NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Submitted Questions by Members of the Public for the Governing Body meeting on 12 May 2021

Name Date & Time	Submitted Questions	CCG Summary Response
Gill George	**1. Finance** The local healthcare system exited 2020/21 with an underlying deficit position of £135 million. The plan is now for an actual recurrent expenditure reduction of 3% per annum between 2022/23 and 2025/26. **Does the CCG believe this can be achieved without impacting in a negative way on patient care?** **A related question – does the CCG believe this to be achievable?** **Will the CCG ensure that it and provider organisations comply fully with legal requirements and good practice around public and patient involvement in the event of changes to local services? (And no, saying 'But services are getting better and better so we don't need to' isn't enough!)**	A 3% efficiency target each year is deemed to be a reasonable ask across the healthcare system. However, it is recognised that due to the challenging environment that the system is currently working in it will be very difficult to deliver this in the first year of the plan. The current sustainability plan does not identify a full 3% saving within the CCG for 2021/22 but the commitment is there to work towards this target. For future years the savings will be delivered through transformational projects, currently termed 'the big ticket items' with all organisations in the healthcare system working together to deliver real transformation resulting in improved patient care and cost reduction. All of the transformational schemes will be subject to quality and equality impact assessment and will include compliance with legal requirements and public and patient involvement and any changes to services will comply with the CCG disinvestment /decommissioning policy. ***Mrs Laura Clare, Interim Executive Director of Finance***

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Gill George	**2. Governance and Accountability** Key decisions around the direction of future healthcare provision will increasingly be taken at 'system level' rather than by the CCG or individual provider organisations. **Will the CCG publish details of the new ICS structures, including which Boards, Committees and Sub-committees are to exist, and who will sit on them?** **Will the CCG ensure that the default position is for ICS-related papers and minutes to be publicly available online, simply as a matter of routine?** **What arrangements are you intending to make for public attendance at ICS-related meetings (via online arrangements if needs be)?**	The ICS is a partnership arrangement and therefore the CCG, as one of the current partners, is not able to unilaterally publish information or take the decision to hold the ICS Board in public prior to the Board itself making this decision collectively. Currently the ICS is awaiting national guidance on statutory roles and appointment processes, which we anticipate will inform the new ICS structures, but no definitive date has been given on when this guidance will be published. With regard to how and when the ICS Board will make meeting papers, minutes and meetings accessible to the public whilst its interim arrangements are in place, no decision has been made yet but this is under review. ***Miss Alison Smith, Director of Corporate Affairs***
Gill George	**3. Transformation** 'Transformation' has been a core theme in local healthcare since the establishment of CCGs. In the early days, it was meant to be about significant	

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	investment in community services and preventive services in order to keep people as well as they could be and to reduce hospital admissions where possible. The word seems to have been redefined somewhat to mean 'How can we save money on our services as quickly as possible'. **Will the CCG share its evaluation(s) of the successes (or failures) of transformation work each year from 2014/15?**	The CCG is now a single organisation comprising Shropshire, Telford and Wrekin. The two previous separate CCGs did not keep a register of transformation projects. The Annual Reports published for each year will however, have details of schemes reported for each of the years presented.
	How many acute admissions do you estimate have been avoided since 2014/15, again year on year if possible, through community and preventive initiatives?	This data on acute admissions avoided is not available has not been kept on a year-by-year basis. General data on admission rates to SaTH is available, but has not been evaluated with the rigor to which one could confidently surmise direct correlation with community and preventative measures.
	Is the Hospital Transformation Programme about hospital transformation or is it intended to be a whole system approach again? If it is a whole system plan again, where can the public find details of its content?	The Hospital Transformation Programme is for the whole system and as such a new programme board has been established with a broader membership from across the system and reporting to the system Executive Leadership Group, then through to the ICS Board. ***Mr Steve Trenchard, Interim Executive Director for Transformation***

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Marilyn Gaunt	**1. Children's Services** **To what extent was the CCG (and predecessor organisations) aware of the problems identified by the CQC in Children's Services, including shocking findings around safeguarding, restraint, and rapid tranquilisation?** **What steps were taken by the CCGs to end this unsafe care – not just in the last few weeks, but over the last few years?** **What is the Board's analysis of why those steps were unsuccessful?**	The findings of the recent CQC report about Children's services, particularly relating to safeguarding issues and mental health service users, was distressing to read. Since the lockdown periods we have seen increasing numbers of young person presenting to the emergency departments of our local hospitals, many of whom have highly specialised mental health care needs. The CCG is working to address the increase in demand for these services and are planning investment for further improvements, which involves a number of health and social care services. We do know that there are national shortages of these highly specialised services which are commissioned by NHS England for these young people. When those specialist beds are not available the young person has often remained in an acute hospital bed locally and this does not fully meet their care needs. As part of our quality monitoring, the CCG has recently recommenced quality assurance visits to clinical areas which covers quality, safety and safeguarding aspects. These important visits had been paused during the Covid-19 pandemic.

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		Through these visits and other meetings we are confident that the trust has taken immediate action to ensure the environments for children and young people are safe and that staff are receiving training as part of a programme of improvement. ***Mrs Zena Young, Executive Director of Nursing and Quality***
Marilyn Gaunt	**2. The Niche Review** The CCG is to be commended for commissioning this review. The findings make for shocking reading. For these patients, dying at SaTH or within 30 days of discharge, 62% received care that was excellent, good or adequate but 36% received care that was poor or very poor. The CCG plan is to establish a new System Learning from Deaths group and to pass the review findings to the existing System End of Life Care group. Again, this is welcome. The challenge for patients is that confidence in the quality of local care is being lost, as scandal follows scandal. **Will the CCG ensure public and patient involvement in putting right the problems identified by this review?** **Will you commit to being absolutely open and transparent about the work of these two system bodies?**	The Niche Independent Review of Deaths and Serious Incidents was commissioned by the CCG as a learning exercise spanning all four of our large NHS providers along with primary care services, where the patient had been in receipt of health care at SaTH during the last 30 days of life. The care issues identified for improvement describe some aspects of poorer care for 36% of patients whose records were considered. The areas for improvement relate to all care settings examined as part of the study and were not solely looking at quality of care at SaTH. We have considered how to take this report forward and both the End of Life Care and the newly forming Learning from Deaths groups will be considering which recommendations they are best placed to lead on. There are a number of other recommendations aside from those relating

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		to those two groups already mentioned. We will be receiving update reports through our quality governance meetings on progress with all the recommendations and this information will be reported to our System Quality Group as well as the public section of our CCG Governing Body meetings. Healthwatch representatives are members of both of these meetings and will be contributing to the assurance that we are making improvements. ***Mrs Zena Young, Executive Director of Nursing and Quality***
Marilyn Gaunt	**3. What's a CCG for?** Former Accountable Officer David Evans favoured an analogy that the CCG's role in commissioning services was comparable to him taking his car to the garage. NHS providers would provide healthcare in accordance with broad CCG expectations, just as the garage would service or fix his car in line with his broadly specified needs. He was a strong advocate of the CCG as a commissioning organisation **not** looking at details of how a service was provided or how well the service was delivered. He argued this was a shift in approach that needed to take place as part of the move to a single commissioning organisation. **Does the new CCG stand by this approach, or will you commit to careful and ongoing scrutiny of service delivery and quality?**	The new CCG is very much positioned to continue to oversee delivery of the services that we commission and to ensure that these are provided in a safe way and deliver quality and value for money. We remain committed to focusing on how we encourage a preventive approach to our work that supports us in addressing health inequalities and are mindful of how this fits with our emerging Integrated Care System (ICS) and the changes to be made in legislation and the NHS landscape. ***Mrs Claire Skidmore, Interim Accountable Officer***