



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

Date: 20 July 2018

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

**Date: Monday, 30 July 2018**  
**Time: 10.00 am**  
**Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

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 Madge Shingleton  
Cllr Heather Kidd  
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 are:

Tom Dodds - Statutory Scrutiny Officer, Shropshire Council  
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# AGENDA

## 1 Apologies for Absence

Apologies have been received from Dag Saunders (Telford and Wrekin co-optee) and Mandy Thorn (Shropshire co-optee)

## 2 Disclosable Pecuniary Interests

Members are 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.

## 3 Minutes

To confirm the minutes of the meeting held on 10 May 2018, attached.

## 4 Future Fit Consultation

To consider

- A report at the midpoint of the Future Fit Consultation by Participate providing a top line report of numbers of surveys received by locality, respondent type and equality profiling
- A report from the Future Fit Team with an overview of activities undertaken in the first half of the consultation, an overview of themes emerging and any recommended changes to the consultation plan for the second half of the consultation and the reasons for these.
- Comments from representatives of the Voluntary and Community Sector who have worked to support engagement with hard to reach groups on their experience of the consultation so far.

The above reports are **to follow**.

## 5 Next Steps for Joint HOSC (Pages 1 - 4)

To consider and comment on a proposed survey to collect views on the consultation, and agree arrangements for the next meeting. The proposed survey is attached.

## 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 Thursday 10 May 2018 2.30 pm at The Wakes, Oakengates,**

#### **Members Present:**

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shingleton

Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Hilda Rhodes

Shropshire Co-optees: Ian Hulme

Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders

#### **Others Present:**

Tom Dodds, Statutory Scrutiny Officer, Shropshire Council

David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit

Simon Freeman, Accountable Officer, Shropshire CCG; Joint Senior Responsible Officer, Future Fit

Pam Schreier, STP Head of Communications and Engagement, NHS Future Fit Programme

Jessica Tangye, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council

Debbie Vogler, Associate Director Future Fit Programme

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

Apologies were received from Shropshire Co-optees Mandy Thorn and David Beechy

#### **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.

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

It was noted that the minutes of the meetings held on 3 March 2018 and 22 March 2018 were approved.

#### **4. Future Fit Consultation Plans and Consultation Documentation**

The Committee received the Shropshire and Telford & Wrekin Clinical Commissioning Groups plans for undertaking public consultation on the Future Fit Programme.

Pam Schreier, Head of Communications and Engagement reported that things had moved on since the papers were published for the Joint HOSC meeting. These were the same papers received by the CCGs at their Board meetings on 8<sup>th</sup> and 9<sup>th</sup> May. Pam intended to include an update on the outcomes of the Shropshire and Telford & Wrekin Board meetings

during the presentation. It was noted that there had been some issues sharing all of the consultation supporting materials, such as banners, due to the file sizes. Members were assured that specific additional items of information would be available to support the consultation itself.

David Evans explained that the CCG Board meetings were part of process to review and agree consultation documents in order to go out to consultation. There had been a number of caveats that had required articulation in the Pre Consultation Business Case following the Telford & Wrekin CCG meeting. These were areas needed to be addressed before a final decision was made, and further work would be required as identified in the Clinical Senate review and NHS England assurance process. David Evans assured that the detail about these areas of additional work and the caveats had been woven throughout the text in the consultation rather than clearly identified and described in one place and there had been a call for Future Fit to make the detail more explicit and identifiable for the public, so that the Telford and Wrekin CCG view of some members was clear. The amendments had been made since the T&W CCG and the consultation had been approved by Shropshire CCG. T&W CCG was holding an EGM on Friday 11 May. David Evans was confident the amendments would be agreed. Simon Freeman agreed that he had signed off the consultation because the amendments were not material changes.

The Co-Chair opened the floor to Members to clarify aspects of consultation that they wanted to discuss. During the following discussion members asked questions relating to:

*Funding underpinning Future Fit: It was a question that had been raised at every Joint HOSC in the last year. It had been understood from the points made at the CCG meetings that the Senior Accountable Officers did not know the relative combination of private and public money that would make up the £312m announced by the Treasury.*

The SROs responded that it was the view of the NHS that it would be a mixed capital solution with an element of Trust's capital, a standard allocation that Trust would get, an element would be dividend capital and element from the Phoenix route. There was no further information at this stage. Simon Freeman reinforced that the funding was not what was being consulted on but it was a matter for the CCGs in terms of decision. Consultation was on the clinical model and two potential options for that model.

*When making decisions on options, any member of the public would want to know that the finances stack up in terms of the revenue consequences. Repayments on the kind of borrowing come at a cost. If significant funding has to be found from private means – it is bound to have a knock on effect on revenue available to support initiatives in the community.*

The SROs explained that from the design of the clinical model through to building of the consultation – different elements of the decision would be taken at different times. It was a matter for the CCGs in terms of decision – what was being consulted on was the clinical model and two potential options for that model. Simon Freeman said that a Pre-Consultation Business Case had been done which NHS England had been assured was affordable, taking into account whole series of risks/ cost of capital was just one. NHS England had been assured by the CCGs that both options were affordable.

David Evans said that funding was one of the areas of work that was explicitly detailed in the consultation document. He said inevitably with large capital programmes that take time, things would change.

*Working within an envelope, if you find it's going to cost more in terms of debt repayments – that is on the capital model or whether it has a consequence for the revenue provision for the support of community and primary care.*

The SROs suggested that it wasn't appropriate to focus on one element of affordability – there were many elements that had an impact and they had to plan on some basis. This was the purpose of the Pre-consultation Business Case. Consultation was only on models that the CCGs could demonstrate were clinically viable and affordable. A decision about affordability is not what was being consulted on.

*Accepting that it was not about affordability, what were the consequences of the capital make up?*

A reasonable assumption was being made on the budget, on what was known, which the CCGs knew could come unstuck. There were a whole range of issues that would impact – part of this was the affordability.

*Concern there needs to be a lot of development in the community, outside of the acute sector.*

Simon Freeman confirmed that the increased capital costs were affordable. Commissioners of the system had assurances from the Trust that the capital was affordable on current tariff.

*Without detriment to other plans/ funding.*

Simon Freeman confirmed that the SRO would not sign off a business case that was not affordable.

*Members were concerned at what price Future Fit was made affordable in terms of the consequences for investment in other services that were required to make Future Fit work.*

*Members were also concerned that the right calibre of representatives would be available to answer their questions at Future Fit engagement events, this was something that the public had raised time and time again.*

*Why was Option 1 more expensive when the money could be put into community services?*

David Evans stated that the CCGs were committed to out of hospital care to ensure that the public treated closer to home or at home. This was about providing better services for our population for T&W and Shropshire in the future. Better facilities enabled the CCGs to partially attract staff and ensure that the facilities and better outcomes were available for patients. Both of the options would deliver this. Going out to public consultation was about the impact of the changes/ options on family, friends, and relatives.

*A question was asked about transportation:*

Simon Freeman confirmed that there were two elements to this, one was the ambulance service and one was non- emergency patient transport provided by a third party. The

Clinical senate had said the CCGs needed to understand the impact on the two services and costs for the services. Non-emergency conveyance was a formal piece of work that the CCGs had commissioned from a third party.

It was noted that the results of the formal piece of work would be too late to inform the consultation but would inform the decision making. Not only was the ambulance modelling outstanding but the workforce planning, work supporting the community model had not been completed and was not at a stage to inform the process.

The SRO confirmed that the information would be available to JHOSC and members of the public, but the core of the consultation was about clinical model, preferred option and second option. The Committee felt that these were crucial areas that hadn't been covered. Simon Freeman confirmed that the Ambulance modelling was an issue that would affect the affordability, which illustrated of why, when talking about funding it was impossible to just isolate capital. CCGs could not implement a model without providing appropriate, timely ambulance service – it was not a part of the consultation because ambulance services would have to be appropriate.

*The Committee suggested that members of public were being asked to make a choice between options and yet there could be £5m difference in costs, it was something that the public needed to know.*

The SROs disagreed that the public did not need this level of detail, the consultation was about the options.

*The Committee reinforced that the funding and modelling was relevant to the consultation because it had a consequence on what else the CCGs could provide in terms of services. The consequences would have an impact on families on how they responded. The point was not about whether the CCGs could make the finances work, it was the consequence of budgetary decisions on other services available to families. How would the public make a decision if they didn't understand what the relevant issues were in terms of the modelling? If the community needed another £10m for example and it wasn't available as a result of spending elsewhere.*

David Evans confirmed that timely and efficient ambulance services had to be provided whether or not options 1 or 2 were considered best. He stated that it was not possible to confirm if option 1 or 2 was least expensive, these were operational budget decisions that CCGs made every year.

David Evans clarified that under the proposals the CCGs would have to provide the right ambulance service for the population; there would be no impact on major trauma because the hospitals did not provide major trauma.

*The Committee was concerned that the Future Fit options may not be deliverable and they felt that there was little assurance on the affordability of the options.*

The SROs confirmed that the Future Fit solution was better for patients – better facilities, better outcomes, better to recruit staff, better care and that it was easy to lose sight of what the clinicians were saying. The viable and affordable clinical models were being consulted on at this point.

The Committee highlighted the duty of scrutiny to ask the CCGs whether they would be addressing all relevant questions.

*The Committee asked are there any areas that are being disadvantaged in the preferred option and would the Committee see all information in the consultation feedback.*

SROs responded that the evaluation and assurance was being done independently and that JHOSC would see this.

*The Committee returned to the non-financial analysis which demonstrated clearly that the proposed models raised outcomes for all patients. However, it was noted that there were inconsistencies in the numbers in the consultation document around people being treated in PRH and RSH.*

The SROs responded that whilst a broad clinical model had been identified – there would always be potential for change in which types of patients that could be seen and treated in a particular place. The CCGs would ensure that it was not so specific in the consultation to ensure that it was reasonably understood.

The Committee highlighted a number of points:

*Although the Stroke unit was described in the consultation, it should be referred to in reference to p.18.*

*The public shouldn't be asked for their full postcode, only the first four digits.*

*Bed numbers should be clearer.*

The SROs confirmed that there was an increase in beds overall to 990. There was a need to shift occupancy rates; the CCGs were looking at what was needed to improve occupancy and at demographics. Whilst it was an increase relative to demographic growth, but it was still a challenge. Staff had been modelled accordingly.

It was noted that there were challenges in the Future Fit action plan but the CCGs assured that progress had been made on all these elements. All information was in the outline and pre consultation business case. In the action plan, the work that had to be done was described and plans would continue to be developed because the programme was set over 5 years. The SROs assured that sufficient progress had been made which included a set of assumptions that were reasonable.

*The Committee reinforced the point that alternative models should be explained; at this point explanation of the alternative models was unclear, the Committee expected to see clarity on which models had been rejected over last 4 year.*

*The Committee also asked for clarification on what the CCGs would do if people put alternative models forward.*

The SROs confirmed that they had a duty to respond to alternative proposals and noted scrutiny also had a role in this. The NHS Assurance process was lengthy was very detailed and included the Gunning Principles.

The SROs reinforced that the clinical model had been developed by clinicians to meet the needs of the healthcare of the population, including social care, ambulance services,

mental health and that whilst there may be alternative models, they may not be applicable to the area. The SROs confirmed that in addition to the consultation document, there would be information on how alternative options had been evaluated and on what basis they were excluded. FAQs would be available and the Committee suggested an explanation of how the final two options were arrived at.

*The Committee felt that there should be sufficient face to face engagement so that people who were unable to access FAQs could find the information.*

It was confirmed that the consultation had been through a patient reader experience group and the Consultation Institute. People would be directed to other sources of information that they were interested in. It was agreed that questions received by the Joint HOSC from Gill George of Defend our NHS would be answered.

*The Committee asked for further detail on the level of education and reader age that the consultation documents had been produced for. There was a concern that the consultation should reach as many people as possible. It was noted that in the long consultation document, the reasons for the preferred option were not comprehensive and that option 2 did not explain why it was no the preferred option.*

The SROs confirmed that the document had been through 31 iterations with the Consultation Institute which provided some assurance. In relation to the explanations of the advantages and disadvantages of the options, it clearly stated that more information was available. *The Committee felt that people would not go through the document to find the additional information and that it should be more explicit.*

It was explained that the reader group had discussed the long consultation document and the group had been mindful of the average age of the population. Easy read documents were available and the number of printed easy read documents had been increased. It was acknowledged that some of the terms were complex but a glossary had been provided and there was far greater detail on the website.

The position on beds was the subject of substantial review by NHS England; the model was in the business case which tried to regularise the constant overexpansion of beds. The current configuration of beds was not uncommonly operating at 100% or close to occupancy, it was proposed that this would reduce to in the region of 85% which gave additional capacity for peak demand. David Evans explained that the percentage of population was older and would increase over next 5 years. A lot of admissions were through frailty model but patients were only admitted if they needed to be and sent home with appropriate care and services. The earlier people could get to A&E, the less intensive the care package required.

*It was noted that patient miles was an important factor.*

*The Committee referred to information about the Trauma network; they felt this was unclear and asked whether the Trauma Network had given a view.*

David Evans stated that to become a trauma centre an accreditation process was necessary. If the preferred option did not go forwards the Hospital Trust would have to apply for accreditation but there was no guarantee that it would be successful if it was closer to Telford. The county did not currently have trauma centre status.

Pam Schreier and Debbie Vogler were invited to present the Future Fit Activity Schedule.

It was highlighted that it was a 14 week public consultation period; significant work would take place during this time including a series of briefings throughout and post consultation. MPs, Councillors would be engaged as well as the normal statutory consultation with organisations such as HealthWatch. There would be a mid-point review to inform the programme on whether increased engagement was needed. Fifty pop-ups had been planned to signpost to public events and raise awareness of the consultation and survey. Future Fit would continue to attend patient groups, voluntary, community and social enterprise centres and working with those people with protected characteristics, welsh speakers and carers. Drop in sessions would be confirmed with the Trust and CCGs to supplement staff meetings and were scheduled to take place before the start and throughout the consultation period. The sustainable transformation team at the Trust were supporting events.

A communications toolkit would be issued with key points including a newsletter, friends and family Q&A, stakeholder letter. Councillor briefings were taking place as well as regular MP briefings. Any public events would be advertised and Councillors would be made aware of them. There would be additional briefing with SALC and Shropshire with regard to LJsCs. There would be assistance, additional resource being commissioned to deliver focus groups, and to supplement activity. Equalities data was with the Consultation Institute, the equality impact assessments were being refreshed and would inform activity with seldom heard groups.

A substantial number of background information documents would be provided, making sure there was sufficient informant available so that people could make an informed decision. Aiming to share with people when they went to public events. There were eight public exhibitions taking place and pop up events would promote the public exhibitions in the same locations. A community sector briefing had been arranged for 24 – 25 May, which would inform activity.

The Communications and engagement team for the consultation had looked at who should be involved in process of looking at equalities data. A large number of responses was expected which meant it could take 6-8 weeks before feedback could be collated. The Programme Board would consider the collation of data.

The Committee responded to the schedule with some comments:

*It was suggested that there were gaps in the schedule; it focussed in on areas of large population, large market towns but other areas were being missed out; for example Albrighton, Shifnal and Clun – pockets such as these were not on the schedule. The Health and Wellbeing Boards were not on the timeline.*

*Clarification was sought on the difference between pop ups and public events.*

Pam Schreier responded that it was about resourcing; getting the right people to the right events. Simon Freeman asked Joint HOSC for feedback on activities and stated that other activities could easily be added to the schedule but there was a balance to be had. The eastern side of Shropshire had already been noted as needing more focus.

Broad stakeholder reference groups and sub groups had suggested a large number of additional locations. Due to the scale pop-up events would be staffed by an external organisation and not the CCGs. It was highlighted that public exhibitions would have a series of stalls and members of the public would be signposted to three videos to find out more – with English and Welsh subtitles. There were opportunities to go to stalls for information, also stalls were being organised by HealthWatch and in Wales by CHC. They would be well-manned by clinicians and a substantial number of senior CCG staff. Staff from CCGs would ensure feedback was captured and a stand would provide an opportunity for people to complete the survey and leave it in a secure place. Pop ups were put on so that people understood that they had an opportunity to have their say during 14 weeks. The survey would be provided in each of the consultation documents and there would be additional copies of the surveys available. The pop ups would promote forthcoming public events and to raise awareness. RJC's were coming together in slightly larger groups and had been asked to host a pop up.

*The Committee felt that one event per area for a limited amount of time for example a pop-up taking place during a morning, would not be enough to engage sufficiently with residents.*

It was noted that information would be shared more widely on a whole host of communication channels such as Facebook and content would be provided for local areas with emails and newsletters. Engagement with rural communities would be done through the local parish forums for disseminating information.

*The Committee asked for information on the parameters being used to analyse the feedback. There was a paucity of information about how the CCGs intended to analyse and evaluate the consultation responses. It was highlighted that the process for feedback and analysis was supposed to be transparent. The Committee wanted to know whether it would be able to see raw data, particularly as there would always be a certain amount of interpretation of data.*

Simon Freeman said that he shared the Committee's concerns and therefore a third party who had substantial experience had been commissioned to do analysis. He confirmed that the CCGs would release a proforma of the process and he didn't see any reason why the Committee shouldn't see the raw data. The SROs assured the committee that the post consultation period was still to be defined. The Joint HOSC was expected to have some suggestions about the process– what data should be visible at what points but until response numbers were known it was difficult to judge the complexity of the analysis and therefore how long it would take. Six-eight weeks had been estimated but this would be clarified before the end of the consultation. A date for the mid-point review needed to be fixed at the earliest possibility. During the consultation, feedback would be monitored by the CCGs progress updates could be provided.

*The Committee confirmed that it would be useful to know the methodology for the data and collation and analysis.*

*The Committee asked whether clinicians would be briefed to be impartial at engagement events.*

Simon Freeman confirmed that the clinicians would be advocating Option 1 because this was the preferred option.

*The Committee asked how Future Fit intended to meet the seldom heard and hard to reach groups; there was a presumption that this would be sooner rather than later in the process.*

The SROs acknowledged that it was a difficult process to reach target groups. The Committee asked how far advanced comms and engagement was in this process. It was stated that it was not just about arranging a time for a particular group – often a readymade vehicle for these groups was not in place.

*There was an issue around rural communities which applied to Telford as well as Shropshire, the Committee was concerned about how people would be drawn into process within the tight timeframe.*

It was noted that it was school summer holidays during the consultation which presented an opportunity for Future Fit engagement to be held at public events. Materials were being made available for the Chief Officer Group, voluntary community and social enterprise sector, and communications were being issued regularly. There was a briefing in May and they were working with PAVO – for people to express interest in conducting their own focus groups. At the mid-point review, the CCGs would ensure they were looking at how target groups had been engaged, four additional characteristics relative to the county had been identified which included rurality and carers. This was in addition to the statutory protected characteristics. A data base of 1000 contacts through engagement events was being used to reach people, to launch a newsletter.

*The Committee noted that the practicalities for people of the events should have been taken into account, for example, availability of parking/ time of day, as this could deter people.*

Pam Schreier responded that high foot fall locations had been taken into account but also places where there was a lower footfall.

*A question was raised about the workforce engagement and in other larger areas of population in Telford and Wrekin and Shropshire such as the Local Authorities. It was noted that drop-in sessions may be possible.*

*The Committee commented that the documents would have to adhere to the new data protection regulations.*

It was confirmed that an appropriate process had been followed; some minor changes to the survey were required and the documents would be refreshed with GDPR experts.

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

The Co-Chair introduced the item and confirmed that Appendix C was an attempt to sketch out how Joint HOSC ought to be involved in the consultation process. It was noted that there should be no doubt in people's minds that the Joint HOSC remit was separate to the consultation. The Committee intended to check on people's understanding and perception of the consultation process; to understand how people were experiencing the consultation

and whether people were being given the information they needed to comment knowledgeably and have their say.

The Co-chairs were looking to produce a feedback form to capture people’s views and at the mid-point review feedback would be considered which would coincide with Future Fit mid-point. A discussion on the timing of this meeting was needed but it was felt that it ought to be included in the Future Fit timeline – it was a significant stage in the process.

The other consideration was how the Joint HOSC would engage the public at formal/ public meetings. The Co-chairs had been considering how this might be arranged for public and councillor involvement. It was noted that it had to be well-managed to mitigate the risk that people would confuse this with the consultation and would expect to talk about the Future Fit proposals rather than the consultation process. It was noted that meetings could be held separately in Telford & Wrekin and Shropshire before the Joint HOSC considered the evidence together as a Committee but this would mean that the separate meetings would not be governed by the statutory powers conferred on Joint HOSC.

Simon Freeman confirmed that the Joint HOSC would have a significant role in the decision making process, scrutiny would be more than just a response to the consultation. The final report would be a collation of analysis but Joint HOSC would also want to scrutinise the CCG response to the feedback to ensure the public feedback was adequately considered and addressed. There could be a change to/ or tweaking of the models or a different option could be favoured but it was clear that this would have to go back through NHS England. JHOSC will need to know what its role was if this happened. It was confirmed that Joint HOSC would need to be given time to consider the report.

David Evans confirmed that the end date for the final report by the CCGs was still unknown. He reiterated that provisionally six- eight weeks post consultation was a realistic timescale but if Future Fit received a greater response, more than the normal 5-10%, it would add complexity and delay. The final report would, in any case, come back to the Joint HOSC.

**Co- Chairs’ Update**


The Co-Chair noted that the Councils were engaging with Future Fit, briefings were planned with both Councils; Shropshire full Council was holding a Member briefing on Future Fit and Telford & Wrekin political groups were holding meetings for Future Fit Member briefings. Councillors were keen to participate in Future Fit engagement events to gather feedback from the public about their own experiences. Joint HOSC intended to encourage Councillors to complete a feedback form prepared by the Joint HOSC, all of the Councillors would be able to contribute and give their feedback on their experience of the consultation.

The meeting concluded at 4.37pm.

Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Title of the report:	Report to the Joint HOSC
Author of the report:	Debbie Vogler Associate Director Future Fit; Pam Schreier STP Head of Communications and Engagement
Presenter:	Debbie Vogler and Pam Schreier in attendance
<p>Purpose of the report:</p> <p>The Joint HOSC are to receive the following in relation to the FF Consultation Process mid point review:-</p> <ul style="list-style-type: none"> <li>-A report at the midpoint of the Future Fit Consultation by Participate providing a top line report of numbers of surveys received by locality, respondent type and equality profiling (Presentation 1 and data attached)</li> <li>- A report from the Future Fit Team with an overview of activities undertaken in the first half of the consultation, an overview of themes emerging and any recommended changes to the consultation plan for the second half of the consultation and the reasons for these (Presentation 1)</li> <li>- Comments from representatives of the Voluntary and Community Sector who have worked to support engagement with Seldom Heard groups on their experience of the consultation so far. (Report enclosed)</li> </ul>	
<p>Summary</p> <p>To update the Joint HOSC on the engagement activities undertaken to the mid point review, outlining all engagement activities, results from Participate and additional work undertaken to engage with hard to reach groups.</p> <p>All presentations and documentations are submitted to facilitate further discussion and update on progress to date.</p>	
<p>Recommendations:</p> <p>The Joint HOSC is asked to:</p> <p>Receive the mid point presentation, supporting data and Seldom Heard Groups report submitted for discussion.</p>	



# Future Fit Programme Board Communications and Engagement update Mid Point Review July 2018



***Pam Schreier  
Communications  
and Engagement  
Lead***



- Present the quantitative equalities data received at mid point
- Present information from the Future Fit communication and engagement team's analysis of activity delivered in the first half of the consultation and a summary of what we propose to do for the remainder of the consultation
- Present the informal feedback from the discussions with the Consultation Institute (tCI) on 19 July 2018
- Share the Consultation Institute recommendations with the Future Fit Programme Board for discussion and agreement

**Purpose of  
this  
presentation**

- The Future Fit public consultation started on 30 May 2018 and is planned to run for 14 weeks to 4 September 2018
- The Consultation Institute is undertaking the Quality Assurance for the consultation
- On Wednesday, 19 July 2018 tCI commenced the planned mid point review:
  - The Future Fit Programme Team met with tCI to share and discuss a review of equalities data from the survey responses received to date, activity undertaken, issues raised and planned activity for the remainder of the consultation
  - TCI advisor and assessor held a review meeting with the joint SROs, the Programme Director and Communications and Engagement Lead
  - TCI provided preliminary recommendations in time for sharing at the Future Fit Programme Board
  - TCI will provide formal feedback w/c 30 July 2018

**Where we  
are now**

- Opening Equality Impact Assessment
- Pre-Consultation Engagement Review
- Report on Seldom Heard Groups
- Equalities data taken from the survey responses received to date - online and freepost
- Additional Northumbria Comparator report
- Reports on public consultation events, meeting invitations and pop up displays
- Consultation Plan and mid point review action plan update
- Media and social media activity, including Issues raised and managing the debate

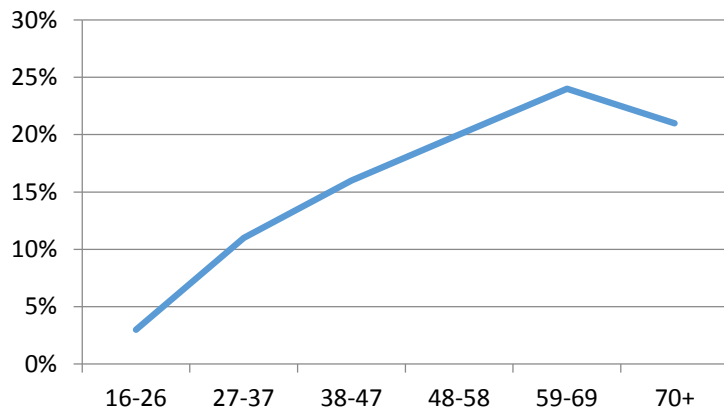
**Information  
shared with  
tCI**

- 1515 survey responses as at mid point review (over 100 retuned 'blank')
  - 611 Telford & Wrekin
  - 653 Shropshire
  - 251 mid Wales
- Majority of respondents responding as a member of the public rather than on behalf of an organisation or charity
- 84% of respondents white British and 5% Welsh
- 16% identified as carers
- 23% as parents of one or more children under the age of 16
- 15% identified as having a disability
- 57% of respondents identified Christianity as their religion and 33% declared no religion
- 84% of respondents heterosexual and 10% preferred not to say



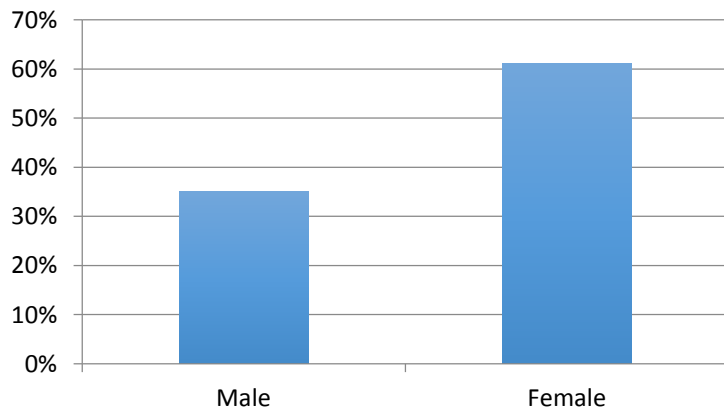
**Survey data**

### Age of respondents



Age of respondents	%
16-26	3%
27-37	11%
38-47	16%
48-58	20%
59-69	24%
70+	21%

### Gender



Gender	%
Male	35%
Female	61%

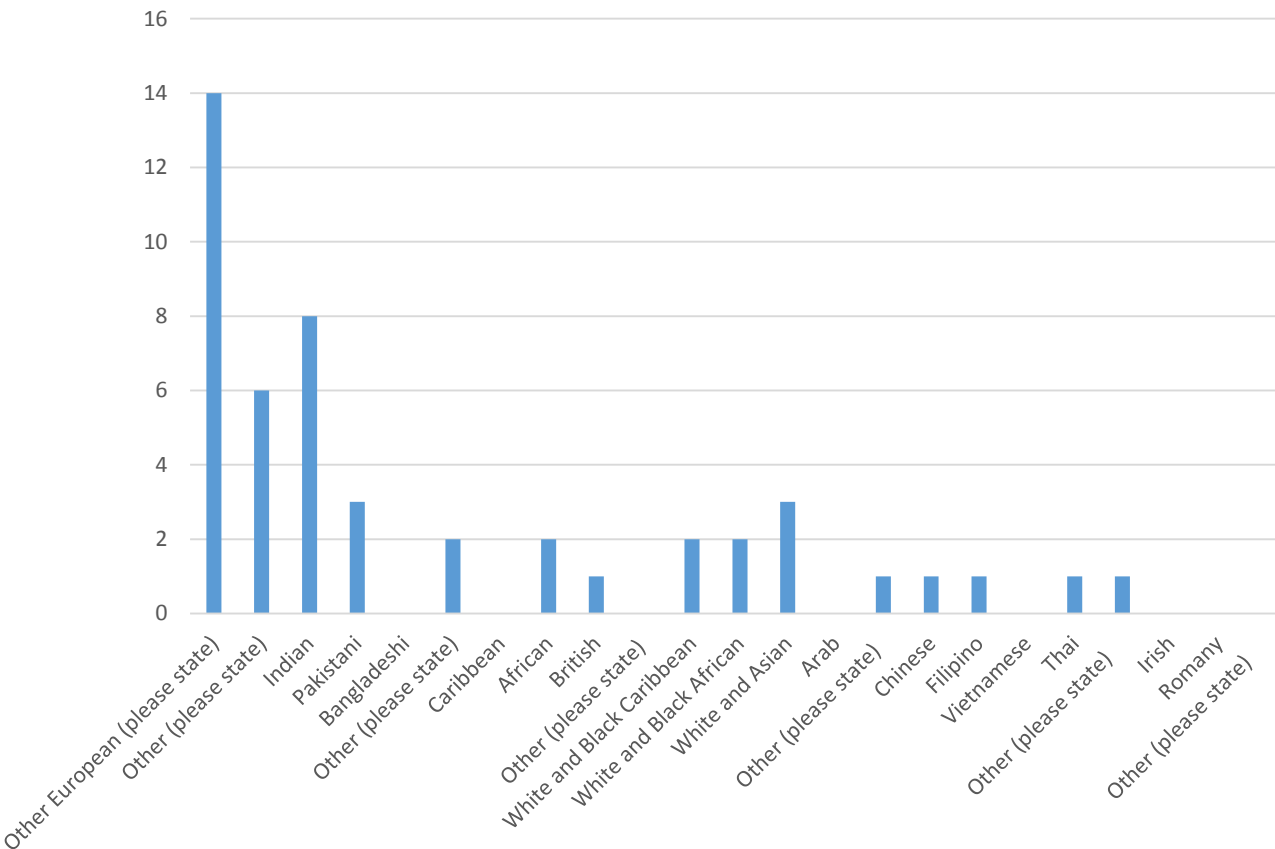
		1641	100%
<b>Q6.1. What is your gender?</b>	<b>Male</b>	<b>581</b>	<b>35%</b>
	<b>Female</b>	<b>1003</b>	<b>61%</b>
	<b>Intersex</b>	<b>-</b>	<b>-</b>
	<b>Other</b>	<b>4</b>	<b>0%</b>
	<b>Prefer not to say</b>	<b>32</b>	<b>2%</b>
	<b>Refused</b>	<b>21</b>	<b>1%</b>

		1641	100%
<b>Q6.2. Gender reassignment: Have you gone through any part of a process or do you intend to (including thoughts and actions) bring your physical sex appearance and/ or your gender role more in line with your gender identity? &lt;i&gt;(This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)&lt;/i&gt;</b>	<b>Yes</b>	<b>6</b>	<b>0%</b>
	<b>No</b>	<b>1450</b>	<b>88%</b>
	<b>Prefer not to say</b>	<b>93</b>	<b>6%</b>
	<b>Refused</b>	<b>92</b>	<b>6%</b>

		1641	100%
<b>Q6.3. How old are you? Please select one answer only.</b>	<b>16-26</b>	<b>55</b>	<b>3%</b>
	<b>27-37</b>	<b>176</b>	<b>11%</b>
	<b>38-47</b>	<b>260</b>	<b>16%</b>
	<b>48-58</b>	<b>331</b>	<b>20%</b>
	<b>59-69</b>	<b>400</b>	<b>24%</b>
	<b>70+</b>	<b>340</b>	<b>21%</b>
	<b>Prefer not to say</b>	<b>61</b>	<b>4%</b>
	<b>Refused</b>	<b>18</b>	<b>1%</b>

		1641	100%
<b>Q6.6. How would you define your sexual orientation? Please select one answer only</b>	<b>Heterosexual (straight)</b>	<b>1374</b>	<b>84%</b>
	<b>Gay</b>	<b>18</b>	<b>1%</b>
	<b>Lesbian</b>	<b>10</b>	<b>1%</b>
	<b>Bisexual</b>	<b>14</b>	<b>1%</b>
	<b>Other</b>	<b>15</b>	<b>1%</b>
	<b>Prefer not to say</b>	<b>161</b>	<b>10%</b>
	<b>Refused</b>	<b>49</b>	<b>3%</b>

### Ethnicity



### Data excluded from graph:

White British: 1383

Welsh: 82

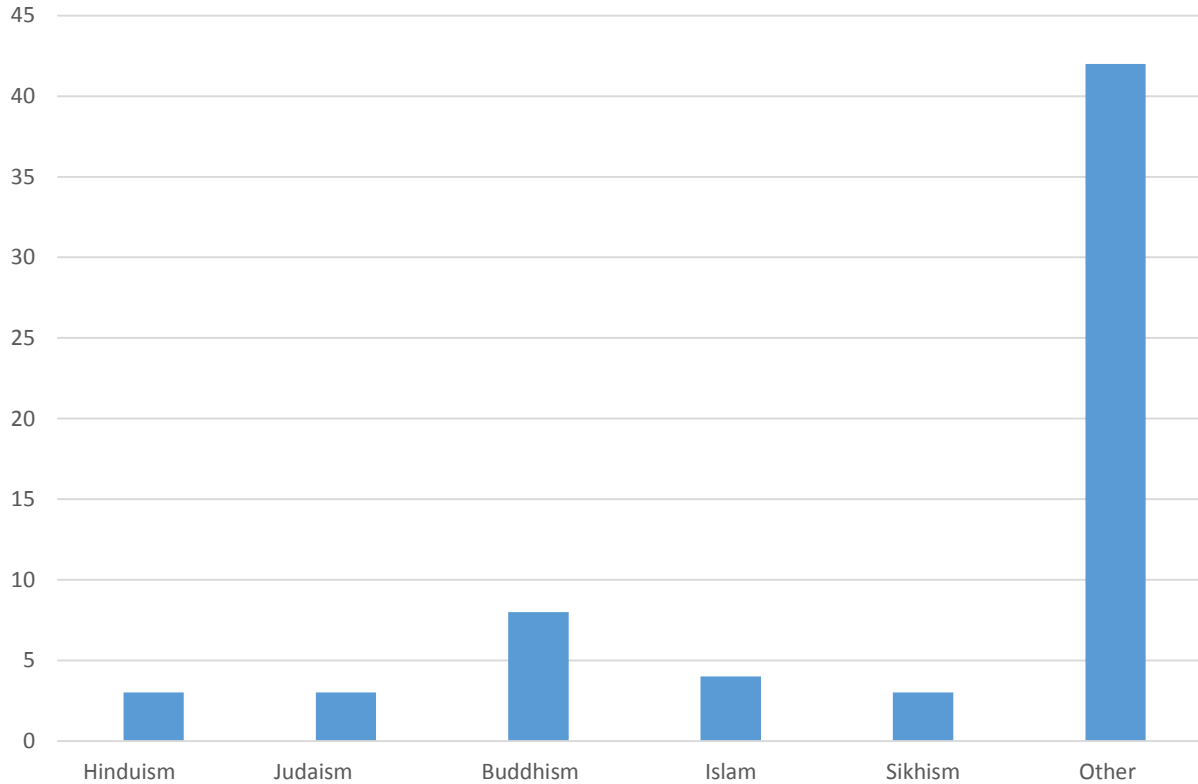
Irish: 10

Prefer not to say: 84

Refused: 34

		1641	100%
<b>Q6.4. Which of the following best describes your ethnicity? Please select one answer only</b>	<b>White British</b>	<b>1383</b>	<b>84.28%</b>
	<b>Welsh</b>	<b>82</b>	<b>5.00%</b>
	<b>Irish</b>	<b>10</b>	<b>0.61%</b>
	<b>Other European (please state)</b>	<b>14</b>	<b>0.85%</b>
	<b>Other (please state)</b>	<b>6</b>	<b>0.37%</b>
	<b>Indian</b>	<b>8</b>	<b>0.49%</b>
	<b>Pakistani</b>	<b>3</b>	<b>0.18%</b>
	<b>Bangladeshi</b>	<b>-</b>	<b>0.00%</b>
	<b>Other (please state)</b>	<b>2</b>	<b>0.12%</b>
	<b>Caribbean</b>	<b>-</b>	<b>0.00%</b>
	<b>African</b>	<b>2</b>	<b>0.12%</b>
	<b>British</b>	<b>1</b>	<b>0.06%</b>
	<b>Other (please state)</b>	<b>-</b>	<b>0.00%</b>
	<b>White and Black Caribbean</b>	<b>2</b>	<b>0.12%</b>
	<b>White and Black African</b>	<b>2</b>	<b>0.12%</b>
	<b>White and Asian</b>	<b>3</b>	<b>0.18%</b>
	<b>Arab</b>	<b>-</b>	<b>0.00%</b>
	<b>Other (please state)</b>	<b>1</b>	<b>0.06%</b>
	<b>Chinese</b>	<b>1</b>	<b>0.06%</b>
	<b>Filipino</b>	<b>1</b>	<b>0.06%</b>
	<b>Vietnamese</b>	<b>-</b>	<b>0.00%</b>
	<b>Thai</b>	<b>1</b>	<b>0.06%</b>
	<b>Other (please state)</b>	<b>1</b>	<b>0.06%</b>
	<b>Irish</b>	<b>-</b>	<b>0.00%</b>
	<b>Romany</b>	<b>-</b>	<b>0.00%</b>
	<b>Other (please state)</b>	<b>-</b>	<b>0.00%</b>
	<b>Prefer not to say</b>	<b>84</b>	<b>5.12%</b>
<b>Refused</b>	<b>34</b>	<b>2.07%</b>	

### Religion



**Data excluded  
from graph:**

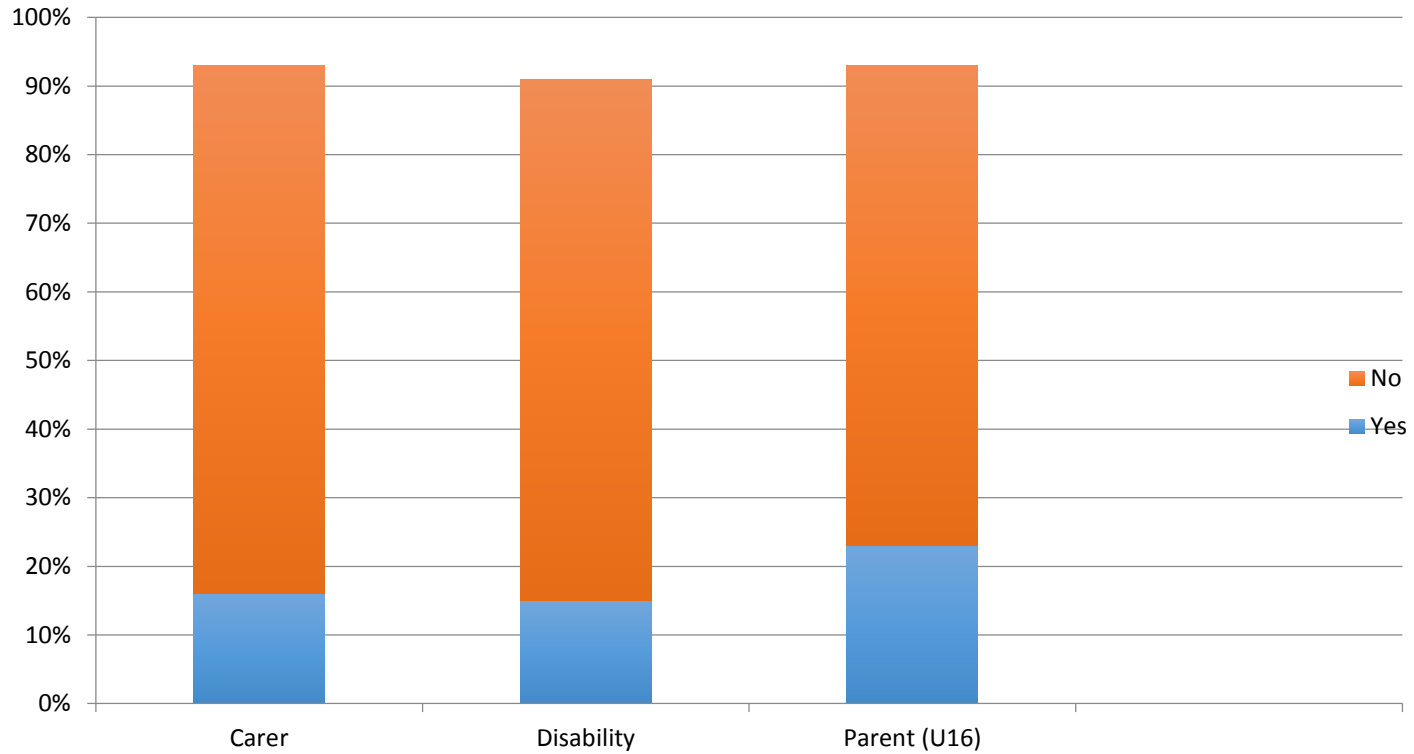
Christianity: 779

No religion: 540

Prefer not to say: 152

Refused: 107

		<b>1641</b>	<b>100%</b>
<b>Q6.5. What is your religion or belief?</b> <b>Please select one answer only</b>	<b>Hinduism</b>	<b>3</b>	<b>0.18%</b>
	<b>Christianity</b>	<b>779</b>	<b>47.47%</b>
	<b>Judaism</b>	<b>3</b>	<b>0.18%</b>
	<b>Buddhism</b>	<b>8</b>	<b>0.49%</b>
	<b>Islam</b>	<b>4</b>	<b>0.24%</b>
	<b>Sikhism</b>	<b>3</b>	<b>0.18%</b>
	<b>Other</b>	<b>42</b>	<b>2.56%</b>
	<b>Prefer not to say</b>	<b>152</b>	<b>9.26%</b>
	<b>No religion</b>	<b>540</b>	<b>32.91%</b>
	<b>Refused</b>	<b>107</b>	<b>6.52%</b>



	Carer	Disability	Parent of U16
Yes	16%	15%	23%
No	77%	76%	70%

		<b>1641</b>	<b>100%</b>
<b>Q6.7. Are you a parent of a child or children under 16? Please select one response only.</b>	<b>Yes</b>	<b>375</b>	<b>23%</b>
	<b>No</b>	<b>1149</b>	<b>70%</b>
	<b>Prefer not to say</b>	<b>67</b>	<b>4%</b>
	<b>Refused</b>	<b>50</b>	<b>3%</b>

		<b>1641</b>	<b>100%</b>
<b>Q6.8. Do you consider yourself to have a disability? Please select one response only.</b>	<b>Yes</b>	<b>247</b>	<b>15%</b>
	<b>No</b>	<b>1254</b>	<b>76%</b>
	<b>Prefer not to say</b>	<b>92</b>	<b>6%</b>
	<b>Refused</b>	<b>48</b>	<b>3%</b>

		<b>1641</b>	<b>100%</b>
<b>Q6.10. Are you a carer for anyone? Please select one answer only.</b>	<b>Yes</b>	<b>258</b>	<b>16%</b>
	<b>No</b>	<b>1267</b>	<b>77%</b>
	<b>Prefer not to say</b>	<b>73</b>	<b>4%</b>
	<b>Refused</b>	<b>43</b>	<b>3%</b>

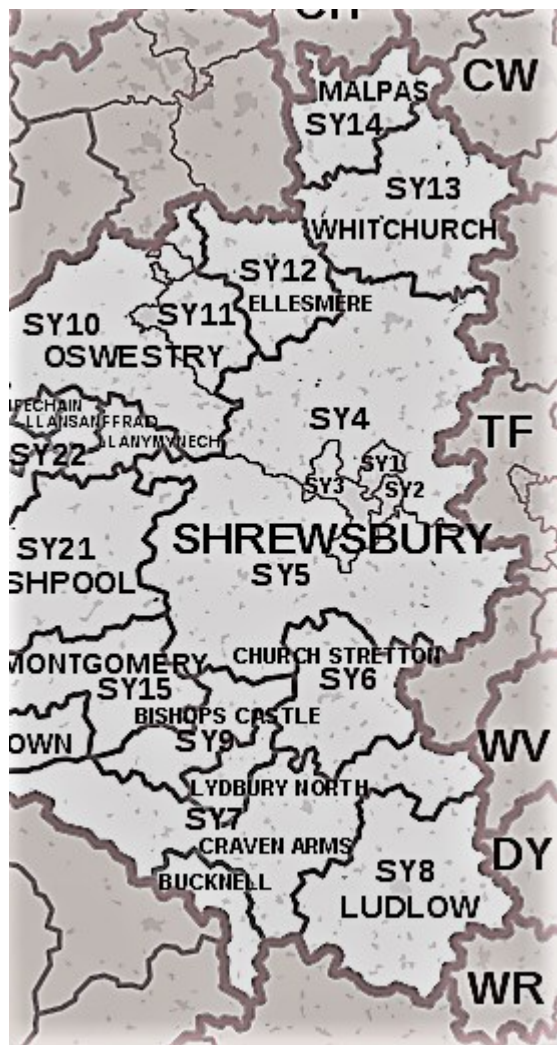
**Total responses** – 1641 (completed total was 1515 as over 100 ‘blank’) at mid point review. As at 23/07/18 this total has risen to 2445 – approx. 0.5% of the 500,000 population served by the two hospitals. Around 14% of the population served by the two hospitals lives in mid Wales. Approx. 15% of surveys received to date are from mid Wales postcodes.

**Gender** - 61% women and 34% men have responded. This compares to the combined area data of 50.5% and 49.5% respectively. Anecdotally, women are more likely to respond to health consultations on behalf of their families and the women and children’s element of the consultation may be prompting more women to respond.

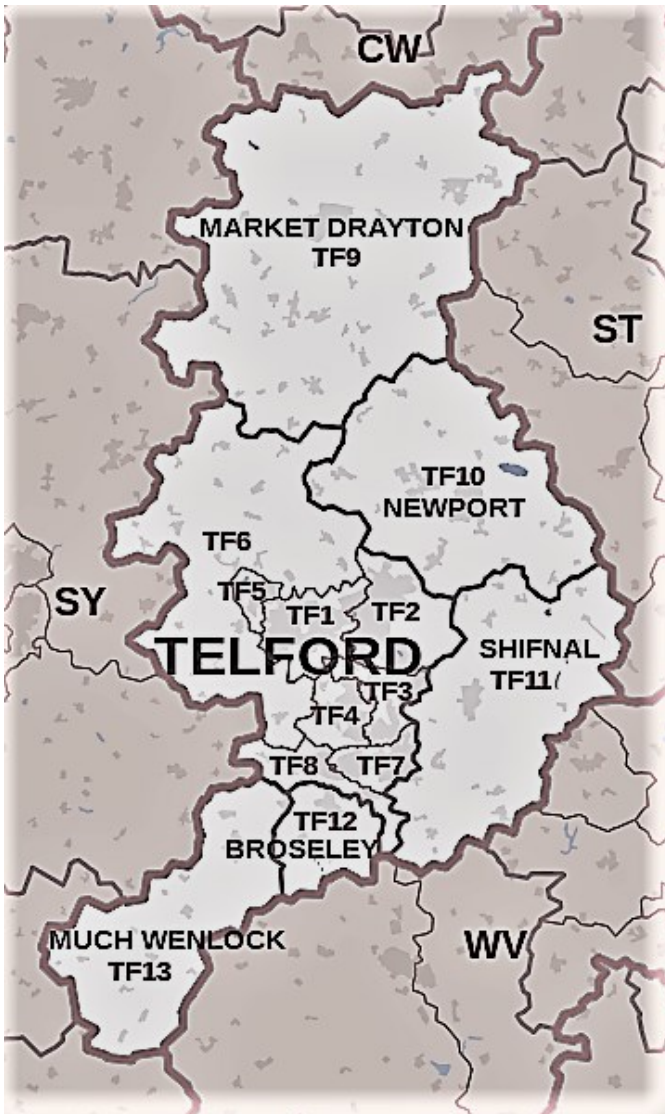
**Age** - 45% of respondents to date are aged 59 and over. However we are seeing significant % of respondents in the working age brackets: 27-37 (11%); 38-47 (16%); 48-58 (20%).

## **Ethnicity**

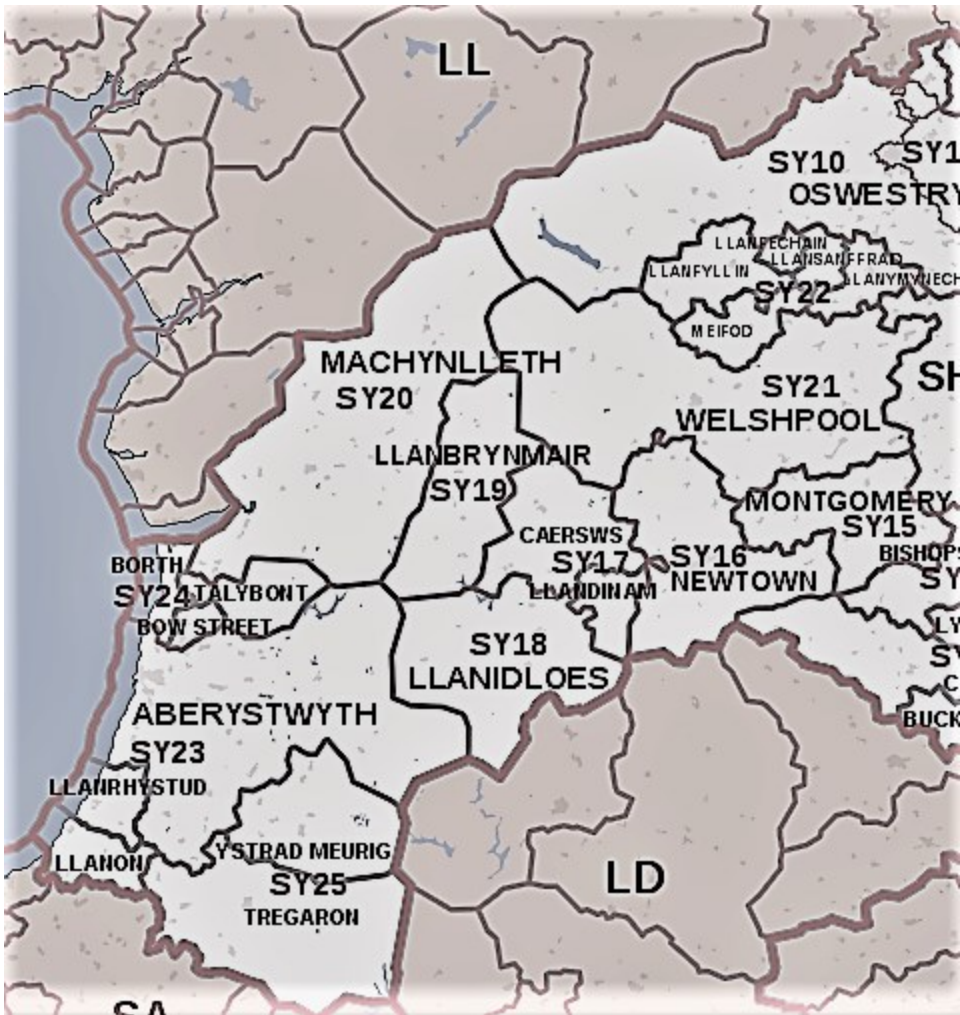
Combined area data shows White British as 93.7% compared to 84% of survey respondents. Other ethnicity data is currently in line with expectations from combined area data, however significant activity is planned for the second half of the consultation to reach various race and religion groups.



Postcode	LA area	Responses
SY1	Shropshire	53
SY2	Shropshire	83
SY3	Shropshire	138
SY4	Shropshire	37
SY5	Shropshire, Powys	80
SY6	Shropshire	27
SY7	Shropshire, Herefordshire	15
SY8	Shropshire, Herefordshire	95
SY9	Shropshire	14
SY10	Shropshire, Powys	25
SY11	Shropshire	26
SY12	Shropshire	11
SY13	Shropshire	8
WV6/7/15/16 &DY14		41
<b>TOTAL</b>		<b>653</b>



Postcode	LA area	Responses
TF1	Telford & Wrekin	69
TF2	Telford & Wrekin	99
TF3	Telford & Wrekin	76
TF4	Telford & Wrekin	67
TF5	Telford & Wrekin	14
TF6	Telford & Wrekin	16
TF7	Telford & Wrekin	91
TF8	Telford & Wrekin	46
TF9	Shropshire	15
TF10	Telford & Wrekin, Stafford	75
TF11	Shropshire, Stafford	16
TF12	Shropshire	18
TF13	Shropshire	9
<b>TOTAL</b>		<b>611</b>

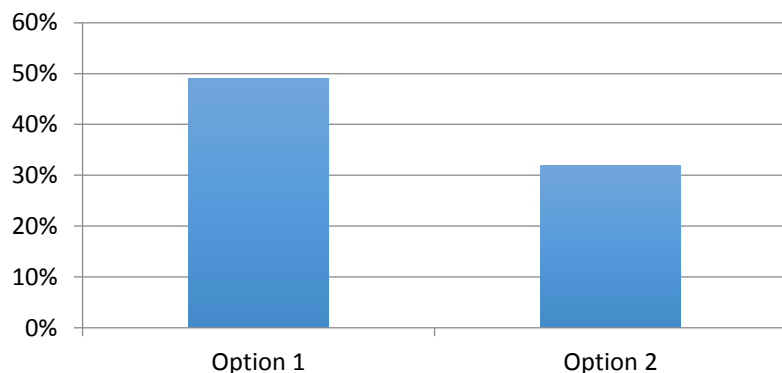


Postcode	LA area	Responses
SY15	Powys, Shropshire	19
SY16	Powys	87
SY17	Powys	19
SY18	Powys	14
SY19	Powys	1
SY20	Powys, Gwynedd	2
SY21	Powys, Shropshire	80
SY22	Powys	16
SY23	Ceredigion	1
SY24	Ceredigion	0
SY25	Ceredigion	5
LD3/7/8 & LL13		7
<b>TOTAL</b>		<b>251</b>

Postcode	Post Town/Coverage	LA area	Responses
LD3	Brecon	Powys	1
LD7	Knighton	Powys, Shropshire	4
LD8	Presteigne	Powys, Herefordshire	1
LL13	Wrexham	Wrexham	1
WV6	Perton, Pattingham, Whitmore Reans, Tettenhall	Wolverhampton, South Staffordshire	1
WV7	Albrighton	Shropshire	5
WV15	Bridgnorth (Low Town)	Shropshire	6
WV16	Bridgnorth (High Town), Ditton Priors	Shropshire	25
DY14	Cleobury Mortimer	Shropshire	4
<b>TOTAL</b>			<b>48</b>

- To what extent do you agree that option 1 (Q2a) / option 2 (Q3a) would meet your needs or the needs of the people you care for or those of the group or organisation you represent?

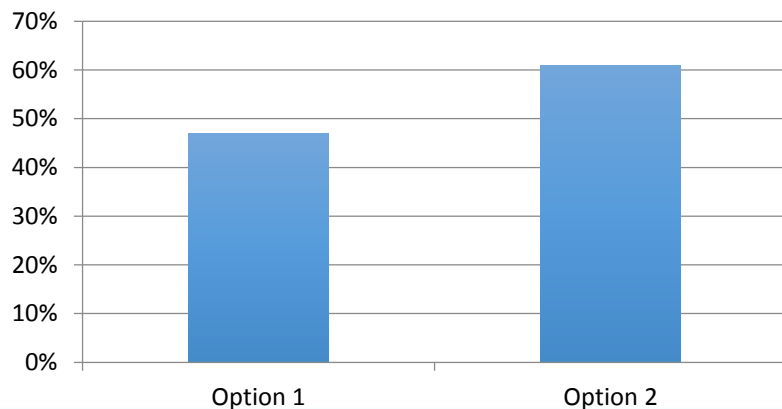
### Strongly agree/agree



49% of respondents strongly agree or agree with Option 1

32% of respondents strongly agree or agree with Option 2

### Strongly disagree/disagree



47% of respondents strongly disagree or disagree with Option 1

62% of respondents strongly disagree or disagree with Option 2

		1641	100%
<b>Q2a. To what extent do you agree that Option 1 would meet your needs or the needs of people you care for, or those of the group or organisation you represent? Please select one answer only.</b>	<b>Strongly Agree</b>	<b>635</b>	<b>39%</b>
	<b>Agree</b>	<b>162</b>	<b>10%</b>
	<b>Neither agree nor disagree</b>	<b>50</b>	<b>3%</b>
	<b>Disagree</b>	<b>70</b>	<b>4%</b>
	<b>Strongly disagree</b>	<b>700</b>	<b>43%</b>
	<b>Don't know</b>	<b>11</b>	<b>1%</b>
	<b>Refused</b>	<b>13</b>	<b>1%</b>

		1641	100%
<b>Q3a. To what extent do you agree that Option 2 would meet your needs or the needs of people you care for, or those of the group or organisation you represent? Please select one answer only.</b>	<b>Strongly Agree</b>	<b>420</b>	<b>26%</b>
	<b>Agree</b>	<b>93</b>	<b>6%</b>
	<b>Neither agree nor disagree</b>	<b>106</b>	<b>6%</b>
	<b>Disagree</b>	<b>178</b>	<b>11%</b>
	<b>Strongly disagree</b>	<b>819</b>	<b>50%</b>
	<b>Don't know</b>	<b>13</b>	<b>1%</b>
	<b>Refused</b>	<b>12</b>	<b>1%</b>

- **Activity to date**
  - Press releases, articles, interviews, public responses to letters such as 20 questions
  - Welsh and English language interviews
- **What has gone well?**
  - Frequent and high impact balanced coverage on radio and newspapers, good interaction with public at events for interviews and knowledgeable spokespeople
  - Clinician features well received
  - Range of interviews covering broad range of subjects particularly across top four requested subjects
- **What will we do in the second half of the consultation?**
  - Tackle some of the less well covered themes
  - Continue to diversify range of spokespeople
  - Encourage interviews with partners and frontline staff
  - Encourage where possible interviews with specific groups to share their concerns



**Media**

- Activity to date
  - Planned schedule of tweets and tweeting from events, tweetchats, use of shorter clips from videos
  - Developed 1079 followers on Facebook and 1530 on Twitter
- What has gone well?
  - 158,000 impressions on twitter and followers grown (60%/40% female/male)
  - 1079 facebook followers and reach averaged at 2,319 day period
  - 3500 visitors to the website
  - tweetchats with clinicians have proved popular
  - Live tweeting from events and images in tweets have led to increased engagement levels
  - Clinicians and CCG staff have had high engagement levels
- What will we do in the second half of the consultation?
  - More use of social media to reach 'gaps', particularly in seldom heard groups – young mums etc through targeted cost effective advertising
  - Increase general reach through video etc
  - Achieve more balance in followers across genders through different channels
  - Assessing opportunities from engagement feedback to reach specific communities

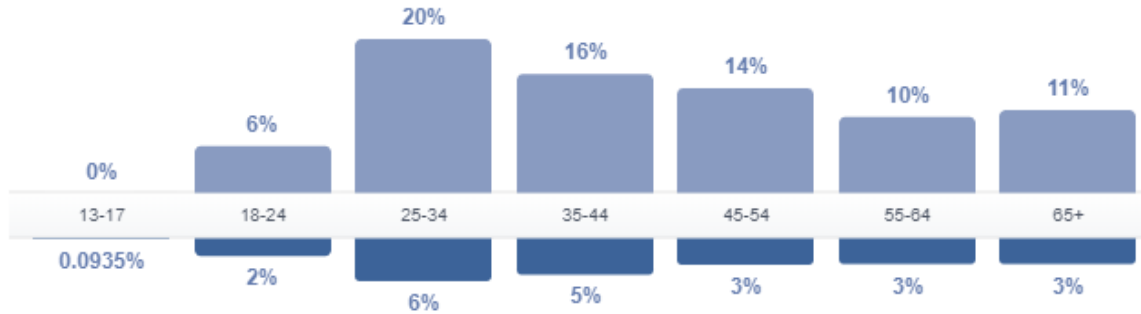


**Social media**

The people who follow your Page

Women

**77%**  
Your followers



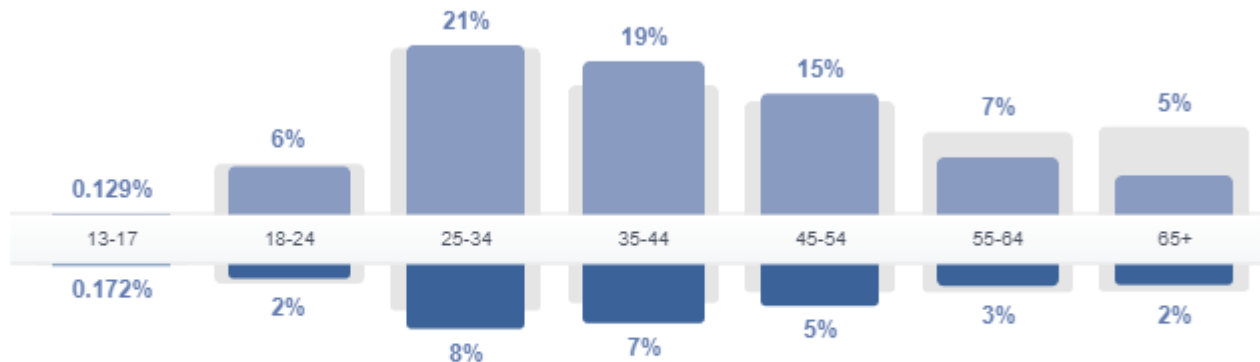
Men

**23%**  
Your followers

The number of people who saw any content by your Page or about your Page, grouped by age and gender.

Women

**72%** People Reached  
**77%** Your Fans



Men

**27%** People Reached  
**23%** Your Fans

- Activity to date
  - Stakeholder Reference Group and voluntary organisations informed mapping and activity
  - Attended numerous groups including dementia, young people, older people, sensory impairment, and religion
  - Engaged with the additional four characteristics: carers, Welsh language speakers and rurality and deprivation
  - Commissioned PAVO, RCC and IMPACT to conduct focus groups
- What has gone well?
  - Engagement with young people
  - Engagement with military families
  - Engagement with people with dementia and their carers
- What will we do in the second half of the consultation?
  - More targeted activity through social media advertising
  - More reach into diverse communities including race and religion – early post mid point success with Bulgarian and Syrian communities
  - More focus on parents, young mums and pregnant women
  - Continue to work with partners and undertake research to find new opportunities to reach groups



**Seldom heard  
groups**

- Activity to date
  - Five public exhibition events held in Telford, Shrewsbury, Newtown, Ludlow and Wellington
  - Scribes capture themes and Q&A
  - Q&A fed into Frequently Asked Questions on website
  - 36 Pop up displays in various locations
- What has gone well?
  - Over 500 people reached at first five public exhibitions
  - Good feedback regarding access to clinicians and executives have questions answered
  - Over 1300 people reached at pop up displays
- What will we do in the second half of the consultation?
  - Pop up displays – ongoing communication regarding purpose of signposting and handing out materials
  - Pop up displays – venues have been reviewed based on reach/footfall
  - Additional public exhibitions already planned (Whitchurch and Newport plus remaining from original eight: Bridgnorth, Oswestry, Market Drayton)
  - Mid sized pop in events planned for Bishops Castle, Woodside and Welshpool (TBC)

**Public  
exhibitions  
and pop ups**

- Activity to date
  - Local Joint Committees and parish council meetings
  - Engagement with large employers and with SMEs through networking groups
  - GP and Practice Manager engagement
  - MP and AM engagement
  - Staff engagement
  - Patient group engagement
- What has gone well?
  - Good reach to public through council meetings
  - Good reach to additional (non-SHG) groups including military
  - Locality forums for GPs in Shropshire and GP meeting in Telford (through the chair)
  - Weekly staff engagement in SaTH, PTHB, with partners e.g. RJAH and Powys CC
- What will we do in the second half of the consultation?
  - More engagement with the business community, including those employing large numbers of certain communities e.g. Bulgarian Community in and around Oswestry
  - Extend reach to younger working age people
  - Continued attendance at 'invited to' meetings for ongoing public Q&A
  - Further staff engagement alongside partner organisations
  - Stakeholder and GP letters to be issued following mid point review

**Invitations to  
engage**

- More than 3,000 people have been spoken to in the course of the first six weeks of the consultation
- Just under 200 people reached through Local Joint Committees in Shropshire
- Direct face to face activity with seldom heard groups has reached more than 400 people to date
- Over 1300 people have been reached through the pop-up displays including mid Wales additional activity
- More than 500 people have attended the drop-in Public Exhibition events
- At least 529 interactions from Telford & Wrekin CCG activity
- Please note these figures do not include activity from PAVO, VCSA and IMPACT as part of the Seldom Heard Group activity. Nor do they include SaTH engagement or any additional engagement by Healthwatch Shropshire, Healthwatch Telford & Wrekin or Powys Community Health Council

**Reach of  
engagement**

- Activity to date
  - Responses to 20 letters and emails from key stakeholders
  - FOIs responded within required timescale
  - Ongoing work with media to answer questions that arise from each Public Exhibition
- Key issues raised
  - Cost of the two options and financing
  - Alternative clinical models
  - Workforce numbers
  - Women and children's services and population demand
  - Travel and patient safety, including ambulance services' performance and pressures
  - Travel in relation to deprivation and rurality, including Welsh travel passes
  - Community service offering
- What will we do in the second half of the consultation?
  - Continue to log all letters and email
  - Continue to respond directly
  - Continue to update FAQ
  - Continue to share with the public through the radio, newspapers, website, social media etc

**Key themes  
and  
managing the  
debate**

- Impressive level of commitment to the mid point review from all
- Acknowledgement at a senior level of the amount of work and commitment going into the consultation
- Comprehensive consolidation reports - opening EIA and Pre Consultation Engagement Report
- Progress reports with detail across all layers of activity pulling everything consultation process related together
- Stronger consultation process position due to the focus on all activity at the mid point

**tCI  
feedback on  
review meeting**

- Programme Board to receive the opening Equalities Analysis and approve recommendations, further analysis to be undertaken in second part of the consultation
- Programme Board to receive and approve pre-consultation engagement report. This report to signpost reader to PCBC where detailed description of option development and appraisal can be found
- Programme Board to receive the Northumbria Comparator report. The board should consider making this review and the board's recommendation on it available on the consultation website to demonstrate openness and transparency and to re-emphasise the use of robust criteria for long and short listing of options in past

**The Consultation  
Institute  
recommends**

- Programme should consider the impact of deciding to add further public consultation events in later weeks of the consultation to increase reach providing members of the public time to respond
- Programme Board should consider an extension to the consultation period on basis of new material information becoming available at this stage in the consultation process. (Allowing more than six weeks until the consultation end date for consideration).
- Programme to ensure travel analysis is still progressing to timescale
- Programme Board should consider publishing its decision-making process as soon as possible
- Programme Board should consider impact of any **related** engagement/consultation process on the current consultation. This is particularly pertinent to maternity and community service redesign.

The  
Consultation  
Institute  
recommends

- Receive the content from the mid point review
- Note the recommendations for the proposed activity for the second part of the consultation
- Note the additional public exhibition events:
  - Whitchurch: Tuesday, 21 August 2018
  - Newport: Thursday, 9 August 2018
- Note the additional mid-sized pop-in events:
  - Bishops Castle Pop-in Q&A session: Wednesday, 8 August 2018
  - Woodside Pop-in Q&A session: Wednesday, 29 August 2018
  - Welshpool Pop-in Q&A session: Thursday, 30 August 2018 (TBC)

**Programme  
Board  
is asked  
to:**

- Approve the publication on the FF website of:
  - Northumbria Comparator Report
  - Opening EIA
  - Pre-Consultation Engagement Report
- Approve the one week extension of the consultation with a revised end date of midnight on Tuesday, 11 September 2018. Based on:
  - Publishing new information (Northumbria Comparator)
  - Sharing the consolidated reports (EIA and Pre-Consultation Engagement Report)
  - Allowing time for visitors to the additional events to respond to the consultation (Last public event now scheduled for 30 August, 2018)

**Programme  
Board  
is asked  
to approve**

## **Future Fit Engagement with Seldom Heard Groups – Mid Point Review**

### **Introduction**

Engagement with seldom heard groups and people belonging to the nine protected characteristics builds on the previous engagement work that has taken place before the consultation started. This work is evidence in the pre-consultation engagement report. The Future Fit programme is committed to understanding how people's differences, cultural expectations and social status can affect their experiences, health outcomes and quality of care. The programme understands its statutory responsibility to have due regard for equality and diversity and has used a number of mechanisms and networks to ensure that all people have an opportunity to have their say on the proposed changes to hospital services.

The Future Fit team has worked with local stakeholders and the voluntary sector to sense check the findings of the Integrated Impact Assessment and to map seldom heard groups across Shropshire, Telford and Wrekin and Powys. The work identified those key groups who we need to ensure are made aware of the consultation and who are offered an opportunity to learn more about Future Fit proposals and to give their views.

Three local voluntary organisations have also been commissioned to work with seldom heard groups in their local areas and these are:

- 1) IMPACT Alcohol and Addictions Services (Telford and Wrekin)
- 2) RCC (Rural Communities Charity – Shropshire)
- 3) PAVO (Powys Association of Voluntary Organisations)

These organisations are delivering a programme of focus groups and one-to-one meetings with specific groups in their local areas.

Seldom heard groups will also be engaged with as part of Future Fit's general programme of public events, pop-up information events and attendance at a wide variety of meetings and events organised by different groups.

In addition to engaging with people from the nine protected characteristics, we have also identified four other groups who we are keen to engage with during the consultation period. These are:

- People living in deprived areas
- People living in rural areas
- Carers
- Welsh speakers

## Scope

This report maps the engagement that has taken place with seldom heard groups across Shropshire, Telford and Wrekin and Mid Wales since the start of the Future Fit consultation on 30<sup>th</sup> May 2018 until the mid point review in the middle of July 2018. This covers a period or approximately 6 weeks. It also identifies where further engagement will take place before the end of the consultation.

## Engagement completed up until mid point review

	<b>Telford and Wrekin</b>	<b>Shropshire</b>	<b>Powys – see planned consultation below</b>
<b>Age</b>	<p><b>Children and young people</b></p> <ul style="list-style-type: none"> <li>• Attendance at Telford Priory School Festival of Culture and Diversity</li> <li>• Attendance at PODS (Parents Opening Doors) parent carer forum meeting</li> <li>• Consultation information sent to sports organisations and young males (150 contacts) via Energize</li> <li>• Shropshire Youth Association delivering focus groups throughout July</li> <li>• Attend Boys Brigade meeting - 13 July</li> </ul> <p><b>Older people</b></p> <ul style="list-style-type: none"> <li>• Consultation materials distributed to Age UK</li> <li>• Met Shropshire Partners in Care (SPIC) – consultation information being distributed to 400+ nursing, residential, supported living and domiciliary care companies</li> </ul>	<p><b>Children and young people</b></p> <ul style="list-style-type: none"> <li>• Consultation information sent to all schools</li> <li>• Consultation information sent to sports organisations and young males (150 contacts) via Energize</li> <li>• Article directed at 16+ sent to Shrewsbury College and was distributed to the student population</li> <li>• Met 16 health and care students at Shrewsbury College and given out consultation materials</li> <li>• Shropshire Youth Association delivering focus groups throughout July</li> <li>• Tern Hill Health day engaged with 15+ 18-25s</li> <li>• National Citizenship Service – engaged with young people</li> </ul> <p><b>Older people</b></p>	<p><b>Older people</b></p> <p>Public events in Machynlleth, Newtown and Llanidloes</p> <p>Patient group, Newtown</p>

	<ul style="list-style-type: none"> <li>• Attendance at Sheltered Living Coffee Morning in Dawley – 27 June</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation materials distributed to Age UK who will distribute to day centres</li> <li>• Met Shropshire Partners in Care (SPIC) – consultation information distributed to 400+ nursing, residential, supported living and domiciliary care companies, additional article sent to care home encouraging support for residents to complete the survey</li> <li>• Attendance at Making it Real (adult social care) board meeting (10 members); Distribution of consultation materials to 100 stakeholders</li> <li>• Engagement at Physical Fitness MOTs, Shawbury – 11 July</li> <li>• Pan disability forum focus group</li> <li>• Bridgnorth carers focus group</li> </ul>	
<b>Sex/gender</b>	<p><b>Women (particularly women of childbearing age)</b></p> <ul style="list-style-type: none"> <li>• Attendance at Recharge new mums’ group - Brookside</li> </ul> <p><b>Young men</b></p> <ul style="list-style-type: none"> <li>• Attendance at Boys Brigade meeting - 13 July</li> </ul>	<p><b>Women (particularly women of childbearing age)</b></p> <ul style="list-style-type: none"> <li>• Article calling for parents to respond to the consultation on the Shropshire Newsroom and sent out through the Family Information Service, and sent to Maternity Voices to be cascaded through networks</li> </ul> <p><b>Young men</b></p> <ul style="list-style-type: none"> <li>• Tern Hill Health Day 15+ young</li> </ul>	

		<p>men (as above)</p> <ul style="list-style-type: none"> <li>• Newsletter and article sent to Energize networks (as above)</li> </ul>	
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Attendance at PODS (Parents Opening Doors) parent carer forum meeting</li> </ul> <p><b>People with a mental illness</b></p> <ul style="list-style-type: none"> <li>• Attendance at Mental Health Forum, Woodside</li> <li>• Attendance at East Shropshire Mental Health Service Users Group</li> <li>• Mental Health &amp; Carers event - 12 July</li> </ul> <p><b>People with a sensory impairment</b></p> <ul style="list-style-type: none"> <li>• Attendance at Shropshire Deaf and Hard of Hearing Forum – 13 June</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at Disability Partnership Board meeting (15 members) and distribution of Materials</li> <li>• Attendance at Shropshire Disability Network – 14 June</li> <li>• Attendance at Shropshire Pan Disability Forum 19<sup>th</sup> June</li> </ul> <p><b>People with a physical disability</b></p> <ul style="list-style-type: none"> <li>• Pan disability forum focus group (as above)</li> <li>• Attendance at Access group meeting and circulation of consultation materials</li> </ul> <p><b>People with a mental illness</b></p> <ul style="list-style-type: none"> <li>• Attendance at Alzheimer’s Society meetings in Bicton (Shrewsbury) on 27 June and Market Drayton on 11 July.</li> <li>• Attendance at DEEP group meeting in Shrewsbury on 28 June (4 men with dementia)</li> <li>• Dementia Action Alliance meeting (12<sup>th</sup> July)</li> </ul> <p><b>People with a learning disability</b></p> <ul style="list-style-type: none"> <li>• Attendance at Learning Disability Partnership Board</li> </ul>	<p><b>People with a mental illness</b></p> <p>Engagement at Llanfyllin library including presentation to 15 people at dementia tea party – 13 July</p>

		<p>meeting 12 June (15 members); distribution of consultation materials</p> <ul style="list-style-type: none"> <li>• Connected with Autism network (see planned activity below)</li> <li>• Attended Making it Real Board June</li> </ul>	
<b>Gender reassignment/gender identity</b>	Not identified as disproportionately impacted on compared to the general population.	Not identified as disproportionately impacted on compared to the general population. However LGBTQ youth groups and adult groups including FRESH and SAND have been asked to get involved – both organisations have declined.	Not identified as disproportionately impacted on compared to the general population.
<b>Race</b>	<ul style="list-style-type: none"> <li>• Attendance at Telford Priory School Festival of Culture and Diversity</li> </ul> <p><b>African and Afro Caribbean</b></p> <ul style="list-style-type: none"> <li>• Pop-up information stand at African and afro Caribbean Resource centre</li> <li>• Information stand at Telford African and Afro Caribbean Resource Centre Family Fun Day – 14 July</li> </ul>	<p><b>Gypsies and travellers</b></p> <p>Visits organised for week commencing 16 July</p> <p>Research has taken place to identify different groups belonging to this protected characteristic and they are being contacted to arrange meetings in the second half of the consultation.</p>	
<b>Religion or belief</b>	<ul style="list-style-type: none"> <li>• Attendance at Telford Priory School Festival of Culture and Diversity</li> </ul>	Research has taken place to identify different groups belonging to this protected characteristic and they are being contacted to arrange meetings in	

	<p><b>Sikh</b> Attendance at Gudwara Telford 1 July</p> <p><b>Christian</b> Information circulated to Telford Christian Forum</p>	the second half of the consultation.	
<b>Sexual orientation</b>	Research has taken place to identify different groups belonging to this protected characteristic and they are being contacted to arrange meetings in the second half of the consultation.	Research has taken place to identify different groups belonging to this protected characteristic and they are being contacted to arrange meetings in the second half of the consultation.	
<b>Pregnancy/maternity</b>	Contacted Maternity Voices Partnership	Attendance at Maternity Voices meeting 26 June	
<b>Marriage and civil partnership</b>	Covered by general engagement – public meetings, pop-up information stands, consultation materials displayed in all GP practices	Covered by general engagement – public meetings, pop-up information stands, consultation materials displayed in all GP practices	Covered by general engagement – public meetings, pop-up information stands
<b>Deprivation</b>	<p>Information stands in Malinslee, Woodside, Dawley, Wellington, Brookside, Donnington</p> <p>Attendance at Patients first meeting in Dawley – 7 June</p> <p>Information stand at Oakengates Carnival – 24 June</p> <p>Attendance at Sheltered Living Coffee Morning in Dawley – 27 June</p>	<p>Information stand and public meeting in Shrewsbury</p> <p>Attendance at NHS70 family day at Royal Shrewsbury Hospital – 7 July</p> <p>Attendance at Local Joint Committee meetings e.g. in Whitchurch and Gobowen</p> <p>Public meetings e.g. Ludlow</p>	

	<p>Attendance at Donnington PPG meeting – 2 July</p> <p>Attendance at Woodside medical practice PPG meeting – 12 July</p> <p>Consultation materials distributed to all GP practices including those in deprived areas</p> <p>Wellington Leisure Centre – 10 July</p> <p>NA - Peoples Centre 16 July</p>	<p>Consultation materials distributed to all GP practices including those in deprived areas</p> <p>Research into food banks and possibility of future engagement work</p>	
<b>Rurality</b>	<p>Ongoing social media campaign</p> <p>Attendance at Shropshire Association of Local Councils (SALC) meeting – 4 June</p> <p>Attendance at Parish Council meetings in rural areas e.g. Roddington and Kynnersley</p> <p>Consultation materials distributed to all GP practices including those in rural areas</p>	<p>Ongoing social media campaign</p> <p>Attendance at Shropshire Association of Local Councils (SALC) meeting – 4 June</p> <p>Attendance at Local Joint Committee meetings in local areas e.g. Whitchurch, Cleobury Mortimer (Kinlet), Gobowen and Bishops Castle</p> <p>Information stands in rural areas in Broseley, Pontesbury, Church Stretton, Craven Arms and Ludlow</p> <p>Attendance at Oswestry Community Connectors – 20 June</p> <p>Consultation information distributed to</p>	<p>Ongoing social media campaign</p> <p>Distribution of consultation materials at events and meetings: Machynlleth market – 6<sup>th</sup> June</p> <p>Information stands in Machynlleth and Lanidloes – 13 June and Newtown – 23 June and Welshpool and Llanfair – 19 July</p> <p>Machynlleth Expo – 18<sup>th</sup> June</p> <p>Patient forum Llanidloes – 4<sup>th</sup> July</p> <p>Machynlleth patient group – 17<sup>th</sup> July</p> <p>Engagement at Llanfyllin library including presentation to 15 people at dementia tea party – 13 July</p>

		Waterways Network (for narrowboat community) and Young Farmers – 9 July  Consultation materials distributed to all GP practices including those in rural areas	
<b>Carers</b>	Attendance at Carers' Partnership Board meeting – 17 July  Attendance at PODS (Parents Opening Doors) parent carer forum meeting	Connected with Parent and Carer Council – will promote the public events as a place to connect with paediatricians to discuss changes  Carers Group attended in Bridgnorth – 21 June  Care and Share meeting attended in Market Drayton – 17 July  Dementia Singing for the Brain Groups (as above)	
<b>Welsh speakers</b>	Not applicable	Not applicable	Distribution of consultation materials at events and meetings: Machynlleth market – 6 <sup>th</sup> June Information stands in Machynlleth and Lanidloes – 13 June and Newtown – 23 June and Welshpool and Llanfair – 19 July Machynlleth Expo – 18 <sup>th</sup> June Patient forum Llanidloes – 4 <sup>th</sup> July Machynlleth patient group – 17 <sup>th</sup> July  Engagement at Llanfyllin library including presentation to 15 people

			at dementia tea party – 13 July
<b>Additional Groups</b>	<p><b>Drugs and Alcohol</b> Dry Drinkers Group - The People's Centre 11 July</p> <p><b>Armed Forces</b> Armed Forces Day 2018 – Shrewsbury Sports Village (invited Donnington)</p> <p>Email sent to Donnington and with article for distribution to their staff and opportunity to order more consultation material offered</p>	<p><b>Armed Forces</b> Armed Forces Day 2018 – Shrewsbury (invited – Shawbury, Donnington, Cosford, Tern Hill, Welsh Vets)</p> <p>Additional consultation material sent to Shawbury</p> <ul style="list-style-type: none"> <li>- British Legion to help clients complete survey (50 surveys provided)</li> </ul> <p>Attendance at Tern Hill Health Day 12<sup>th</sup> July</p>	<p><b>Armed Forces</b> Armed Forces Day 2018 – Shrewsbury (invited – Shawbury, Donnington, Cosford, Tern Hill, Welsh Vets)</p>

**Engagement planned from mid point review to end of consultation**

	<b>Telford and Wrekin</b>	<b>Shropshire</b>	<b>Powys</b>
<b>Age</b>	<p><b>Older people</b> Attendance at Senior Citizens' Forum meeting - 26 July</p> <p>Attendance at Wrekin Housing Trust Retirement Living – 26 July</p> <p>Attendance at Ketley Good Companions meeting - 22 August</p>	<p><b>Children and young people</b> Meeting with students with additional needs at Shrewsbury college – 3/4 September</p> <p>Shropshire NCS – further engagement with young people planned</p> <p>Whitchurch Young Parents Group</p> <p>Possible focus group at Oak Farm day services – young adults with a learning</p>	<p><b>Children and young people</b> Re-kindle/ small steps – Newtown</p> <p><b>Older people</b> Day centre Llanidloes</p>

		<p>disability</p> <p><b>Older people</b> Shawbury, physical fitness MOT Rural</p> <p>All Shropshire Senior Citizens Forums being contacted to offer engagement work. Market Drayton already confirmed.</p>	
<b>Sex/gender</b>		<p><b>Women (particularly women of childbearing age)</b></p> <p>Sure Start focus groups in Shropshire, particularly Whitchurch young parents group</p>	
<b>Disability</b>	<p><b>People with a mental illness</b> Attendance at Wellington Alzheimer’s peer support group – 31 July</p> <p>Attendance at Newport Alzheimer’s peer support group – 7 August</p> <p><b>People with a learning disability</b> Day Centres for adults with learning difficulties</p> <p><b>People with a sensory impairment</b> Attendance at Telford Visually Impaired Support group - 2 August</p>	<p>Possible focus group with adults with autism – the Autism Hub, Shrewsbury</p> <p><b>People with a physical disability</b> Musketeers &amp; Maidens Disability</p> <p><b>People with a mental illness</b> Care and Share (Albrighton)</p> <p>Focus groups with service users and staff with Mind, Shropshire</p> <p><b>People with a learning disability</b> Possible focus group at Oak Farm day services – young adults with a learning disability</p>	<p><b>People with a physical disability</b> Day centre Newtown</p> <p><b>People with a mental illness</b> Ponthafren – Newtown</p> <p><b>People with a sensory impairment</b> Day centre Newtown</p>

		<p>Attendance at Taking Part meeting – 25 July</p> <p><b>People with a sensory impairment</b> Attendance at hard of hearing groups e.g. in Ludlow and South Shropshire, Whitchurch and Shrewsbury</p> <p>Attendance at Oswestry Sight Loss Group</p> <p>Attendance at Whitchurch Hard of Hearing group</p> <p>Tinnitus group</p>	
<b>Gender reassignment/gender identity</b>	<p>Not identified as disproportionately impacted on compared to the general population.</p> <p>Possible 1:1 engagement.</p>	<p>Not identified as disproportionately impacted on compared to the general population.</p> <p>1:1 engagement with transgender lady via Mind, Shropshire</p>	<p>Not identified as disproportionately impacted on compared to the general population.</p> <p>Welshpool Day Centre – gender reassignment</p>
<b>Race</b>	<p>Multi Cultural Event - Hadley Learning Centre 4pm 19 July</p> <p>African Church Group - Brookside Community Centre 5 August (or 12<sup>th</sup>)</p> <p><b>Polish</b> Polish Saturday School - 28 July</p> <p><b>Indian</b> Sikh Ladies Group - Hadley Sikh Centre -</p>	<p><b>Polish</b> Polish Group – focus group</p> <p><b>Gypsies and travellers</b> Visits organised for week commencing 16<sup>th</sup> July and 20 August</p> <p><b>Syrian refugee community</b> Focus groups planned.</p> <p><b>Irish</b></p>	

	<p>19 July</p> <p><b>Gypsies and travellers</b> Working with T&amp;W traveller liaison officer to find dates</p>	<p>Focus groups with families, young wives and mums of Royal Irish Regiment planned</p>	
<b>Religion or belief</b>	<p><b>Sikh</b> Sikh Ladies Group - Hadley Sikh Centre 11am 19 July</p> <p><b>Christian</b> African Church Group - Brookside Community Centre 5 August (or 12<sup>th</sup>)</p>	<p><b>Muslim</b> Craven Arms Mosque Muslim centre/community - Distribution of materials</p> <p><b>Greek orthodox</b> Possible focus group and distribution of materials</p> <p><b>Christian</b> Evangelical Baptist Church (including food bank) Trinities Church Group Elim Church (includes a meal service for deprived communities)</p> <p>Multi-faith group Shropshire</p>	<p>Rev'd Nia Wynn Jones - TBC</p>
<b>Sexual orientation</b>	<p>Possible 1:1 engagement</p>	<p>Possible 1:1 engagement</p>	<p>Becky Evans - TBC</p>
<b>Pregnancy/maternity</b>	<p>Attending maternity clinics and giving out consultation material at Princess Royal Hospital Telford on 19<sup>th</sup>, 23<sup>rd</sup> and 26<sup>th</sup> July</p>	<p>Attending maternity clinics and giving out consultation material at Royal Shrewsbury Hospital on 18<sup>th</sup>, 23<sup>rd</sup> and 24<sup>th</sup> July</p> <p>Additional rural clinics being investigated</p>	

		Sure Start focus groups in Shropshire, particularly Whitchurch young parents group	
<b>Marriage and civil partnership</b>	Covered by general engagement – public meetings, pop-up information stands, consultation materials displayed in all GP practices	Covered by general engagement – public meetings, pop-up information stands, consultation materials displayed in all GP practices	Covered by general engagement – public meetings, pop-up information stands
<b>Deprivation</b>	<p><b>Homeless people</b> Homeless people (Maninplace)</p> <p>Attendance at Wrekin Housing Trust – 26 July</p> <p>Attendance at carers group meeting in Hadley – 9 August</p> <p>Information stands in Sutton Hill, Hadley, Oakengates and Woodside</p> <p>Attendance at Citizens Advice Bureau, Wellington – 9 August</p> <p>Thrive meeting at Hadley Community Centre – 14 August</p> <p>Impact: Sutton Hill Community Centre</p> <p>Brookside Community Centre</p> <p>Woodside Community Centre</p>	<p><b>Homeless people</b> Focus group planned with CHALK in Oswestry</p> <p>Possible drop in sessions at The Ark, Shrewsbury</p> <p>Information stands in Market Drayton and Gobowen</p> <p>Attendance at Local Joint Committee meetings e.g. Market Drayton</p> <p>Public meetings e.g. in Market Drayton</p> <p>Consultation materials distributed via Citizens Advice Bureau – end July</p> <p>1:1 conversations planned with people at Food Banks</p> <p>Evangelical Baptist Church (including food bank)</p> <p>Elim Church (includes a meal service for deprived communities)</p>	<b>Homeless people</b>

<p><b>Rurality</b></p>	<p>Attendance at Parish Council meetings in rural areas</p> <p>Focus group planned with Rural Support Network including farmers, working age, young men, older people etc.</p>	<p>Attendance at Local Joint Committee meetings in rural areas e.g. Oswestry, Wem, Market Drayton, Broseley, Much Wenlock and rural Shrewsbury (Longden, Ford, Rea Valley, Loton, Tern, Severn Valley)</p> <p>Information stands in rural areas including Bridgnorth, Oswestry, Whitchurch, Market Drayton, Much Wenlock and Wem</p> <p>Focus group planned with Rural Support Network including farmers, working age, young men, older people etc</p> <p>Focus group planned with Rural Support Network including farmers, working age, young men, older people etc.</p>	
<p><b>Carers</b></p>	<p>Attendance at carers group meeting in Hadley – 9 August</p> <p>Attendance at Ketley Good Companions meeting 22 August</p>	<p>Attendance at Bridgnorth Carers group meeting</p> <p>Care and Share (Albrighton)</p> <p>Attending Oswestry Carers group meeting</p> <p>Attending mental health carers group meeting at Mind, Shropshire</p> <p>Contacting Carers Trust who manage emergency carers respite scheme with a</p>	<p>Befrienders – lunch group 29.8.18</p>

		view to circulate consultation materials to over 900 people	
<b>Welsh speakers</b>	Not applicable	Not applicable	Cann Office Hotel, Llangadfan 1.8.18
<b>Additional Groups</b>	<b>Alcohol and Drugs</b> Substance misuse Peer support Group (TACT)  <b>Stroke survivors and carers</b> Possible focus groups	<b>Stroke survivors and carers</b> Possible focus groups	

## Conclusion

From monitoring initial equalities data as part of the consultation questionnaire, we have the following results:

- More women than men have responded (61%)
- The majority of respondents are over the age of 26 (92%)
- The majority of respondents are White British (84%)
- The majority of people state Christianity as their religion (47%), with 33% stating they have no religion
- The majority of respondents (84%) class themselves as heterosexual
- 15% of respondents class themselves as having a disability
- 16% of respondents class themselves as a carer

Our programme of attendance at meetings and events is updated on a very regular basis. In the table above are the meetings that we have organised so far but many other meetings are in the process of being organised.

In view of the large number of seldom heard groups to cover before the end of the consultation, we are looking to recruit additional resource.

We plan to focus on key groups who are likely to be most impacted on by the Future Fit proposals, for example, pregnant women/women of child-bearing age, parents and children and young people in addition to any of the gaps highlighted above.

Q2a. To what extent do you agree that Option 1 would meet your needs or the needs of people you care for, or those of the group or organisation you represent		Total			Q5a. Please tell us whether you are responding as a member of the public		
#TOP LEFT#Base: 1,641		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q2a. To what extent do you agree that Option 1 would meet your needs or the needs of people you care for, or those of the	Strongly Agree	635	39%		630	39%	
	Agree	162	10%		160	10%	
	Neither agree nor disagree	50	3%		50	3%	
	Disagree	70	4%		69	4%	
	Strongly disagree	700	43%		692	43%	
	Don't know	11	1%		11	1%	
	Refused	13	1%		13	1%	
Q3a. To what extent do you agree that Option 2 would meet your needs or the needs of people you care for, or those of the group or organisation you represent		Total			Q5a. Please tell us whether you are responding as a member of the public		
#TOP LEFT#Base: 1,641		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q3a. To what extent do you agree that Option 2 would meet your needs or the needs of people you care for, or those of the	Strongly Agree	420	26%		417	26%	
	Agree	93	6%		93	6%	
	Neither agree nor disagree	106	6%		104	6%	
	Disagree	178	11%		177	11%	
	Strongly disagree	819	50%		809	50%	
	Don't know	13	1%		13	1%	
	Refused	12	1%		12	1%	
Q6.1. What is your gender?							

#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a m		
		A			As a member of the public		
		B			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q6.1. What is your gender?	Male	581	35%		578	36%	
	Female	1003	61%		993	61%	
	Intersex	-	-		-	-	
	Other	4	0%		2	0%	
	Prefer not to say	32	2%		32	2%	
	Refused	21	1%		20	1%	
Q6.2. Gender reassignment: Have you gone through any part of a process or do you intend to (including thoughts and actions) bring your physical sex appear							
#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a m		
		A			As a member of the public		
		B			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q6.2. Gender reassignment: Have you gone through any part of a	Yes	6	0%		4	0%	
	No	1450	88%		1439	89%	
	Prefer not to say	93	6%		91	6%	
	Refused	92	6%		91	6%	
Q6.3. How old are you? Please select one answer only.							
#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a m		
		A			As a member of the public		
		B			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	

Q6.3. How old are you? Please select one answer only.	16-26	55	3%	55	3%	
	27-37	176	11%	175	11%	
	38-47	260	16%	258	16%	
	48-58	331	20%	325	20%	
	59-69	400	24%	399	25%	
	70+	340	21%	337	21%	
	Prefer not to say	61	4%	59	4%	
	Refused	18	1%	17	1%	
Q6.4. Which of the following best describes your ethnicity? Please select one answer only						
#TOP LEFT#Base: 1,641		Total		Q5a. Please tell us whether you are responding as a member of the public		
		A		B		
		Counts	% down	Counts	% down	Column significance
#BL#Base		1641	100%	1625	100%	
Q6.4. Which of the following best describes your ethnicity? Please select one answer only	White British <input type="checkbox"/>	1383	84%	1371	84%	
	Welsh <input type="checkbox"/>	82	5%	80	5%	
	Irish <input type="checkbox"/>	10	1%	10	1%	
	Other European (please state)	14	1%	14	1%	
	Other (please state)	6	0%	6	0%	
	Indian <input type="checkbox"/>	8	0%	8	0%	
	Pakistani	3	0%	3	0%	
	Bangladeshi <input type="checkbox"/>	-	-	-	-	
	Other (please state)	2	0%	2	0%	
	Caribbean	-	-	-	-	
	African <input type="checkbox"/>	2	0%	2	0%	
	British <input type="checkbox"/>	1	0%	1	0%	
	Other (please state) <input type="checkbox"/>	-	-	-	-	
	White and Black Caribbean	2	0%	2	0%	
	White and Black African	2	0%	2	0%	
White and Asian	3	0%	3	0%		
Arab	-	-	-	-		

	Other (please state) <input type="checkbox"/>	1	0%	1	0%
	Chinese	1	0%	1	0%
	Filipino	1	0%	1	0%
	Vietnamese	-	-	-	-
	Thai	1	0%	1	0%
	Other (please state)	1	0%	1	0%
	Irish	-	-	-	-
	Romany	-	-	-	-
	Other (please state)	-	-	-	-
	Prefer not to say	84	5%	82	5%
	Refused	34	2%	34	2%

Q6.5. What is your religion or belief? Please select one answer only

#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a member of the public		
		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q6.5. What is your religion or belief? Please select one answer only	Hinduism	3	0%		3	0%	
	Christianity	779	47%		774	48%	
	Judaism	3	0%		3	0%	
	Buddhism	8	0%		8	0%	
	Islam	4	0%		4	0%	
	Sikhism	3	0%		3	0%	
	Other	42	3%		42	3%	
	Prefer not to say	152	9%		148	9%	
	No religion	540	33%		536	33%	
Refused	107	7%		104	6%		

Q6.6. How would you define your sexual orientation? Please select one answer only

#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a member of the public		
		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance

		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q6.6. How would you define your sexual orientation? Please select one answer only	Heterosexual (straight)	1374	84%		1362	84%	
	Gay	18	1%		18	1%	
	Lesbian	10	1%		10	1%	
	Bisexual	14	1%		14	1%	
	Other	15	1%		15	1%	
	Prefer not to say	161	10%		159	10%	
	Refused	49	3%		47	3%	
Q6.7. Are you a parent of a child or children under 16? Please select one response only.							
#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a member of the public		
		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q6.7. Are you a parent of a child or children under 16? Please select one response only	Yes	375	23%		371	23%	
	No	1149	70%		1142	70%	
	Prefer not to say	67	4%		65	4%	
	Refused	50	3%		47	3%	
Q6.8. Do you consider yourself to have a disability? Please select one response only.							
#TOP LEFT#Base: 1,641		Total			Q5a. Please tell us whether you are responding as a member of the public		
		A			B		
		Counts	% down	Column significance	Counts	% down	Column significance
#BL#Base		1641	100%		1625	100%	
Q6.8. Do you	Yes	247	15%		243	15%	

consider yourself to have a disability? Please select	No	1254	76%	1246	77%
	Prefer not to say	92	6%	90	6%
	Refused	48	3%	46	3%

Q6.10. Are you a carer for anyone? Please select one answer only. <i>A carer is defined by the Carers Trust as 'anyone who cares, unpaid, for a friend or family member'</i>

#TOP LEFT#Base: 1,641	Total			Q5a. Please tell us whether you are responding as a member of the public		
	A			B		
	Counts	% down	Column significance	Counts	% down	Column significance
	#BL#Base	1641	100%		1625	100%
Q6.10. Are you a carer for anyone? Please select one answer only.	Yes	258	16%	256	16%	
	No	1267	77%	1258	77%	C
	Prefer not to say	73	4%	71	4%	
	Refused	43	3%	40	2%	

? Please select one answer only.									
<b>member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only</b>									
<b>On behalf of an organisation (private or voluntary/charity)</b>			<b>Refused</b>						
<b>C</b>			<b>D</b>						
<b>Counts</b>	<b>% down</b>	<b>Column significance</b>	<b>Counts</b>	<b>% down</b>	<b>Column significance</b>				
8	100%		8	100%					
5	63%		-	-					
1	13%		1	13%					
-	-		-	-					
1	13%		-	-					
1	13%		7	88%					
-	-		-	-					
-	-		-	-					
? Please select one answer only.									
<b>member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only</b>									
<b>On behalf of an organisation (private or voluntary/charity)</b>			<b>Refused</b>						
<b>C</b>			<b>D</b>						
<b>Counts</b>	<b>% down</b>	<b>Column significance</b>	<b>Counts</b>	<b>% down</b>	<b>Column significance</b>				
8	100%		8	100%					
1	13%		2	25%					
-	-		-	-					
1	13%		1	13%					
1	13%		-	-					
5	63%		5	63%					
-	-		-	-					
-	-		-	-					

member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only					
On behalf of an organisation (private or voluntary/charity)			Refused		
C			D		
Counts	% down	Column significance	Counts	% down	Column significance
8	100%		8	100%	
-	-		3	38%	
5	63%		5	63%	
-	-		-	-	
2	25%		-	-	
-	-		-	-	
1	13%		-	-	

nce and/ or your gender role more in line with your gender identity? <i>(This could include changing your name, your appearance and the way you dress, tak

member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only					
On behalf of an organisation (private or voluntary/charity)			Refused		
C			D		
Counts	% down	Column significance	Counts	% down	Column significance
8	100%		8	100%	
1	13%		1	13%	
5	63%		6	75%	
2	25%		-	-	
-	-		1	13%	

member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only					
On behalf of an organisation (private or voluntary/charity)			Refused		
C			D		
Counts	% down	Column significance	Counts	% down	Column significance
8	100%		8	100%	



-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
2	25%	-	-	-	-
-	-	-	-	-	-

**Member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only**

On behalf of an organisation (private or voluntary/charity)			Refused		
C			D		
Counts	% down	Column significance	Counts	% down	Column significance
8	100%		8	100%	
-	-	-	-	-	-
3	38%		2	25%	
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
4	50%		-	-	-
1	13%		3	38%	
-	-	-	3	38%	

**Member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only**

On behalf of an organisation (private or voluntary/charity)			Refused		
---	--	--	---------	--	--

C			D					
Counts	% down	Column significance	Counts	% down	Column significance			
8	100%		8	100%				
6	75%		6	75%				
-	-		-	-				
-	-		-	-				
-	-		-	-				
2	25%		-	-				
-	-		2	25%				
<b>Member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only</b>								
<b>On behalf of an organisation (private or voluntary/charity)</b>			<b>Refused</b>					
C			D					
Counts	% down	Column significance	Counts	% down	Column significance			
8	100%		8	100%				
2	25%		2	25%				
4	50%		3	38%				
2	25%		-	-				
-	-		3	38%				
<b>Member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only</b>								
<b>On behalf of an organisation (private or voluntary/charity)</b>			<b>Refused</b>					
C			D					
Counts	% down	Column significance	Counts	% down	Column significance			
8	100%		8	100%				
2	25%		2	25%				

4	50%		4	50%			
2	25%		-	-			
-	-		2	25%			
y member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.'							
<b>member of the public or on behalf of an organisation (private or voluntary/charity). Please select one answer only</b>							
<b>On behalf of an organisation (private or voluntary/charity)</b>			<b>Refused</b>				
<b>C</b>			<b>D</b>				
<b>Counts</b>	<b>% down</b>	<b>Column significance</b>	<b>Counts</b>	<b>% down</b>	<b>Column significance</b>		
8	100%		8	100%			
2	25%		-	-			
3	38%		6	75%			
2	25%		-	-			
1	13%		2	25%			







#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid –wales			
		A			B			C			
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q5a. Please tell us whether you are responding as a member of	As a member of the public	1625	99%		590	99%		247	99%		545
	On behalf of an organisation (private or voluntary/charity)	8	0%		3	1%		3	1%		1
	Refused	8	0%		-	-		-	-		8
Q6.1. What is your gender?											
#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid –wales			
		A			B			C			
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.1. What is your gender?	Male	581	35%		225	38%	D	89	36%		178
	Female	1003	61%		353	60%		158	63%		357
	Intersex	-	-		-	-		-	-		-
	Other	4	0%		2	0%		-	-		1
	Prefer not to say	32	2%		5	1%		2	1%		7
	Refused	21	1%		8	1%		1	0%		11
Q6.2. Gender reassignment: Have you gone through any part of a process or do you intend to (including thoughts and actions) bring your physical sex appearance a											
#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid –wales			
		A			B			C			
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.2. Gender	Yes	6	0%		2	0%		-	-		4

reassignment: Have you gone through any part of a	No	1450	88%		543	92%	DE	231	92%	DE	467
	Prefer not to say	93	6%		24	4%		12	5%		28
	Refused	92	6%		24	4%		7	3%		55
Q6.3. How old are you? Please select one answer only.											
#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid -wales			
		Counts % down Column significance			B			C			
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.3. How old are you? Please select one answer only.	16-26	55	3%		14	2%		4	2%		25
	27-37	176	11%		51	9%		22	9%		72
	38-47	260	16%		80	13%		46	18%		94
	48-58	331	20%		104	18%		56	22%		126
	59-69	400	24%		160	27%		59	24%		126
	70+	340	21%		166	28%	DE	55	22%	DE	82
	Prefer not to say	61	4%		11	2%		8	3%		18
	Refused	18	1%		7	1%		-	-		11
Q6.4. Which of the following best describes your ethnicity? Please select one answer only											
#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid -wales			
		Counts % down Column significance			B			C			
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.4. Which of the following best describes your ethnicity? Please select one answer only	White British <input type="checkbox"/>	1383	84%		526	89%	CE	175	70%		485
	Welsh <input type="checkbox"/>	82	5%		15	3%	D	59	24%	BDE	2
	Irish <input type="checkbox"/>	10	1%		5	1%		1	0%		3
	Other European (please state)	14	1%		4	1%		3	1%		4
	Other (please state)	6	0%		3	1%		1	0%		1

Indian <input type="checkbox"/>	8	0%	-	-	-	-	6	
Pakistani	3	0%	-	-	-	-	3	
Bangladeshi <input type="checkbox"/>	-	-	-	-	-	-	-	
Other (please state)	2	0%	-	-	1	0%	1	
Caribbean	-	-	-	-	-	-	-	
African <input type="checkbox"/>	2	0%	-	-	-	-	2	
British <input type="checkbox"/>	1	0%	-	-	1	0%	-	
Other (please state) <input type="checkbox"/>	-	-	-	-	-	-	-	
White and Black Caribbean	2	0%	2	0%	-	-	-	
White and Black African	2	0%	-	-	2	1%	-	
White and Asian	3	0%	-	-	-	-	2	
Arab	-	-	-	-	-	-	-	
Other (please state) <input type="checkbox"/>	1	0%	-	-	-	-	-	
Chinese	1	0%	-	-	-	-	1	
Filipino	1	0%	-	-	-	-	-	
Vietnamese	-	-	-	-	-	-	-	
Thai	1	0%	-	-	1	0%	-	
Other (please state)	1	0%	1	0%	-	-	-	
Irish	-	-	-	-	-	-	-	
Romany	-	-	-	-	-	-	-	
Other (please state)	-	-	-	-	-	-	-	
Prefer not to say	84	5%	25	4%	5	2%	24	
Refused	34	2%	12	2%	CE	1	0%	20

Q6.5. What is your religion or belief? Please select one answer only

#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid -wales			Counts
		Counts	% down	Column significance	B			C			
					Counts	% down	Column significance	Counts	% down	Column significance	
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.5. What is your religion or belief? Please	Hinduism	3	0%		1	0%		1	0%		-
	Christianity	779	47%		314	53%	DE	134	54%	DE	233

Please select one answer only	Judaism	3	0%	1	0%	-	-	-
	Buddhism	8	0%	3	1%	2	1%	1
	Islam	4	0%	-	-	-	-	3
	Sikhism	3	0%	-	-	-	-	3
	Other	42	3%	13	2%	14	6%	BDE 11
	Prefer not to say	152	9%	43	7%	23	9%	39
	No religion	540	33%	202	34%	75	30%	176
Refused	107	7%	16	3%	CE	1	0%	88

Q6.6. How would you define your sexual orientation? Please select one answer only

#TOP LEFT#Base: 1,641		Total			Area						
		A			B			C			Counts
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.6. How would you define your sexual orientation? Please select one answer only	Heterosexual (straight)	1374	84%		514	87%	DE	223	89%	DE	448
	Gay	18	1%		4	1%		3	1%		8
	Lesbian	10	1%		2	0%		2	1%		5
	Bisexual	14	1%		3	1%		3	1%		6
	Other	15	1%		7	1%		2	1%		5
	Prefer not to say	161	10%		50	8%		17	7%		49
Refused	49	3%		13	2%	C	-	-		33	

Q6.7. Are you a parent of a child or children under 16? Please select one response only.

#TOP LEFT#Base: 1,641		Total			Area						
		A			B			C			Counts
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.7. Are you a	Yes	375	23%		123	21%		58	23%		142

parent or a child or children under 16? Please select	No	1149	70%	443	75%	DE	184	74%	DE	364
	Prefer not to say	67	4%	15	3%		5	2%		18
	Refused	50	3%	12	2%		3	1%		30

Q6.8. Do you consider yourself to have a disability? Please select one response only.

#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid -wales			
		B			C						
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.8. Do you consider yourself to have a disability? Please select	Yes	247	15%		73	12%		47	19%	B	90
	No	1254	76%		478	81%	DE	194	78%		406
	Prefer not to say	92	6%		31	5%		8	3%		27
	Refused	48	3%		11	2%	C	1	0%		31

Q6.10. Are you a carer for anyone? Please select one answer only. <i>A carer is defined by the Carers Trust as 'anyone who cares, unpaid, for a friend or family me

#TOP LEFT#Base: 1,641		Total			Area						
		A			Shropshire			Mid -wales			
		B			C						
		Counts	% down	Column significance	Counts	% down	Column significance	Counts	% down	Column significance	Counts
#BL#Base		1641	100%		593	100%		250	100%		554
Q6.10. Are you a carer for anyone? Please select one answer only.	Yes	258	16%		76	13%		50	20%	BE	100
	No	1267	77%		485	82%	DE	193	77%		410
	Prefer not to say	73	4%		20	3%		6	2%		20
	Refused	43	3%		12	2%	C	1	0%		24

Please select one answer only.				
<b>Telford</b>		<b>Out of area/refused</b>		
<b>D</b>		<b>E</b>		
<b>% down</b>	<b>Column significance</b>	<b>Counts</b>	<b>% down</b>	<b>Column significance</b>
100%		244	100%	
5%		72	30%	D
4%		19	8%	D
3%		10	4%	
6%	B	18	7%	BC
79%	BCE	124	51%	BC
1%		1	0%	
2%		-	-	
Please select one answer only.				
<b>Telford</b>		<b>Out of area/refused</b>		
<b>D</b>		<b>E</b>		
<b>% down</b>	<b>Column significance</b>	<b>Counts</b>	<b>% down</b>	<b>Column significance</b>
100%		244	100%	
54%	BCE	75	31%	BC
9%	BC	20	8%	BC
7%	C	13	5%	C
5%		17	7%	
24%		113	46%	D
1%		3	1%	
0%		3	1%	
ly				

Telford					Out of area/refused				
D		E			D		E		
% down	Column significance	Counts	% down	Column significance	% down	Column significance	Counts	% down	Column significance
100%		244	100%		100%		244	100%	
98%		243	100%						
0%		1	0%						
1%		-	-						
Telford					Out of area/refused				
D		E			D		E		
% down	Column significance	Counts	% down	Column significance	% down	Column significance	Counts	% down	Column significance
100%		244	100%		100%		244	100%	
32%		89	36%						
64%	E	135	55%						
		-	-						
0%		1	0%						
1%		18	7%						
2%		1	0%						
nd/ or your gender role more in line with your gender identity? <i>(This could include changing your name, your appearance and the way you dress, taking horn									
Telford					Out of area/refused				
D		E			D		E		
% down	Column significance	Counts	% down	Column significance	% down	Column significance	Counts	% down	Column significance
100%		244	100%						
1%		-	-						













**Shropshire and Telford and Wrekin  
Joint Health Overview and Scrutiny Committee**

**18 July 2018**

**Item 5. Next Steps**

**To consider and comment on a proposed survey to collect views on the consultation:**

**Shropshire Council and Telford and Wrekin Council Joint Health Overview and Scrutiny Committee Survey**

The Joint Health Overview and Scrutiny Committee have a role in looking at statutory consultation carried out by the NHS where substantial changes to services are planned and understanding whether proposals would be in the best interest of the health service in its area.

The Joint Health Overview and Scrutiny Committee are involved in looking at the consultation process in relation to the Future Fit proposals. They are not duplicating the Future Fit consultation, but want to develop an understanding of how the consultation process has worked and whether it has been accessible and engaged with all sections of the Shropshire and Telford and Wrekin communities.

In order to do this the Joint Committee would like to ask individuals and organisations to provide feedback on their experience of the Future Fit consultation. This information will be used by the Joint Committee to inform their thinking and the questions and discussions that will take place with Shropshire CCG, Telford and Wrekin CCG and Shrewsbury and Telford Hospital Trust.

The Joint Health Overview and Scrutiny Committee would be very grateful to receive responses to the following questions.

Survey

**Contextual information**

1. Are you responding as:
  - an individual                      Y/N
  - on behalf of an organisation or group                      Y/N
2. If so, please can you provide the name of the organisation or group?

\_\_\_\_\_

### **Consultation events**

#### **Pop-up events**

3a. Did you attend a pop-up session? Y/N

3b. If no, was there a reason you did not attend:

- Didn't want to attend
- Could not get there at the time it was being held
- Could not travel there
- Other: \_\_\_\_\_

3c. If yes, please state where it was held. \_\_\_\_\_

3d. Did you find the pop-up session helped you to understand the issues and take part in the consultation? Y/N

### **Consultation events**

4a. Did you attend a consultation event? Y/N

4b. If no, was there a reason you did not attend:

- Didn't want to attend
- Could not get there at the time it was being held
- Could not travel there
- Other: \_\_\_\_\_

4c. If yes, please state which event you attended.

\_\_\_\_\_

4d. Did you find the consultation event helped you to understand the issues and take part in the consultation? Y/N

### Accessibility of the consultation documentation

5a. On a scale of 1 to 10 (where 1 is I could not understand the language and 10 is I found the language easy to understand), how easy did you find the language used in the Future Fit proposal documents to understand?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

5b. On a scale of 1 to 10 (where 1 is I found the subject matter hard to understand and 10 is I found the subject matter easy to understand), how easy did you find the subject matter in the Future Fit proposal documents to understand?

1	2	3	4	5	6	7	8	9	10
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5c. On a scale of 1 to 10 (where 1 is not very helpful and 10 is very helpful), how helpful did you find the way that the information was presented in the consultation documents?

1	2	3	4	5	6	7	8	9	10
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5d. On a scale of 1 to 10 (where 1 is I could not understand the survey questions and 10 is I found the survey questions easy to understand), how easy did you find the language used in the Future Fit proposal documents to understand?

1	2	3	4	5	6	7	8	9	10
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