Telford & Wrekin Co-operative Council | Protect, care and invest to create a better borough

Shropshire Council

NHS Shropshire, Telford and Wrekin

Integrated Care System Shropshire, Telford and Wrekin

Borough of Telford and Wrekin

Integrated Care Partnership

Wednesday 5 October 2022

12.30 pm

The Telford Room, 3rd Floor, Addenbrooke House, Ironmasters Way, TF3 4NT

Democratic Services:	**Lorna Gordon**	**01952 384978**
Media Enquiries:	**Corporate Communications**	**01952 382406**

Partnership Members: **A Begley, J Britton, L Crawley, S Davies, S Dillon, J Jeffery, S Jones, A D McClements, S McKay, T Miles, A Olver, B Parnaby, L Picton, R Robinson, D Sidaway and S Whitehouse**

	Agenda	**Page**
1.0	**Apologies for Absence**	
2.0	**Declarations of Interest**	
3.0	**Public Speaking**	
4.0	**Terms of Reference and Ways of Working**	**(3 - 42)**
	To consider the proposed Terms of Reference for the ICP.	
5.0	**Guidance on Development of Integrated Care Strategy**	**(Verbal Report)**
	To receive a presentation on the Integrated Care Strategy from Nicola Dymond, Director of Strategy & Integration (ICS).	

6.0 Headlines of the JSNA - Shropshire and Telford & Wrekin (43 - 56)

To receive a presentation on the JSNA.

7.0 Our Health & Wellbeing Strategies - Shropshire and Telford & Wrekin (57 - 68)

To receive a presentation from the Director: Health & Wellbeing (Telford & Wrekin Council) and the Director of Public Health (Shropshire Council).

8.0 ICS Priorities (Verbal Report)

To receive a presentation on ICS priorities from Nicola Dymond, Director of Strategy & Integration (ICS).

9.0 Next Steps

Integrated Care System
Shropshire, Telford and Wrekin

INTEGRATED CARE PARTNERSHIP

Agenda item no.	XXXXXXX
Meeting date:	XX XXXXXXXXX XXXX
Paper title	Integrated Care Partnership Terms of Reference
Paper presented by:	Nicola Dymond, ICB Director of Strategy and Integration
Paper approved by:	Nicola Dymond, ICB Director of Strategy and Integration
Paper prepared by:	Alison Smith, ICB Director of Corporate Affairs
Signature:	
Committee/Advisory Group paper previously presented:	The draft terms of reference were presented to and approved by, the Integrated Care Board at its meeting held on 27th July 2022.

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance		D=Discussion	X	I=Information	

Previous considerations:	None identified

1. Executive summary and points for discussion

Statutory arrangements for Integrated Care Systems (ICS) are set out in the Health and Care Act 2022 (the 2022 Act) which received Royal Assent on 28 April 2022. The 2022 Act amends the Local Government and Public Involvement in Health Act 2007 (the 2007 Act). The creation of the Integrated Care Partnership (ICP) and the development of the integrated care strategy are mandatory requirements as part of the Health and Care Act 2022.

The Shropshire, Telford and Wrekin ICS is made up of two core components. The first component is a statutory body, the NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB). The ICB is responsible for the commissioning of healthcare services in the Shropshire, Telford and Wrekin ICS area, bringing the NHS together locally to improve population health and care. This replaces the NHS Shropshire, Telford and Wrekin CCG.

The second is the Shropshire, Telford and Wrekin Integrated Care Partnership a joint committee of; the ICB, Shropshire Council and Telford & Wrekin Council.

Shropshire, Telford and Wrekin Integrated Care Partnership is concerned with improving the care, health and wellbeing of the population. In accordance with the Act the ICB and the constituent Councils have established a joint committee known as the Shropshire, Telford and Wrekin Integrated Care Partnership (ICP). The ICP is accountable to these three bodies.

Colleagues from Telford and Wrekin Council, Shropshire Council and NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB) have worked collaboratively in recent months to develop the terms of reference (ToR) for the Integrated Care Partnership (ICP). It was agreed that the terms of reference for the ICP would be presented through the ICB's and both council's own governance arrangements. The ICB met on 27 July 2022 and approved the ToR without amendment. However, since then an additional appendix has now been added for dispute resolution between the partners of the ICP.

The ICP is authorised to act within these ToR, which set out the membership, remit, responsibilities, authority and reporting arrangements of the Joint Committee.

The ICP is asked to note that agreement to start the ICP as a small meeting including statutory partners, Healthwatch and the VCSE sector as members was confirmed, based on the requirements of the Health and Care Act, the needs of the residents of Shropshire, Telford and Wrekin, the current challenges in the system and the fact that this is a new part of the system. To evolve and learn from the initial meetings and consider any amendments at that time, it is proposed that the operation of the ICP will be reviewed after 6 months.

Which of the ICS Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

2. Recommendation(s)

The Integrated Care Partnership is asked to:

a) Receive the proposed ICP terms of reference.

b) Following discussion and agreement recommend changes to the Terms of Reference to the ICB and two local authorities for final approval.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

None identified

4. Appendices

Appendix 1 - Integrated Care Partnership Terms of Reference

Appendix 2 – ICP Procedure Rules

Appendix 3 – Public Participation

Appendix 4 – Code of Conduct

Appendix 5 – Disputes Resolution

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	None identified
Quality and Safety	None identified
Equality, Diversity, and Inclusion	None identified
Finances and Use of Resources	None identified
Regulation and Legal Requirements	The creation of the ICP and the development of the integrated care strategy are mandatory requirements as part of the Health and Care Act 2022.
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified

Action Request of Paper:	Consider and recommend any amendments to the ICP terms of reference.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Shropshire Telford and Wrekin Integrated Care Partnership (ICP)

Draft Terms of Reference

1. Introduction

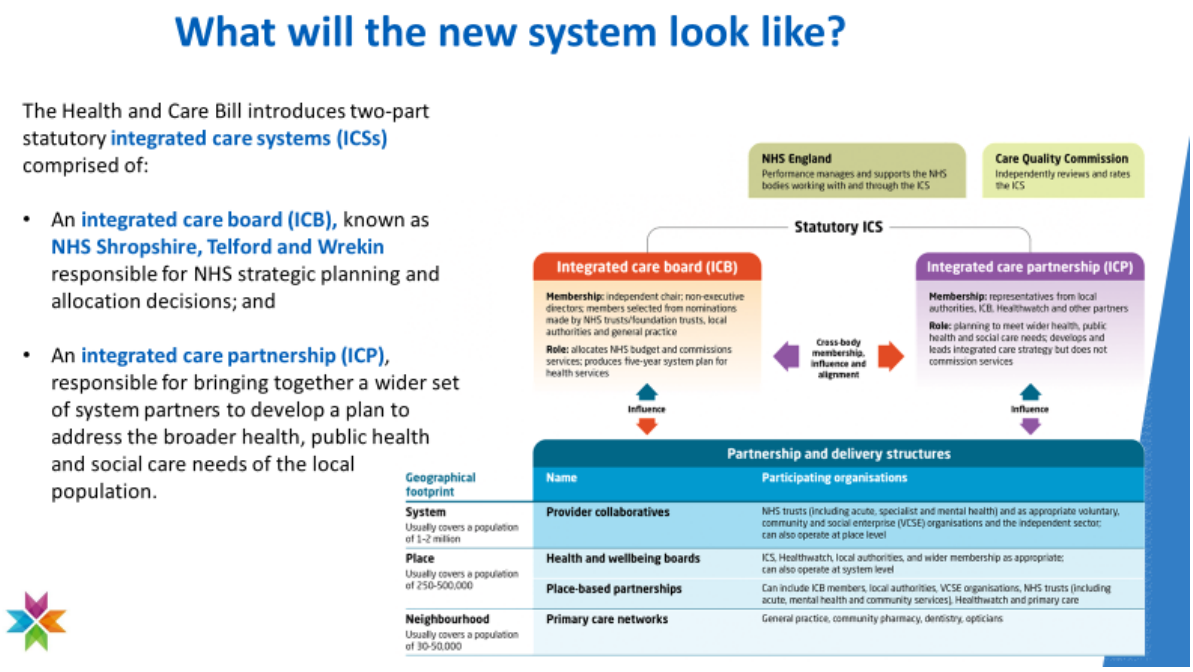
1.1 The Integrated Care Partnership (ICP) is a critical part of Integrated Care Systems and the ambition to achieve better health and care outcomes for the residents of Shropshire Telford and Wrekin. The ICP will provide a forum for leaders from the two local authorities, health (including NHS) and social care, and public health to come together with stakeholders from across the health system and community. The ICP will be a meeting held in public.

1.2 In accordance with the Health and Care Act 2022, the ICP will be required to develop an integrated care strategy to address the broad health and social care needs of the population within Shropshire Telford and Wrekin, including over time, determinants of health such as employment, environment, and housing issues. The Integrated Care Board and the two local authorities will be required to take account of the ICP's strategy when making decisions, commissioning and delivering services.

1.3 The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required.

1.4 The ICP will be a joint committee of the Integrated Care Board.

The diagram below shows the place the ICP holds in the new system.



2. Purpose and Function

2.1 The primary focus of the ICP is to support the integration of the health and care system through equal partnership across health and local government to deliver improved health and care outcomes and experiences. The ICP will provide a system wide forum

for stakeholders to agree collective objectives, and address population health challenges and inequalities.

2.2 The ICP will have responsibility for the development of a System wide Integrated Care Strategy and to support broad and inclusive integration and improvement across the health and care systems within Shropshire, Telford and Wrekin. In doing so, the ICP will ensure that it acts in the best interest of people, patients and the system rather than representing individual interests of any one constituent partner.

2.3 The ICP will ensure that the Integrated Care Strategy is developed, focused on local needs at a place and neighbourhood level informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards (HWBB) of Shropshire and Telford & Wrekin, in turn informed by Joint Strategic Needs Assessments (JSNAs). Whilst ensuring that the Integrated Care Strategy is focused on local needs, the ICP will seek commitment from the ICS to work collaboratively across partners and other ICSs to deliver wider social and economic opportunities and benefits for residents and patients at a local level across the health and care system.

2.4 To support the development of the ICP in readiness for the 1st July 2022 and beyond, the following core principles are adopted to ensure that the ICP and development of the Integrated Care Strategy maximises the opportunities of system wide/ cross system working whilst delivering outcomes for residents at a place, neighbourhood, and multiple ICS level:

- The ICP will work, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for their partners and communities;
- The ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to residents;
- The Integrated Care Strategy will be developed with full engagement / consultation with all stakeholders and drive direction and priorities;
- The ICP will support the work of the HWBBs and Place boards across Shropshire and Telford & Wrekin;
- The ICP will continue joined up inclusive working relationships across partners as demonstrated by the Covid-19 pandemic, targeting collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic; and
- The ICP will operate as a joint committee.

2.5 In preparing the Integrated Care Strategy, the ICP will ensure that the Strategy will:-

- Focus on improving health outcomes and experiences for the population of Shropshire, Telford and Wrekin
- Maximise the opportunities of system wide and place level working and support subsidiarity;
- Be focused on the whole population of Shropshire, Telford and Wrekin using best available evidence and data to address the wider determinants of health and wellbeing.
- Be based upon assessments of needs and assets identified at place level, based on JSNAs;
- Take account of the Health and Wellbeing Strategies and health inequality strategies created by the HWBBs;

DRAFT

- Take account of the NHS mandate;
- Have regard to any guidance published by the Secretary of State;
- Be prepared with involvement from Healthwatch and people who live or work in the ICP's area;
- To work proactively with the Shropshire Telford and Wrekin Joint Health Overview and Scrutiny Committee, being open to critical friend challenge and receiving evidence-based recommendations
- Proactively drive upstream prevention activities and ensure place-based partnership arrangements are respected and supported; and
- Be published and shared with the ICB and the member Local Authorities.

The ICP will consider revising the Integrated Care Strategy in response to refreshes of the JSNAs and Health & Wellbeing Strategies.

2.6 The members of the ICP recognise that collaborative working and collective accountability will provide a foundation for delivering the functions of the ICP and, in particular agree that they will:-

- Come together under a distributed leadership model and commit to working together equally;
- Be accountable to each other and the public through transparency and building trust;
- Promote co-production and inclusiveness;
- Make use of the combined experience of clinical, political, and communal leadership;
- Work through difficult issues by using collective decision making and consensus where appropriate; and
- Create a system which is willing to innovate and open to new ideas but is also willing to learn from mistakes

3. Statutory Considerations

3.1 Integrated Care Boards (ICBs) and Local Authorities will be required by law to have regard to the ICPs strategy when making decisions, commissioning, and delivering services.

PROCEDURE

4. General

4.1 The Procedure Rules attached at **Appendix A** will apply to meetings of the ICP. These can be varied or suspended by agreement with at least 50% of the members present at the meeting in the interests of efficient and effective management of the meeting. Any such variation or suspension shall apply for the duration of that meeting only.

5. Membership

5.1 At present it is agreed that the partner organisations will be represented by the following individuals or representatives:

DRAFT

- Leader or Cabinet lead of Telford & Wrekin Council (co-Chair)
- Leader or Cabinet lead of Shropshire Council (co-Chair)
- Chair of Telford & Wrekin's Health and Wellbeing Board
- Chair of Shropshire Health and Wellbeing Board
- Chair of the Integrated Care Board
- Chief Executive of the Integrated Care Board
- Primary Care representatives from the Place Based Partnerships
- Chief Executive of Telford & Wrekin Council
- Chief Executive of Shropshire Council
- Director of Public Health of Telford & Wrekin
- Director of Public Health of Shropshire
- Directors of Children's and Adult services for both Councils
- VCS Alliance representatives
  Healthwatch Telford and Wrekin representative
- Healthwatch Shropshire representative

Other partners from the system may be asked to attend meetings to give their expert view on issues. These could include representatives from housing, education, health providers, children's services providers as an example. This is not an exhaustive list.

5.3 Membership of the ICP will be kept under review to ensure that it is able to best meet the needs of the residents of Shropshire, Telford and Wrekin.

5.4 Where the business of the ICP requires it, other organisations and individuals will be invited to attend. For the avoidance of doubt, these invited attendees will not be entitled to vote on any matters considered by the ICP.

6. Quorum

Quorum of one quarter (rounded up to the nearest whole number) is required. *There must be at least one representative from each local authority and the ICB, as statutory partners in the ICP.*

7. Voting Rights

7.1 All representatives and members of the ICP will be entitled to one vote each on any matters which require a decision.

7.2 Subject to paragraph 7.4, the general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the members present]. In the event of a deadlock, the Chair of the relevant meeting shall have a casting vote subject to any disputes in relation to the same being managed through the dispute resolution procedure set out in Appendix **B**

7.3 For the avoidance of any doubt, the Chair is entitled to, and should, vote in any decision before being asked to exercise a casting vote. There is no requirement for the Chair to use the casting vote in the same direction as his/her original vote.

DRAFT

7.4 Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority members may direct the ICP to take, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out in **Appendix B**. No such direction invalidates anything which the ICP has done before the making of the direction.

[NB the dispute resolution procedure is yet to be written but will be drafted in readiness for the first meeting of the ICP]

8. Meetings

8.1 The ICP will meet three times in its first year of operation and then decide on the frequency of meetings in subsequent years.

8.2 The ICP will be co-chaired by the Leader / Cabinet Member of the Telford & Wrekin Council and the Leader of Shropshire Council with the role of Chair alternating after each meeting. The Chair of the first meeting will be the Leader of **[name]** Council with the Leader of **[name]** Council being nominated as the Chair for the second meeting.

8.3 Where the nominated Chair is unable to attend a meeting, the attending Vice Chair will act as Chair for that meeting. This will not affect the rotation of the Chair for subsequent meetings.

8.4 Where neither the Chair or Vice Chair are in attendance at a meeting, the members of the ICP that are in attendance will elect a Chair from those present. The person duly-elected will take the Chair for the duration of that meeting only and will be able to exercise all rights of the Chair during this time.

8.6 Meetings shall be conducted in accordance with the rules of debate which are set out at **Appendix A**.

9. Access to meetings and agendas

9.1 Meetings of the ICP will be held in public in line with the requirements of the Local Government Act 1972. Dates and times of meetings will be agreed and published in advance.

9.2 Agendas and supporting papers will be issued at least five clear working days before each meeting. The agenda will be agreed with the Chair and Vice-Chair in advance of the meeting. Members of the ICP will be able to submit items for consideration on the agenda of any meeting. Any suggestions must be submitted at least 15 working days in advance of the meeting date.

9.3 There may be occasions when documents falling to be discussed at a meeting of the ICP contain confidential or sensitive information. Where this is the case, such information will not be published provided that the withholding of such information is justified by Schedule 12A Local Government Act 1972. Where any such information is withheld, the reason will be stated on the agenda and within the relevant minutes.

DRAFT

9.4 Telford and Wrekin Council and Shropshire Council will be responsible, on an alternate basis, for producing the agenda and preparing minutes of each meeting. The agendas and minutes will be hosted on the ICB website. An action tracker will also be hosted on the ICB website with oversight of these actions being undertaken at ICB meetings. The draft minutes and the action tracker will be presented to the next meeting of the ICP for approval and will then be shared on the ICB website no later than 10 working days following approval by the ICP.

9.5 Members of the public may speak at any public meeting of the ICP and Public Participation Guidelines are available at **Appendix C**. Any request to speak should be sent no later than 5pm on the 8th working day prior to the meeting date. This request should be sent to **the ICB Director of Corporate Affairs.**

9.6 Members of the ICP may vote to exclude press and public at any point during a meeting so that consideration may be given to an item or items that may involve the disclosure of confidential or exempt information in accordance with Schedule 12A of the Local Government Act 1972.

10. Code of Conduct and Declaration of Interest

10.1 The ICP will adopt the attached Code of Conduct attached at **Appendix D**. Any interests in items on the agenda should be declared at the start of the meeting.

10.2 In case of a conflict of interest the conflicted representative member of the ICP will declare an interest and, if required by the Code of Conduct, leave the meeting whilst the item that the member has an interest in is discussed.

11. Reporting and Accountability

11.1 The ICP is a Committee of the ICB and will report directly to the board to ensure that the Integrated Care Strategy is developed within required timescales.

11.2 The ICP will ensure that the ICB and Telford & Wrekin Council and Shropshire Council have regard to the Integrated Care Strategy when planning for the delivery of services.

12. Date of Review

12.1 These Terms of Reference will be reviewed no later than 6 months after the first meeting of the ICP and every 12 months thereafter. This does not prevent an earlier review should this be necessary.

Version Control

Date	Version Number	Actions
25 May 2022	1.1	Updated by Telford and Wrekin Council
1st June 2022	1.2	Updated by Nicky OConnor ICS

DRAFT

30 June 2022	1.4	Updated by Nicky OConnor ICS
01 July 2022	1.5	Updated by Telford and Wrekin Council
13/07/2022	1.6	Updated by Telford and Wrekin Council
18/07/2022	1.7	Updated by Telford and Wrekin Council
21/07/2022	1.8	Updated by Shropshire Council
21/07/2022	1.9	Updated by Telford and Wrekin Council

DRAFT

This page is intentionally left blank

The Integrated Care Partnership Procedure Rules

1. What is the Integrated Care Partnership

1.1. The Integrated Care Partnership plans to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services. The Integrated Care Partnership membership is made up of representatives from local authorities, ICB, Healthwatch and other partners.

2. Meetings

What type of meeting	When
Ordinary Meetings	**The ICP Committee will meet three times in its first year and twice a year thereafter**
ExtraordinaryMeetings	**Can be called by:** **The Joint Chairs both agreeing to hold such an extraordinary meeting; or** • **Any 6 partner representatives signing a request for such an extraordinary meeting and providing proof of such a request to the Joint Chairs**

3. Business to be transacted at Meetings

Business to be transacted		
	Ordinary Meeting	**Extraordinary Meeting**
Elect a person to preside if the Joint Chairs are not present	✔*	✔*
Receive any apologies for absence	✔*	✔*
Business required by statue to be done before other business	✔*	
Receive any declarations of interest from Members	✔*	✔*
Approve the minutes of the previous meeting(s)	✔*	
Receive any announcements from the Chair, Vice Chair or ICB	✔	
Agree the Integrated Care Partnership's delegation scheme	✔	
Receive the schedule of meetings	✔	
Consider the business set out in the agenda	✔	✔

Receive reports from Place Partnership Boards, etc. and receive questions and answers on those reports and to determine recommendations made in those reports	✔	
To consider questions raised by representatives or members of the Public	✔	
To consider motions in the order in which they were received	✔	

4. Notice of Meetings/ Attendance at meetings

4.1 The Proper Officer will give 5 clear working days' notice of all Integrated Care Partnership meetings by way of summons which will include details of the date, time and place of the meeting as well as detailing the business to be transacted and copies of available reports. Summonses may be delivered by post, by hand or electronically.

4.2 The Chair may, if he/ she considers it appropriate and after consulting with the Vice-Chair, alter the date or time of any meeting.

4.3 The names of all representatives attending meetings will be recorded.

4.4 Substitutes can be appointed as detailed below and have the same powers and duties as an ordinary member of the committee but cannot chair a meeting at which they are attending as a substitute. They must substitute for a whole meeting for a member who cannot attend the meeting and the Proper Officer must be notified by either the representative being substituted or the proposed substitute as soon as is reasonably practicable before the start of the meeting.

5. The role of the Chair

5.1 the Chair and Vice-Chair positions of the ICP will be the jointly held by the Leaders of Shropshire and Telford & Wrekin Local Authorities

5.2 the Chair and Vice-Chair positions with alternate after each meeting.

5.3 The Chair will:-

5.2.1 Uphold the Terms of Reference and interpret it during Integrated Care Partnership meetings;

5.2.2 Ensure that the business of the Integrated Care Partnership is carried out efficiently and with regard to the rights of all representatives and the community as a whole including the variation of the order of business (except those items marked with an asterisk in 3 above);

5.2.3 Ensure that the meeting is a forum for debate of matters of concern to the local community and the place for members who

are not on the Cabinet to hold the Cabinet to account.

6. Questions at Ordinary meetings

6.1 A member of the public or organisation may only ask one question per meeting which cannot be more than 50 words long except with the approval of the Speaker. A maximum of three speakers will be permitted at any one meeting.

6.2 All questions pursuant to 6.1 above must be submitted to the ICB Director of Corporate Affairs by 5:00pm on the 8th working day before the meeting and will be included in the Agenda in the order in which they are received.

6.3 The Chair may, in consultation with the Vice-Chair or the Proper Officer, rule any question out of order if in his/her opinion it would risk the defamation of any individual, relates to confidential or exempt information, relates to an individual or personal dealings with the Integrated Care System or is considered to be frivolous, vexatious or repetitious. The Proper Officer may require any person submitting a public question to amend their question so as to comply with these rules, failing which the question will not be considered at the meeting.

6.4 An answer will be provided by the person to whom the question was put or his/ her nominee and can be either a direct oral answer, a reference to an already existing publication or, if the reply cannot be conveniently be given orally A written answer will be sent to the person who asked the question and circulated to all representatives via e-mail within five clear working days.

6.5 A person may speak for no more than 3 minutes when either; asking a question/ supplementary question or providing an answer to a question

7. Motions

7.1 There are two types of Motion, those that can be moved during debate and those for which notice is required.

Motions without notice

7.2 The following motions can be moved without notice during the meeting:-

7.1.1 to appoint a Chair
7.1.2 in relation to the accuracy of the Minutes
7.1.3 to change the order of business in the agenda
7.1.4 to refer something to an appropriate body or individual
7.1.5 to appoint a committee or representative arising from an item on the agenda for the meeting
7.1.6 to receive reports or adoption of recommendations of Boards or officers and any recommendations following from them
7.1.7 to extend the time limit for speeches
7.1.8 to suspend a particular Integrated Care Partership meeting rule
7.1.9 to adjourn the meeting

7.1.10 to exclude the public and press
7.1.11 to not hear further from a representative or to exclude them from the meeting
7.1.12 to give the consent of the meeting where its consent is required by this Constitution to ask for a Recorded Vote
7.1.13 to withdraw the motion
7.1.14 to amend the motion
7.1.15 to proceed to the next business
7.1.16 that the question be now put
7.1.17 to adjourn the debate

7.3 The Chair may ask for a written version of a Motion or a proposed amendment to be provided to him/her before it is discussed.

7.4 A representative may alter a Motion without notice which he/ she has moved with the consent of the Seconder and the meeting. This shall be given without discussion.

Motions with notice

7.5 Other Motions must be submitted to the Proper Officer by 5:00pm at least 7 clear working days before the meeting.

7.6 Motions received will be published the day after the closing date for receipt and will be included in the Integrated Care Partnership agenda in the order in which they are received.

7.7 Motions must relate to matters for which the Integrated Partnership has responsibility or which affect the Shropshire, Telford & Wrekin Integrated Care System.

7.8 A representative may alter a Motion with notice which he/she has moved with the consent of the meeting. This shall be given without discussion.

7.9 Where two motions are received in advance of a meeting, which cover substantially the same subject, the motion which was received first shall take precedence. The other motion(s) which are substantially the same shall not be put to the meeting.

Special Motions with notice - Rescinding a previous decision

7.10 A Motion or amendment to rescind a decision made at the Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following the date of the original decision if the notice of motion is signed by at least 10 representatives.

7.11 A motion or amendment that is substantially similar to one that has been rejected by Integrated Care Partnership in the last 6 months can only be considered once in the 6 months immediately following the date of the original decision if the notice of motion is signed by at least 10 members.

8. Rules of Debate

8.1 Other than when asking questions or when these rules have been suspended representatives can speak once on the motion, any proposed amendment to the motion and on any further amended motion as detailed below:-

	Substantive motion	Propose amendments	Proposed amendment	Right of reply
Proposer	✔	✘	**Right of Reply only**	✔
Seconder	✔	✘	✔	✘
All other members except the Chair/Vice Chair	✔	✔	✔	✘

Amendments to Motions or Recommendations

9.3 Any proposed amendment to a motion or recommendation at the Integrated Care Partnership should be submitted to the Proper Officer no later than 4 hours before the meeting starts. The Proper Officer will ensure that representatives are notified by telephone or e-mail of any amendments received as soon as possible prior to the commencement of the meeting.

8.4 Unless the notice of motion has already been given the Chair may require it to be written down and handed to him/ her before it is discussed.

8.5 Only one Motion can be moved and debated at any one time.

8.6 No more than one amendment can be proposed to either the substantive Motion or the amended Motion at any one time.

8.7 When seconding a motion or amendment a representative may reserve their speech until later in the debate.

8.8 If an amendment is carried the motion as amended takes the place of the original motion. This becomes the substantive motion to which any further amendments are moved.

8.9 After an amendment has been carried the Chair may read out the amended motion before accepting any further amendments or, if there are one, continue the debate or put it to the vote.

8.10 Amendments can be proposed that:-

9.10.1 Refer the matter to an appropriate body or individual for consideration or reconsideration.

9.10.2 Any combination of leaving out words and/or adding others as long as this does not negate or substantially alter the Motion.

Withdrawal of Motions

8.11 A representative may withdraw a Motion which he/she has moved with the consent of the seconder and the meeting. This shall be given without discussion.

Alteration of motion

8.12 A representative may alter a motion of which he/she has given notice with the consent of the meeting. The meeting's consent will be signified without discussion.

8.13 A representative may alter a motion which he/she has moved without notice with the consent of both the meeting and the seconder. The meeting's consent will be signified without discussion.

8.14 Only alterations which could be made as an amendment may be made.

Closure motions

8.15 A representative may move, without comment, the following motions at the end of a speech of another member:

9.15.1 to proceed to the next business;
9.15.2 that the question be now put;
9.15.3 to adjourn a debate; or
9.15.4 to adjourn a meeting.

8.16 If a motion to proceed to next business is seconded and the Chair thinks the item has been sufficiently discussed, he or she will give the mover of the original motion a right of reply and then put the procedural motion to the vote.

8.17 If a motion that the question be now put is seconded and the Chair thinks the item has been sufficiently discussed, he/she will put the procedural motion to the vote. If it is passed he/she will give the mover of the original motion a right of reply before putting his/her motion to the vote.

8.18 If a motion to adjourn the debate or to adjourn the meeting is seconded and the Chair thinks the item has not been sufficiently discussed and cannot reasonably be so discussed on that occasion, he/she will put the procedural motion to the vote without giving the mover of the original motion the right of reply.

9. Speeches

Purpose of speech	Who can make the speech	Duration
Presenting a report	**Representative presenting a report**	**5 minutes**
Proposing a motion or moving an amendment to a motion	**Any Representative**	**5 minutes**

The adoption of minutes	**Representative moving the adoption of minutes**	**5 minutes**
Speeches at meetings:	**Chair** **Vice Chair** **ICB** **Healthwatch** **Other Partners**	**20 minutes** **10 minutes** **minutes** **10 minutes**
Substantive motion	**Any representative**	**3 minutes**
Point of Order	**Any representative**	**3 minutes**
Personal Explanation	**Any representative**	**3 minutes**
Right of Reply	**Mover of Motion**	**3 minutes**

9.1 No speeches may be made after the mover has moved a proposal and explained the purpose of it until the motion has been seconded.

9.2 The Proposer of the substantive motion (or his/ her nominee) has a right of reply at the end of the debate but the Proposer of an amendment has no right of reply at the end of the debate on the proposed amendment.

Point of Order

9.3 A point of order can be raised at any time and will be heard by the Chair as soon as it is raised. It must allege a breach of the Integrated Care Partnership Rules or the law and the representative must indicate the rule or the law and the way in which he/she considers it has been broken. The decision of the Chair in respect of the matter is final.

Personal Explanation

9.4 A representative can make a personal explanation at any time. It can only relate to a material part of an earlier speech made during the current debate which relates to them and appears to have been misunderstood during the debate. The ruling of the Chair in respect of the personal explanation is final.

Speaking

9.5 Except with the leave of the Chair all representative must stand and address the meeting through the Chair. When more than one member is standing up the Chair will invite one of them to speak and the remaining representatives must sit down and remain seated.

9.6 When a representative is speaking all representatives must remain seated unless they wish to make a Point of Order or a Point of Personal Explanation.

9.7 The Chair may allow officers to give advice to the Integrated Care Partnership as and when appropriate in which case the rules on speaking for representatives apply.

10. <u>Voting</u>

10.1 Subject to any other rules below, any matter is decided by a simple majority of those present and voting in the room. This can be done either by a show of hands or, if there is no dissent, by the affirmation of the meeting.

10.2 A representative may, before the vote is taken, ask for a Recorded Vote which would record in the minutes the way in which individual representatives voted.

10.3 After a vote is taken any representative can ask for the way that they voted to be recorded in the minutes.

10.4 In the interests of probity, no representative may vote on a particular item if they have not been present for the entirety of the debate on said item.

11. Suspending Rules

11.1 These Integrated Care Partnership Rules, can be suspended by Motion on notice or without notice if at least 50% of the representatives present agree. Any suspension under this rule will last only for the duration of that Integrated Care Partnership Meeting.

12. Conduct

Representatives

12.1 When the Chair stands up or indicates in some other manner the representative speaking must stop speaking and sit down and the meeting must be silent.

12.2 Any representative can move that another representative be not heard further if that representative is persistently disregarding the ruling of the Chair or behaving improperly or offensively or deliberately obstructing business. Any such Motion will, if seconded, be voted on without debate.

12.3 If, after such a Motion is carried, the representative continues to behave improperly then the Chair may move that the representative leaves the meeting and/or that the meeting is adjourned for as long and/or to such a place as he/she considers appropriate. Any such Motion will, if seconded, be voted on without debate.

Public

12.4 If a member of the public interrupts proceedings or continually interrupts proceedings then the Chair may either warn them about their behaviour or order their removal from the meeting room as he/she considers appropriate.

General Provisions

12.5 If there is general disturbance which, in the opinion of the Chair, makes orderly business impossible then the Chair may adjourn the meeting for as long and to such a place as he/she thinks appropriate or call for all or any part of the meeting room to be cleared.

1 DISPUTE RESOLUTION

1.1 The general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the eligible members present. In the event of a deadlock, the Chair of the relevant meeting shall having a casting vote subject to any disputes in relation to the same being managed through the dispute resolution set out below.

1.2 Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority member may direct the ICP from taking, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out below. No such direction invalidates anything which the ICP has done before the making of the direction.

1.3 In the event of a dispute arising out of the decisions taken within the ICP concerning the exercise of either local authority member and/or the ICB's statutory functions, each of the partner organisations concerned with the dispute may serve written notice of the dispute on the other partner organisation, setting out full details of the dispute.

1.4 Upon service, the Director of Adult Social Care of each local authority partner organisation shall meet with [insert position] of the ICB in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 1.1, at a meeting convened for the purpose of resolving the dispute.

1.5 If the dispute remains after the meeting detailed in Clause x above has taken place, the partner organisations' respective chief executives shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

1.6 If the dispute remains after the meeting detailed in Clause x has taken place, then the partner organisations will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the partner organisations. To initiate a mediation, either partner organisation involved in the dispute may give notice in writing (a **"Mediation Notice"**) to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the partner organisations asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither partner organisation will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the partner organisations). The partner organisations will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

This page is intentionally left blank

Appendix C - Public Participation Rules

Members of the public may speak at the ICP meetings. The rules governing this are:

- Topics must be in the remit of the ICP.
- Members of the public who wish to speak must notify the ICB Director of Corporate Affairs, in writing, no later than the 8th working day before any meeting.
- A maximum of three minutes is allocated to each speaker, which will be strictly adhered to.
- A maximum of three speakers will be permitted at any one meeting.

This page is intentionally left blank

Telford & Wrekin Council

Councillor Code of Conduct

The role of councillor across all tiers of local government is a vital part of our country's system of democracy. It is important that as councillors we can be held accountable and all adopt the behaviours and responsibilities associated with the role. Our conduct as an individual councillor affects the reputation of all councillors. We want the role of councillor to be one that people aspire to. We also want individuals from a range of backgrounds and circumstances to be putting themselves forward to become councillors.

As councillors, we represent local residents, work to develop better services and deliver local change. The public have high expectations of us and entrust us to represent our local area; taking decisions fairly, openly, and transparently. We have both an individual and collective responsibility to meet these expectations by maintaining high standards and demonstrating good conduct, and by challenging behaviour which falls below expectations.

Importantly, we should be able to undertake our role as a councillor without being intimidated, abused, bullied or threatened by anyone, including the general public.

This Code has been designed to protect our democratic role, encourage good conduct and safeguard the public's trust in local government.

Introduction

The Local Government Association (LGA) has developed this Model Councillor Code of Conduct, in association with key partners and after extensive consultation with the sector, as part of its work on supporting all tiers of local government to continue to aspire to high standards of leadership and performance. It is a template for councils to adopt in whole and/or with local amendments.

All councils are required to have a local Councillor Code of Conduct.

The LGA will undertake an annual review of this Code to ensure it continues to be fit- for-purpose, incorporating advances in technology, social media and changes in legislation. The LGA can also offer support, training and mediation to councils and councillors on the application of the Code and the National Association of Local Councils (NALC) and the county associations of local councils can offer advice and support to town and parish councils.

Definitions

For the purposes of this Code of Conduct, a “councillor” means a member or co-opted member of a local authority or a directly elected mayor. A “co-opted member” is defined in the Localism Act 2011 Section 27(4) as “a person who is not a member of the authority but who

a) is a member of any committee or sub-committee of the authority, or;
b) is a member of, and represents the authority on, any joint committee or joint sub-committee of the authority;

and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee”.

For the purposes of this Code of Conduct, “local authority” includes county councils, district councils, London borough councils, parish councils, town councils, fire and rescue authorities, police authorities, joint authorities, economic prosperity boards, combined authorities and National Park authorities.

Purpose of the Code of Conduct

The purpose of this Code of Conduct is to assist you, as a councillor, in modelling the behaviour that is expected of you, to provide a personal check and balance, and to set out the type of conduct that could lead to action being taken against you. It is also to protect you, the public, fellow councillors, local authority officers and the reputation of local government. It sets out general principles of conduct expected of all councillors and your specific obligations in relation to standards of conduct. The LGA encourages the use of support, training and mediation prior to action being taken using the Code. The fundamental aim of the Code is to create and maintain public confidence in the role of councillor and local government.

General principles of councillor conduct

Everyone in public office at all levels; all who serve the public or deliver public services, including ministers, civil servants, councillors and local authority officers; should uphold the Seven Principles of Public Life, also known as the Nolan Principles.

Building on these principles, the following general principles have been developed specifically for the role of councillor.

In accordance with the public trust placed in me, on all occasions:

- I act with integrity and honesty
- I act lawfully
- I treat all persons fairly and with respect; and
- I lead by example and act in a way that secures public confidence in the role of councillor.

In undertaking my role:

- I impartially exercise my responsibilities in the interests of the local community
- I do not improperly seek to confer an advantage, or disadvantage, on any person
- I avoid conflicts of interest

- I exercise reasonable care and diligence; and
- I ensure that public resources are used prudently in accordance with my local authority's requirements and in the public interest.

Application of the Code of Conduct

This Code of Conduct applies to you as soon as you sign your declaration of acceptance of the office of councillor or attend your first meeting as a co-opted member and continues to apply to you until you cease to be a councillor.

This Code of Conduct applies to you when you are acting in your capacity as a councillor which may include when:

- you misuse your position as a councillor
- Your actions would give the impression to a reasonable member of the public with knowledge of all the facts that you are acting as a councillor;

The Code applies to all forms of communication and interaction, including:

- at face-to-face meetings
- at online or telephone meetings
- in written communication
- in verbal communication
- in non-verbal communication
- in electronic and social media communication, posts, statements and comments.

You are also expected to uphold high standards of conduct and show leadership at all times when acting as a councillor.

This Code will **not** apply in relation to your private life **unless** you make reference to your position as a Councillor. For example, if you operate a private social media account but reference your work as a Councillor, show pictures of you acting in your role as Councillor or otherwise make it clear that you are a Councillor, then this Code will apply to your social media activity.

Your Monitoring Officer has statutory responsibility for the implementation of the Code of Conduct, and you are encouraged to seek advice from your Monitoring Officer on any matters that may relate to the Code of Conduct. Town and parish councillors are encouraged to seek advice from their Clerk, who may refer matters to the Monitoring Officer.

You are also expected to fulfil the role of corporate parent and ensure that appropriate steps are taken to protect all children, young people and vulnerable adults living, working or in education within the Council's area and, where necessary, refer any matters that **might** amount to a safeguarding concern to Family Connect.

Standards of councillor conduct

This section sets out your obligations, which are the minimum standards of conduct required of you as a councillor. Should your conduct fall short of these standards, a complaint may be made against you, which may result in action being taken.

Guidance is included to help explain the reasons for the obligations and how they should be followed.

General Conduct

1. Respect

As a councillor:

1.1 I treat other councillors and members of the public with respect.

1.2 I treat local authority employees, employees and representatives of partner organisations and those volunteering for the local authority with respect and respect the role they play.

Respect means politeness and courtesy in behaviour, speech, and in the written word. Debate and having different views are all part of a healthy democracy. As a councillor, you can express, challenge, criticise and disagree with views, ideas, opinions and policies in a robust but civil manner. You should not, however, subject individuals, groups of people or organisations to personal attack.

In your contact with the public, you should treat them politely and courteously. Rude and offensive behaviour lowers the public's expectations and confidence in councillors.

In return, you have a right to expect respectful behaviour from the public. If members of the public are being abusive, intimidatory or threatening you are entitled to stop any conversation or interaction in person or online and report them to the local authority, the relevant social media provider or the police. This also applies to fellow councillors, where action could then be taken under the Councillor Code of Conduct, and local authority employees, where concerns should be raised in line with the local authority's councillor-officer protocol.

2. Bullying, harassment and discrimination

As a councillor:

2.1 I do not bully any person.

2.2 I do not harass any person.

2.3 I promote equalities and do not discriminate unlawfully against any person.

The Advisory, Conciliation and Arbitration Service (ACAS) characterises bullying as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Bullying might be a regular pattern of behaviour or a one-off incident, happen face-to-face, on social media, in emails or phone calls, happen in the workplace or at work social events and may not always be obvious or noticed by others.

The Protection from Harassment Act 1997 defines harassment as conduct that causes alarm or distress or puts people in fear of violence and must involve such conduct on at least two occasions. It can include repeated attempts to impose unwanted communications and contact upon a person in a manner that could be expected to cause distress or fear in any reasonable person.

Unlawful discrimination is where someone is treated unfairly because of a protected characteristic. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 places specific duties on local authorities. Councillors have a central role to play in ensuring that equality issues are integral to the local authority's performance and strategic aims, and that there is a strong vision and public commitment to equality across public services.

3. Impartiality of officers of the council

As a councillor:

3.1 I do not compromise, or attempt to compromise, the impartiality of anyone who works for, or on behalf of, the local authority.

Officers work for the local authority as a whole and must be politically neutral (unless they are political assistants). They should not be coerced or persuaded to act in a way that would undermine their neutrality. You can question officers in order to understand, for example, their reasons for proposing to act in a particular way, or the content of a report that they have written. However, you must not try and force them to act differently, change their advice, or alter the content of that report, if doing so would prejudice their professional integrity.

4. Confidentiality and access to information

As a councillor:

4.1 I do not disclose information:

- **a. given to me in confidence by anyone**
- **b. acquired by me which I believe, or ought reasonably to be aware, is of a confidential nature, unless**
  - **i. I have received the consent of a person authorised to give it;**
  - **ii. I am required by law to do so;**
  - **iii. the disclosure is made to a third party for the purpose of obtaining professional legal advice provided that the third party agrees not to disclose the information to any other person; or**
  - **iv. the disclosure is:**
    1. **reasonable and in the public interest; and**
    2. **made in good faith and in compliance with the reasonable requirements of the local authority; and**
    3. **I have consulted the Monitoring Officer prior to its release.**

4.2 I do not improperly use knowledge gained solely as a result of my role as a

councillor for the advancement of myself, my friends, my family members, my employer or my business interests.

4.3 I do not prevent anyone from getting information that they are entitled to by law.

Local authorities must work openly and transparently, and their proceedings and printed materials are open to the public, except in certain legally defined circumstances. You should work on this basis, but there will be times when it is required by law that discussions, documents and other information relating to or held by the local authority must be treated in a confidential manner. Examples include personal data relating to individuals or information relating to ongoing negotiations.

5. Disrepute

As a councillor:

5.1 I do not bring my role or local authority into disrepute.

As a Councillor, you are trusted to make decisions on behalf of your community and your actions and behaviour are subject to greater scrutiny than that of ordinary members of the public. You should be aware that your actions might have an adverse impact on you, other councillors and/or your local authority and may lower the public's confidence in your or your local authority's ability to discharge your/it's functions. For example, behaviour that is considered dishonest and/or deceitful can bring your local authority into disrepute.

You should be aware that your behaviour in your personal capacity may result in action being taken under this Code of Conduct if you identify as being a Councillor whilst behaving in a manner which is in breach of the Code of Conduct or if you give members of the public the impression that you are a councillor despite acting in your personal capacity. One exception to this is where you are found guilty of certain criminal offences which would preclude you from being a councillor or would bring the role of councillor into disrepute regardless of whether you had identified yourself as a Councillor.

You are able to hold the local authority and fellow councillors to account and are able to constructively challenge and express concern about decisions and processes undertaken by the council whilst continuing to adhere to other aspects of this Code of Conduct.

6. Use of position

As a councillor:

6.1 I do not use, or attempt to use, my position improperly to the advantage or disadvantage of myself or anyone else.

Your position as a member of the local authority provides you with certain opportunities, responsibilities, and privileges, and you make choices all the time that will impact others. However, you should not take advantage of these opportunities to further your own or others' private interests or to disadvantage anyone unfairly.

7. Use of local authority resources and facilities

As a councillor:

7.1 I do not misuse council resources.

7.2 I will, when using the resources of the local or authorising their use by others:

a. act in accordance with the local authority's requirements; and

b. ensure that such resources are not used for political purposes unless that use could reasonably be regarded as likely to facilitate, or be conducive to, the discharge of the functions of the local authority or of the office to which I have been elected or appointed.

You may be provided with resources and facilities by the local authority to assist you in carrying out your duties as a councillor.

Examples include:

- office support
- stationery
- equipment such as phones, and computers
- transport
- access and use of local authority buildings and rooms.

These are given to you to help you carry out your role as a councillor more effectively andare not to be used for business or personal gain. They should be used in accordance withthe purpose for which they have been provided and the local authority's own policies regarding their use.

8. Complying with the Code of Conduct

As a Councillor:

8.1 I undertake Code of Conduct training provided by my local authority.

8.2 I cooperate with any Code of Conduct investigation and/or determination.

8.3 I do not intimidate or attempt to intimidate any person who is likely to be involved with the administration of any investigation or proceedings.

8.4 I comply with any sanction imposed on me following a finding that I have breached the Code of Conduct.

It is extremely important for you as a councillor to demonstrate high standards, for you to have your actions open to scrutiny and for you not to undermine public trust in the local authority or its governance. If you do not understand or are concerned about the local authority's processes in handling a complaint you should raise this with your Monitoring Officer.

Protecting your reputation and the reputation of the local authority

9. Interests

As a councillor:

9.1 I register and disclose my interests.

Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of interests of members of the authority.

You need to register your interests so that the public, local authority employees and fellow councillors know which of your interests might give rise to a conflict of interest. The register is a public document that can be consulted when (or before) an issue arises. The register also protects you by allowing you to demonstrate openness and a willingness to be held accountable. You are personally responsible for deciding whether or not you should disclose an interest in a meeting, but it can be helpful for you to know early on if others think that a potential conflict might arise. It is also important that the public know about any interest that might have to be disclosed by you or other councillors when making or taking part in decisions, so that decision making is seen by the public as open and honest. This helps to ensure that public confidence in the integrity of local governance is maintained.

You should note that failure to register or disclose a disclosable pecuniary interest as set out in **Table 1**, is a criminal offence under the Localism Act 2011.

Appendix B sets out the detailed provisions on registering and disclosing interests. If in doubt, you should always seek advice from your Monitoring Officer.

10. Gifts and hospitality

As a councillor:

10.1 I do not accept gifts or hospitality, irrespective of estimated value, which could give rise to real or substantive personal gain or a reasonable suspicion of influence on my part to show favour from persons seeking to acquire, develop or do business with the local authority or from persons who may apply to the local authority for any permission, licence or other significant advantage.

10.2 I register with the Monitoring Officer any gift or hospitality with an estimated value of at least £25 within 28 days of its receipt.

10.3 I register with the Monitoring Officer any significant gift or hospitality that I have been offered but have refused to accept.

In order to protect your position and the reputation of the local authority, you should exercise caution in accepting any gifts or hospitality which are (or which you reasonably believe to be) offered to you because you are a councillor. The presumption should always be not to accept significant gifts or hospitality. However, there may be times when such a refusal may be difficult if it is seen as rudeness in which case you could accept it but must ensure it is publicly registered. However, you do not need to register gifts and hospitality which are not related to your role as a councillor, such as Christmas gifts from your friends and family. It is also important to note that it is appropriate to accept normal expenses and hospitality associated with your duties as a councillor. If you are unsure, do contact your Monitoring Officer for guidance.

Appendices

Appendix A – The Seven Principles of Public Life

The principles are:

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Appendix B – Registering interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1** (**Disclosable Pecuniary Interests**) which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2** (**Non-pecuniary Interests**.)

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you areaware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.

2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.

3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of Disclosable Pecuniary Interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

Disclosure of Non-Pecuniary Interests

6. Where a matter arises at a meeting which ***directly relates*** to one of your non-pecuniary interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matterand must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

7. Where a matter arises at a meeting which ***directly relates*** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

8. Where a matter arises at a meeting which ***affects*** –
    a. your own financial interest or well-being;
    b. a financial interest or well-being of a relative, close associate; or
    c. a body included in those you need to disclose under non-pecuniary interests as set out in **Table 2**

   you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter ***affects*** your financial interest or well-being:
    a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
    b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

   You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

   If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.

Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Non-Pecuniary Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

a) any body of which you are in general control or management and to which you are nominated or appointed by your authority

b) any body
   (i) exercising functions of a public nature
   (ii) any body directed to charitable purposes or
   (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

c) A matter that ***directly relates*** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate,

d) A matter that ***affects***:–
   a. your own financial interest or well-being;
   b. a financial interest or well-being of a relative, close associate; or
   c. a body included in those you need to disclose under non-pecuniary interests as set out in this **Table 2**

Appendix C – the Committee on Standards in Public Life

The LGA has undertaken this review whilst the Government continues to consider the recommendations made by the Committee on Standards in Public Life in their report on Local Government Ethical Standards. If the Government chooses to implement any of the recommendations, this could require a change to this Code.

The recommendations cover:

- Recommendations for changes to the Localism Act 2011 to clarify in law when the Code of Conduct applies
- The introduction of sanctions
- An appeals process through the Local Government Ombudsman
- Changes to the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
- Updates to the Local Government Transparency Code
- Changes to the role and responsibilities of the Independent Person
- That the criminal offences in the Localism Act 2011 relating to Disclosable Pecuniary Interests should be abolished

The Local Government Ethical Standards report also includes Best Practice recommendations. These are:

Best practice 1: Local authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.

Best practice 2: Councils should include provisions in their code of conduct requiring councillors to comply with any formal standards investigation and prohibiting trivial or malicious allegations by councillors.

Best practice 3: Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities.

Best practice 4: An authority's code should be readily accessible to both councillors and the public, in a prominent position on a council's website and available in council premises.

Best practice 5: Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV.

Best practice 6: Councils should publish a clear and straightforward public interest test against which allegations are filtered.

Best practice 7: Local authorities should have access to at least two Independent Persons.

Best practice 8: An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the option to review and comment on allegations which the responsible officer is minded to dismissas being without merit, vexatious, or trivial.

Best practice 9: Where a local authority makes a decision on an allegation of misconduct following a formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied.

Best practice 10: A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes.

Best practice 11: Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council, rather than the clerk in all but exceptional circumstances.

Best practice 12: Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.

Best practice 13: A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.

Best practice 14: Councils should report on separate bodies they have set up or which they own as part of their annual governance statement and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness and publish their board agendas and minutes and annual reports in an accessible place.

Best practice 15: Senior officers should meet regularly with political group leaders or group whips to discuss standards issues.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Shropshire, Telford and Wrekin JSNA

STW ICS October 2022

2022

STW - Demographic & Socio-Economic Headlines

Telford & Wrekin

- Fastest population growth in the West Midlands (2011-2021 = 11.4% growth). 2nd fastest growth nationally in 65+ population (35.7%)
- Population changing - becoming more diverse & ageing (median age now same as WMs at 39.6 years)
- 27% Telford & Wrekin residents live 20% most deprived areas in England – circa 45,100 people (= NHSE CORE20) significantly higher than the England average and just over a fifth (21%) of children and young people are living in poverty
- Life expectancy at birth & at age 65 for men and women significantly worse than England average

Shropshire

- 139,000 households - predicted to increase 28% by 2043
- 23% of the population +65 years (18.5% England Age)
- 26% increase in LAC 2019/20 to 2020/21
- 44,969 people are 30 minutes or more by public transport to the closest GP
- An estimated 3,740 people are currently living in care home settings in Shropshire, with this figure likely to increase in the future
- The relatively affluent county masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate

STW Area

- Total Population in 2020 506, 737 (Shropshire 325,415 Telford 181,322)
- Male 49.5 % Female 50.5%
- Across a total Area 3,487 sq km
- Average Annual Births 4,600 and Deaths 4,920
- Shropshire is predominately 66% rural (101 people/sq km) Telford and Wrekin is predominantly urban (620 people/sq km)
- By 2043 there will be an estimated 589,330 people in STW - 30% will be over 65 (currently 21%)
- There are over 155 care homes in the area with more than 4,320 beds
- Across STW there are 88,000 people with a long term limiting illness (18%)

Deprivation & Ethnicity

Deprivation

- Shropshire is a relatively affluent county masks pockets of high deprivation, growing food poverty, and rural isolation.
- More than 1 in 4 people in Telford and Wrekin live in the 20% most deprived areas nationally and some communities within the most deprived in the country.

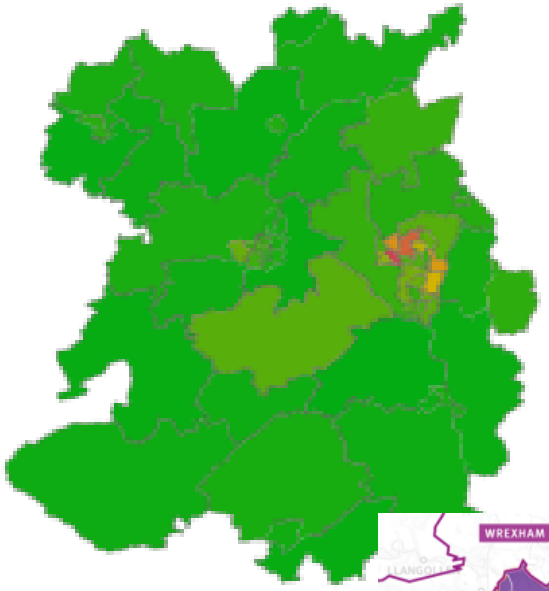
Ethnicity

- In Shropshire, in 2011 there were approximately 14,000 people (5.6%) from BAME and other minority ethnic groups. Data suggests this has increased particularly in Eastern European populations.
- In Telford and Wrekin 10.5 % of the population from BAME and other minority ethnic groups, however more recent estimates, including the school census and midyear estimates suggest the percentage is closer to 17%.

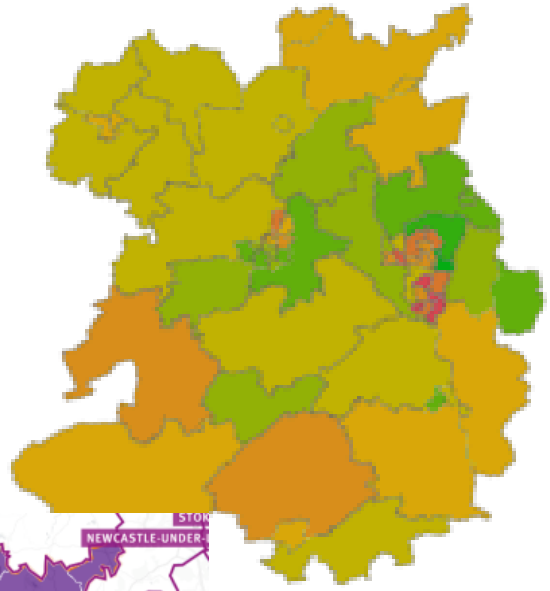
Access

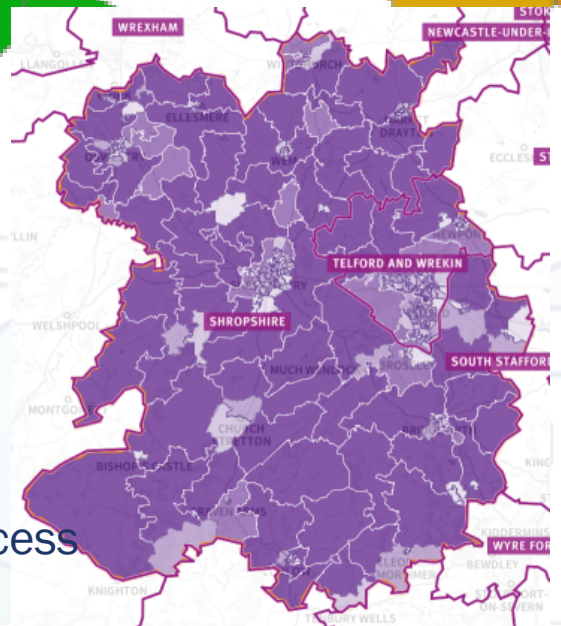
- The access domain highlights significant areas of Shropshire, Telford and Wrekin that have the lowest level of access to key services including GP services, post office and education

% of MSOA BAME Population (2011 Census)



IMD 2019 Decile





IMD 2019 Decile – Access

Wider determinants of health

Public Health Outcomes Framework Indicator	Period	Telford & Wrekin	Shropshire
Children in relative low income families (under 16s)	2020/21	21.4	16.8
School readiness: percentage of children achieving a good level of development at the end of reception	2018/19	71.3	72.6
School readiness: percentage of children achieving the expected level of development in the phonics screening check in Year 1	2018/19	83.5	80.9
First time entrants to the youth justice system	2021	108.9	64.2
16-17 year olds not in education, employment of training (NEET) or whose activity is not known	2020	7.4	10.3
Adults with a learning disability who live in stable and appropriate accommodation	2020/21	77.8	85.6
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	59.0	71.0
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2020/21	11.8	16.3
Gap in the employment rate for those with a learning disability and the overall employment rate	2020/21	70.2	70.8
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2020/21	63.9	67.4
Percentage of people aged 16-64 in employment	2020/21	72.9	76.4
Sickness absence – the percentage pf employees who had at least one day off in the previous week	2018-20	1.7	1.6
Sickness absence – the percentage of working days lost due to sickness absence	2018-20	1.0	0.7
Violent crime – hospital admissions for violence (including sexual violence)	2018/19-20/21	27.8	20.0
Homelessness – households owed a duty under the Homelessness Reduction Act	2020/21	12.3	7.9
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2019/20	40.8	51.4
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	2018/19	36.0	35.4

Healthcare Inequalities & Prevention Outcomes/Priorities (CORE20PLUS5 & LTP) – 1

	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Overarching	Life expectancy at birth (males)	78.2	80.2	• Overarching Health Inequalities Outcomes
	Life expectancy at birth (females)	81.9	83.7	
	Healthy life expectancy at birth (males)	57.6	62.8	
	Healthy life expectancy at birth (females)	60.3	67.1	
	Life expectancy at 65 (males)	18.0	19.3	
	Life expectancy at 65 (females)	20.2	21.5	
Maternity & Early Years	Teenage pregnancy	16.8	11.5	• HI 5 key clinical areas: maternity • LTP NHS prevention priority health weight
	Obesity in early pregnancy	29.5	24.1	
	Baby's first feed breastmilk	63.8	70.8	
	Smoking at time of delivery	14.3	11.0	
	Children overweight (including obese) – reception	26.1	22.6	
	Children overweight (including obese) – year 6	40.0	29.7	

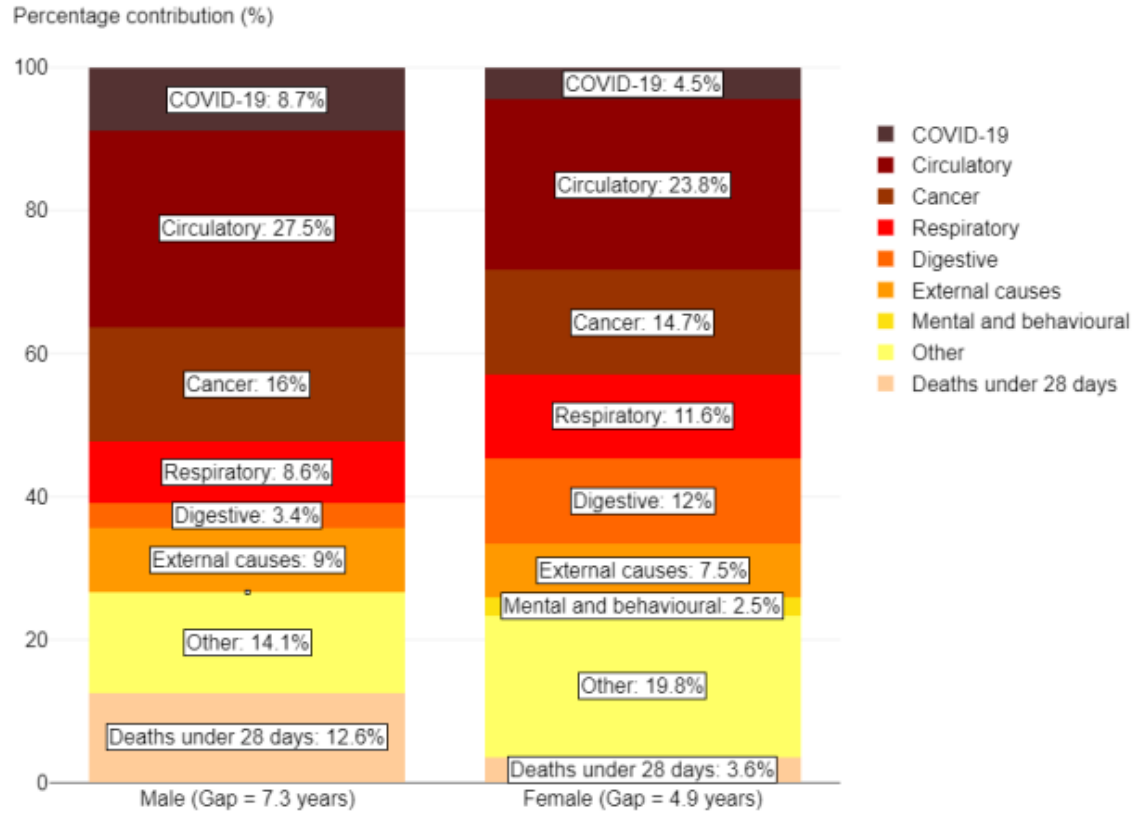
Healthcare Inequalities & Prevention Outcomes/Priorities (CORE20PLUS5 & LTP) – 2

	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Prevention	Adults classified as overweight or obese	70.6	68.0	• HI 5 key clinical areas: hypertension case finding • LTP accelerate diabetes & CVD prevention programmes • LTP NHS prevention priority healthy weight
	Diabetes diagnosis rate (estimate)	85.6	71.4	
	Early mortality from preventable CVD	38.4	24.8	
	Early diagnosis cancer (stages 1 and 2)	50.3	53.3	• HI 5 key clinical areas: early cancer diagnosis
	Cancer screening coverage – cervical cancer	74.4	76.8	
	Cancer screening coverage – bowel cancer	65.1	69.4	
	Early mortality from preventable cancers	66.2	38.7	
	Early mortality from preventable respiratory disease	18.6	12.6	• HI 5 key clinical areas: chronic respiratory disease
	Flu vaccination coverage – at risk individuals	55.5	60.6	
	Early mortality in adults with severe mental illness	134.4	89.0	• HI 5 key clinical areas: severe mental illness
	Excess mortality in adults with severe mental illness	475.4	477.6	
	Emergency hospital admissions for self harm	182.4	146.8	
	Admissions for alcohol related conditions	512	460	• LTP NHS prevention priority: alcohol care team
	Early mortality from preventable liver disease	19.6	14.7	
	Smoking attributable mortality	246.1	173.7	• LTP NHS prevention priority: NHS tobacco dependency programme
	Smoking attributable hospital admissions	1,944	1,475	
	Smoking prevalence routine & manual occupations	21.4	25.6	

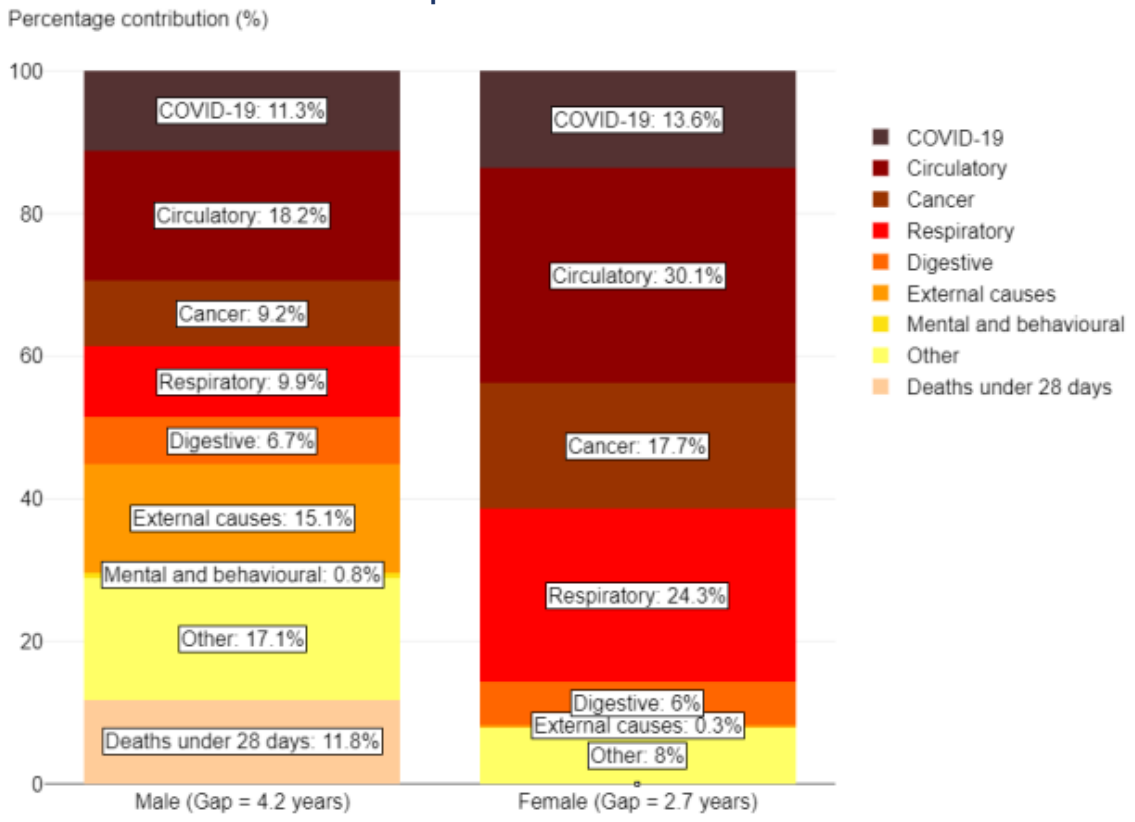
Inequalities

Cardiovascular disease, cancers and respiratory disease are the main causes driving inequality in life expectancy in Shropshire, Telford and Wrekin

Telford and Wrekin



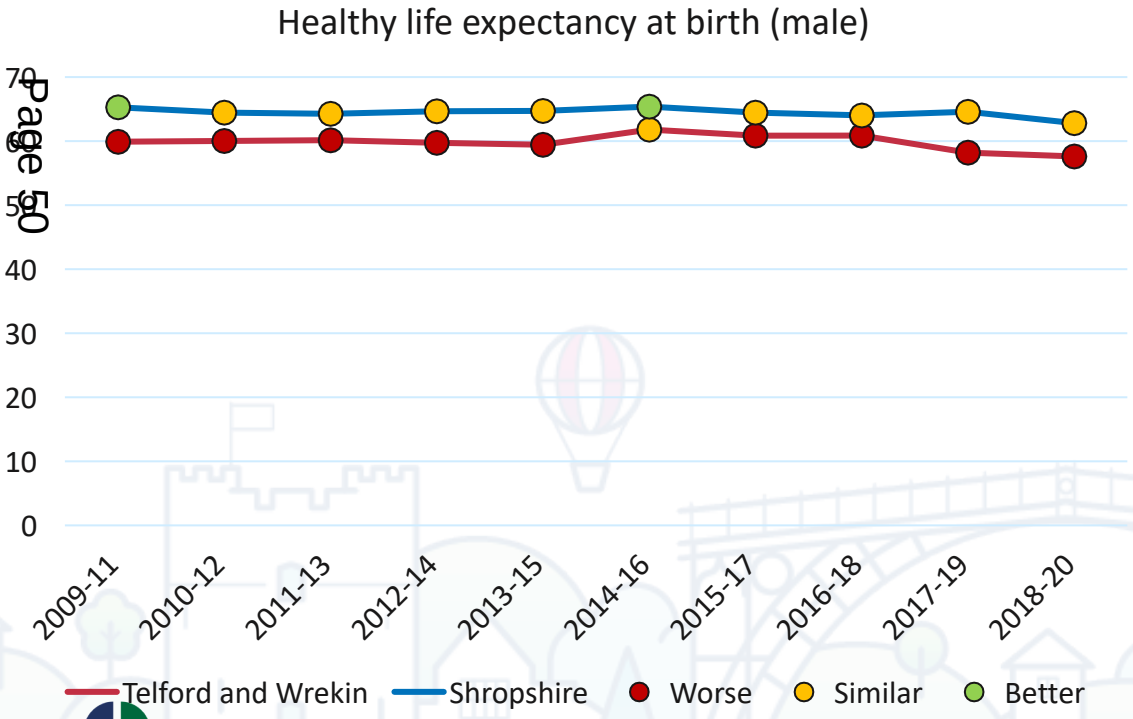
Shropshire

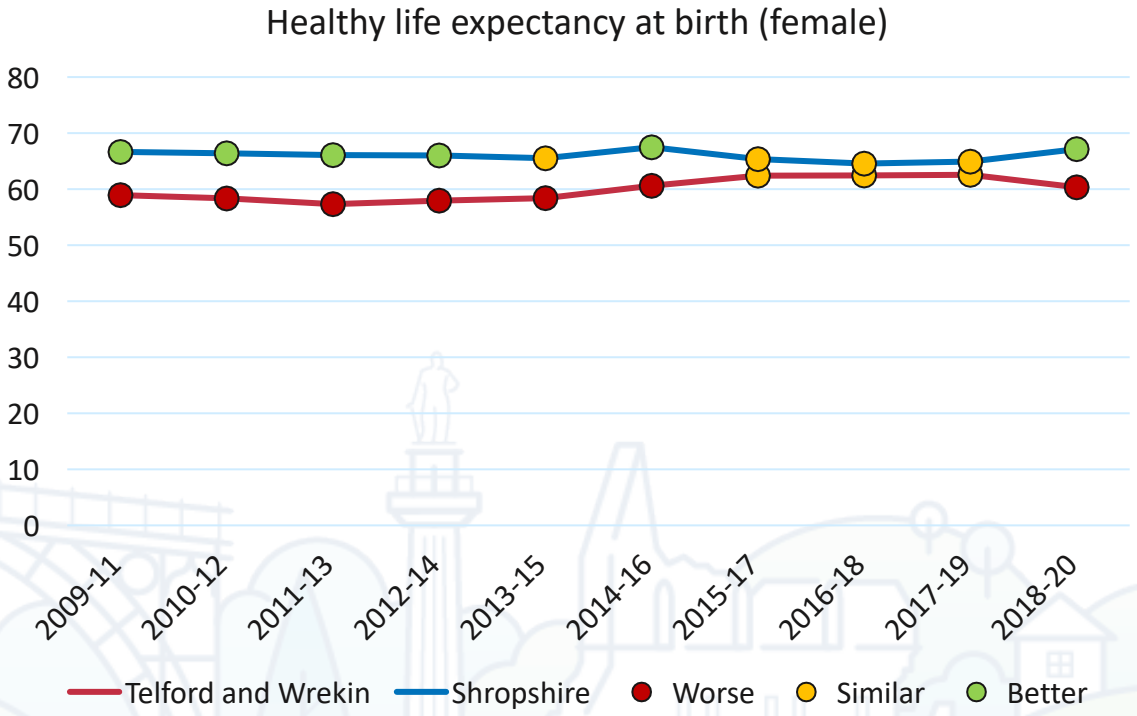


Healthy Life Expectancy

Healthy life expectancy at birth for men in both Shropshire and Telford and Wrekin was lower in 2018-20 than in 2009-11. For men in Telford and Wrekin it has been consistently worse than the England average since 2015-17.

For women health life expectancy in both areas was higher in 2018-20 than in 2009-11 however in Telford and Wrekin it was worse than the England average.

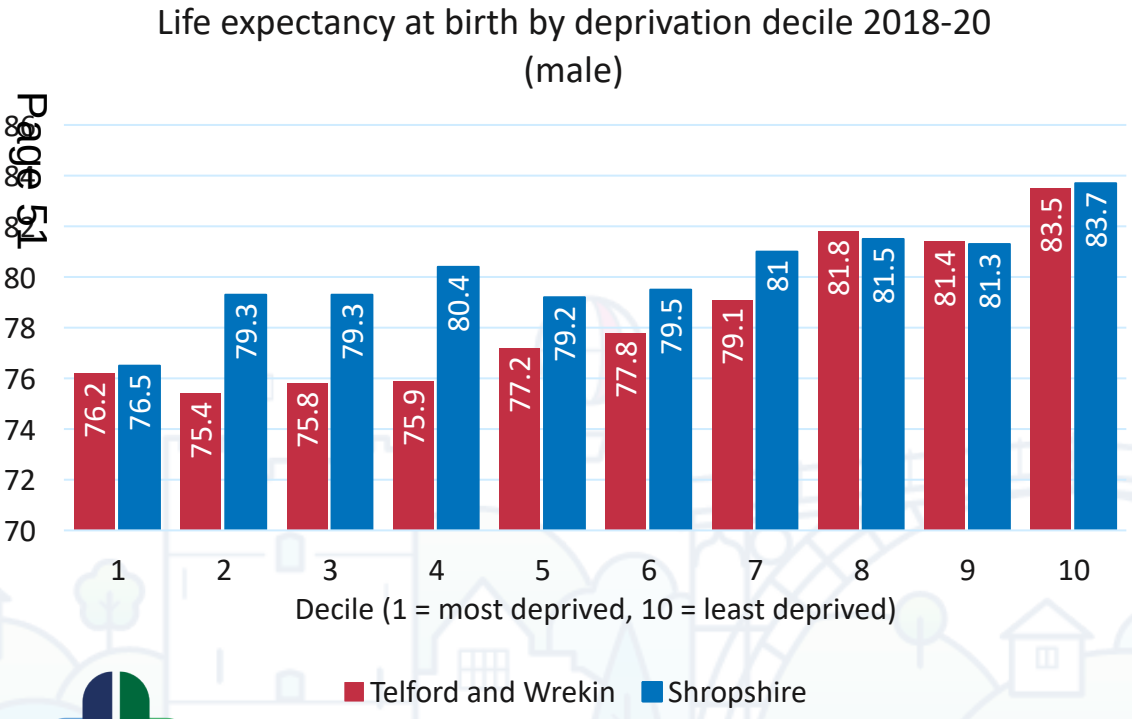


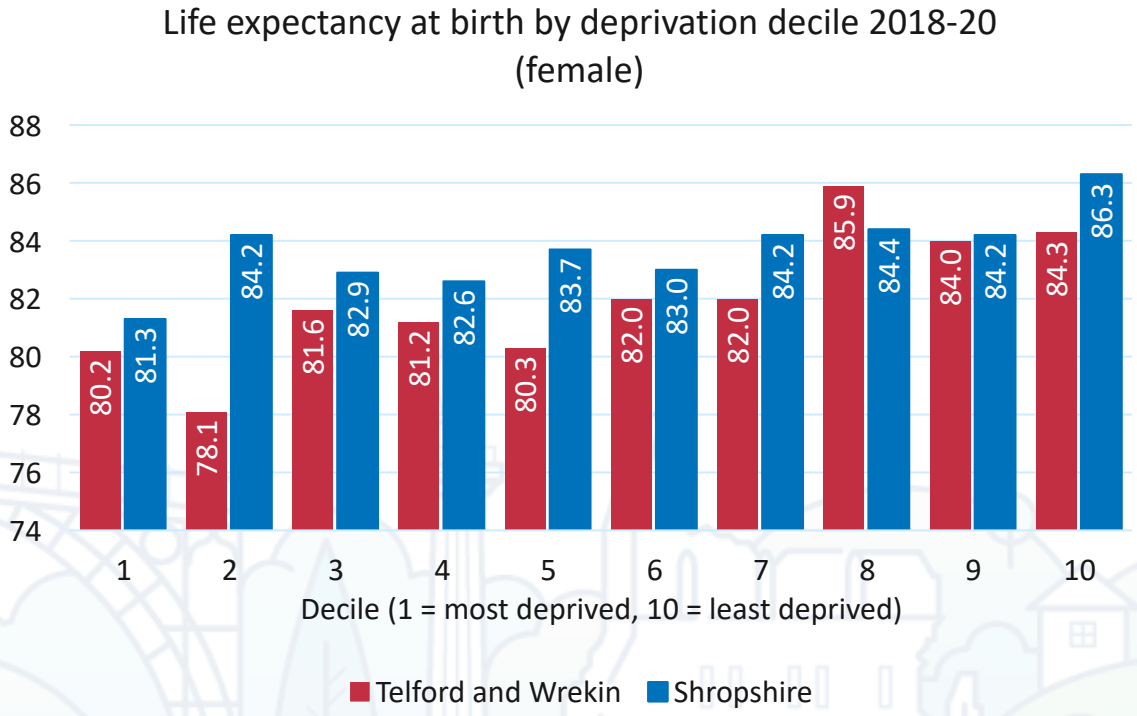


Inequality in Life Expectancy

In both Shropshire and Telford and Wrekin life expectancy at birth is lower in the most deprived areas than in the least deprived areas.

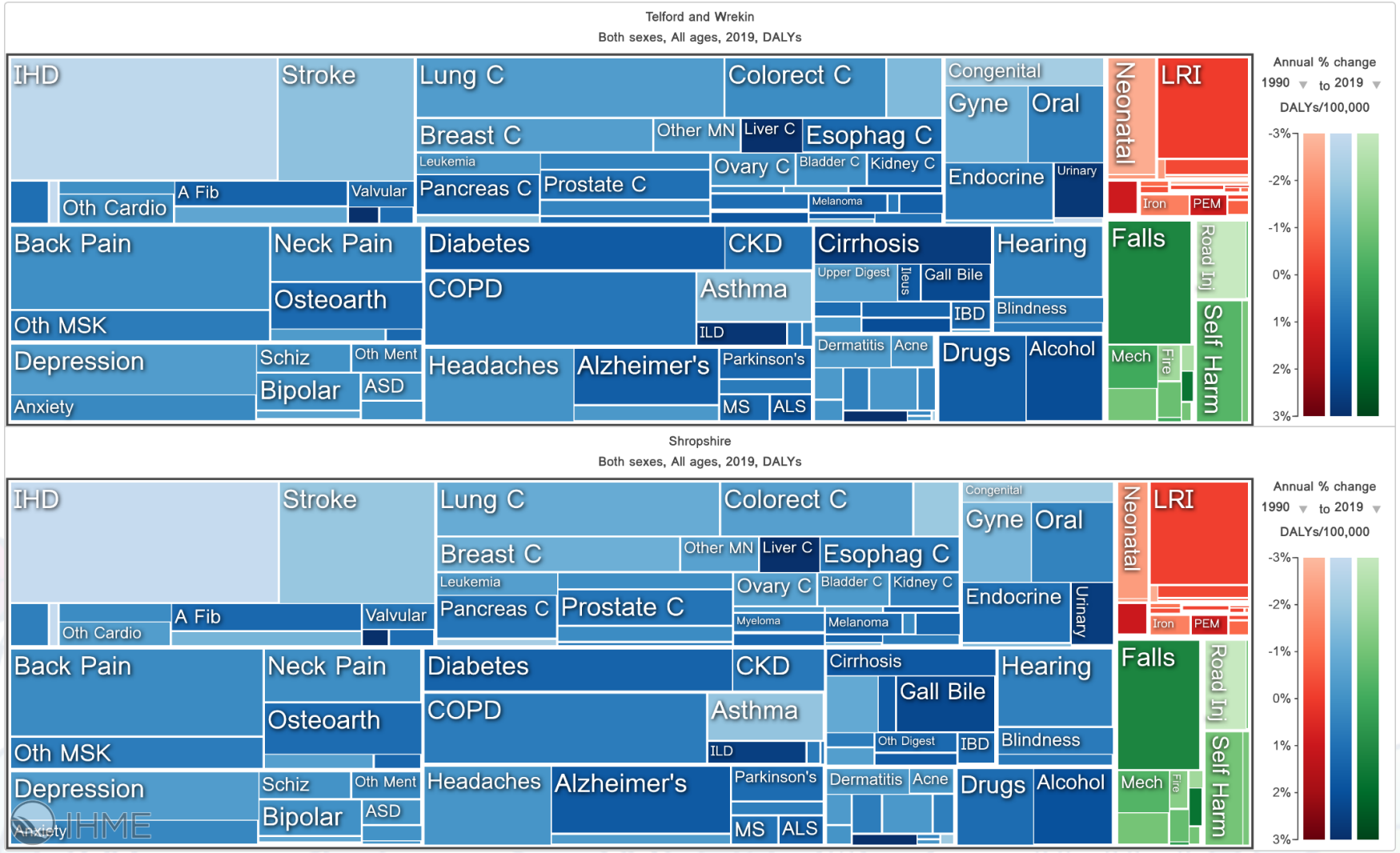
However life expectancy at birth in the most deprived parts of Telford and Wrekin is considerably lower than in the most deprived parts of Shropshire.





Main burdens of ill health

Cardiovascular disease, cancers and respiratory disease are the main burdens of ill health in Shropshire, Telford and Wrekin



Cost of Living

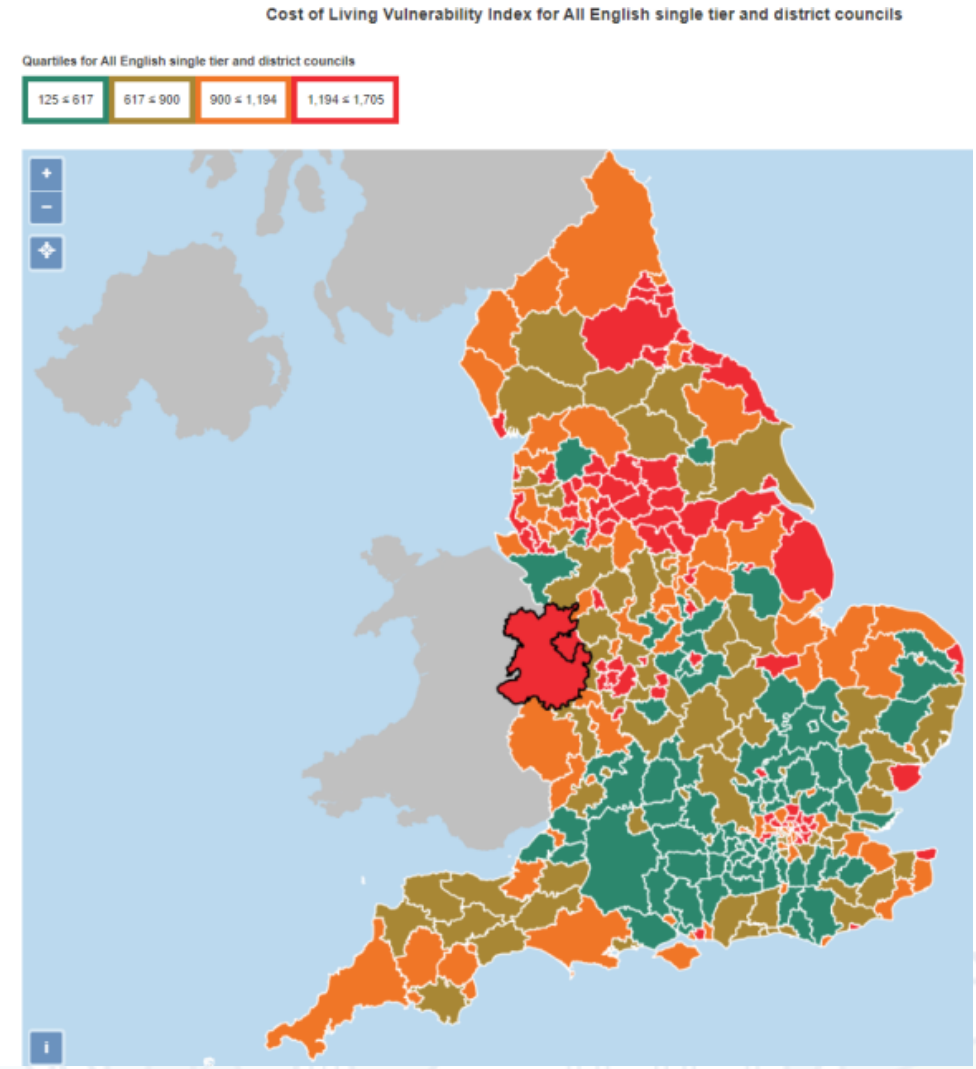
Cost of Living Vulnerability Index in England

The Cost of Living Vulnerability Index is the total of multiple poverty-based vulnerability and work-based vulnerability indicator rankings for each local authority

The higher the score will indicate an area's relative risk of more people being pulled into poverty, and the relative risk of those who were already hard up being pushed into destitution..

This is based on six separate rankings for local authorities in England:
(1) Fuel Poverty - Department for Business, Energy & Industrial Strategy
(2) Food Insecurity - The University of Sheffield: Adult food insecurity
(3) Child Poverty - Loughborough University: Local indicators of child poverty after housing costs
(4) Claimant Count - Office for National Statistics
(5) Economic Inactivity - Office for National Statistics
(6) Low Pay - The Health Foundation: Proportion of low-paid jobs

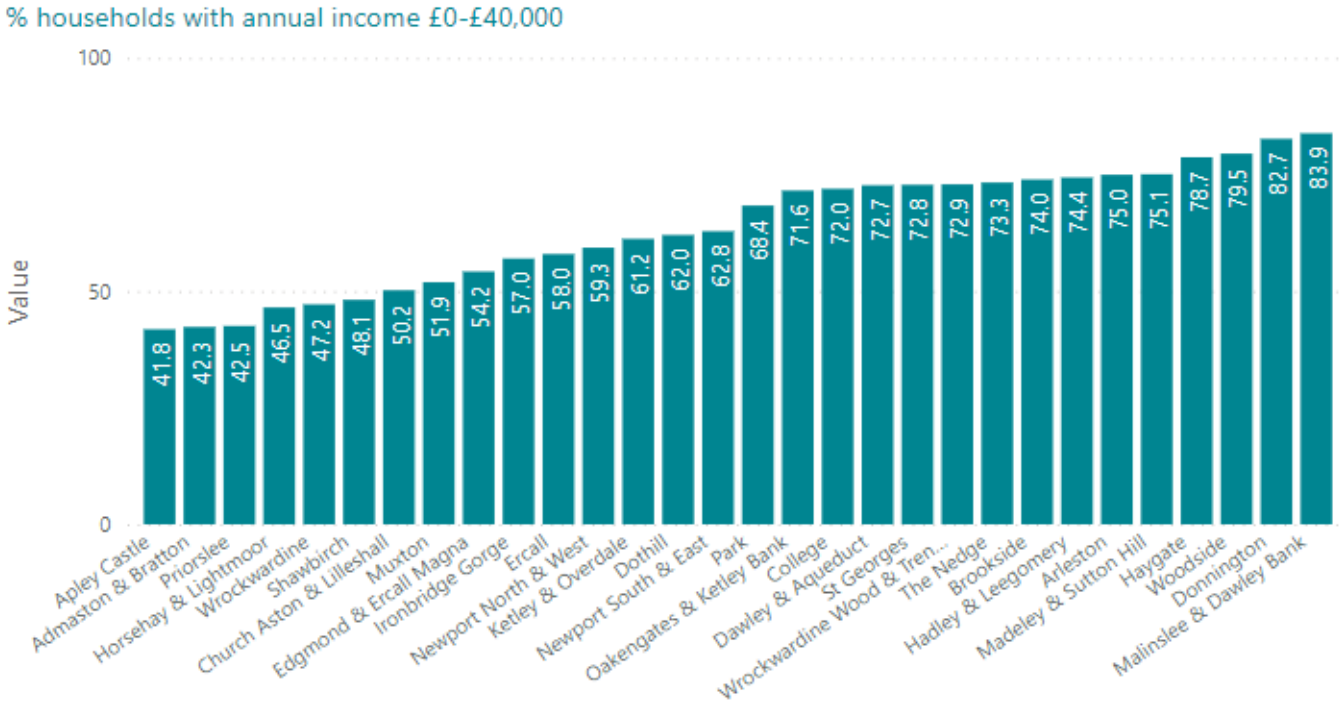
The Cost of Living Vulnerability Index is 1,203 for Shropshire and 1,348 for Telford and Wrekin – both in the highest quartile



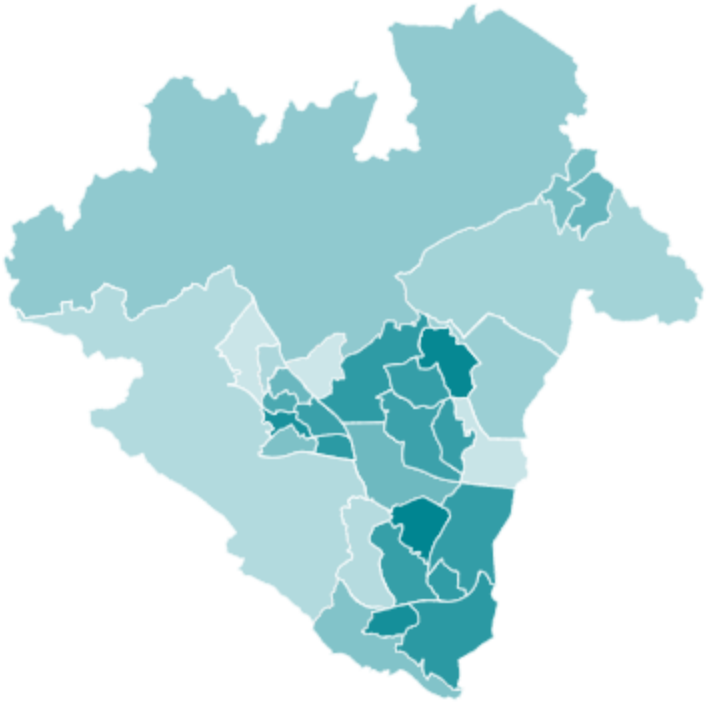
Cost of Living – Telford and Wrekin

Cost of Living Telford and Wrekin

- Analysis of ACORN household income data suggests that circa 28,000 (36%) households in Telford and Wrekin have an annual income of £0-20,000 and circa 52,000 (66%) an annual income of £0-£40,000.
- In the most deprived Wards in the urban centre and south of the borough more than 3 in 4 households have an annual income below £40,000.



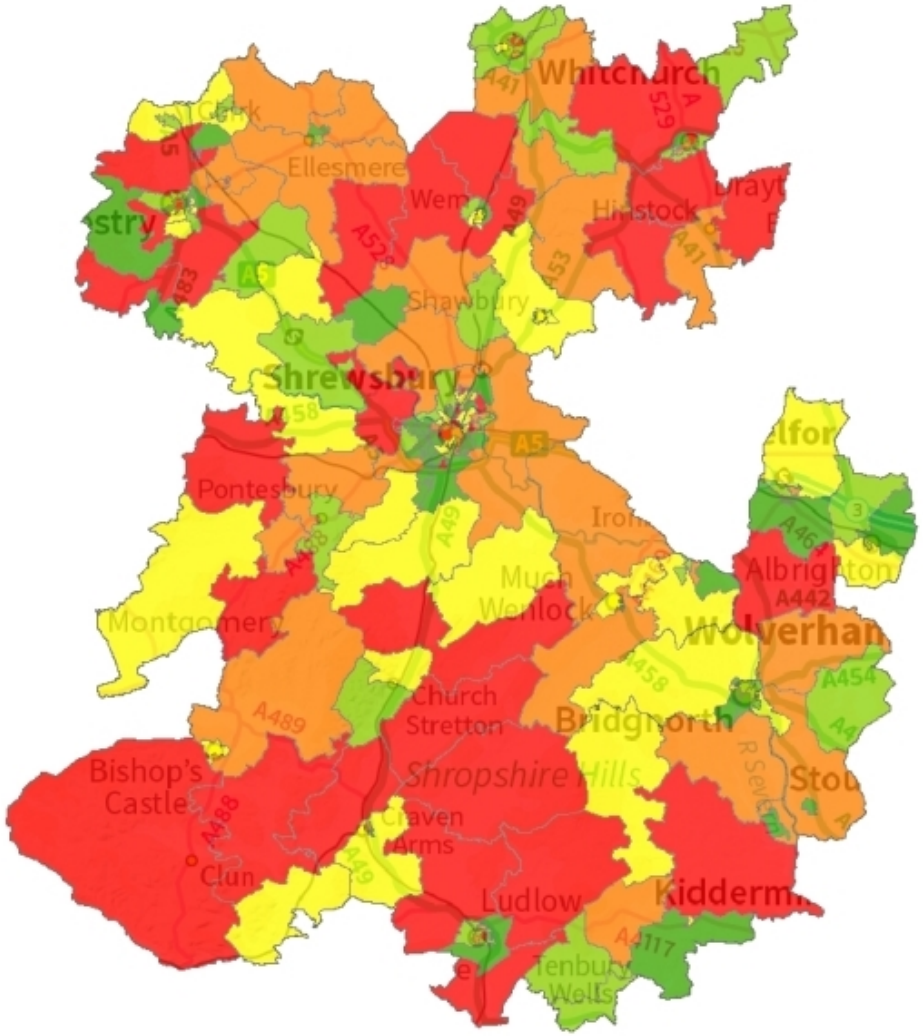
Ward map (darker colours = higher value)



Cost of Living – Shropshire

Cost of Living Risk Index

- This is a prototype developed in Shropshire to look at the cost of living in each of the 193 lower level super output areas in Shropshire
- The overall cost of living score has been calculated looking at a range of indicators looking at households, travel, health and economy.
- As with all measures of this type this is not an absolute assessment of risk, particularly for individuals or smaller neighbourhoods in Shropshire.
- It would be good to refine this index with additional measures from within and potentially without the organisation.
- The potential acquisition of Acorn segmentation data may facilitate the production of household or small geography estimates, and the factoring in of specific characteristics of interest e.g. behaviours around spending, that could further help us to us understand the different inflationary pressures across different groups i.e. by social class, income deciles etc.
- Either by reference to existing literature, or as a local peer group, it would be good to establish which risk factors have the most profound effects, and weight these indicators accordingly. Currently, with the presence of multiple indicators around fuel consumption, the index generally weights towards more rural areas .
- Nonetheless, this index correlates very strongly with overall IMD score. This implies that the index is quite robust as we would anticipate that those in economic hardship will overwhelmingly bear the burden of the cost of living crisis.



This page is intentionally left blank

Integrated Care Partnership Strategy

Rachel Robinson

Liz Noakes

October 2022

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

ICS aims, purpose and benefits

We will address integration from different perspectives

- NHS to NHS integration
- Mental Health and Physical Health
- The NHS with the LA and wider partners

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

What is the ICP strategy and Joint Forward Plan?

ICP Integrated Care Strategy

- identify priorities based on the assessed needs in STW
- build on the work, knowledge and engagement of the 2 HWB strategies
- population health data and intellgience and community engagement insight

Joint Forward Plan

- 5 year forward plan – based on the four key aims of the ICS
- Joint Forward Plan to be heavily influenced by ICP Strategy
- ICB develop detail on how NHS STW and system partners will meet priorities & population health needs
- Duty to consult on forward plan with local population and communities (Health and Care Act 2022)
- Partnership and system approach crucial

We will avoid the jargon of strategies and joint forward plans, this is the NHS and Local Authorities together asking people to help shape the future delivery of health and care

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

Integrated Care System Shropshire, Telford and Wrekin

Telford & Wrekin and Shropshire's Health and Wellbeing Strategies

Telford & Wrekin Health & Wellbeing Strategy

- 2020/21 – 2022/23 priorities currently being refreshed, – engagement up to March 2023
- Vision: *Happier, healthier, longer lives*
- Ambitions
  - Children and young people will be healthy and resilient and fulfil their potential
  - People will be healthier and independent for longer
  - People will live in connected, safe and sustainable communities

Shropshire Health & Wellbeing Strategy

- Approved by HWBB - April 2022 to March 2027
- Vision: *For Shropshire people to be healthy and fulfilled*
- Ambitions:

Telford & Wrekin Co-operative Council

Shropshire together

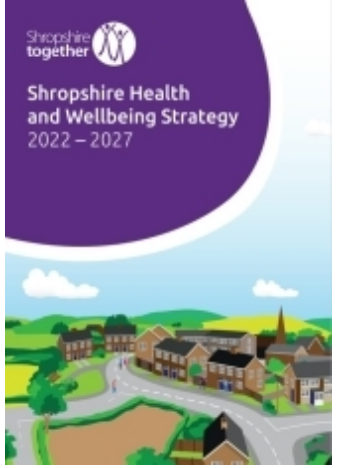
Integrated Care System Shropshire, Telford and Wrekin

Telford & Wrekin Health and Wellbeing proposed priorities

INTEGRATION PRIORITIES

	START WELL	LIVE WELL	AGE WELL
Population health & prevention	excess weight and obesity		
	mental & emotional health		
	impact of alcohol		
	preventable diseases (e.g. CVD and cancer)		
Inequalities	Marmot Borough		
	cost of living crisis		
	barriers to access (transport & digital)		
	domestic abuse, drugs & alcohol and dual diagnosis		
	healthcare inequalities (NHS restoration/CORE20PLUS5)		
	homelessness, affordable housing & specialist accommodation		
Health & care	• healthy and safe pregnancy • parents/carers empowered to care for & nurture their children	• Community Mental Health Services Transformation	• proactive prevention to maximise independence • control, choice & flexibility in care and support
	strong integrated model of community-centred care (e.g. local care programme)		
	integrated primary care in the heart of our communities		
Enablers	population health management	workforce	sustainability of resources

Shropshire Health and Wellbeing Priorities



Strategic Priority	Key area of focus
Joined up working Shropshire Health, Care and Partners commit to working together, supporting the development of personalised care. This includes working closely with our Voluntary and Community Sector, in the heart of communities. We will reduce duplication, improve accountability and service experience, as well as make best use of the skills and abilities of our workforce.	**Workforce** During COVID many people lost their job or had to take lower paid and less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all, no matter where they are employed. This includes promotion of a a fair living wage, and opportunities to progress.
Improving population health Using a population health approach, we will aim to improve the health of the entire Shropshire population including; reduction in the occurrence of ill health, dementia support, preventative approaches including delivery of appropriate health and care services, and access to health information, and support for those on long waiting lists for procedures. Whilst digital is the way forward, this not being appropriate for all will be considered.	**Mental Health** The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years. This strategy has a 'life course' approach from pregnancy to childhood to older age. We also want to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness.
Working with and building strong and vibrant communities Shropshire has many strong and vibrant rural and town communities. We will work with our communities to engage and find out what matters, reduce inequalities, promote prevention, increase access to social support and influence positive health behaviours. We will also pool information and resource to support people in our communities.	**Children and Young People (CYP)** COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age is included. We will also continue to monitor child development at 2.5 years.
Reduce inequalities We will have a clear and focused approach to health inequalities, which will be led by system Health Inequality plans, which includes the *NHS Core20+ 5 model* (page 15 shows this graphic). We want everyone to have a chance to live their lives well, including those who have physical and learning disabilities, are older, and LGBTQ+. Access to housing and a fair living wage will be a part of addressing Health Inequalities.	**Healthy weight and physical activity** Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.

8 Other identified Priorities

Social Prescribing
Social Prescribing will remain a HWBB priority, and a pilot to expand the programme for children and young people in south-west Shropshire has commenced. Loneliness will continue to be addressed through this priority.

Drugs and Alcohol
An estimated 35,319 adults in Shropshire aged 18-65 drink more than the Chief Medical Officer's guidelines of 14 units per week. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems, and alcohol is the 3rd leading risk factor for death and disability after smoking and obesity. PHE data for KSI on roads shows alcohol related collisions in Shropshire are significantly higher than the rest of England and the West Midlands, and successful alcohol treatment as lower than the rest of England.

According to the most recent prevalence estimates there are 1,353 people dependent on opiates and crack cocaine in Shropshire, this is equivalent to 7.1 per 1,000 resident population aged 15 to 64 years, a 12.7% increase on previous years estimate of 6.3 per 1,000 population. Misuse of prescription-only drugs and over-the-counter medications accounts for 10% of the treatment population compared to 14% nationally.

Monitoring of this priority will come through the new Joint Drug and Alcohol Strategy for Shropshire and reporting to the HWBB.

Domestic Abuse
Domestic abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status. Domestic abuse is coercive, controlling, abusive and violent behaviour. Such violence can also be directed towards children, other family members or friends of the victim. Some 30,475 women in Shropshire will experience domestic abuse during their lifetime.

County Lines
County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and adults (including those with care and support needs) to move, [locally supply] and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons. Shropshire Safeguarding Partnership report annually to the HWBB.

Smoking in pregnancy
Babies born to mothers who smoke are more likely to suffer from respiratory disease as well as being at greater risk of sudden infant death. For mothers there is an increased risk of miscarriage, stillbirth, premature delivery and having a low birth weight baby.
Rates of smoking in early pregnancy remain higher in Shropshire compared to the England average. The HWBB will continue to have smoking in pregnancy as a priority until rates decrease further.

Food insecurity
Food insecurity has a physical and mental impact on the wellbeing of everyone experiencing it. Food insecurity remains a HWBB priority, and the developing Healthy Weight Strategy and our partnership with Shropshire Food Poverty Alliance to help address this issue will continue. An award of £300,000 over the next 3 years, to tackle food insecurity in South-West Shropshire will be integral to this priority. Financial insecurity is also linked to this priority.

Housing
Access to a safe, warm home is an essential part of good health and wellbeing. If this is not available or affordable negative impacts occur.
The new Housing Strategy objectives include how the Council will: ensure people whose housing needs are not met through the local open market housing can access housing that meets their needs, and work to reduce and prevent households from becoming homeless and where this is not possible ensuring they have safe, secure and appropriate accommodation until they are able to resettle. Strategy updates will come to the HWBB.

Suicide Prevention
Suicide prevention will remain a priority, and work will continue through the *Shropshire, Telford & Wrekin Suicide Prevention Strategy* and action plan. This includes raising awareness of suicide risk, promoting access to support services (including those bereaved by suicide) from a wide range of sources and encouraging more people to talk about self-harm, suicide and the risk factors associated with suicide in order to destigmatise and encourage people to seek help when they feel it is needed.

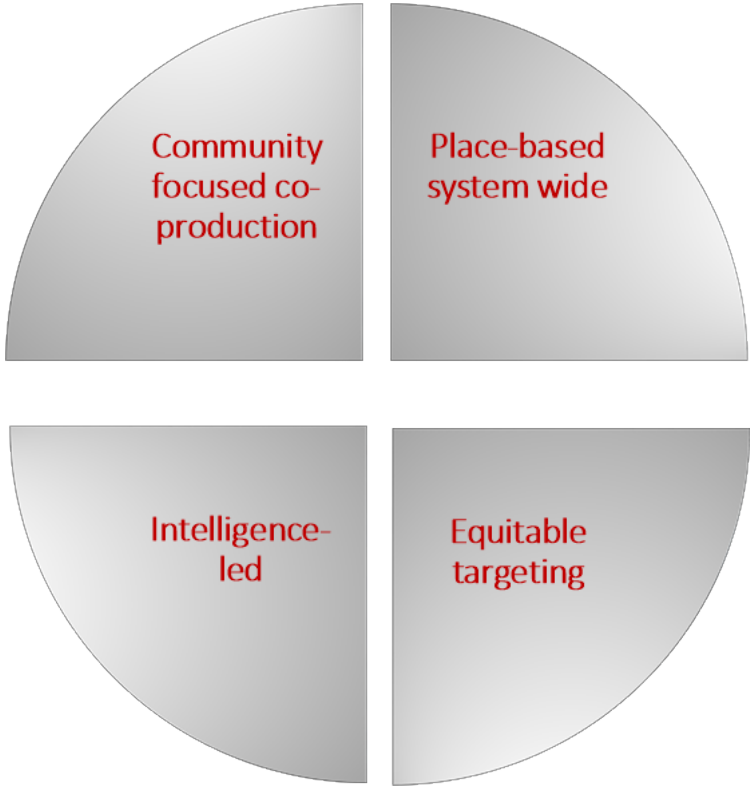
Killed and Seriously Injured (KSI) on roads
More accidents occur on rural roads compared to urban roads in Shropshire and there are a similar proportion of traffic accidents on both urban roads and rural roads with a 30mph limit. Although COVID-19 reduced traffic on Shropshire roads and thus those KSI, the risks will increase as the pandemic declines. Thus, KSI on roads will remain a HWBB priority.

Air Quality
Shropshire Council's 2020 Air Quality Annual Status Report (ASR) report that Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. Shropshire Council has a Climate Strategy and Action Plan and Shropshire, Telford & Wrekin ICS has *climate change* as a pledge. Linked to this priority alongside Healthy Weight and Physical Activity, is Active Travel, - increasing walking/cycling but also route availability to enable this.

Inequalities - avoidable, unfair and systematic differences in health between different population groups

Shropshire Health Inequalities Plan
Requested by Shropshire HWBB.
Plan details a high-level summary of current work programmes being delivered across Shropshire to address inequalities.
Population Health Model including:

- ICS and H&WBB priorities
- Wider determinants and social inclusion groups



Telford & Wrekin inequalities priorities
Become a Marmot Borough
Tackle impact of the cost of living crisis – fuel & food poverty
Reduce barriers to access – transport & digital inclusion
Support for people & families affected by domestic abuse, drugs & alcohol and dual diagnosis
Reduce healthcare inequalities – NHS restoration/CORE20PLUS5
Reduce homelessness and increase housing affordable housing & specialist accommodation

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System
Shropshire, Telford and Wrekin

HWB Strategy Shared Priorities

Population Health approach

- Working with communities
- Wider determinants of health
- Healthy behaviours and lifestyles
- Integrated health, care and support

Enablers

- Population Health Management
- Workforce
- System / collaborative working

Improving outcomes & tackling inequalities

- CYP - healthy pregnancy
- CYP vulnerable and at risk
- Healthy Weight
- Mental Health including Trauma informed approach
- Drugs & Alcohol
- Domestic abuse
- Housing/homelessness
- Cost of living crisis
- Food poverty / digital inclusion
- Healthcare inequalities - preventable diseases CORE20PLUS5

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

ICS Pledges – link to HWS priorities

- **Improving safety and quality** - clinically safe services throughout (System Improvement Plan), backlog of elective procedures as a system
- **Integrating services at place and neighbourhood level** - develop local health and care hubs, one public estate community assets
- **Tackling the problems of ill health, health inequalities and access to health care - s**moking Cessation/ respiratory health, reduce incidence diabetes and obesity, Population Health Management (PHM) strategy
- **Delivering improvements in mental health and learning disability / autism provision**
- **Economic regeneration** - harness potential of the health and care system together with wider public services to contribute to innovation, productivity and good quality work opportunities.
- **Climate change** - economic prospects that will help improve the health and wellbeing of our population
- **Leadership & governance** - review and revise ICS Governance arrangements with emphasis on place, neighbourhood and provider collaborative arrangement
- **Enhanced engagement and accountability** - increase engagement, involvement and communication with stakeholders, politicians and the public
- **Creating system sustainability** - sustainable ICS Financial Recovery plan with System People Plan
- **Workforce -** environments where people choose to work and thrive and by building system leadership

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

Our approaches

Telford & Wrekin HWB Strategy proposals

- Population Health Management
- Workforce
- Sustainability of resources

Our approach - How will we work better together?

- ✓ Focus on prevention, recognising the impact of wider determinants of health - homes, jobs, education
- ✓ Person-centred, family-focused, place-based and community-led approach
- ✓ Intelligence-led planning and delivery – using population health management
- ✓ One team - delivering integrated, seamless services
- ✓ Making good use of all our resources, to manage demand away from high cost health and care services
- ✓ Being radical and innovative
- ✓ Promoting wellbeing, foster self-help and maximise independence regardless of need or dependency

Shropshire JHWB Strategy

- Population Health Management/Intelligence led approach and Digital
- **Protecting Population Heath/Place based approach/ Engaging with our communities - Voluntary and Community Sector as a core element of our system**
- Health in All Policies
- Whole Systems Approach
- Support our PCN's to deliver Social Prescribing
- Health Inequalities Plan
- Linking work to operational work plans and strategies

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

Outcome Focus – potential high level outcomes

The health of our population will be improve through a focus on….	Our Outcomes
The health of our RESIDENTS	1. We will increase healthy life expectancy across STW and narrow the gap between different population groups 2. We will reduce early deaths from preventable causes – cardiovascular and respiratory conditions, cancers and liver disease – focussing on those communities which currently have the poorest outcomes 3. We will improve life expectancy of those with Serious Mental Illness 4. We will increase the proportion of people in STW with a healthy weight 5. We will improve self-reported mental wellbeing 6. We will reduce alcohol related hospital admissions 7. We will reduce the proportion of pregnant women who smoke 8. We will lower the burden and minimise the impact of infectious disease in all population groups
The health of our SERVICES	1. We will increase the proportion of our residents who report that they are able to find information about health and care services easily 2. We will increase the proportion of our residents who report that they are able to access the services they need, when they need them 3. We will increase the proportion of our residents who report that their health and care is delivered through joined up services as close to home as possible
The health of our STAFF	1. We will improve our ability to attract, recruit and retain our staff 2. We will improve staff training and development opportunities across all our partners 3. We will improve self-reported health and wellbeing amongst our staff 4. We will increase Equality and Diversity workforce measures in all organisations
The health of our COMMUNITIES	1. We will reduce the impact of poverty on our communities 2. We will reduce levels of domestic violence and abuse 3. We will reduce the impact of alcohol on our communities 4. We will reduce the impact of Adverse Childhood Experiences (ACEs) on our communities 5. We will reduce the number of young people not in education, training or employment 6. We will increase the number of our residents describing their community as a healthy, safe and positive place to live
The health and wellbeing of our ENVIRONMENT	1. We will increase the proportion of energy used by the estates of our partner organisations from renewable sources 2. We will reduce the total carbon footprint generated through travel of patients using our services 3. We will increase the use of active travel, public transport and other sustainable transport by our staff, service users and communities

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System Shropshire, Telford and Wrekin

This page is intentionally left blank