co-optees: David Beechey, Ian Hulme
Telford and Wrekin Co-optees: Janet O'Loughlin, Dag Saunders

Others Present:
Tom Dodds, Statutory Scrutiny Officer, Shropshire Council
David Evans, Accountable Officer for Shropshire CCG & Telford and Wrekin CCG
Jonathan Eatough, Director of Governance, Telford and Wrekin Council
Rachel Robinson, Director of Public Health, Shropshire Council
Liz Noakes, Director of Public Health, Telford and Wrekin Council
Michelle Dulson, Committee Officer, Shropshire Council (notes)
Josef Galkowski, Democratic Services and Scrutiny Officer, Telford & Wrekin Council
Deborah Moseley, Democratic Services and Scrutiny Team Leader, Telford & Wrekin Council

23. Apologies for Absence

Apologies were received from Hilary Knight (Telford and Wrekin Co-optee) and Paul Cronin (Shropshire Co-optee).

24. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

Cllr Madge Shineton declared that she was a member of Independent Community Health Concern.

Cllr Stephen Burrell declared that he worked for a provider of Health and Social Care contracts for Shropshire and Telford & Wrekin.

25. Minutes of the last Meeting

The minute of the meeting held on 16 December 2019 were confirmed as a correct record.

JHOSC20 – Shrewsbury and Telford Hospital – Winter Pressures Planning

It was confirmed that there had been a 50% increase in uptake by staff at SaTH compared to the same period in the previous year.

It was agreed to take the first two items from the Co-Chairs' Updates next.

26. Co-Chairs' Updates

Members' questions on Emergency Response Preparedness

In response to Members questions on Emergency Response Preparedness, Rachel Robinson and Liz Noakes the Directors of Public Health for Shropshire and Telford & Wrekin, respectively, had prepared a statement which provided a summary of the local health economy and partner arrangements in terms of preparedness for outbreaks of communicable and infectious diseases, with a focus on the coronavirus emergency – copy attached to signed Minutes.

The Director of Public Health, Telford and Wrekin Council urged Members to get in touch with any questions. She then outlined the current arrangements in place to deal with such outbreaks. She explained that NHS England and Improvement, Public Health England and the Department of Health and Social Care had been centrally managing the response in England. She reported that the risk to the general public was considered to be moderate and similar to seasonal 'flu with symptoms being more severe for those with weakened immune systems, older people and those with long-term conditions.

It was reported that the UK was still in the containment phase of the incident and that government guidance had been issued to support management of the incident. As at 9am on 1 March, a total of 11,750 people had been tested in the UK, of which 11,715 were negative and 35 positive. It was confirmed that there had been a rise in the number of tests being done following people returning after half term from Northern Italy.

The Directors of Public Health went on to explain how the incident was being managed locally. It was confirmed that SaTH had a priority testing service (POD) in place at the Princess Royal Hospital into which people requiring testing were being directed via NHS111. So far there had been no positive cases in Shropshire or Telford & Wrekin.

Both Directors of Public Health and Consultants in Public Health teams had been liaising with SaTH, both CCGs and Public Health England as well as taking local action as required including the dissemination of national guidance.

Finally, the Director of Public Health for Shropshire directed the public to the NHS England website for the latest information, which was updated twice daily, in particular the travel guidance, Catch it, Kill it, Bin it message, and the Question and Answer Blog.

Members of the Committee raised the following questions/comments:

Concern was raised that not everyone had digital access. Pdf versions of the posters were requested for Members who could not print JPEGs for use on their own websites.

The Director of Public Health, Shropshire Council agreed to supply Members with a pdf of the posters with the caveat that the information contained therein was very quickly out of date and that Members should ensure they had the most up to date information.

Concern was also raised in relation to access to the POD at the Princess Royal Hospital, especially from rural areas eg Bishop's Castle.

In response, the Director of Public Health, Shropshire Council reported that it was hoped that a similar POD would be set up at the Royal Shrewsbury Hospital by the end of the week. She also reported that it was hoped to begin community testing by the end of the week.

Concern was raised that many people who had coughs and colds at this time of the year tended to go to their GP but part of the advice was not to go to your GP practice and don't ring 111?

The Director of Public Health, Shropshire Council confirmed that patients would only be tested at one of the PODs if directed by NHS 111.

A query was raised about what would happen if there was a major outbreak as the hospitals were already busy and had no beds, especially if people were being asked not to go to A&E or their GP. Concern was raised that not many people would use NHS 111 but would ring their GPs.

The Director of Public Health, Shropshire Council confirmed that the media message seemed to be working as currently people were following that advice. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG reported that posters were displayed at GPs and Pharmacies and confirmed that everything possible would be done to get the message out and that the press had been very helpful. People needed to understand that they had to ring NHS 111 and if they needed to be tested, they would be directed to the Pod. He explained that although this was a significant outbreak he was confident that the correct infrastructure was in place to deal with it.

In response to a query about whether NHS 111 was fit for purpose, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG reported that there had been a 50% increase in usage across the country leading to additional investment in call handlers. He explained that the service sat coterminously with the Ambulance call centres so at times of high demand call handlers could switch to the other service.

A query was raised about the benefits of wearing face masks.

In response, the Director of Public Health, Shropshire Council explained that face masks were of benefit in a healthcare setting but not for the general population.

The Chairman thanked the Officers for their update and was reassured at the amount of work going on in the background.

Letter sent to David Evans, Joint Accountable Officer for NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford & Wrekin Clinical Commissioning Group regarding the Hospital Reconfiguration, Pain Management Services and Maternity Services

The Chairman informed the Committee that a response had been received from Shropshire CCG and Telford & Wrekin CCG in relation to the above – copy attached to signed Minutes.

Members of the Committee raised the following questions/comments:

Concern was raised that the backlog of maintenance could vary quite significantly and in response to a query about the risk assessment implications of the backlog for patient safety and care, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that it was clear the Trust had maintenance issues, especially on the Royal Shrewsbury Hospital site as the current standard was not up to scratch. He agreed to take the question about risk assessments away and get a response.

In response to a query, it was confirmed that the £100m value of the backlog maintenance was included in the £312m to be used for the transformation programme.

In relation to the Strategic Outline Case, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that as the document was yet to be signed off by NHS England / Improvement, it was still draft and could not be released. The Chairman queried who at NHS England / Improvement she should talk to get these answers. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG that the Chairman contact Fran Dill and/or Dale Bywater.

In relation to the Pain Management Service, the Chairman reported that two patients who had attended the Joint HOSC meeting had been very unhappy at being transferred to the new service, whereas the response from the Planned Care and Long-Term Conditions at Shropshire CCG stated that no complaints had been received. In response, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG reported that he was not aware of any formal complaints. He agreed to take this question back for response.

A query was raised about whether SaTH were satisfied that they were only 12% compliant in relation to responding to complaints. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that there were instances where complaints could not be responded to in time, for example if they involved detailed issues around various agencies. In response to a further query, the Accountable Officer went on to explain the complaints procedure and he informed the Committee that he personally signed off every complaint letter. If a complaint was received in relation to a provider, the CCG would write to the provider asking them to respond to the complaint. He confirmed that the CCG had regular meetings with the main providers and that complaints were on the agenda at every meeting.

Turning to Maternity Services, the chairman expressed concern at the delay in the publication of the Ockenden Report. She referred to the response from the Local Maternity System and queried what areas were looked at in terms of reassurance around the safety of the system. In response, the Accountable Officer for Shropshire

CCG and Telford & Wrekin CCG explained that trends were looked for within the dashboard to see if there were any areas of concern and he agreed to share the dashboard with the Committee. In response to a query, it was confirmed that a clinical decision would be made about what constituted a serious incident. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG agreed to provide further information including a Root Cause Analysis used to identify any issues/learning.

26. Hospital Transformation Plan - Update

The Committee received a verbal update on the Hospital Transformation Plan from the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG. He apologised that an update on the Strategic Outline Case could not be provided until it had been through the assurance process and published. The development of the programme going forward was therefore limited and at the moment, the only work ongoing was development of the Outline Business Case which would be ready later in the year.

Members of the Committee raised the following questions/comments:

Concern was raised at the slowness of the process and the Chairman queried who the Committee could raise their concerns with and reminded Members that they could of course write to the Secretary of State to voice their concerns about the delay being encountered.

In relation to the Travel and Transport Plan, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG agreed to bring an update to the next meeting.

In response to a query, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that the only changes in relation to primary care was around enhanced services outside of the core 8.30am to 6pm. Access for many patients may prove difficult and ways to mitigate this were being considered in order to provide the right service for the whole population. Councillor Shineton commented that the report from the Care Closer to Home Workshop that she had attended the previous week may overcome some of those problems.

A brief discussion ensued in relation to who was investing in primary care. In response it was confirmed that national investment was being made and that there was a clear plan for a 26,000 increase in workforce, the majority of which would be non-GP staff eg pharmacists, paramedics, social care etc. This was being fully funded by NHS England, which was a change from the originally proposed 70% funding.

Concern was raised at the difficulties attracting these types of staff to the area. The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that if the right incentives eg work/life balance, not too stressful, rewards etc were offered this would make primary care more attractive. A brief discussion ensued about the growing number of GP practices being consolidated to create larger practices. It was felt that this trend was likely to continue as the profile of GPs changed however concern was raised that this would lead to the loss of some rural practices.

In response to a query about better use of IT, the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG explained that more could be done virtually and he gave an example from his own practice. He felt that if it was proving increasingly difficult to provide, there may be a cause for an online, Babylon type system, which would immediately give an appointment via either video, telephone or in person with a GP very quickly. This type of service worked quite well for a specific group of patients ie those aged under 65 with no long-term conditions, where access to patient notes was not required.

The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG, stated that increasingly the nature of GP surgeries were changing, younger GP's didn't want to become partners, they may wish to work in a hospital/academia, have salaried appointments etc and bringing practices together may make it easier to offer this. He felt that we would see a different workforce in five years time.

The Chairman thanked the Accountable Officer Shropshire CCG and Telford & Wrekin CCG for his attendance and his responses to Members questions/concerns. She confirmed that he had agreed to provide further information as follows:

- An update on the Travel and Transport Plan;
- CQRM Dashboard in order for the Committee to see how assurance was gained; and
- More detail in relation to stillbirths.

27. Reconfiguration of Ophthalmology Services - Update

A response in relation to the Reconfiguration of Ophthalmology Services had been received by the Committee – copy attached to signed Minutes. The Chairman suggested that the Committee write back to Mr Tony Fox requesting more detail in relation to the delay in asbestos removal on Ward 35 and MLU including clarity on the timescales.

28. Joint HOSC Work Programme

A brief discussion ensued in relation to the Joint Work Programme – copy attached to the signed Minutes. Items to be considered included the following:

- Travel and Transport Plan – the Accountable Officer for Shropshire CCG and Telford & Wrekin CCG to confirm
- Serious incidents – Committee could look at this in more detail outside of the meeting
- Ockenden Review – this will be published much later in the year around October/November. The Committee could respond when published.
- CCG as a single commissioner
- Primary Care/Primary Care Networks
- Long-Term Plan when published – development of delivery plans. The Scrutiny Officer felt that it may be useful for the Committee to look at this.

The Accountable Officer for Shropshire CCG and Telford & Wrekin CCG hoped that the Long-Term Plan would be signed off by Spring.

- An item on mental health was suggested in relation to its impact on A&E/Admissions/Ambulance Service – advice would be sought as to the best way of investigating this and Terms of Reference drafted before coming back to the Committee.
- Transformation of Midwifery Care – The Chief Officer was not hopeful that this would be ready in time for the next meeting.
- Dashboards – this may lead to requests for further papers.

29. Co-Chairs' Update

Update on the work of each Council's Health Scrutiny Committee

Shropshire Council:

- Health and Social Care Task and Finish Group looking into the implications of IBCF changes
- Information sheet on what the Musculoskeletal service looks like in Shropshire

Telford and Wrekin Council:

- Adult and Children's Mental Health – joint Committee between two scrutiny Committees.

It was agreed to have regular updates on Covid 19. The Chairman drew attention to the draft protocol on working with Joint Scrutiny Partners and what to expect from each other. She requested that the Chief Officer comment on the protocol once seen.

The meeting concluded at 1.25 pm

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Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

Restore and Recover update

Joint HOSC update

06/08/20

Communications and Engagement for restore and recover

Communications and Engagement Documentation

- Draft Communications and Engagement Strategy for System Restoration and Recovery
  - Supplements refreshed STP Communications and Engagement Strategy
  - To be supported by continually refreshed delivery plans to reflect ongoing changes to services, potential outbreaks or further surge etc

- Engagement for restoration
  - Summary of engagement activity to inform activity – June 2020
  - Informed by Healthwatch surveys, PALS, complaints
  - Final Healthwatch reports now produced

Stakeholder and System engagement

- Communications and Engagement Task and Finish Group
  - Fully supported by all member organisations
  - Feed into Sitreps
  - Addressing Restore and Recover Communications for individual services
- Communications and Engagement Leads aligned to activity
  - Active on Task and Finish Groups e.g. Care Sector (care homes and domicillary care), Testing, PPE, Infection Prevention and Control, Community Resilience, Elective, Outpatient , Cancer, Mental Health, Primary Care and Community etc
  - C&E input into System Restoration, Silver, Gold
- Working with Healthwatch and VCSE
  - Members of ICS Shadow Board, System Restoration and multiple groups
  - Frequent sharing of intel from surveys and other feedback
  - Developing the Volunteering Approaches Programme – Jane Povey as chair
- MPs, Joint HOSC
  - Regular written and virtual updates (August break)
  - Chair and full committee meetings with Joint HOSC
- GP messaging
  - Regular written updates
  - Referral to services being restored key messaging

Public and staff engagement

- Healthwatch Shropshire and Healthwatch Telford & Wrekin
  - Coronavirus impact survey – final reports now available
  - Hot Topics and emails
  - Further surveys planned- collaborating on subject matter
- SaTH virtual networking forum
- Informal engagement group
  - Assessing technology opportunities for involvement
  - Mapping VCSE groups and social media groups in particular to reach seldom heard groups (need to link in to where these groups are continuing to meet virtually)
- Reaching and assuring staff
  - Frequent staff updates delivered by member organisations by email and virtually
  - Member organisations issuing communications for appropriate services coming back online
  - ICS Shadow Board and Gold issue wider staff communications on restore and recover and the wider ICS messaging

Public and staff engagement

- Reassuring the public
  - Regular Radio interviews and newspaper columns e.g. Arne Rose
  - Frequent press releases issued by all organisations and shared by partners and both Healthwatch to further reach
  - Using social media channels of partners and stakeholders for example MVP and Healthwatch
  - Radio interviews planned for system restoration and recovery messaging
  - Press releases issued to support wider reassurance beyond individual services
- Reassurance messages
  - Services are being restored with safety, staff capacity and potential for outbreaks and surges in mind
  - Services are available but your experience will be different due to social distancing
  - Appreciate of patience and understanding as we prioritise some patients and procedures

Current focus areas

- Outbreak Planning
  - C&E representation from NHS and System on Public Health-led Local Engagement Board
  - Learning from Leicestershire through regional NHSI C&E network
  - Updates to C&E Task and Finish Groups
  - Linking with Public Health colleagues to engage with groups
  - Children and Young People planning in place through Public Health and through the System activity

- Service focus
  - Focus on restoration of key services e.g. cancer using the national materials such as Help Us Help You and Be Clear on Cancer
  - Explain new ways of accessing services such as primary care by producing short videos of a walk around a GP practice
  - Explain which services are open for business e.g. GPs can offer face to face consultations
  - Start to consider those services that will be ‘recovered’ and engage

Current focus areas

- Reaching and involving communities
  - Undertake QIAs to understand impacts and consider implications for seldom heard groups e.g. BAME, Eastern European, younger people, rural communities
  - Challenges of technology – exploring DPIA for software usage, assessing ability to expand SaTH's software usage across member organisations
  - Listening and learning to develop appropriate surveys
  - Mapping how and where people are meeting in our new virtual world – thinking about how we link in with their social media groups and networks
  - Working through engagement colleagues in all organisations, Healthwatch and VCSE community
  - BAME, Eastern European – national and local translations and look at existing and new distribution channels e.g. community groups, businesses, Police CSOs
  - Cross border considerations – joining up ways of working, providing information to GPs for referrals
  - Engage with faith groups and link to communities via videos in own languages and dialects

- Interdependencies
  - Wider system working through ICS Shadow Board, Implementation Oversight Group (Hospitals Transformation Programme)
  - Planning for winter and roll out of Think 111
  - Support for national campaigns

Questions

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Covid-19 engagement audit and mapping for restore and recover

Version control

Development	Date	Author	Version
First draft from STP engagement and communications lead	June 2020	PS	V1.0

Introduction

As we start to assess how we continue to provide services in the short, mid and long-term, it is essential for us to understand how individual people and communities have experienced these services and changes to them. Any approach needs to link to our five-year plan ambitions and priorities which are being reviewed in light of the impact of the coronavirus and a refocus will take place where needed.

Nationally and locally we have seen how appreciative people are of NHS and care staff. However, we are fully aware that this honeymoon period may soon be over. We need to ensure that we actively listen and respond to what people tell us about their experiences during this time so that we know what worked and what could have worked better. Most specifically how they were affected by the pandemic and changes to services and how we can make the most of learning and further improve services and involve people where needed.

We need to ensure that we are not just seeking views, but that we are involving our communities in the restore and recover activity, with representation on the care pathways and system restoration groups, so that they can have input at the earliest opportunity in co-designing services.

We must also seek to find innovative ways to engage with all audiences and work with advocates to seek the views of those within the protected characteristics and seek to address health inequalities.

Summary

This document is the preliminary report on Covid-19 engagement for restore and recover. We have commenced a mapping exercise to understand the feedback that has been gathered to date since the outbreak of the Covid-19 pandemic. It is clear that much of the resource in the system's engagement capacity was re-directed to support communications activity and therefore feedback is limited, however discussions are ongoing with colleagues to gather existing feedback and planned activity. It is a living document and will be updated as more information is forthcoming from colleagues.

To date we have gathered interim feedback from surveys regarding the impact of coronavirus on individual people and communities conducted by Healthwatch Shropshire and Healthwatch Telford & Wrekin; and data from Shropshire and Telford & Wrekin CCGs' PALS and complaints service.

The insights from the engagement activity will feed into any refresh and refocus of the Shropshire, Telford & Wrekin STP Long Term Plan and the programme priorities. We will also draw on any national surveys such as the recent report findings published by Public Health England, the Healthwatch England report: What are people telling us about Covid- 19 and research conducted with particular audiences including carers, youth trends and girl guides. (Appendix 2).

In addition, we will look to include insights from forthcoming surveys, including one planned by the NHSEI national engagement team on the disproportionate impact of Covid-19 on BAME communities and those looking at children and young people and impact on mental health.

We will now ensure that all NHS and Local Authority colleagues have had the opportunity to provide feedback and requests to partners including the VCSE and will capture this in a refreshed report by X 2020. This draft report will then be shared with the System Restoration Group for further discussion and to XXX for consideration of the recommendations.

Why people's views are important to us

The draft communications and engagement strategy for system restoration sets out how we need to make decisions based on hard and soft intelligence and be informed by an understanding of equality impacts. This means listening to partners, stakeholders, clinicians, staff and the public.

We need to understand the impacts on local people of any planned changes, especially any transformations made during the pandemic that may have the potential to remain in place. We will not assume that any change, that may be seen as beneficial, is so for all people. By collecting, collating and sharing this valuable insight, partner organisations will know what worked for their communities as well as for health and care organisations as well as where further support might be needed.

There are duties in place to ensure health and care organisations involve people in their plans. This has not always been possible for the quick and often drastic changes made to services as a result of coronavirus and national guidance on engagement changed during the pandemic. However, at the earliest time we have tried to ensure we listen to the public and will do so during all future phases as decisions are made.

Feedback

From the limited feedback we have been able to gather to date, the following key themes have arisen:

- Lack of social interaction / loneliness
- Worry about a family member or trying to support them
- Work / finance related concerns
- Lack of treatment for an existing health condition
- Fear of catching the virus / testing / PPE
- Lack of information
- Access to services / technology

Below is a brief summary of data from both Healthwatch organisations. Please note their reports are currently in draft and unapproved and therefore not available in the public domain at this time.

Healthwatch Telford & Wrekin

Healthwatch Telford & Wrekin used a series of methods to gather feedback. It received comments via its Feedback Centre, emails, telephone calls and letters. It set up a WhatsApp video calling service which is open five days a week between the hours of 10am and 6.30pm.

In addition, two surveys were conducted which received 114 responses in total:

- Experiences of health and social care services during Covid-19: 64 responses
- Dental services pre and during Covid-19: 50 responses

In the Healthwatch Telford & Wrekin Covid-19 survey

- 48.44% stated the pandemic had affected their ability to access healthcare
- 77.78% of respondents stated that it had not delayed people in getting any medical treatment
- 54.69% found it easy to understand about keeping self and others safe

Survey respondents reported the following as their top three sources of information:

- NHS/Government online information: 80.65%
- Media: 69.35%

- Local organisations: 67.74%

From the interim report, the top five themes emerging appear to have been:

- Access to services
- Lack of information
- Testing
- PPE
- Use of technology

Healthwatch Shropshire

Healthwatch Shropshire conducted a Covid-19 experience survey from the 9th April until 31st May. In total 568 responses were received. This report is based on interim feedback up to 3rd May at which point 440 responses had been received. Four reports were completed during the period 9th April to 3rd May, one each week, thereby providing a view of how opinions and concerns changed over the first month that the survey was live. The final report for the entire period of the survey will be available in early July 2020.

The Shropshire survey found that

- The percentage of people that reported they were 'very confident' or 'confident' that they could access support if they needed it remained consistent at levels between 53% and 59%
- People's level of confidence correlated to how easy they found clear and understandable information. Of those who were 'not confident at all' 30% had not found it easy to find information relevant to them.
- The percentage of respondents who felt their mental health had been affected 'significantly or to a 'slight degree' rose from 57% to 61%, while those that found it had been affected to a 'slight degree' rose from 40% to 51%.

Respondents reported their top three sources of information as being:

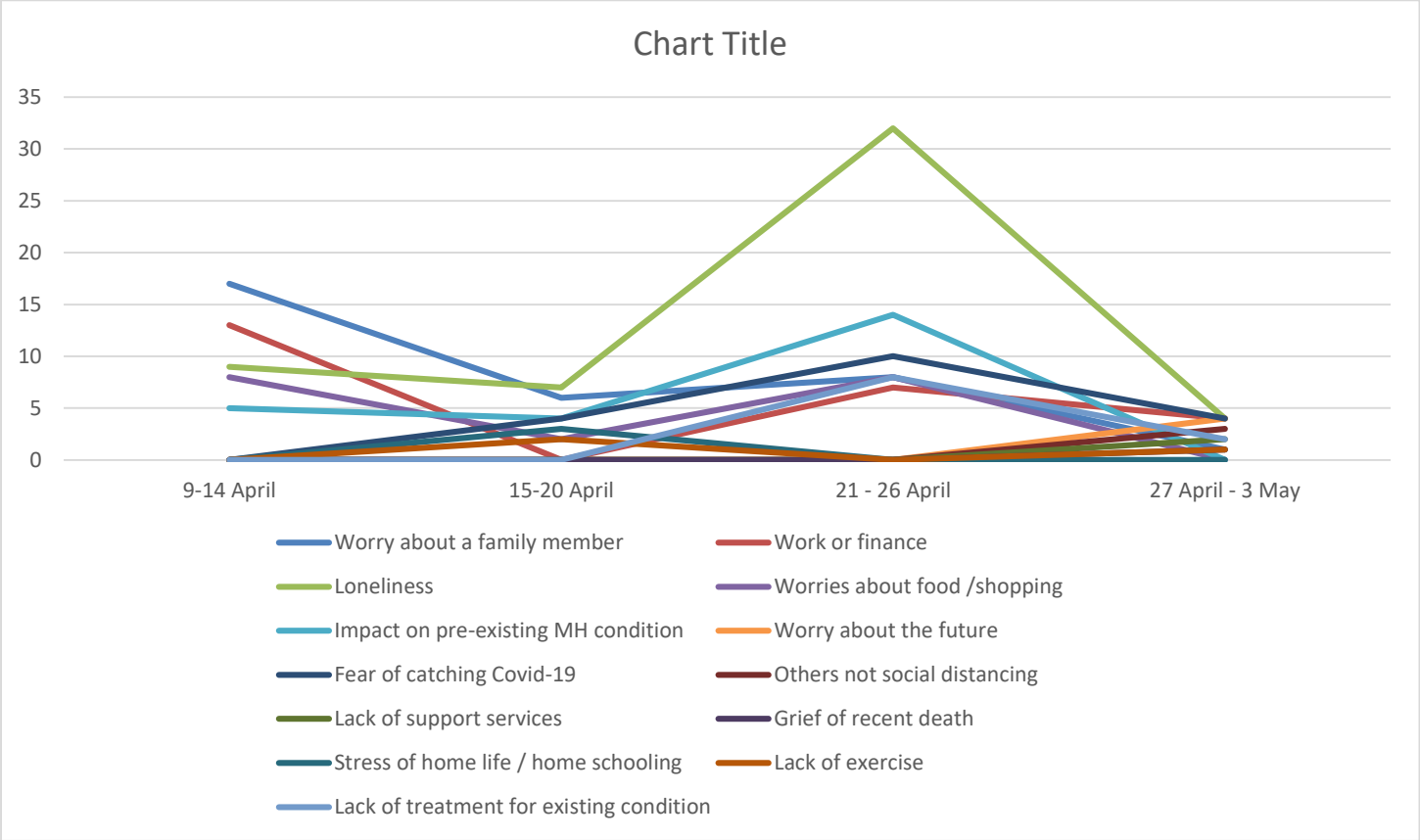
- TV and radio: 54%
- Social media: 50% falling to 49%
- National government: rising from 28% to 40%

Top five themes were monitored each week for the duration of the survey. They varied across time but the recurring top themes highlighted in the first month were:

- Lack of social interaction / loneliness
- Worry about a family member or trying to support them
- Work / finance related concerns
- Lack of treatment for an existing health condition
- Fear of catching the virus

As at the close of the survey on 31st May, these themes remained consistent, with food and shopping becoming a greater concern as the lockdown period progressed. Concerns regarding treatment for existing conditions rose from 40% for the first four-week period to 50% over the full course of the survey.

The graph below, shows the variety of top themes across the four-week period from the start of the survey:



Shropshire Healthwatch also asked if anything helped people cope. Again, these varied over the four week period, but some consistent themes were:

- Physical activity, including gardening
- Sharing with family and friends / neighbours
- Contact from support networks
- Shopping support
- Social media

Shropshire Community Health NHS Trust

No formal surveys have been conducted during Covid-19, however below is a summary of comments volunteered by patients receiving treatment from the community trust:

Knitted hearts project (inpatients):

"I recall giving a pair to a particular patient and her son who had cared for her all of his life. He had what was probably a very mild learning disability such that his twin sister supported them to live as independently as possible, and she planned to support him when their mother died and he had to live alone. We therefore gave her an additional matching heart so that he could continue to feel the link with his family during their bereavement. We encouraged him to choose the colour his mum would like as she was no longer able to: he chose a pink which he explained was the same as many of the clothes she used to wear when well. Delivering this support made it easier for me and the other staff to manage the emotional demand of caring for patients and the needs of their relatives, which is difficult with the current restrictions."

Trust swabbing service

"Thank you for - getting testing organized and results back to me so quickly 👍"

"They offered reassurance, smiles & total professionalism."

Bridgnorth and Whitcurch MIU
"Absolutely brilliant. My daughter tripped on the garden and has broken her collarbone. All the staff were amazing and protection against Covid 19 was brilliant. Couldn't have asked for more. Thank you so much."

"Patients express clearly that they are reluctant to attend due to Covid 19. When they do attend they voice gratitude, and are hopefully reassured that services continue safely for those who need it."

Dudley school of nursing deployed to swabbing team
"On behalf of the Care Homes Group I would like to convey our thanks and appreciation for all the hard work you and your team have been doing with regard to COVID-19 testing in care homes. Certainly you have made a difference and a positive impact to care home residents in Dudley."

Health visitors
"Health Visitor was so helpful even with the horrible circumstances. Very professional and clean, I felt safe bringing my baby"

"I think I prefer a telephone call to face to face as I felt I could talk more easily and those early days can be so busy with visitors it is sometimes too much".

Care home MDT
"I would like to send our thanks as a team to your Home Care Team for all of the support they have given to the patients and staff, I know the staff in the home have felt supported by your staff".

Psychology team
"It's really helpful to know that we can pick up the phone to you if we feel we are struggling".

"These resources are great and really helpful, thank you".

Dental team
"Very grateful patient seen today, really understanding of the challenges faced. He said the NHS clap he would be doing tonight would be dedicated to the dental team".

"My child loved the decorated visors and pictures of the staff so they were not as frightened

Wheelchair service
"Huge thank you for such an amazingly quick and very stress-free response. We enjoyed a long walk, and push, in the buggy this afternoon."

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

No formal surveys have been conducted during Covid-19. Due to the suspension by NHSEI of the Friends and Family Test at the outset of the outbreak no comments or data are available.

Shropshire and Telford & Wrekin CCGs

Shropshire and Telford & Wrekin CCGs' have collated feedback via their PALS and complaints system during the pandemic. Of the 140 comments received in regard to services in total, 36 were specifically identified as Covid-19 related, however, in total 63 comments could be attributed to Covid-19 themes. The key themes and number of comments received are set out below:

Access to Prescriptions/Medication	10	Access to Shielding Letter	9

Covid 19 Testing	9	Workers not following guidance	1
Hospital Appointments - Access	9	GP Registration	1
Access to Dentists	4	COVID Impacting Mental Health	1
Availability of PPE	3	Poor Comms - Hospital	1
Phlebotomy - Access	2	Compliment - POD	1
Hospital - Visiting	2	NEPT Access	1
Compliment - GP	2	NEPT - Quality of Service	1
Care Agency Availability	1	Support with Shopping - Access	1
Poor Comms - GP Practice	1	Access - GP Appointments	1
Skin Clinic - Access	1	Poor Comms - UTC Move	1

In addition, further information will follow for the refreshed document in July 2020. Appendix 3 has a summary of the CCGs' Covid-19 specific activity for reference.

Shrewsbury and Telford Hospital NHS Trust

SaTH received nine formal complaints relating to Covid-19. A summary of the themes raised is included below. It is worth noting that many of these were raised in the early stages of the pandemic and therefore practices / measures were amended over time:

- IPC measures in ED and wards, including distancing of beds, cleaning of bathroom facilities
- Ability to stay with patients brought in with suspected Covid-19
- Ability to stay with patients at end of life
- Concerns raised by patients regarding visitors
- Testing
- Dignity and respect of staff regarding patients and visitors
- Communication with families and patients

Issues raised through PALS:

- Delays to treatment
- Cancellation of appointments and surgery
- Problems getting through to wards to get updates on patients
- Relatives not being allowed to stay with patients
- Queries over testing
- Property being lost possibly due to visitors not being with patients
- Concerns re lack of social distancing in hospital.

As with other organisations, SaTH has adopted new ways of working to engage the public. Insights will be provided in the July report. These include:

- A new monthly newsletter, Engagement News: https://www.sath.nhs.uk/about-us/get-involved/community-events/
- Engagement workshop through MS Teams
- Virtual Community Engagement Meeting to take place 25th June 2020
- Development of remote academies
- A project with Telford College with artwork donated through the pandemic

Further surveys / insights

At the time of drafting MPFT was providing information from PALS and complaints. All further insights will be included in a refreshed report in July which will incorporate the final reports from Healthwatch Shropshire and Healthwatch Telford & Wrekin.

Issues raised by protected groups

Further information will be made available from the final reports of the Healthwatch surveys and any other sources in relation to the following characteristics:

- Age
- Carers
- Disability
- Pregnancy and maternity
- Race, religion and belief
- Rurality
- Gender and sexual orientation
- Other

Prior to its final report, Healthwatch Shropshire has shared that of those who identified as having a disability, 69% reported that their healthcare had been affected as opposed to those who were not disabled. In looking at the urban and rural areas of the county, very little difference was recorded in responses with regard to health care. However, those in rural areas reported greater issues in relation to social care concerns than those living in more urban areas. Further information will be provided in a refreshed report in July.

Key themes

The following comments have been taken from the information provided by Healthwatch Shropshire and Healthwatch Telford & Wrekin. Please note this information has been taken from the interim findings of their surveys. A refreshed report will be provided in July 2020, which will incorporate the feedback from their final reports.

Feelings

- We have heard about people having the “fear factor” around going into services, therefore are not going when they really should see someone, i.e. GP
- Elderly people are anxious and feel cast aside by society because they are old and/or sick
- Very fearful of getting ill. I feel it’s like Russian Roulette. If you get it you may die. In my head I will die if I get it.
- I am recently widowed and live alone. I cannot attend my bereavement group due to lockdown or spend time with my family or friends like I was and need to, therefore it is definitely affecting my mental health and I have gone ‘backwards’.
- Anxiety when going out…stressed staying in…vicious cycle.

Information and communication

- Not much info about over 70 & vulnerable after 12 weeks self-isolated.... what happens next?
- More clarity is required from government and government departments on information and statistics, I feel sure that the information was deemed to be correct all of the time but cannot help feeling that sometimes this was not the case
- Concern raised about phased return of primary school pupils and no information on how safely they can achieve social distancing with the youngest of the school community returning first.

- People felt supported by Telford and Wrekin council, they received very informative tweets and maintenance of services especially refuse and recycling services

Access to services

- COVID19 should not have had precedence over other health conditions such as cancer. Many more people will die because of this than died from COVID19
- Concerns raised about health screening and diagnostic
- General concerns on ongoing treatments being understandably on the backburner
- Have not followed up on recurring symptoms requiring further investigation at present as I don't think this could be done without face to face GP appointment.

Care homes /caring

- Many parents work in local care homes and today's news highlights the difficulties and vast numbers of COVID deaths care homes have had to deal with
- I visit an elderly person as part of compassionate communities program but have not been able to go during lockdown.
- I don't have a care worker visiting to shop and help me, I've had to rely on my son who lives some distance away who has managed to get to me a couple of times. We were told this was going to be supported housing.
- Being able to support an old couple by doing their shopping for them makes me feel like I am helping – only met via Facebook request from their son who lives 150 miles away.

Technology

- Not a return to business as usual and to use this moment to create a new normal. More use of technology for appointments
- People found telephone to conduct reviews more beneficial, especially when related to accessing GP services
- More use of technology for appointments requested

Dental services

- Dental practices should be triaging their patients and referring them to Urgent Dental Centre as appropriate. We have heard that some Dental practices are in fact closed and their patients not being triaged
- A patient who has an underlining health condition required Dental treatment. Dentist did urgent referral to SaTH, but they will not do anything siting COVID. Dentist and GP say this person required urgent treatment as the other condition could flare up and have serious consequences for patient. SaTH still declined.

Testing

- Someone in a household of 3, which includes 2 teachers and a healthcare professional raised the issue around lack of testing or antibody testing

PPE

- Lack of clarity around where carers can request PPE
- Uncertainty around PPE and when to use it appropriately

Next steps / recommendations

We recommend that we undertake the next steps to look at how we hear voices from the groups and areas identified in the gaps section, including:

- Identify gaps and develop surveys and other techniques for gathering views

    - Consider training volunteers to undertake a series of interviews of people in setting such as care homes, sheltered accommodation and housing association properties once visiting restrictions are lifted
    - Identify technology to be used in engagement
    - Work with colleagues and partners to conduct further surveys
- Gain a clearer understanding of the views of children and young people Programme Board in relation to services such as mental health provision, including those in care hommes settings.
- Conduct specific voluntary and community sector surveys to understand about their organisation, the range of services they provide, who they provide these services for, how they communicate and where they offer services
- Understand the feedback from women, their partners and families in respect of maternity services and feed into the Local Maternity System Programme Board.
- Continue to stay abreast of national research findings and feed into local knowledge
- Work through the workforce task and finish group to capture staff learning from Covid-19
- Understand the local responses and action plans responding to national reports such as the UK Carers report "Caring behind closed doors", by developing action plans to the main points / recommendations.

Conclusions

This report puts us in a good position to commence planning the next phase of delivering on our priorities in the face of the coronavirus pandemic. It begins to allow us to understand where further insight and therefore possible engagement might be needed to support planning for certain programmes. Further input is required from colleagues across the system and also discussions with partners, particularly in the VCSE community.

While we gather more information, understand the gaps in our understanding and develop a forward-looking plan there is still much that can be done. This includes ensuring patient and public involvement on care pathways groups and undertaking further targeted surveys to inform specific areas of activity and service change decisions and implications.

Appendix 1: Contributing reports

Healthwatch Shropshire: interim findings Health Care, Social Care and Well-being services during the Covid-19 Pandemic. (Unpublished as of June 2020)

Healthwatch Telford & Wrekin: interim summary findings from the online feedback. (Unpublished as of June 2020)

Shropshire and Telford & Wrekin CCGs' PALS and complaints log

Appendix 2: National insight

Care Quality Commission: Covid-19 insight

Carers: Carers UK: Caring behind closed doors, April 2020

Centre for Mental Health: Covid-19 and the nation's mental health, May 2020

Digital: https://wearemhabitat.com/blog/digital-health-for-all-in-the-time-of-covid-19

Girlguiding: Girls tell us how they've been affected by the Covid-19 crisis

Healthwatch England: What are people telling us about Covid- 19, May 2020

Independent age: A series of blogs and a focus on social care:

- Changes to care part 1, by Anne https://www.independentage.org/home-truths-changes-to care-part-1
- Changes to care part 2, by Anne: https://www.independentage.org/hometruths-changes-to care-part2
- Care for Carers, by Margaret: https://www.independentage.org/hometruths-care-for-carers

National Voices: ourcovidvoices.co.uk

National Youth Agency: Vulnerable Young People: COVID-19 Response

NHS Confederation: The impact of COVID-19 on BME communities and health and care staff, April 2020

Public Health England: Disparities in the risk and outcomes of COVID-19 – June 2020

Take the temperature report: National Youth trends

Young Minds: Coronavirus: Impact on young people with mental health needs

Appendix 3: Shropshire and Telford & Wrekin's engagement channels during Covid-19

Shropshire and Telford & Wrekin CCGs' engagement delivered during COVID 19 - 23.03.20 - 17.06.20		
Groups	**Activity**	**Dates**
Engagement with Vulnerable Groups	Sending out easy read material in connection with COVID 19 messages	30.03.2020
General engagement	Continued Facebook messages from National Comms Team	Ongoing throughout last 12 weeks
	POLL on Twitter - Technologies people use	
	Primary Care Survey Developed but not delivered as rise in number of patients attending the GP Practice	14.05.2020
	Introduction - New STW MVP Chair to members of support groups (9Protected Characteristics)	16.06.2020
Engagement with Patient Groups	Zoom Meeting with Committee from Telford Patients First Group - identified a few issues - see Patient Feedback tab. Also feedback on preferred technologies used by the group	10.06.2020
	Advanced Care Planning - Example of Patient letter sent to Telford Patients First for comment and suggested amendments	11.06.2020
	Working with Telford Patients First and Shropshire Patient Group to identify ways in which they use Digital Technologies to stay connected with colleagues, family and friends	16.06.2020
	Working with Telford Patients First and Shropshire Patient Group to look at how they can develop a campaign to remind/encourage patients to let healthcare services know of any change in contact details i.e. telephone numbers, change of address, email addresses	16.06.2020
Staff Engagement	Virtual Staff Huddle - Mondays and Thursdays	08.06.2020

Communications strategy to support the Covid-19 System Restoration process

Shropshire, Telford & Wrekin STP

July 2020 - TBC

Version control

Development	Date	Author	Version
First draft from STP engagement and communications lead	May 2020	PS	V1.0
Revised draft following receipt of NHSEI submission feedback letter	May 2020	PS	V1.1
Refresh following feedback from NHSEI, discussions with JHOSC chairs and PHE Report.	June 2020	PS	V1.2
Refresh following draft of preliminary Covid-19 restore and recover engagement report	17 June 2020	PS	V1.3
Refresh based on ongoing developments	09 July 2020	PS	V1.4

1.0 Background

The initial assumption for a steep and early surge in C-19 has not happened as predicted, it has to date not overwhelmed capacity in STW. However, services still need to be in place to prepare for another wave. While work is underway to reinstate some diagnostics and elective surgery, local demand and capacity modelling continues to take into account the changes to services that need to remain in place and what can be reinstated either temporarily or longer term in preparing for a potential further wave or outbreaks as we progress towards the winter months.

From June 2020, we started to have a clearer picture of the services that we believe may be beneficial to remain changed and those that required restoration. In addition, clear guidance became available from NHSEI regarding priority services to restore.

For each of these 'restore' services, communications and engagement colleagues have been supporting the activity around services being restored by their own organisations. The process continues to be enhanced and is defined and coordinated by the STP lead for communications and engagement through collating feedback from documentation presented initially to the System Restoration Group each week.

In making assessments regarding any proposed service changes we consider both the hard and soft data. From a communications and engagement perspective we consider all members of the public including those within the protected characteristics and contribute to Equality Impact Assessments as part of the system Quality Impact Assessments required for approval for any service restoration.

System communications and engagement is carried out to inform local people of changes to services and reassure the public. Collaborative activity continues to gather views on all services, but also specific priority services and those that may see longer term changes.

Staff remain a priority audience and system partners are ensuring that frequent, in most cases daily updates are provided. These are on message and promote a range of initiatives, such as the national Help us help you campaign. Thanking and celebrating staff, including those that have re-joined the NHS, is part of the ongoing communications activity and work is aligned to support the workforce plan.

2.0 Aims and objectives

- Support and celebrate the integrated working with local authorities and other partners to date and in the recover and restore phase
- Highlight and triumph the contribution of all staff across the health and care system
- Educate and reassure that there is a plan in place to recover and restore quality services and that decisions are clinically led
- Inform staff, stakeholders and the public of the scale and complexity of restoring services and the considerations and interdependencies
- Communicate the changes to restore services and educate with regard to why decisions have / are being made
- To highlight statutory duties to involve, Public Sector Equality Duty, health inequalities etc. and understand the legal position and advice available with regard to any potential consultations
- Ensure that research into new ways of working is being undertaken in order to facilitate the above, including online engagement tools
- Support the work of the public health teams in planning for outbreak resilience
- Share and learn from best practice through regional and national NHSEI communications and engagement networks

3.0 Patient and public involvement

We cannot assume that changes that are perceived by us as being positive are seen so by members of the public. Our Duty to Involve is a continuous process and we need to ensure that any service changes have a correlating Equality Impact Assessment (included within the Quality Impact Assessments in most cases). This will allow us to understand those that may negatively impact and any mitigations. That said, there will be many positive angles that should be communicated through partners' channels and the media.

We need to take into account that some services may be performing better post a service change. However, we need to know what data is in place to measure this and how we involve the patients and public in retaining some changes and how we consider the need for future consultations that may be required once the service change can no longer be considered a necessity due to the emergency.

As part of this activity, a separate Covid-19 engagement mapping report has been produced to assess feedback to date. A subsequent gap analysis will identify activity required to gather further feedback in regard to specific key themes and services and also to understand the key needs of those with protected characteristics to address health inequalities.

4.0 Staff engagement

Staff across the system are continuously involved and informed via each partners' channels. These include daily updates from clinicians, CEOs, AO and HR directors; intranets; social media and local media. Key messages are coordinated via the Communications and Engagement Task and Finish Group and collated in the system sitreps. As we've moved into the restore and

recover phase we are issuing all staff communications across the system from the Independent Chair of the ICS Shadow Board. These will continue moving forward with updates at regular intervals.

Staff and public communications are on message. For instance, we provide weekly or more frequent updates when appropriate regarding the “Help us, help you” campaign materials and messaging. We continue to thank and celebrate our staff for the work they are doing, those who have stepped into new roles and those that have returned to work in health and care organisations locally. The ongoing recruitment of new staff is covered in the workforce plan and supported by communications.

A communications lead is aligned to the Workforce Task and Finish Group and coordinates messages. Staff communications form an ongoing part of the discussions at the resurrected STP Communications and Engagement workstream and a detailed coherent and unified system plan will be produced in line with the system restoration timeline.

5.0 Positive communications

Ongoing feedback via multiple channels continues to highlight the messages of reassurance around availability of services and those being restored while being mindful of the need to communicate that the way we access services has changed for the foreseeable future. We are addressing any confusion with regard how services are operating to ensure people can receive access to the care they need.

6.0 Crisis communications

The nation has been supportive of the NHS and the staff during the pandemic. However, we cannot expect the honeymoon period to last. As we have seen during previous service change engagement and consultation, local people will still have concerns and be resistant to change of location, hours, services offered and we will undoubtedly hear raised noise levels from those that believe some changes were made in order for a longer term change to be implemented under the guise of responding to the need to have safe services during C19.

In addition, we are seeing small local outbreaks and have been learning from the experiences of other STP’s experiencing larger scale outbreaks. The Communications and Engagement Lead for the STP sits on the local outbreak resilience engagement board alongside local authority colleagues to ensure that although public health lead on planning and handling communications and engagement, NHS commissioners and providers are represented, fully informed and prepared to support in the advent of a crisis of this nature, along with the potential of a further surge.

7.0 Audiences and channels

In all communications, audiences will include communications leads in all STP member organisations; key partners (including Joint HOSC chairs and members, Healthwatch Shropshire and Healthwatch Telford & Wrekin, councillors and MPs, VCSE); staff, media; general public. Stakeholder mapping to support this approach is ongoing to identify any further key groups and channels for communication, such as the increased number of voluntary and community organisations formed or resurrected during the Covid-19 response.

There will be a range of stakeholders and members of the public that will need to be involved in any specific plans to retain temporary changes to services. A focus on the impacts on members of the local population within the protected characteristics are addressed in equality impact assessments and stakeholder mapping with a clear focus on health inequalities.

Below we have taken an example of where engagement will be required, as an example this could be virtual consultations. Consideration will need to be given with regard to:

- Are alternative forms of consultation available to this approach?
- Who could be disadvantaged by the change and what if any are the mitigations?

Audience	Channel
Staff in all NHS and LA organisations	CCG and LA communications leads
GPs and practice nurses	CCG
Care home staff	LA
Patient groups	CCG
Members of the public	All partners' channels, media
Seldom heard groups / nine protected characteristics	Carry out EqIA to assess communication channels. This involves the VCSE, patient advocates including Healthwatch, feedback from HWBBs and through the scrutiny function of the Joint HOSC.
Key stakeholders including MPs and Councillors	STP communications through virtual stakeholder briefings
Healthwatch	STP communications through virtual stakeholder briefings and through their representation on care pathway groups, system transformation meetings and input as members of the ICS Shadow Board.
Joint HOSC	Weekly briefings to joint chairs and attendance at virtual meetings with jointly defined agendas.

8.0 Message delivery and timing

The STP Communications and Engagement workstream consists of all partner organisations: SaTH, Shropcom, RJAH, MPFT, Shropshire Council, Telford & Wrekin Council and the CCGs. Members also include the VCSE leads for two umbrella organisations, VCSA and COG and both local Healthwatch organisations. We draw on communications colleagues in all organisations to support the messaging through their own channels and internal communications. We work closely with local media to communicate all changes.

Stage 1 – w/c 25th May - on going

- Continue to undertake regular staff and stakeholder communications
- Commence issuing communications regarding services returning to same status as pre Covid 19

- Continue with NHS open as usual and Help Us Help You messaging and other national messaging
- Continue with wider Covid 19 messaging re Test and Trace, PPE etc
- Commence research into online engagement tools
- Collate feedback gathered by Healthwatch, PALS, commissioners and providers and provide a summary document for the 19th June submission
- Feed into internal discussions for system restoration
- Liaise with Healthwatch
- Continue discussions with Joint HOSC Chairs

Stage 2 - w/c 29 June (TBC) - on going

As above plus:

- Commence public and patient discussions / surveys / forums etc to gather feedback on some of the changes to services that have been experienced to inform decisions moving forwards
- Reboot generic engagement activity – survey in conjunction with Healthwatch, use of online tools, messaging to CCG patient forums, provider membership schemes and SaTH academy etc
- Prepare stakeholder mapping for services that have the potential to remain changed
- Provide advice and guidance internally with regard to future requirement for consultation and the necessary processes and include discussions with joint HOSC Chairs and our reach to JHOSC members
- Develop a detailed programme of engagement and communications activity to incorporate identification of resource requirements

Stage 3 – w/c 13th July (TBC) - ongoing

As above plus:

- Introduce communications with regard to services that have the potential to remain changed
- Prepare crisis handling plans for services that have the potential to remain changed
- Adopt online engagement tools and continue with engagement activities
- Commence detailed engagement activity as per plan
- Feedback on engagement activity to date and influence on decisions
- Receive scrutiny on plans for service changes

Delivery:

- Via the STP, CCG and provider engagement and communications teams
- Internal communications via partners' channels to all staff
- Through partners and stakeholders' channels, including forums, VCSE, Healthwatch, MPs, Councillors etc
- Media coverage and social media

9.0 Additional channels requiring budget approval

Consideration to be given to additional channels:

- Production of leaflets and posters for staff if required
- Website development
- Procurement of online engagement tools
- Advertising – broadcast and print
- Door drops – following requests from partners during the pandemic

10.0 Risks and mitigations

These risks are specific to this strategy and supplement the wider system risk strategy

Risk	Mitigations
Duty to involve – lack of continuous engagement runs risk of future challenges to changes we wish to implement	• Recommence engagement activity • Research online engagement technology • Develop and publish online survey (in conjunction with Healthwatch) • Discussions ongoing with colleagues in partner organisations to assess capacity and organisational focus
Language used pre-determines outcome of any necessary consultation	• Work through the Communications and Engagement task and finish group and resurrected workstream to ensure colleagues understand the risk and can seek advice moving forwards • Provide advice and guidance to the System Restoration Groups and liaise with JHOSC chairs and Healthwatch
Lack of immediate opportunity to conduct face to face engagement	• Research online alternatives in response to social distancing and to move to greener options • Use social media and email to reach people direct, their carers and families and advocates • Discuss with Healthwatch and VCSE how to reach communities through alternative methods
Lack of EqIAs and therefore engagement with groups that may be more negatively affected and not reaching seldom heard groups	• Develop EqIAs as part of the QIAs • Work through the Communications and Engagement Workstream partners to ensure all groups are being considered and best effort is made to reach them • Stakeholder mapping • Use of multiple channels and tools to reach the widest possible audience and also deliver targeted activity • Identify a system E&D champion to support the work of the C&E Group
Lack of immediate capacity for engagement activity and budget	• Provide a programme and resource plan once level of service changes are understood • Discuss challenges with colleagues and leaders to assess any availability of suitably skilled and knowledgeable resource • Liaise with partners with regard to smarter ways of working e.g. VCSE involvement • Provide information on budgetary requirements

11.0 Guidance and legislation

Appendix 1 of the refreshed STP communications and engagement strategy details the guidance and legislation governing engagement and consultations. The following is an overview of this:

Duty to involve

Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012 - covers the duties in relation to public involvement and consultation when commissioning health and care services. It includes the need 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)**:**

a. in the planning of the commissioning arrangements by the group
b. in the development and consideration of 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 and
c. 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.

Public sector equality

We are committed to equality, equity and diversity, paying due regard to the duties placed on us under the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of 'protected characteristics', these are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex and sexual orientation.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires us to have 'due regard' to the need to:

- eliminate discrimination that is unlawful under the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Reducing health inequalities

Under a separate statutory duty there is a need to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved (sections 13G and 14T of the NHS Act, as amended by the Health and Social Care Act 2012, respectively).

Involving people in their own health and care

CCGs and NHS England also have a key role to play in ensuring that providers make individuals' personal involvement in their health and care a reality. This guidance supports

CCGs and NHS England to fulfil their legal duties to involve people in their health and care, so that people experience better quality care and improved health and wellbeing, and the system makes more efficient use of resources.

Consultations

Our approach to 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"

Assurance for any public consultation needs to meet the five tests of service change. There must be clear and early confidence that a proposal satisfies the governments four tests, NHS England's test for proposed bed closures (where appropriate), best practice checks and is affordable in capital and revenue terms.

The government's four tests of service change are:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. Clear, clinical evidence base.
4. Support for proposals from clinical commissioners.

NHS England introduced a new test applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

1. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
2. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
3. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

12.0 Next steps

- Continue to support the System Restoration Task and Finish Group and coordinate communications and engagement with colleagues
- Continue to support the ICS Shadow Board and understand any broader system interdependencies

- Continue to coordinate the Communications and Engagement Task and Finish Group
- Develop stakeholder mapping for service changes
- Develop communications and engagement plans as required
- Provide timely advice regarding potential future consultations
- Research engagement technologies
- Provide a programme plan and associated resource plan
- Work with system partners and Healthwatch to gather the views of patients and the public and feed into decision making
- Support the Acute / Specialist; Out of Hospital and; Mental Health workstreams
- Inform Joint HOSC of ongoing challenges and changes including coordinating meetings with Scrutiny Officers in the planning and handling of outbreaks
- Play a role in the Local Engagement Board in the planning and handling of outbreaks
- Continue to learn from and share best practice through the NHSEI networks

Appendix A: References

Planning, assuring and delivering service change for patients:

https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

COVID-19: review of disparities in risks and outcomes (Published by PHE 02.06.20):

https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

Accessible Information Standard:

https://www.england.nhs.uk/ourwork/accessibleinfo/

Appendix B: Process for restore and restart of services