



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**



Telford & Wrekin
Co-operative Council

**Protect, care and invest
to create a better borough**

13 December 2022

Committee:
Integrated Care Partnership

Date: Wednesday, 21 December 2022

Time: 2.00 pm

Venue: Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

Partnership Members:

A Begley, J Britton, L Cawley, S Davies, S
Dillon, T Gee, J Jeffery, A McClements, N
McKay, T Miles, A Olver, H Osborne, B
Parnaby, L Picton, R Robinson, D
Sidaway and S Whitehouse

Committee Officer: Amanda Holyoak
01743 257714
Amanda.holyoak@shropshire.gov.uk

AGENDA

- 1 Apologies for Absence**
- 2 Declarations of Interest**
- 3 Public Questions**
- 4 Minutes of the meeting held on 5 October 2022 (Pages 1 - 6)**

Attached for confirmation

5 Update on Integrated Care Strategy Workshop Engagement Work held on 16 November 2022 (Pages 7 - 22)

Nicola Dymond, Director of Strategy and Integration, NHS Shropshire Telford and Wrekin will provide the update, report attached.

6 Draft Interim Integrated Care Strategy (Pages 23 - 76)

Nicola Dymond, Director of Strategy and Integration, NHS Shropshire Telford and Wrekin will present the report, attached.

7 Next Steps (Pages 77 - 86)

- a) Outline proposals for further engagement with local residents and stakeholders

Report and presentation from Edna Boampong, Director of Communications and Engagement, NHS Shrophire Telford and Wrekin, report attached

- b) Plan for development of the ICS Five Year Plan and further future reporting to the Integrated Care Partnership

Verbal Report from Nicola Dymond, Director of Strategy and Integration, NHS Shropshire Telford and Wrekin

8 Date of Next Meeting

Friday 17 February 2023 at 2.00 pm at Addenbrooke House, Telford, TF3 4NT

INTEGRATED CARE PARTNERSHIP

**Minutes of a meeting of the Integrated Care Partnership held on
Wednesday 5 October 2022 at 12.30 pm in The Telford Room, 3rd Floor,
Addenbrooke House, Ironmasters Way, TF3 4NT**

Present:

Councillor L Picton (Co-Chair)
A Begley (Chief Executive) (Shropshire Council)
J Britton (Executive Director: Children's Services) (TWC)
L Cawley (Healthwatch Shropshire)
S Dillon (Director: Adult Social Care) (TWC)
N Dymond (Executive Director ICB)
Simon Jones (Portfolio Holder Adult Social Care and Public Health)
(Shropshire)
Sir N McKay (Chair - ICB)
L Noakes (Director: Health & Wellbeing (TWC))
A Oliver (Voluntary Sector Representative) (Telford)
B Parnaby (Healthwatch Telford & Wrekin)
R Robinson (Executive Director: Health, Wellbeing & Prevention) (Shropshire Council)
D Sidaway (Chief Executive) (TWC)
S Whitehouse (Chief Executive) (ICB)

In Attendance:

J Clarke (Senior Democracy Officer (Democracy)) (TWC)
A Lowe (Director: Policy & Governance) (TWC)
R Phillips (Service Delivery Manager: Legal & Democracy) (TWC)
J Rowe (Executive Director of Adults Social Care and Health and Wellbeing)
(TWC)

Apologies: Councillor S Davies (Co-Chair), J Jeffery Voluntary Sector Representative (Shropshire), Councillor A D McClements and T Miles Executive Director of People (Shropshire Council)

1 Declarations of Interest

None.

2 Welcome and Introductions

The Chair asked the members of the Integrated Care Partnership (ICP) to introduce themselves and welcomed everyone to the inaugural meeting of the ICP. The aim of the ICP was to look for ways to achieve better care and wellbeing and strengthen integrated working which was vital within the new partnership arrangements. Residents would be at the centre of any work undertaken and it would be necessary to recognise the differences and

similarities, the work of the voluntary and community sector and work in a strong, impactful and collaborative way.

Sir N McKay informed the ICP that the Integrated Care Board (ICB) had been in legal existence since 1 July 2022. It had responsibility for delivering better health care and tackling the issues and root causes of ill health and inequality and to contribute towards the economic regeneration of the locality. The ICP was a vital part of this with responsibility to deliver both health and care and to deliver an integrated care strategy.

3 Public Speaking

No requests to speak had been received.

4 Terms of Reference and Ways of Working

The Service Delivery Manager: Legal & Democracy (TWC) presented the report on the Terms of Reference and Ways of Working.

He highlighted section 5.2 of the report that Telford & Wrekin had a Director for both Adults Services and Children's Services and suggested that this be reflected for Shropshire Council. At 8.2 of the report, the Chair for Telford & Wrekin was referred to as Leader or Cabinet Lead and it was also suggested that this be amended for Shropshire Council.

The Terms of Reference set out had been a collaboration between the Councils, NHS, ICP and ICB and set out the membership, how it would operate, code of conduct and dispute resolution provisions.

The dispute resolutions had not yet been before the ICB and these would have to go to the Board for official confirmation.

Following a discussion it was:

RESOLVED – that

- a) Subject to the changes to the Terms of Reference be agreed; and**
- b) The Terms of Reference be approved by Shropshire Council, Telford & Wrekin Council and the ICB.**

5 Guidance on Development of Integrated Care Strategy

The Chief Executive: ICB and The Executive Director: ICB gave a presentation on the Integrated Care Strategy and ICS Priorities.

The ICP was a key part within the governance framework of setting a strategic direction and would look at how to build on the work undertaken by the two Health and Wellbeing Boards and its links. It needed to be relevant to local people and incorporate the local differences across the communities of

Shropshire and Telford & Wrekin. This would enable the ICP to develop the direction of travel and highlight key health and wellbeing priorities for STW. It looked to building an operating model, workstreams and assurance on delivery.

The creation of an ICP was a mandatory requirement in order to establish and the Integrated Care System (ICS) and to develop the strategy. The process of integration would be ongoing but the timescales for completion and sign off of the strategy was tight (end of December 2022).

The work would give the opportunity for joint and collaborative working across a wide range of partners in order to improve the health and wellbeing of the local population. It would be necessary to understand the bigger picture and take into account local needs, community agendas and neighbourhood discussions. Consultation would take place with people, organisations and stakeholders in order to understand the different needs and perspectives of our communities.

The next steps would be to think about engagements with stakeholders. An ICS development day would take place in early November to look at opportunities for broader engagement and consultation with the Integrated Care Strategy (ICS) being reviewed and signed off for publication in December. A timeline from the ICB was available, but it was important to manage expectations on what could be achieved as the ICS was an interim document and a crucial starting point to develop the five year plan. This document would set the scene, vision and key priorities with the five year plan being drawn up by March 2023.

During the discussion it was felt that a sensible and pragmatic approach would need to be taken and working together in order that duplication of work did not occur. Work was already being undertaken across the Local Authorities, Health & Wellbeing Boards, Health Scrutiny Committees and Joint Health and Overview Scrutiny Committees. It was important that expectations were managed and that people were involved. Healthwatch could give support on the ground and give people a voice. Council Leaders and Councillors could get the message out to the community. A working group had been set up and would look at engagement, communications and development of the ICS and it was felt assured that there was reasonable resources to move this forward.

The ICP noted the presentation.

6 Headlines of the JSNA - Shropshire and Telford & Wrekin

The Director: Health & Wellbeing (TWC) and the Executive Director: Health, Wellbeing & Prevention (Shropshire Council) presented a joint report on the headlines in relation the JSNA. The Health and Wellbeing Board (TWC) received an update on 29 September 2022 in relation to the Joint Strategic Needs Assessment (JSNA) giving key information. Telford & Wrekin had the fastest population growth since 2011 in the West Midlands, which equated to 11.4% and had the second fastest growth nationally in the 65+ population

being 35.7%. More than 1 in 4 people in the borough live in the 20% most deprived areas nationally. Both these factors had significant impacts on health and social care needs. The information would be used to shape how services were tailored to reach into local communities. The wider determinants of health, public health outcomes and child poverty rates were likely to worsen with the current cost of living crisis – with ongoing impact on the health of our residents.

Some improvements had been reported in the numbers of 16/17 year olds being in employment, education or training and this was attributed to a tailored approach. There had been an improvement in terms of teenage pregnancy over a number of years and this was now in line with the national average.

Shropshire Council's Health and Wellbeing Board had also received an update using an interactive tool which was continually fed with live information. The population had been predicted to increase by 28% by 2043. In relation to population, 23% of Shropshire's population was age 65+. There are inequalities within the rural population but this was often masked. This created a number of challenges and demands on the health and care services. The Covid 19 pandemic had highlighted how services could be adapted and services could be adapted by the use of technology and physical and digital access.

The cost of living, poverty and an older age population profile was a particular challenge for winter and longer term; this was a similar picture to that of Telford & Wrekin.

The presentation highlighted health statistics for Shropshire and Telford & Wrekin compared to the national average. The information was RAG rated to show which area had statistically significantly different health outcomes compared to the national average.

During the discussion, it was noted that the actual numerical differences between the two areas were not as great as suggested by the RAG rating. The Partnership heard that child poverty and homelessness rates were higher than the national average in Telford & Wrekin and the % of NEETs were higher than the national average in both Telford & Wrekin and Shropshire. The Director: Health & Wellbeing (TWC) highlighted, however, that the numbers in Telford & Wrekin had fallen more recently due to a more tailored approach.

Life expectancy was worse than the national average in Telford & Wrekin but with both areas having a significant gap in life expectancy between more deprived and affluent areas. Heart disease and cancer was the significant contributor to this gap in both areas. Life expectancy rates had been falling particularly amongst men. In both areas excess deaths in those with serious mental illness was higher than the national average.

Both areas had high rates of unhealthy weight and hospital admission rates due to smoking and Telford & Wrekin had high rates of alcohol related admissions.

In Telford & Wrekin a range of health outcome indicators for Children and young people were worse than the national average but both areas had high rates of smoking in pregnancy.

The current cost of living crisis was of concern for both Shropshire and Telford & Wrekin with them both being in the bottom quartile of vulnerability due to the impact of fuel poverty and transport costs, isolation, mental health, hospital admissions and the longer term impact on children and young people.

A discussion took place in relation to the work on the JSNA. The presentation had been informative and gave an indication on the areas for preventative work. It was also helpful in the resource allocation process which could be influenced by age and deprivation. It was suggested that data was used to influence early intervention and prevention and these be key agenda items.

The ICP noted the presentation.

7 Our Health & Wellbeing Strategies - Shropshire and Telford & Wrekin

The Director: Health & Wellbeing (TWC) and the Executive Director: Health, Wellbeing & Prevention (Shropshire Council) presented a joint report on the Health and Wellbeing Strategies for Shropshire and Telford & Wrekin.

The purpose of the ICP and the ICS Plan was to highlight key priorities to the ICB using the JSNA and existing strategies of the Health and Wellbeing Boards. It was reported that both Telford & Wrekin and Shropshire were in a strong position. Shropshire had updated their Strategy earlier in the year focusing on a refresh in relation to the right place and the right impact and it was felt that they had a good provision in this regard.

Telford & Wrekin were undertaking a light refresh of the Health and Wellbeing Strategy with the focus on population health, inequalities and integrated care and support. The proposed priorities were Start Well, Live Well, Age Well which included priorities for population health, health inequalities, health and care support. Proposed priorities include unhealthy weight, mental health, preventable mortality, health inequalities and integrated care in neighbourhoods. The Health & Wellbeing Board had wanted a stronger focus on Best Start in life and inequalities in this refresh.

Shropshire Council priorities included workforce, mental health, children and young people, looked after children, healthy weight, cardio vascular disease and diabetes. A review on children and young people and healthy weight would be launching shortly. There would be further work in relation to workforce, integration and integrated primary care and access to care and the cost of living crisis.

The JSNA and the Health and Wellbeing Strategies had some similarities and common themes. It was highlighted that integrated working was also needed

across the system to support Health Protection. The pandemic had increased the joint working and there was a joint health protection board in order to give reassurance.

A draft outcomes framework was highlighted which was welcomed and members agreed that it was key that measuring impact at individual and population level would be part of evaluating the difference the ICS would make.

During the discussion, it was suggested that a timeline be drawn up for a wider engagement event in November and production of a draft strategy by the end of December. The need to set a date for the next ICP in December soon was highlighted.

The ICP noted the presentation.

8 ICS Priorities

This item had been discussed under Minute Number ICP5.

The ICP noted the priorities.

9 Next Steps

The Chair suggested that a meeting took place at the end of the year to look at priorities utilising the work already undertaken.

Members of the Partnership suggested that they considered the underlying issues in relation to finance, capacity and performance and whether this should be raised politically or in a different way. Other areas of consideration were the cost of living and homelessness. The funding allocation process for the NHS was complex and refined year on year. Additional funding was difficult to achieve. It was suggested that the totality of the funding be considered and how it was allocated equitably against needs and priorities. The risks and consequences of the re-direction of funds should be considered.

A suggestion came forward that although the Terms of Reference had been agreed, could a broader range of partners be brought to the workshop with a wider range of experiences.

The meeting ended at 2.02 pm

Chairman:

Date: Date Not Specified

Integrated Care Partnership Board

Agenda item no.
Meeting date:	21 December 2022
Paper title	Update on Integrated Care Strategy Workshop Engagement Work held on 16 November 2022
Paper presented by:	Nicola Dymond Director of Strategy and Integration
Paper approved by:	Nicola Dymond Director of Strategy and Integration
Paper prepared by:	Jackie Robinson Associate Director of Communications and Engagement
Signature:	
Committee/Advisory Group paper previously presented:	
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	<input checked="" type="checkbox"/> D=Discussion
I=Information	
Previous considerations:	None identified.

1. Executive summary and points for discussion

The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations.

This report seeks to:

- a) Note the contents of the feedback from the workshop



Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	X
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	X
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Partnership is asked to:

- Note the content of the feedback from the workshop

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

N/A

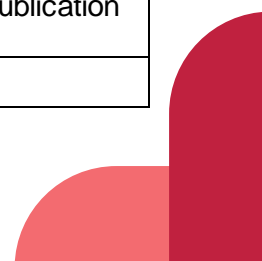
4. Appendices

Appendix 1 Stakeholder Engagement Workshop Summary Slides

5. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	NHS Shropshire, Telford and Wrekin is required to generate an interim integrated care strategy for publication by 31 December 2022.
Conflicts of Interest	No implications



Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Request of Paper:		Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	



This page is intentionally left blank

Integrated Care Interim Strategy

Stakeholder Engagement Workshop 16

November 2022

Summary of feedback

Purpose of the Workshop

- To share information on the STW ICS strategic planning cycle - with partner representatives (LA, NHS Trusts, Acute and MH, Community) STW Healthwatch and VCSE organisations
- To continue the conversation on our work to date but begin a new conversation about the future ways of working
- To share draft priorities on the Interim Integrated Care Strategy for STW ICS and seek feedback and input prior to publishing an Interim Strategy in December 2022
- To discuss next steps and on-going engagement with the strategic process



What we covered

1. Views on the Strategy:

- Aims
- Purpose
- Benefits
- Governance

2. How the ICS Strategy connects to other strategies, plans, partnerships, ICP and HWBB/JSNA priorities

3. What is different this time?

4. Demographics and JSNA intelligence

5. Our shared priorities

6. High level outcomes

7. Challenges and priorities

8. Embedding this new way of working

9. Our commitment to ongoing dialogue

10. Next Steps



Key lines of enquiry

- What does the JSNA tell us and what can we collectively do to address the health and inequality challenges?
- Are these the right priorities?
- How do we have an outcome based approach?
- How do we embed this new way of working into our systems to deliver these priorities?
- Commitment to ongoing dialogue

Page 14



Addressing the Challenges - Intelligence & Outcomes

- Data-driven, but with qualitative insight from VCSE
- More SMART metrics to be outcome focussed with high level indicators
- Consolidate priorities where possible P
- Person-led approach, the outcomes for the person might be better as an 'Page 15' and not we statement
- Socialise data to our clinical professionals
- Allow enough time to demonstrate difference



Addressing the Challenges - Investment

- Targeted work with the communities that need it and invest money proportionate to need
- Workforce strategy must be aligned to this and reflect current work programmes.
- What can we save within existing the resources
- We need to be brave/creative/invest in what you think is right
- Agreement to the allocation of resources with partners is needed.
- Clearer ways of working to ensure it is fair, transparent, and working for the people we serve
- We need to make sure we have difficult conversations to disperse historical views, budgets, etc. to help tackle inequalities across STW

Page 16



Addressing the Challenges - Engagement

- Explain to the public unless the system does things differently the NHS/Care will be significantly impacted and affect the level care provided going forward
- More emphasis on working with the voluntary and care sector, including social prescribing
- Changing practice doesn't necessarily need to cost lots of money. Upskilling your workforce or changing practice requires buy in from practitioners and we need to target our engagement accordingly.
- Is the language used in the Strategy understandable to lay people? language needs to be sense checked with the community
- More co-production

Page 17



What is Missing

- No mention of suicide in the JSNA
- More consideration for Children and Young Peoples needs
- A focus on education means people can learn to look after themselves and stay safe in their own homes – ties in with the impact that poor housing has on health and is a big issue in the rural communities.
- No mention of the low-wage economy
- Think more broadly - How is employment affecting people's health and their lives?
- Ensuring that there is a prevention element across all of our priorities



How do we embed this new way of working into our systems to deliver these priorities?

Sharing resources and decisions

- Resources should follow from the priorities,
- Having a joint strategy and planning will enable alignment of resources and identify the people where it's appropriate in terms of numbers and services etc
- Join up our people and workstream and create a system-wide workforce plan and team
- Build on the areas we're already doing this e.g. MSK has 3 providers all aligned, rally around and create momentum.
- Make decisions together, and no decisions made without full system representation
- Every part of the system needs to be working to the same plan



How do we embed this new way of working into our systems to deliver these priorities?

Shared Enablers

Reduce duplication, improve efficiency by improving/sharing enablers

- Digital, Comms & Engagement, Information Governance, Information Sharing, Estates, Co-location and Intelligence

Stakeholder Engagement

- There is an education piece about explaining what the ICS is, what are the priorities, what needs to change, why this will make a difference? Why this matters to the workforce and what this means for the workforce?
- We need to make sure that everyone has an equal voice moving forward
- A set of principles would be beneficial to ensure that we hold each other to account and have these from the first agreement.
- Senior OD/HR people across the system and a collective view is needed
- We need to make sure that the partners are consulted on relevant items strategically, operationally decisions are made on-the-spot, but where time allows, consulting would be best for system-working.
- Proactively engaging the public on prevention and self management of their health and wellbeing
- More of this kind of work (workshops and discussions, breaks down the barriers).



Commitment to On-going Dialogue

Consistency and Relationship Management and Co-production

- Make sure we all understand what are the objectives and outcomes
- Explore how we deploy the different configurations is important.
- More Place based than system based
- The strategy needs to have, clear steps / milestones, need to ensure that people/staff are properly engaged / involved in this from bottom up to get their 'buy in'
- Build trusted relationships with partners - statutory and voluntary sector as equals
- We need to do more co-production and face to face work with the public throughout our strategy.
- It is so important to highlight the ways that we are working together as a system e.g. children and young people. Show the public, and indeed our partners, that we can work together as partners.



How are we responding to feedback from the workshop?

- 5 Year Forward View operationalises the activity/health priorities outlined in the Strategy. A comprehensive engagement plan has been drafted to guide our approach, reach and methodology and will be launched in January 2023 and run for 8 weeks.
- Key lines of enquiry with stakeholders, patients and the public will sense check the feedback received to date; check if the priorities are the right areas to focus on and ask if there are any areas that have been missed that are important areas for inclusion
- *By listening to our stakeholders, and public and reflect their feedback in our strategic and operational plans will enable a local ownership and buy in to change moving forward.*
- Work continues to develop the Interim Strategy into a detailed 5 year system plan by March 2023



Integrated Care Partnership Board

Agenda item no.	6
Meeting date:	21 December 2022
Paper title	Draft Interim Integrated Care Strategy
Paper presented by:	Nicola Dymond Director of Strategy and Integration
Paper approved by:	Nicola Dymond Director of Strategy and Integration
Paper prepared by:	Irene Schwehla, Senior Improvement Consultant, MLCSU
Signature:	
Committee/Advisory Group paper previously presented:	
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	<input checked="" type="checkbox"/> D=Discussion
I=Information	
Previous considerations:	None identified.

1. Executive summary and points for discussion

As part of the Integrated Care Partnership's (ICP) function as a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community, Integrated Care Strategies are being developed which will articulate the vision to improve health and care outcomes and experiences for their populations.

This report seeks to:

- present the draft interim Integrated Care Strategy (IC Strategy) for Shropshire, Telford and Wrekin(see Appendix A)
- gain approval from the ICP board for publication of the draft interim IC Strategy

The draft interim IC Strategy was developed in cooperation with the two Health and Wellbeing Boards and other system partners across the STW ICS.

Details for the publication of and engagement with the IC Strategy have been set out in the Engagement Strategy submitted under point 7 of the agenda for the ICP board meeting on 21 December 2022.



Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	X
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	X
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Partnership is asked to:

- Agree the Draft Interim Integrated Care Strategy
- Approve publication of the Draft Interim Integrated Care Strategy

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

N/A

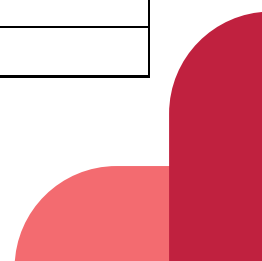
4. Appendices

Appendix 1 – Interim Integrated Care Strategy

5. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	NHS Shropshire, Telford and Wrekin is required to generate an interim integrated care strategy for publication by 31 December 2022.
Conflicts of Interest	No implications
Data Protection	No implications



Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Request of Paper:		Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	



This page is intentionally left blank

Shropshire, Telford and Wrekin

Integrated Care Partnership Strategy

Interim (December 2022- March 2023)

Draft V 0.7

Page 27



Telford & Wrekin
Co-operative Council



**Integrated
Care System**
Shropshire, Telford and Wrekin

Executive Summary

Introduction

- How we will work and what is different

Chapter 1 - Overview of Our Integrated Care System

- Our System Partners
- Our Ten Pledges
- Our STW Integrated Care Partnership

Chapter 2 - Integrated Care Partnership Purpose and Vision

- Developing the ICP Mission and Vision
- Vision and Objectives
- Integrated Care Strategy: Purpose
- Integrated Care Strategy Priorities

Chapter 3 - Improve outcomes in population health and healthcare

- Improve outcomes in population health and healthcare
- JSNA and Population Health Data

Chapter 4 - Tackle inequalities in outcomes, experience and access

Chapter 5 - Support broader social and economic development

- Enablers

Chapter 6 - Enhance productivity and value for money

- The Left Shift – Preventive Approach

Chapter 7 - Performance Monitoring and Scrutiny

- Outcome Focus – potential high level outcomes
- Next Steps
- Comms and Engagement Plan for next steps



Executive summary

- The Shropshire, Telford and Wrekin ICP is responsible for the development of an Integrated Care Strategy, against which the ICB will reflect and respond in its development of the systems multi-year planning and commissioning response.
- It is acknowledged nationally, that in this first and short year of development, the Integrated Care Strategy will be considered an interim document, to allow more time to adequately shape the vision and assessment of need.
- The work, engagement and knowledge of the two STW Health and Wellbeing Boards will be consolidated as the foundation for further ICS development. We are not starting from a blank piece of paper, and neither are we concluding our activities to better understand the priorities for our system.
- The Health and Social Care Act outlines a statutory requirement for ICBs to undertake a 12 week consultation and engagement program with system stakeholders, to inform the development of a 5 year forward plan for STW by the end of March 2023.
- In progressing the engagement on the strategy development, STW ICB will include, amongst other priorities those identified in the interim ICS document and will continue to support its further development in partnership.



Introduction

- We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. This includes working with partners in the wider economy to create good jobs and increase everyone's prosperity with investment in skills, housing, culture and infrastructure. To have the best chance of achieving this, we need to think and work differently with each other and with our communities.

Page 30

A greater emphasis on prevention is crucial, to improve the quality of people's lives and the time they spend in good health. We recognise that not everyone has an **equal** chance of a happy, healthy long life and therefore we need to do more to tackle inequalities, including health inequalities.

- As a Partnership we are embracing our communities and community partners in our conversations and are listening to what staff and local people have to say, so that everyone in Shropshire, Telford and Wrekin is part of our shared purpose.



How we will work and what is different

People First

- People are at the heart of everything we do
- Ensure community-centred co-production (with staff, partners, patients, carers, VCS and residents) underpins the development of services

Prevention and inequalities

- Act sooner to help people with preventable conditions
- Enable people to stay well and independent for longer by providing a greater emphasis on proactive prevention and self-care
- Tackle the wider determinants of health – homes, jobs, education
- Offer accessible, high quality health and care services, which are equitably targeted towards people in the greatest need

Proximity

- Things should be done, services and decisions made at the level that is most relevant, effective and efficient
- These actions at every level work together to contribute to the overall ambition of the ICS.

Joint working

- Both in the way we commission and the way we deliver services, from shared funding, and collaboration to health and care teams designed around people and their lives.

Empowerment

- Enabling people to navigate our system when they need help. We will need every organisation to think harder about access, inclusion, cultural safety and health literacy in the services they provide.

Innovation, evidence and research

- Should be at the heart of our approach to the challenges we face and the opportunities to deliver
- Maximise innovation and digital opportunities
- Adopt an intelligence-led population health management approach

Page 32

Overview of Our Integrated Care System

Chapter 1

Our system partners

Shropshire, Telford and Wrekin Integrated Care System includes the following partners:

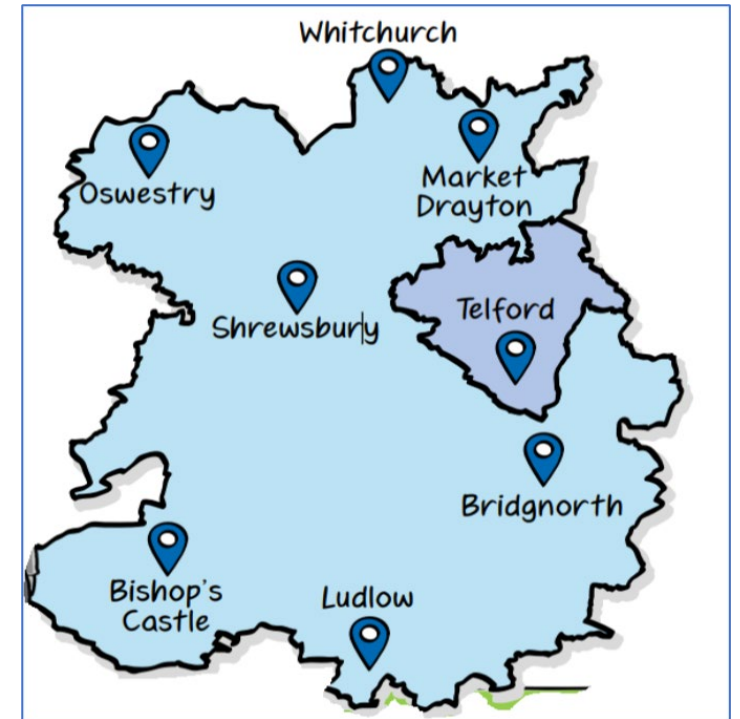
- NHS Shropshire, Telford and Wrekin
- Shropshire Council (our Shropshire Place)
- Telford and Wrekin Council (our Telford and Wrekin Place)
- Shrewsbury and Telford NHS Trust (SaTH)
- Shropshire Community Health NHS Trust
- Robert Jones and Agnes Hunt Orthopaedic NHS FT
- Midlands Partnership NHS FT
- West Midlands Ambulance Service NHS FT
- Primary Care Networks – 8 PCN's (4 PCN's Telford and Wrekin, 4 PCN's Shropshire) and General Practice
- Community and Voluntary Sector organisations

Page 33

We are an ambitious ICS and we want to make a real difference to the lives of local people.

We have previously engaged with our residents, patients, health and care staff, our local system partners and the voluntary, community and social enterprise (VCSE) sector and used this insight to develop ten pledges.

The pledges will be the golden thread through all the work we deliver.



Our ICS Pledges



We will improve **safety and quality**.



We will integrate services at **place and neighbourhood level**.



We will tackle the problems of **ill health, health inequalities and access to health care**.



We will deliver improvements in **mental health, learning disability and autism provision**.



We will support **economic regeneration** to help improve the **health and wellbeing of our population**.



We will respond to the threat of **climate change**.



We will strengthen our **leadership and governance**.



We will increase our **engagement and accountability**.



We will create a **financially sustainable system**.



We will make our ICS a **great place to work** so that we can attract and keep the **very best workforce**.

Our STW Integrated Care Partnership

- **Our Integrated Care Partnership (ICP)**, is responsible for bringing together our system partners to develop a plan to address the broader public health, health and social care needs of our local populations and tackle health inequalities.
- Our ICP wants to make home and the community the hub of care and aims to ensure that services are personalised and seamless; empower patients; promote health; and prevent illness, where possible.

Page 35

- The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with key stakeholders from across the system and community.
- Together, the ICP is producing an integrated care strategy to improve health and care outcomes and experiences for the populations. This will be followed by a co-produced integrated 5 year plan to be in place by March 2023 which will inform the 'how' we deliver outcomes.



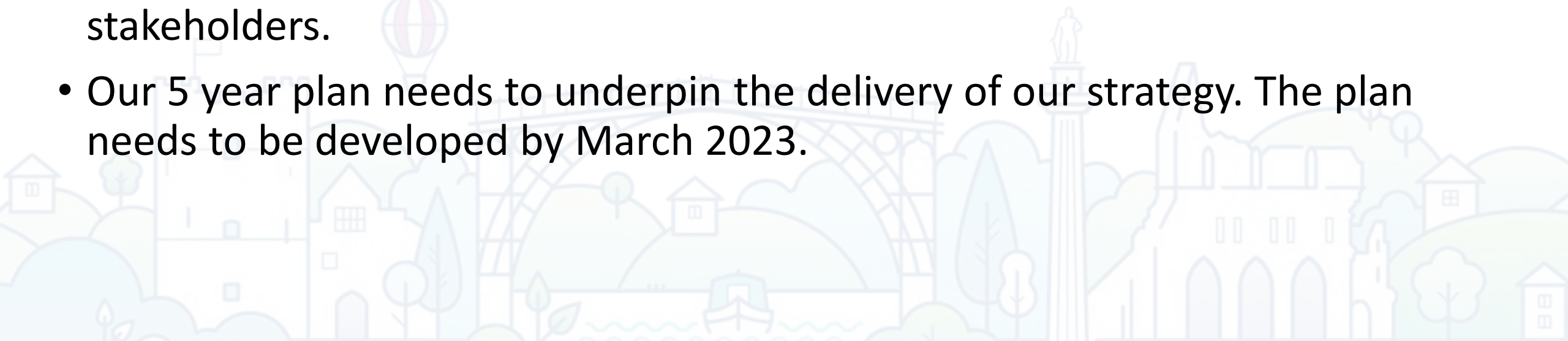
Page 36

Integrated Care Partnership Purpose and Vision

Chapter 2

Developing the ICP Mission and Vision

- Our ICP Vision and Mission statements are currently in draft as we co-produce, through a series of engagement events the further development of the ICP five year plan that supports our strategy document.
- Our partnership is developing the priorities from the two Health and Wellbeing boards across our places and listening to the voices of our partners and stakeholders as we develop our plan.
- Our partnership priorities need to be understood by our residents and all stakeholders.
- Our 5 year plan needs to underpin the delivery of our strategy. The plan needs to be developed by March 2023.



Integrated Care Strategy Vision and Objectives

We want everyone in Shropshire, Telford and Wrekin to have a great start in life and to live healthy, happy and fulfilled lives.

We will work together with our communities and partners to improve health and wellbeing by tackling health inequalities, encouraging self-care, transforming services and putting people at the heart of all we do.

Our ambition is to provide our communities across Shropshire, Telford and Wrekin with safe, high-quality services and the best possible experience from a health and care system that is joined up and accessible to all.

By transforming how and where we work, improving access to services and using our resources in the very best way for our communities, we will meet the needs of our population now and in the future.

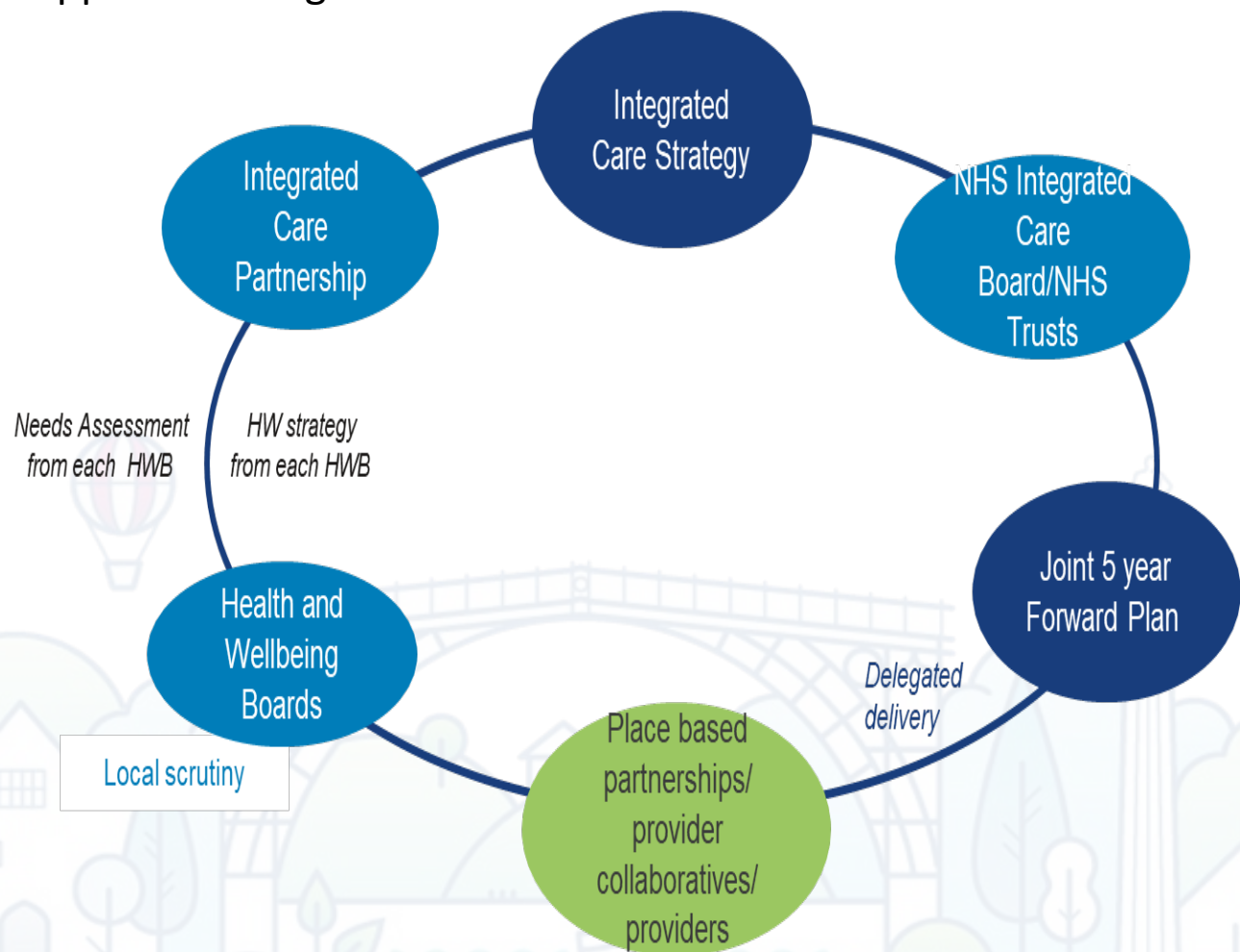
Joining up health and care is not new – a lot of work has already been done towards this and we will build on this work. This includes building on the positive joint working we saw in the system throughout the Covid 19 pandemic.

Our Four Strategic Objectives



Integrated Care Strategy: Cycle of development

This Integrated Care Strategy development through the ICP, is a key step in setting out the high level needs assessment and long term health and wellbeing priorities for Shropshire, Telford and Wrekin. A clear governance, planning and delivery cycle exists to support partnership working across the system. A comprehensive consultation and engagement process will wrap around this development cycle and support co-design.



Integrated Care Strategy Priorities

(from JSNA's to inform the HWB strategies and the interim integrated care plan)

Population Health Priorities

- Best start in life
- Healthy weight
- Mental wellbeing & Mental Health
- Preventable conditions – heart disease and cancer
- Reducing impact of drugs, alcohol and domestic abuse

Health Inequalities priorities

- Wider determinants:
 - homelessness
 - cost of living
- Inequity of access to preventative health care:
 - cancer
 - heart disease & screening
 - diabetes
 - Health Checks for SMI & LDA
 - vaccinations
 - preventative maternity care
- Deprivation and Rural Exclusion

Health and Care priorities

- Proactive approach to support independence
- Person – centred integrated within communities
- Best start to end of life (life course)
- Children and Young people physical and mental health and a focus on SEND
- Mental, physical and social needs supported holistically
- People empowered to live well in their communities
- Primary care access
- Urgent and Emergency care access
- Clinical priorities e.g. MSK, respiratory, diabetes



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Page 41

Improve Outcomes in Population Health and Healthcare

Consolidating Knowledge and Findings

Chapter 3

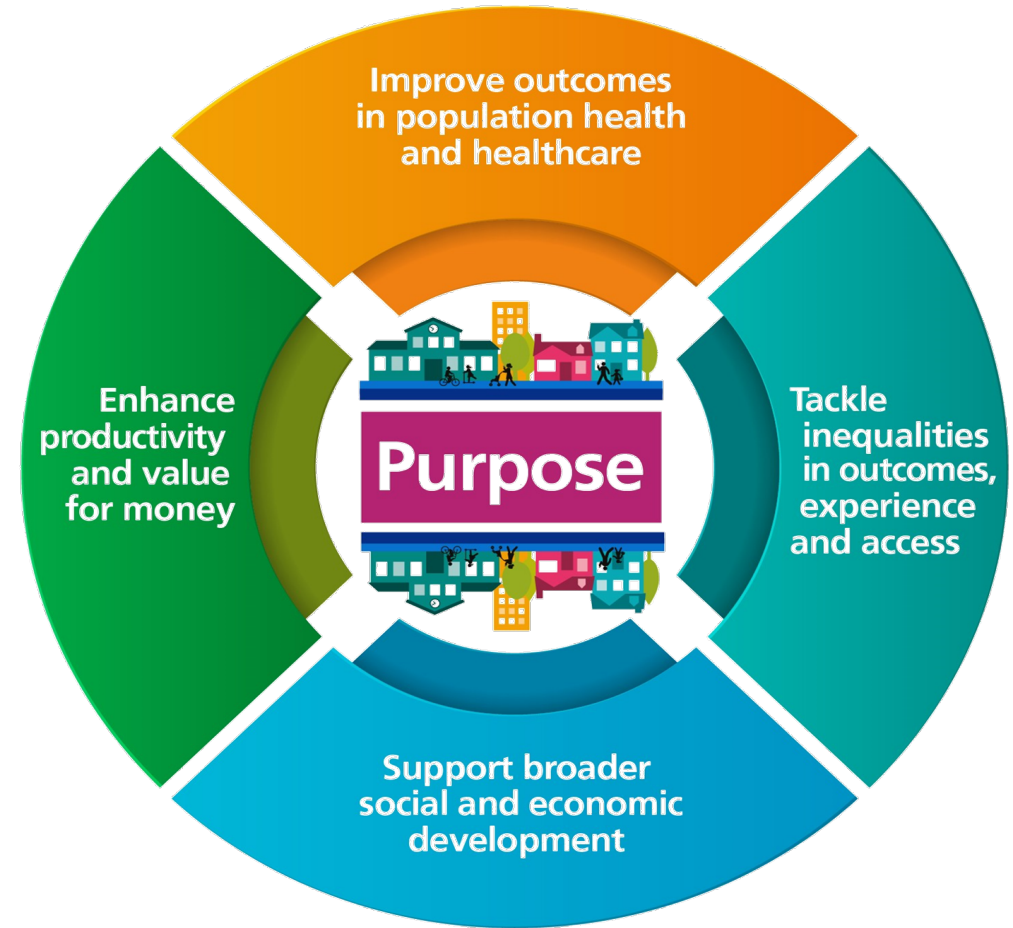
Improve outcomes in population health and healthcare

Content:

- Joint Strategic Needs Assessments (JSNA)
- Population Health Intelligence

• Strategic Priorities

- Health and Well Being Board Priorities
- What our residents have told us
- What our stakeholders have told us



Improve outcomes in population health and healthcare

- Each Health and Wellbeing Board has a statutory duty to publish a Joint Strategic Needs Assessment (JSNA) to inform the development of the Health and Wellbeing Strategies for each HWBB.
- Telford & Wrekin Health & Wellbeing Strategy refresh proposals have been developed based on JSNA intelligence and informed by engagement with residents as part of the development of the Vision 2023 - Building an Inclusive Borough – including circa 3,000 residents contributing through a telephone survey and focus groups in 2022 and also the residents survey in 2020 completed by circa 5,500 residents. Further engagement and community consultation on the proposed health & wellbeing refresh priorities is planned for February 2023.

Page 43

- Shropshire Health and Wellbeing Strategy is being developed at a community level by engaging with the residents and local Town Councils using the data from the JSNA.
- The ICP has brought together the available intelligence from the HWBB strategies the system to inform the priorities for the interim Integrated Care strategy.
 - The JSNAs and population health intelligence and the interim Integrated care Strategy should inform system partners about where there are areas of need, such as, health and social need, and the inequalities gaps in our communities.
 - The interim Integrated Care Strategy will inform the development, with stakeholders through engagement into a five year plan to support the commissioning and provision of services and support that meet the needs of the population.

The intelligence in this section shows the key themes and headlines from the JSNAs and the population health priorities for our places and our system.



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 and there are significant inequalities gaps

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%)



Population Health Priorities

Using evidence from our JSNAs and our two Health & Wellbeing Strategies the following shared priorities emerged:

- Give every child the best start in life (including healthy pregnancy)
- Encourage healthier lifestyles with a priority focus on unhealthy weight
- Improve people's mental wellbeing and mental health
- Reduce the impact of drugs, alcohol and domestic abuse on our communities



STW JSNAs – Key Headlines

- Trends show that overall life expectancy for males and females has stalled and inequalities are clear across both Places. Life expectancy at birth for both males and females is significantly worse than the England average in Telford & Wrekin and significantly better than the national average in Shropshire
- The inequalities gap in life expectancy (between the most deprived and least deprived areas within each local authority):
 - for men is 7.3 years in Telford & Wrekin, compared to 7.2 years in Shropshire
 - for women is 4.1 years in Telford & Wrekin, compared to 5 years in Shropshire
- The gap in life expectancy is driven by mortality from cardiovascular disease, followed by cancers
- Early death rates from preventable cardiovascular disease and cancer in Telford & Wrekin are significantly worse than the England average, and this contributes to the reduced life expectancy picture
- Excess weight is the most significant lifestyle risk factor in the population with the level of adult excess weight in both Telford & Wrekin and Shropshire are significantly higher than the England average
- The level of alcohol related-hospital admissions in Telford & Wrekin are also significantly higher than the England average
- Adult smoking rates in routine and manual groups in both Shropshire and Telford & Wrekin are a key driver of inequalities
- Smoking in pregnancy is a particular issue for Shropshire and Telford & Wrekin, with levels of maternal smoking at birth significantly worse than England overall, the highest levels are seen amongst younger mothers and those living in deprived communities
- Unhealthy weight in children & young people in Telford & Wrekin are also worse than the national average
- Mental Health is a key cause of poor health amongst our communities and levels of poor mental health in children and younger people is increasing. The physical health of adults with Serious Mental Illness is also a cause for concern with both Shropshire and Telford & Wrekin having high rates of excess mortality in this group compared to the national average

Deprivation, ethnicity & access to services

Deprivation

- Shropshire is a relatively affluent county which 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%.

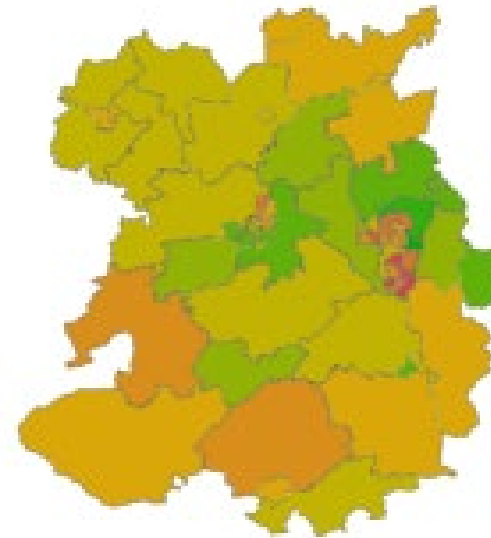
Access

- 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

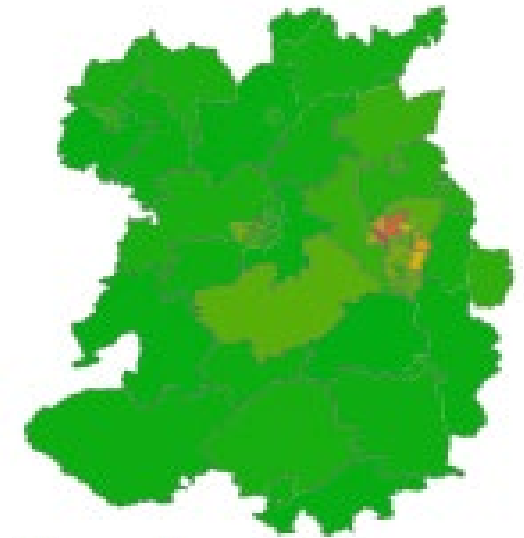
Cost of Living

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

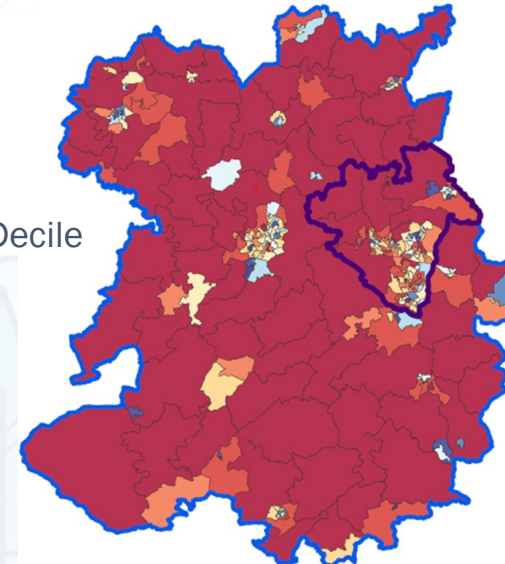
Deprivation - IMD 2019 Decile



Ethnicity - % BAME 2011 Census



Access - IMD 2019 Decile



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 or 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 of 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



Population Health Outcomes

	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	



Population Health Outcomes

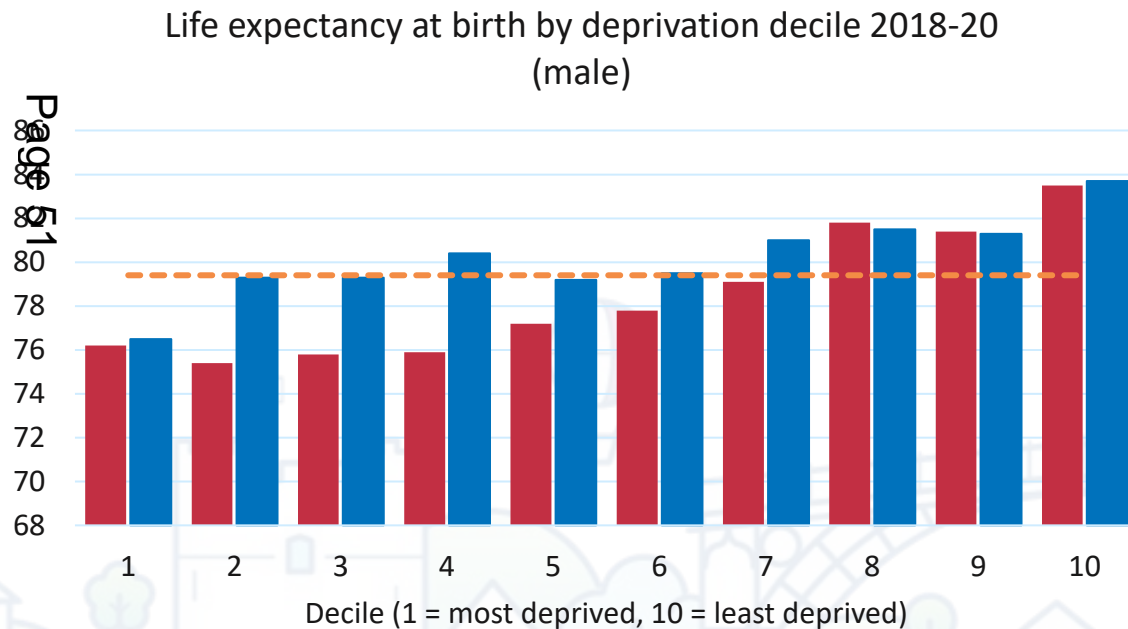
	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Page 50 Prevention	Adults classified as overweight or obese	70.6	68.0	<ul style="list-style-type: none"> HI 5 key clinical areas: hypertension case finding LTP accelerate diabetes & 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> LTP NHS prevention priority: alcohol care team
	Early mortality from preventable liver disease	19.6	14.7	
	Smoking attributable mortality	246.1	173.7	<ul style="list-style-type: none"> 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	



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 and there are clearly inequalities gaps.

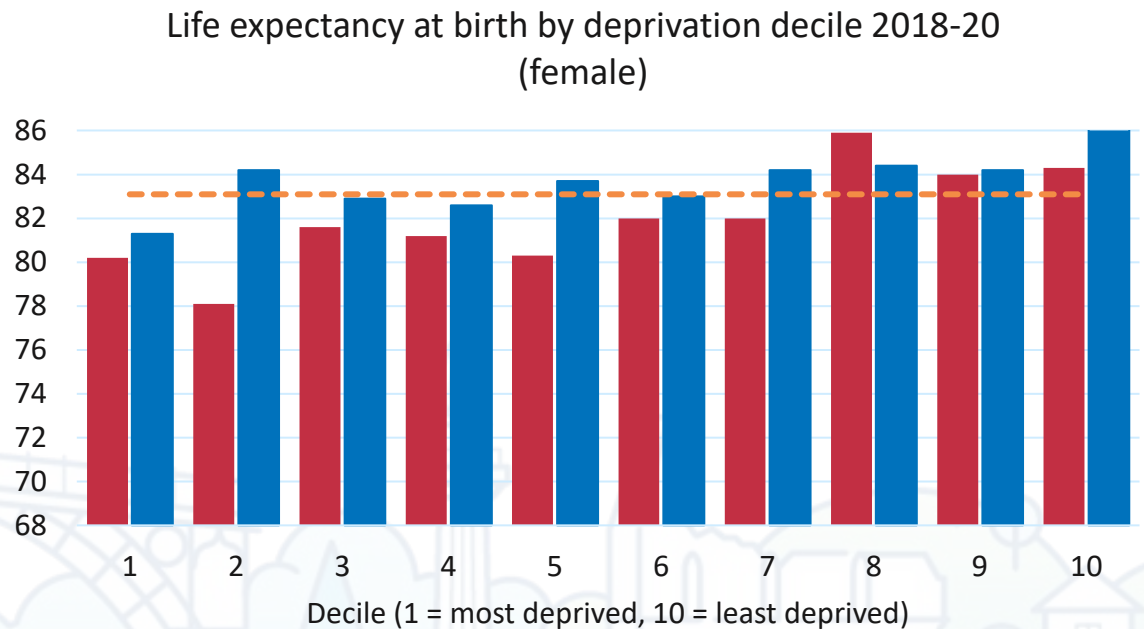
However life expectancy at birth in the most deprived parts of Telford and Wrekin is considerably lower than the national average and most deprived parts of Shropshire.



Telford and Wrekin

Shropshire

England average



Telford and Wrekin

Shropshire

England average

What our residents have told us

As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health.

Our residents have said they wanted ‘A person-centred approach to our care,’ and this is central to all the work we are doing.

People are at the heart of everything we do and by delivering joined up services in both the acute and community settings we can give everyone the best start in life, creating healthier communities and helping people to age well.

The top 10 statements from all respondents for the Shropshire, Telford & Wrekin questionnaire which described the measures were the most **important** to our residents:

1. “Professionals that listen to me when I speak to them about my concerns”
2. “Access to the help and treatment I need when I want it”
3. “I want to be able to stay in my own home for as long as it is safe to do so”
4. “I want my family and me to feel supported at the end of life”
5. “Choosing the right treatment is a joint decision between me and the relevant health and care professional”
6. “I want there to be convenient ways for me to travel to health and care services when I need to”
7. “Easy access to the information I need to help me make decisions about my health and care”
8. “Having the knowledge to help me to do what I can to prevent ill health”
9. “Communications are timely”
10. “I have to consider my options and make choices that are right for me”



What our residents have told us



Those who had long term conditions told us to focus on:

- Getting help and communications
- Impact of having more than one conditions
- Waiting Times
- Access to ongoing care and support
- Transport and Travel

When asked what our residents would do to, to be supported to live a healthier life? What can services do to provide you with better care and support? What would make it easier for you to take control of your health and wellbeing?

People told us that a number of things are important and should be priorities:

1. Access and timely intervention e.g. local services that people know about, that are available when people need them (including 24 hour) and that they can get to easily, including services that can help people to live healthy lives such as affordable gyms and social groups
2. Tackling isolation and loneliness e.g. Making sure socially isolated people know what support is available to them and how to access it, including homeless people and people who do not have a named GP or relationship with services
3. Consistent and reliable information and education for all ages e.g. reducing confusion by giving clear and consistent information that can be trusted, including information about services such as available appointments and giving people a single point of contact to improve consistency, including appropriate signposting and offering information and advice (e.g. advice about medication)
4. Services working together, including information sharing and a flexible approach to working e.g. ensuring staff know what other services are out there and talking to each other, improved referral processes, social services and the NHS working together
5. Building strong communities and investment in local people e.g. supporting and promoting local groups to enable and encourage people to get together, e.g. walking groups, dementia groups



What our stakeholders have told us

Together with the views of our partners, clinicians, staff and service users we can identify what is working well, what can be improved and what is important to them. This will enable us to plan, design and deliver health and social care services that are right for our local population of Shropshire, Telford & Wrekin.

Our clinical priorities identified through the HWBB consultations and engagement:

- Cancer
- Cardiac
- Respiratory
- Urgent and Emergency Care
- Diabetes
- Orthopaedics
- Mental Health

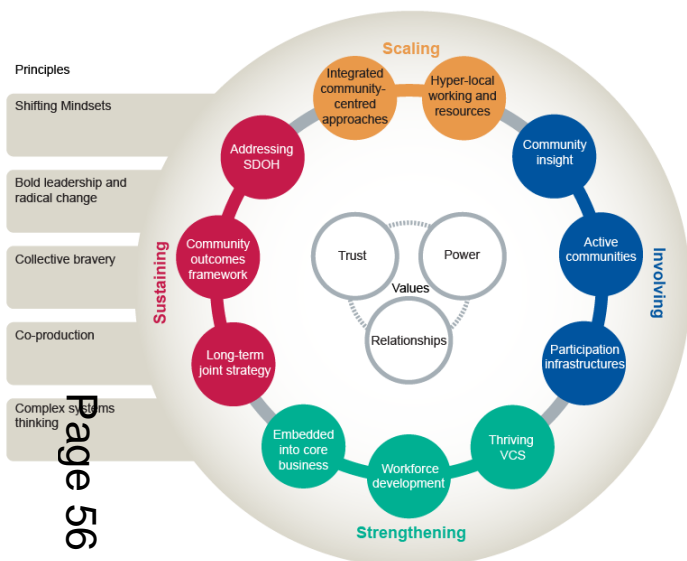


Tackle Inequalities in Outcomes, Experience and Access

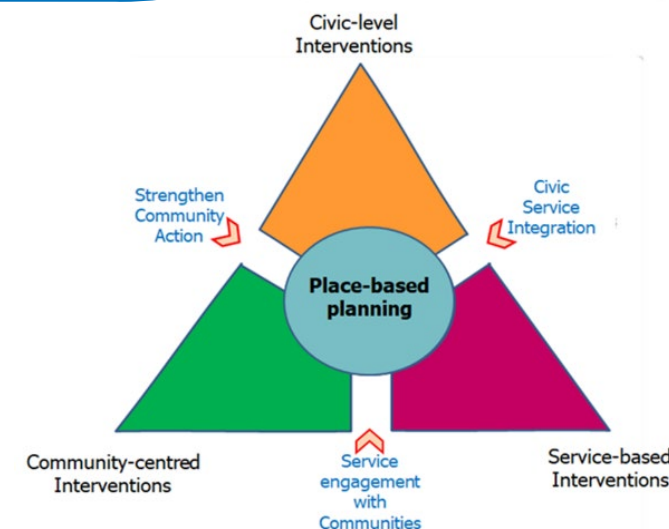
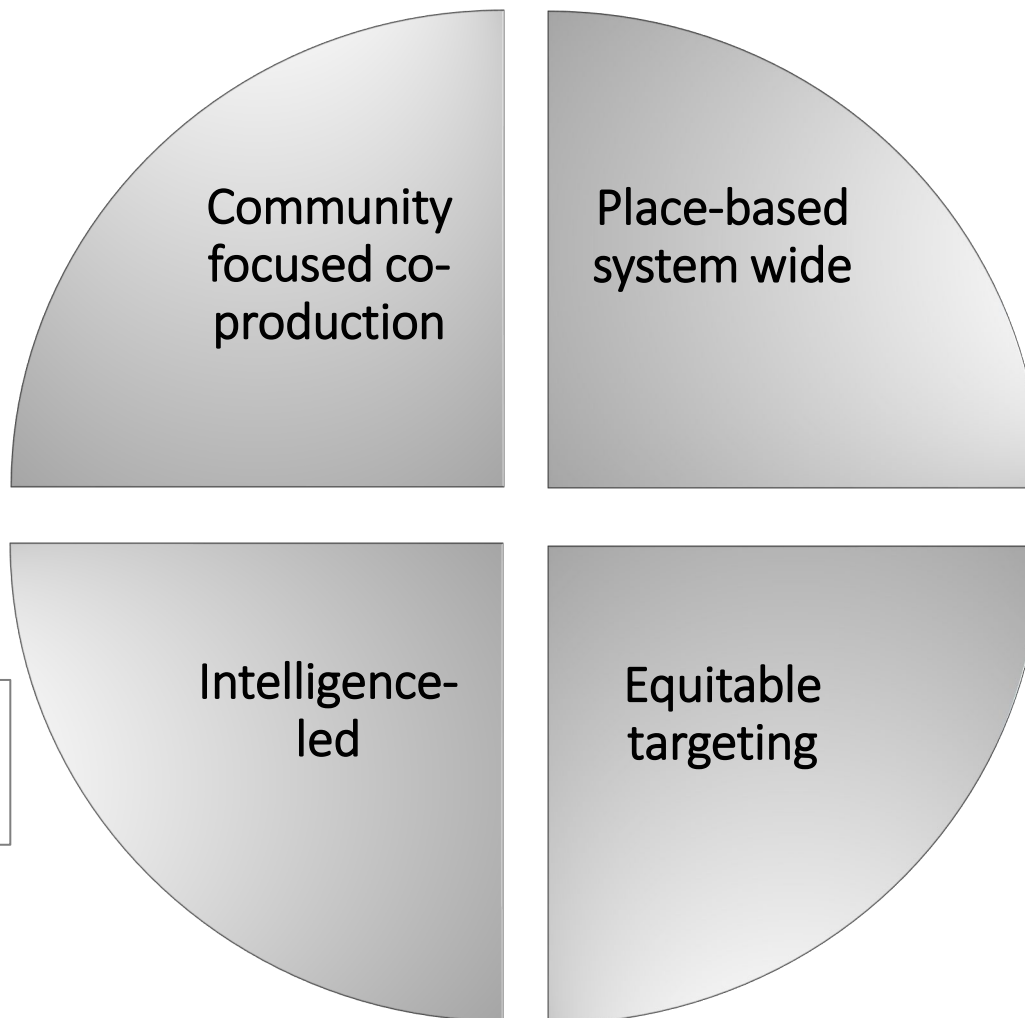
Consolidation of Knowledge and Findings

Chapter 4

Tackling inequalities – approach



Intelligence-led population health management, including equity profiling for inclusion groups



Narrow the gap in service and support uptake and outcomes by proactively targeting people in inclusion based on equity profiling and engagement insight



Telford & Wrekin
Co-operative Council



Integrated
Care System
Shropshire, Telford and Wrekin

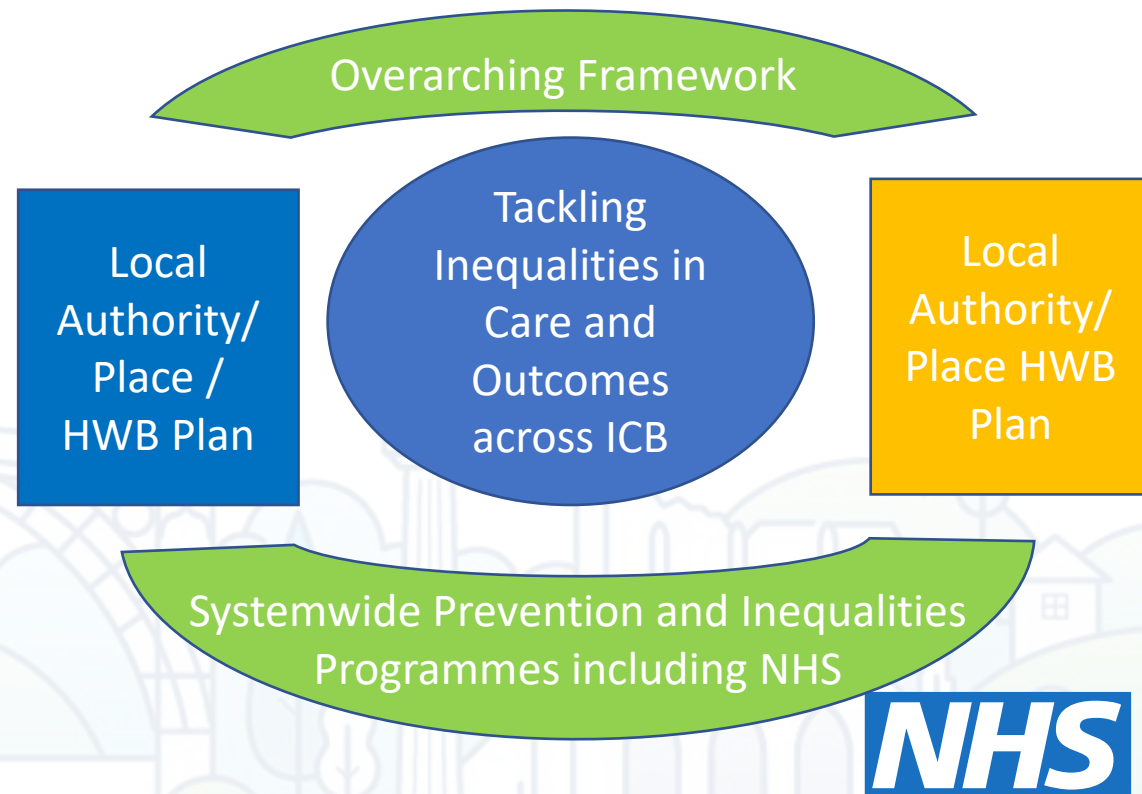
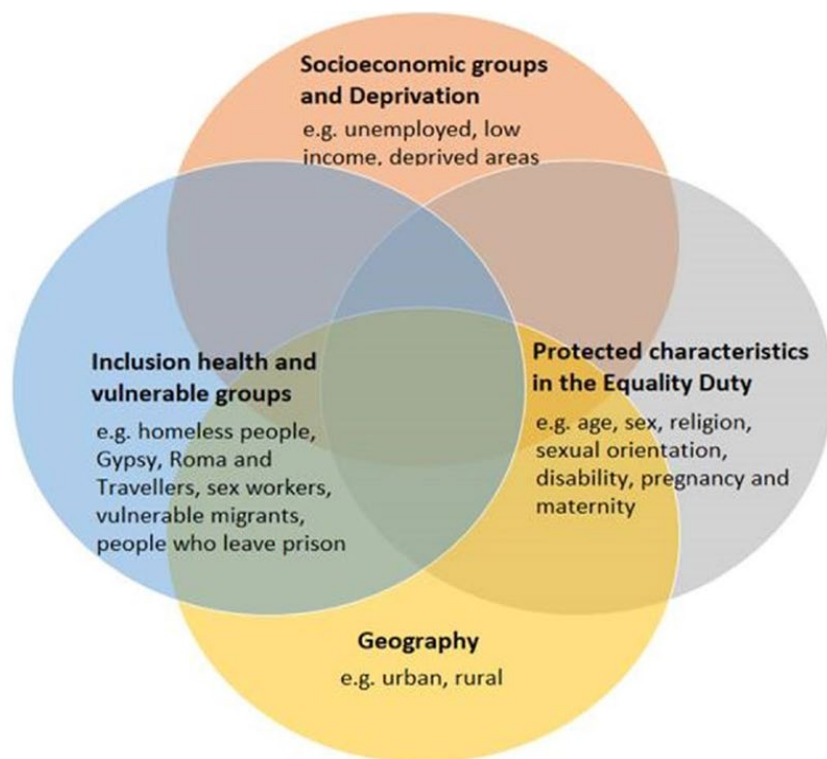
Inequalities and Health Inequalities

Health inequalities are unfair, systematic and avoidable differences in health.

Inequalities in the wider determinants of health (such as housing, education and access to green space) translate into health inequalities.

Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. Approx 10% of our health is impacted by the healthcare we receive.

Page 57



Tackling inequalities – inclusion groups

Clear focus where outcomes are poorest for people and families who are:

- from black and minority ethnic groups
- living in deprived communities, including rural deprived
- affected by alcohol and other drugs
- victims and survivors of domestic abuse
- experiencing poor emotional and mental health
- living with physical, learning disabilities and autism
- within Equality Act protected characteristic groups
- at risk of exploitation
- LGBTQ+
- service personnel and veterans
- looked after children and care leavers
- asylum seekers and refugees

Page 58

Tackling inequalities - overview

Wider determinants
cost of living
crisis, housing,
employment

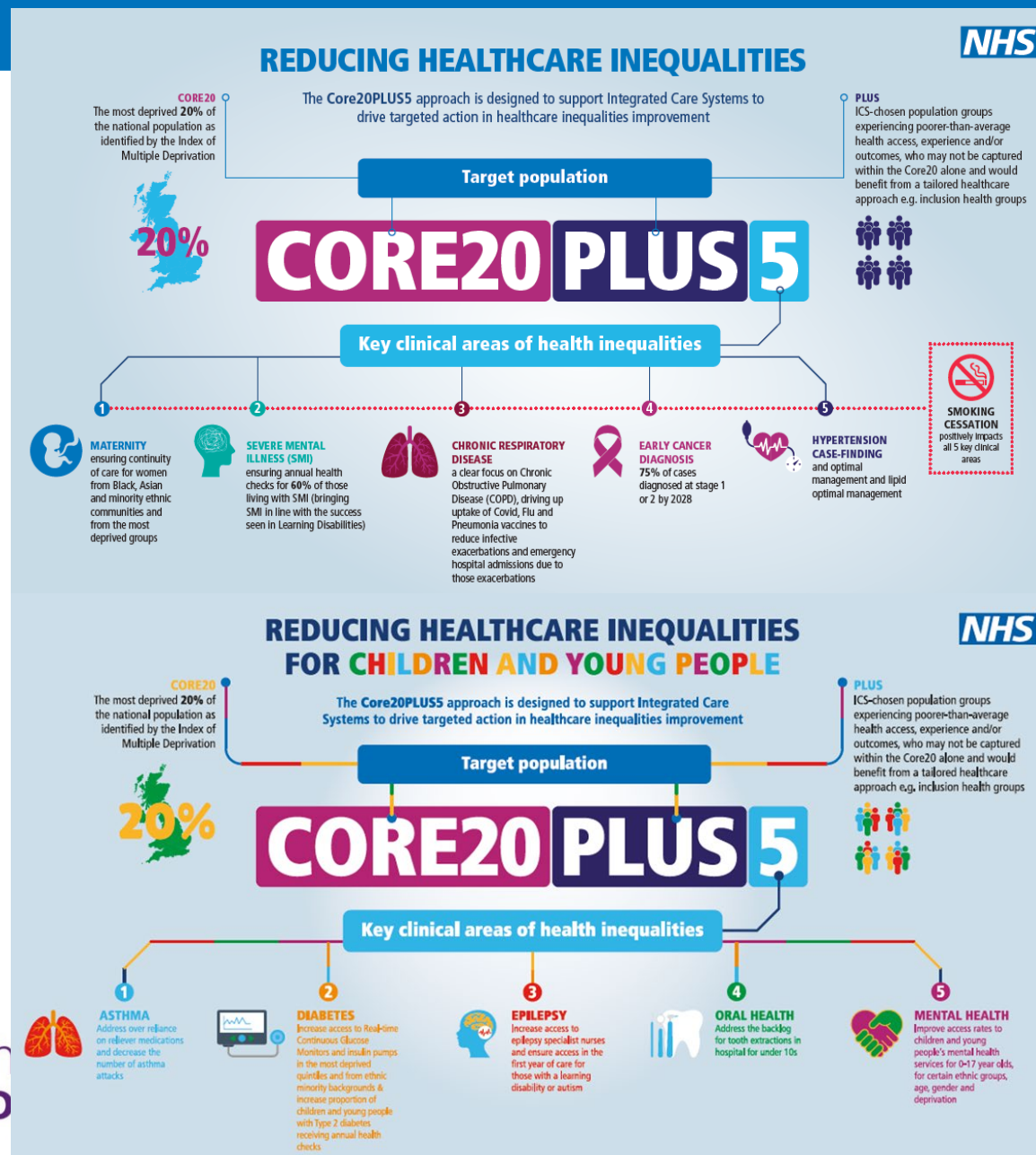
Page 59

Inclusive,
connected,
healthy &
sustainable
communities

Sh
to



Telford & Wrekin
Co-operative Council



Healthy
behaviours &
lifestyles
strengthening
prevention

Best start in
life for every
child



Shropshire
Council

Health Inequalities

Health inequalities are widening, our partnership needs to focus on the root causes of health inequalities, the wider determinants, and address inequity of access to services for those most in need. We need to understand the multiple barriers people can face in accessing our services more fully.

We therefore commit to accelerate, targeted collaborative local action to reduce health inequalities, by the following priorities:

Page 60

Tackling the wider determinants of health

- homelessness, healthy homes, poverty & cost of living, positive work and employment
- Giving every child the best start in life – to influence a range of outcomes throughout people's lives
- Improving equity of access to healthcare for those living in our most deprived areas, including rurally excluded as well as other forms of exclusion (for example Core20 plus 5 programme and a focus on healthcare preventable diseases)
- for adults this includes hypertension, early cancer diagnosis, health checks for SMI and LDA, vaccinations, continuity of carer in maternity.
- For children this includes epilepsy, diabetes and asthma



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 and other drugs		
	preventable diseases (e.g. CVD, diabetes, cancer, respiratory)		
Inequalities	Marmot Borough		
	cost of living crisis		
	barriers to access (transport & digital)		
	domestic abuse, alcohol, drugs and dual diagnosis		
	healthcare inequalities (NHS restoration/CORE20PLUS5)		
	homelessness, affordable housing & specialist accommodation		
Health & care	<ul style="list-style-type: none">• healthy and safe pregnancy• parents/carers empowered to care for & nurture their children	<ul style="list-style-type: none">• Community Mental Health Services Transformation	<ul style="list-style-type: none">• 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	<div>population health management</div> <div>workforce</div> <div>sustainability of resources</div>		

Shropshire Inequality Plan

Wider Determinants		Healthy Lifestyles	Healthy places	Integrated Health and Care
Marmot: (i) Create fair employment (ii) Ensure healthy living standard		Marmot: (iii) CYP and adults – maximise capability and control (iv.a) strengthen Ill-health prevention (lifestyles)	Marmot: (i)v Create healthy and sustainable places and communities	Marmot: (vi) Give every child the best start in life (iv.b) strengthen Ill-health prevention (transformation/disease programmes)
Inequalities Work Programmes				
Embed Health in all polices		Smoking/tobacco dependency	Air Pollution	Restore NHS services inclusively
Housing – affordable/specialist/supported		Healthy weight	Planning	Rurality
Economy and skills		Physical Activity	Culture & Leisure	Mitigate Digital Exclusion
Workforce			Licensing	Datasets complete
Education incl. SEND			Food Insecurity	Strengthen leadership & accountability
Page 62	Early Years			Population Health Management
	Virtual School			Personalisation/ Personalised Care
	Post 16			COVID and flu vaccination
	SEND			Annual health checks for people with LD/SMI
	Transport			Continuity of Carer (Maternity)
				Chronic Respiratory Disease
Social Inclusion Groups		Social Inclusion Groups (Continued)	PCN Health Inequality Plans	Early Cancer Diagnosis
Domestic Abuse		Drug and Alcohol Misuse		Hypertension Case-Finding
Exploitation		Looked After Children		Diabetes
Homelessness		Ethnic Minority Groups		Children & Young People
Learning Disability		Prisoners and their families		Trauma Informed Workforce
Autism				Healthy Start
Gypsy and traveller families				Oral Health
Asylum seekers/ refugees				Best Start in Life
Unpaid Carers				Children/Families in Need
Physical disabilities				Complex Need
LGBTQ+				Mental Health (MH Transformation Plan)
Services personnel & (families & veterans)				Suicide Prevention
				Social Prescribing
				Integrated Impact Assessment (IIA

Shropshire Joint Health and Wellbeing Strategy

priorities 2022-2027

Strategic Priorities		Key areas of focus	
Long-term aims and how we will achieve them		Identified areas of health and wellbeing need in Shropshire	
Joined up working		Workforce	
Working with and building strong and vibrant communities		Healthy Weight and Physical Activity	
Improving Population Health		Children & Young People incl. Trauma and ACEs (All-age)	
Reducing Inequalities		Mental Health	
Other – These form part of the Key Priorities			
Social Prescribing	Drugs and Alcohol	Smoking in Pregnancy	Housing
Suicide Prevention	Food Poverty	Killed and Seriously Injured on Roads	Air Quality
Exploitation			



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Support broader social and economic development

Page 64

Chapter 5

Support broader social and economic development

As our Partnership develops the 5 year plan we need to take into account broader system working. Other programmes need to demonstrate how they will deliver against the integrated care strategy.

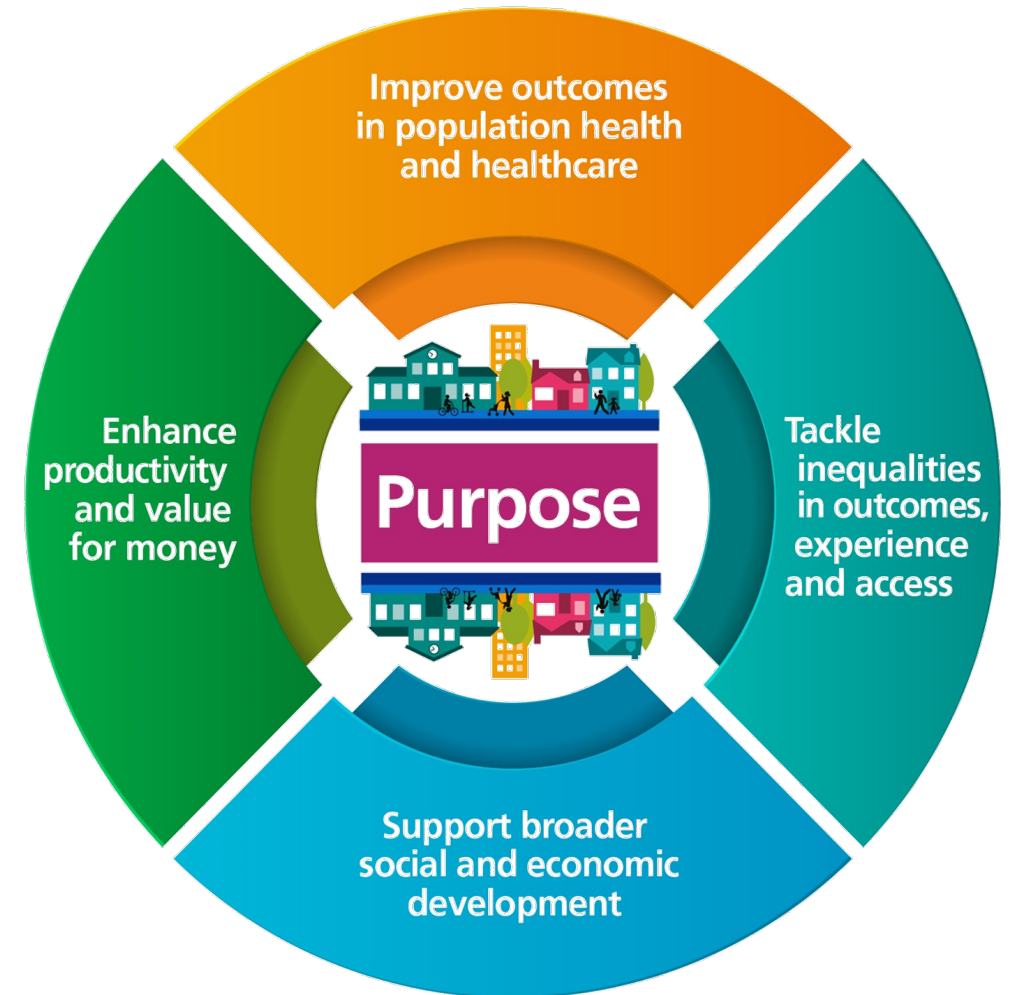
This includes:

- Local Planning and regeneration
- Climate and green planning
- Hospital Transformation Programme
- Local Care Integration Programme

Page 65

Enabling strategies need to support the integrated care strategy within the 5 year plan

- Workforce
- Digital
- Communications and Engagement
- Population Health Management



Workforce:

- Our local people plan outlines and supports our system response.
 - Looking after our people
 - Belonging in STW
 - New ways of working and delivering care
 - Growing for the future
 - Focus on Nursing and Health Care Support Workers (HCSW)

Communication and Engagement:

- Communication and Engagement Plan
- The STW 5 year Plan is the “How” element of delivering the ICP’s Strategy and its priorities. Partnership workshops are planned to inform the consultation plan narrative, approach, methods, and key questions
- Equalities Involvement Committee will guide and advise on inclusion of protected groups and seldom heard voices
- Ongoing dialogue will be supported by developing a citizens panel, working local involvement networks, VCSE, Healthwatch, and NHS/LA enabling workstreams

Digital:

- Our ICS Digital Strategy continues to develop.
 - Shared Care Record
 - Care Delivery systems
 - Remote monitoring
 - Population analysis
 - Artificial intelligence

Population Health Management (PHM):

- Development of a PHM Strategy to ensure accurate data, insights, and evidence to support system decision making
 - Development of an engine room
 - Grow analytical skills and capacity
 - Delivery of systemwide work programme
 - Ongoing development of JSNAs as foundation





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Page 67

Enhance productivity and value for money

Chapter 6

Enhance productivity and value for money

Our ICP will consider whether needs could be better met through arrangements such as the pooling of budgets, under Section 75 of the NHS Act 2006. Section 75 is a key tool to enable integration and will be part of delivery of the integrated care strategy.

The term “left shift” is used to describe a strategic direction that supports more care being provided in lower cost out of hospital settings (ideally at home) and prevention. The underlying premise is that acute care is often likely to be the most costly care setting and can become the default option where services that have the potential to prevent patients requiring acute care are not optimal in either capacity, capability or delivery.

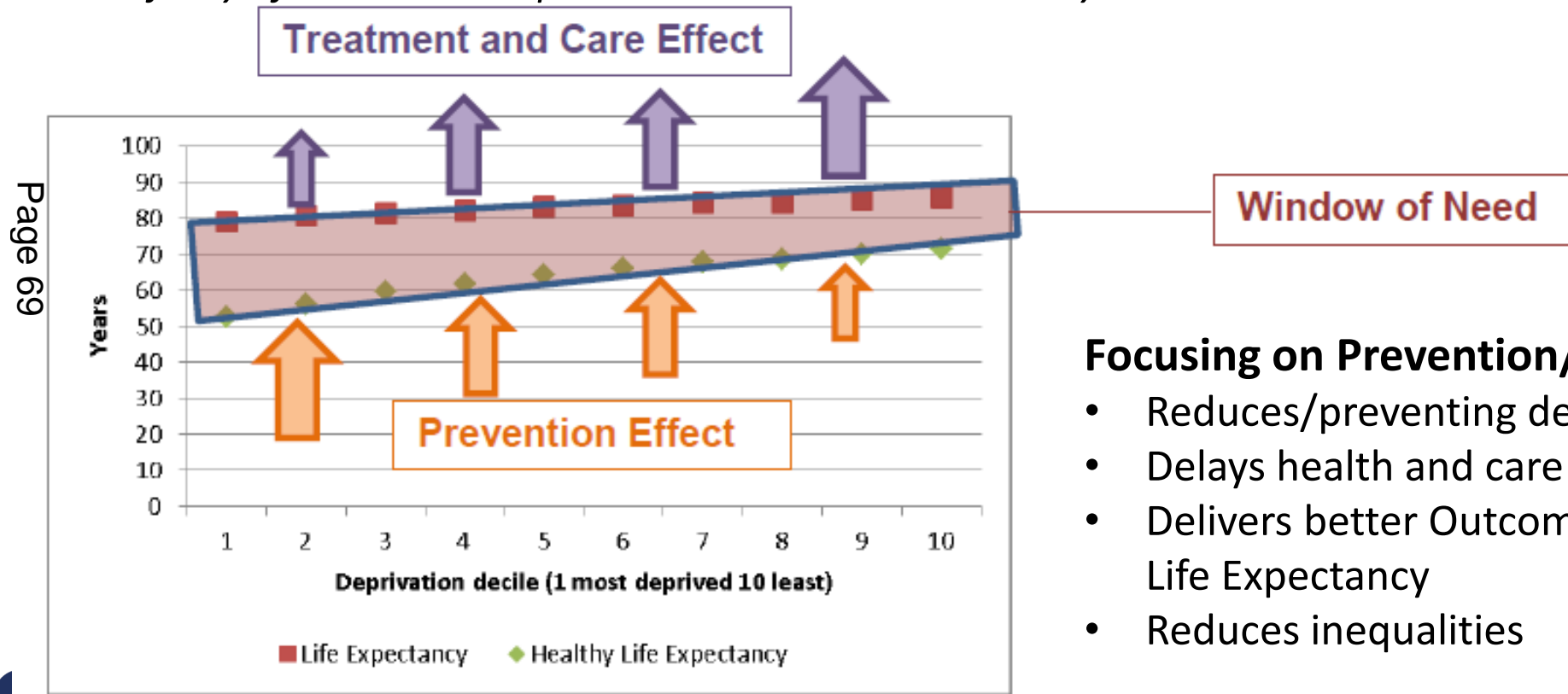
The point prevalence audit recorded that just under 20% of patients in acute care on the day of the audit could have been treated appropriately in “left-shift” settings such as community hospitals, care homes or in their own homes with additional primary care and social care support. However, this work needs to be further analysed and described in the 5 year plan to ensure that appropriate integrated primary and community services are being developed to support the ‘left shift’. ‘Left shift’ also applies to prevention and early support services that sit below primary, community and social care.

However, a move to left shift will not happen by default without a conscious effort by the system to support doing something different and recognising that costs and benefits of change will not fall consistently across the system.



The Left Shift – preventive approach

- **Closing the Care and Quality Gap** *“To narrow the gap between the best and the worst whilst raising the quality bar for everyone”*
- **Closing the Health Gap** *“We are living longer lives but we are not living healthier lives. The overwhelming majority of ill health and premature death in this country is due to diseases that could be prevented”*



Focusing on Prevention/early intervention;

- Reduces/preventing demand
- Delays health and care service need
- Delivers better Outcomes by extending Healthy Life Expectancy
- Reduces inequalities





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Page 70

Performance Monitoring and Scrutiny

Chapter 7

Performance monitoring and scrutiny

- High level outcomes for the system are broadly agreed but may develop during further consultation and co-production
- Interim Integrated Care Strategy will be further developed with residents, partners and stakeholders and a five year system plan for delivery will be in place by March 2023.

Page 71

- Delivery of the five year plan will be overseen by the Integrated Care Board and developed closely with the ICP
- Scrutiny of the high level strategy and the subsequent five year plan will be overseen by the Joint Health Overview and Scrutiny Committee



Outcome Focus – potential high level outcomes

Page 72

The health of our population will be improve through a focus on....	Our Outcomes
The health of our RESIDENTS	<ol style="list-style-type: none"> 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 the number of children & young people who self-harm 7. We will reduce alcohol related hospital admissions 8. We will reduce the proportion of pregnant women who smoke 9. We will lower the burden and minimise the impact of infectious disease in all population groups
The health of our SERVICES	<ol style="list-style-type: none"> 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

Outcome Focus – potential high level outcomes

Page 73

The health of our population will be improve through a focus on....	Our Outcomes
The health of our STAFF	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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

Next steps

- Work continues to develop the Interim Integrated Care Strategy into a high level assessment of the systems challenges, needs and priorities, with broader stakeholder input.
- A comprehensive engagement plan has been drafted to guide our next step approach, reach and methodology and will be launched in January 2023 and run for 8 - 12 weeks.
- Key lines of enquiry with stakeholders, patients and the public will sense check the feedback received to date; check if the priorities are the right areas to focus on.
- *By listening to our stakeholders, and public and reflecting their feedback in our strategic and operational plans will enable a local ownership and buy in to change moving forward.*
- In conjunction with the engagement program, the ICB will start to shape the 5 year system plan, for completion March 2023 and the ICB commissioning response, ensuring to utilise the knowledge to date from the interim ICS document.

Outline strategy and plan development timeline

Strategy development & Five Year plan engagement set up – Sept to Dec 2022

ICP and ICB review existing data and outputs and agree strategy & plan development approach

Develop the Integrated Care Strategy

ICP sign off draft strategy
Submit strategy to NHS E

Begin planning for the broad public engagement to inform the Joint Five Year Plan and strategy

Map engagement & comms gaps & key groups

Warm up and engage partners on 'Big Conversation' and plan development

Comms & engagement – Dec – late Feb 2023

Begin engagement for Joint Five Year Plan and strategy

Launch STW 'Big health and care Conversation' engagement (8 weeks)

Provide regular updates to ICP & ICB and other key groups and partner stakeholders

Engagement with key system partner staff and groups with specific roles in the plan development and drafting (e.g. ICP, JOSCS, H&WBBs,)

Begin drafting plan informed by engagement feedback

Late Feb 2023 to mid March 2023

Progress drafting the plan informed by engagement outputs

Share strategy and plan with stakeholders for comments and input

Continue engaging ICP, ICB, key system groups and partners

Conclude the Big Conversation engagement and feedback 'you said, we've incorporated'

Prepare final strategy and plan for sign off

Sign off – End of March 2023


Strategy and plan signed off by ICB

Submit to plan NHS E

Share with key stakeholders and partners

This page is intentionally left blank

Integrated Care Partnership Board

Agenda item no.	
Meeting date:	21 December 2022
Paper title	Integrated Care Strategy and Five Year Plan Development – Engagement Approach Paper 'Shropshire, Telford and Wrekin health and wellbeing conversation'
Paper presented by:	Edna Boampong Director of Communications and Engagement, NHS STW
Paper approved by:	Nicola Dymond Director of Strategy and Integration, NHS STW
Paper prepared by:	Edna Boampong Director of Communications and Engagement
Signature:	
Committee/Advisory Group paper previously presented:	
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> X
R=Ratification	<input type="checkbox"/>
S=Assurance	<input checked="" type="checkbox"/> X
D=Discussion	<input checked="" type="checkbox"/> X
I=Information	<input type="checkbox"/>
Previous considerations:	None identified.

1. Executive summary and points for discussion

NHS guidance and aspects of the Health and Care Act 2022 are prescriptive about the process for and engagement expectations around the development of the Five-Year Plan. In addition, health and care organisations have a duty to engage with the public about any plans, proposals or decisions that are likely to impact on services provided. This paper sets out our intention for NHS STW to fulfil this legal duty to involve and consult.

The purpose of this report is to outline a proposal for public involvement and engagement activity, 'Shropshire, Telford and Wrekin's health and wellbeing conversation', to take place from January 2023 through to March 2023 to inform the system's Five-Year Plan development

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Partnership is asked to:

- Note the content of the paper;
- Provide ideas and suggestions for additional engagement which may not be detailed in the paper;
- Agree the outline approach and timeline;
- Provide suggestions on how best to engage and brief key partners to ensure they have the tools to support this activity and be part of the conversation;

Table of Contents

1.0	Purpose.....	3
2.0	Context and background	3
3.0	Objectives.....	4
4.0	Proposed approach.....	5
4.1	Stage one – Agreeing Our Strategic Intention (January 2023).....	5
4.2	Stage two – Development of FiveYear Plan (February – March 2023).....	5
5.0	Methods.....	6
5.1	Big conversation survey.....	6
5.2	STW citizen pledges	7
5.3	Community outreach - road shows	7
5.4	Stakeholder engagement	7
5.5	Establishing a citizen panel/people network.....	7
5.6	Engagement with community groups.....	8
5.7	Deliberative events/ citizen jury	8
5.8	PR and media engagement.....	8
5.9	Digital activity	8
6.0	Benefits	8
7.0	Indicative timelines	9

1.0 Purpose

The purpose of this report is to outline a proposal for public engagement and involvement activity, ***‘Shropshire, Telford and Wrekin health and wellbeing conversation’***, to take place from January 2023 through to March 2023 to inform and support the development of the Shropshire Telford and Wrekin ICS Integrated Care Strategy and Five-Year Plan.

This paper provides an overview of the approach and methods that will be implemented within the above period which will deliver a robust, equitable and inclusive engagement programme. This will help further shape the interim Integrated Care Strategy, inform the development of the Five Year Plan and underpin any future formal consultation processes which may need to take place at a later date.

The ICS design framework sets out ten principles to use when developing their arrangements for working with people and communities. We have used these principles to develop our system-wide strategy for involving people and communities, building on our existing relationships, good practice and networks.

2.0 Context and background

The NHS Long Term Plan (2020) describes a vision for health and care service which are fit for the 21st century. This vision empowers people, their families and carers to take more control over their own health, care and treatment supported by easy access to integrated holistic care, in settings closer to where people live and organised to effectively support people with multiple conditions.

To achieve this vision will require NHS organisations to develop new models of care and plans to ensure:

- Individuals are taking greater responsibility for their own health
- We are better at preventing and managing demand
- We are designing patient-centred services and finding innovative ways of delivering outcomes for a society that lives longer and expects more
- We are maximising the value of our health and social care spend

As the Shropshire, Telford and Wrekin (STW) ICS develops there is a need to establish a clear strategic purpose and develop a plan to deliver that purpose. Doing so is one of the most important tasks of the next few months for our new Integrated Care System.

Like every Integrated Care System, over the next few months we must produce an interim Integrated Care Strategy and detailed plan that will establish how we will work together to improve health, care and wellbeing for the people of Shropshire, Telford and Wrekin.

The strategy is the ‘what’ and the plan is the ‘how’. The two are linked and both have a five year timeframe, though to be reviewed annually, and will play a key role in shaping the future of health, care and wellbeing in Shropshire, Telford and Wrekin over the next five years.

The Integrated Care Strategy will set a bold vision for what we want to achieve through greater partnership and collaboration with the aim of delivering more joined-up, preventative, and person-centred care for our population. Developing the strategy is the responsibility of the Integrated Care Partnership (ICP). It is largely a data driven document, that must be built on the health and wellbeing strategies in place as well as Joint Strategic Needs Assessments (JSNA) data and have regard to the Health and Care Act requirements, national policy and guidance.

The Forward Plan will provide the operational detail around how the strategy’s vision can and will be realised. Developing the plan is the responsibility of the Integrated Care Board.

In line with our values, we will build the 5 year plan through a process of genuine co-production with our local communities, stakeholders and our staff. The Health and Care Act 2022 and NHS E guidance set clear expectations around engagement and involvement with key stakeholders to inform the development of the plan.

We do not start from scratch; there has been significant engagement in the past which we want to acknowledge and build on. The establishment of the ICS is an opportunity to deepen and strengthen our historical approach.

We have previously engaged with our residents, patients, health and care staff, our local system partners and the voluntary, community and social enterprise (VCSE) sector and used this insight to develop [ten pledges](#). These pledges will be the golden thread through all the work we deliver. Through pledge number eight, *Enhanced engagement and accountability*, we have committed to increase our engagement, involvement and communication with stakeholders, politicians and the public.

We aim to develop a strategy and plan for our system built by the people in our system – both working in the organisations that provide the services that keep us healthy, happy and well but also everyone living in Shropshire, Telford and Wrekin who access these services.

3.0 Objectives

The overarching strategic objectives of the engagement activity are to work collaboratively with all partners across the STW system to support and inform the further development of the Integrated Care Strategy and the Five Year Plan for the system, to ensure they reflect the needs and views of our people, and to:

1. Raise awareness around health and wellbeing with a particular focus on being well and keeping well;
2. Discuss with the public, stakeholders and staff their ambition for health and care services locally;
3. Encourage STW citizens to consider what part they can play to manage their own health and care – promoting self-care and resilience;
4. Create a movement in which citizens in Shropshire, Telford and Wrekin are motivated to become involved with deciding what future services will look like;
5. Provide early opportunities for active, open, dialogue to allow residents, service users, carers and wider stakeholders to input to and be involved in ICS strategic purpose and the design and delivery of health and care services;
6. Increase understanding of the ‘case for change’ and enable people to be part of that change;
7. Test terminology and plans to ensure the language we use is understandable and will resonate with the public; and
8. Engage with groups protected by equality legislation to ensure their views are heard and that issues of equality are considered.

4.0 Proposed approach

Comprehensive and meaningful engagement will ensure our services are more responsive to people's physical, emotional, social and cultural needs. We will take active steps to strengthen public, patient and carers' voice at place and system levels. In particular, we will focus on groups who are seldom heard and have the greatest health inequalities to ensure they are not excluded from the dialogue.

We recognise that to reduce inequalities we will need to draw on the knowledge of the local authorities, VCSE and other partners with experience and expertise in this regard. The VCSE sector is an important partner in our system and plays a key role in improving health, wellbeing and care outcomes due to their reach and connection with communities. We will also work closely with Healthwatch, as a health and social care champion, to hear people's voices, to find out what matters to them and ensure their views help shape our plans

Our engagement will be done, loosely, in two stages. The first stage is focused on validating our interim Integrated Care Strategy and agreeing our strategic intention. The second phase of our engagement work will be focused more on delivery to help shape and inform the development of our Five Year Plan.

4.1 Stage one – Agreeing Our Strategic Intention (January 2023)

The interim Integrated Care Strategy will articulate the strategic purpose and priorities for the ICS, what we are trying to achieve and the overarching strategy to deliver that purpose. The interim Integrated Care Strategy will build on the existing strategies and data from the health and wellbeing strategies and JSNAs.

Once the interim Integrated Care Strategy has been developed, the engagement in this stage will focus on decision makers and internal partners, primary and secondary care clinicians across the ICS. With our partners, we will aim to agree our strategic direction for the next five years, our commissioning intentions, our strategic objectives, how we will get there, what we will spend and how we will monitor and measure that we are realising our vision.

Inevitably, these conversations will involve some difficult choices on what we prioritise within our financial envelope, what we do first and what we defer. Choices about what we should do more of and what we should stop doing. And most importantly, how can we do better.

The output of this engagement will support with the further development of the interim Integrated Care Strategy, built around a succinct statement of the strategic intention for the ICS. It will enable us to establish an overarching framework, setting out the key elements and themes that we will develop further over the coming months to inform our Five Year plan and transformation programmes.

4.2 Stage two – Development of Five Year Plan (February – March 2023)

The second phase of our engagement work will be focused more on delivery to help shape the development of our Five Year Plan.

We want to hear people's views as part of an ongoing process that will help to inform the plan including ideas for the way services in STW should be configured and provided in the future.

In stage two we will conduct a *Shropshire, Telford and Wrekin health and wellbeing conversation* programme of engagement with our communities, staff and partners in conversations about the details of our plans.

In these conversations we will share the initial Integrated Care Strategy for context to frame the conversations. We will ensure that the conversations are realistic by setting out the real-world constraints we are working within. We will ask (indicative questions):

- Is it clear what our strategy / plans are trying to achieve?
 - Have we focused on the right things?
 - Do you agree these are the things that would support and enable you and your family to live healthier and happier lives over the next five years?
 - If not, how can they be improved? What does good look like?
- What matters the most to you, your families and your communities?
 - What do you need to keep you healthy and happy?
- What are the things that would make the biggest difference to improve experience of local health and care services?
- Are you willing to travel further for 'better' specialist care?
- Would a better digital infrastructure support you to access health and care services more easily and keep you well?
 - What is the right balance between digital and face-to-face consultations / appointments?

The output of these conversations we will be fed into the Five Year Plan, setting out how we intend to deliver our strategic priorities set out in the Integrated Care Strategy over the next five years.

5.0 Methods

It is essential the engagement activity is accessible and as visible as possible, using all established methods of communication and engagement such as printed materials in a range of formats, online and face-to-face contact through a variety of meetings and events, as well as embarking on new channels of digital engagement. Partnerships will be formed with VCSE organisations, Healthwatch and local media organisations to maximise reach and raise awareness about the activity. Activity will be tailored to ensure it is appropriate for the local population and specific protected characteristics and audiences.

The aim is to achieve 25,000 meaningful interactions with as much of the adult population in STW. Our population in STW is approximately 500,000; a target of 25,000 interactions will mean that we have interacted with approximately 5% of our population (recognising there will be some element of double counting with analysing responses).

The primary objective is face-to-face interactions with citizens (virtually or in person) - talking to them about what matters to them and their loved ones and asking them what they can do to make a difference to their health and wellbeing, with the aim of gently trying to change expectations.

New technology and social media will be used to communicate and engage with citizens, therefore a portion of the 25,000 interactions will be secondary interactions e.g. people visiting the STW website, sharing online content, taking and reading literature about the campaign etc.

The STW ICS Comms and Engagement Team will work closely and collaboratively with all partner comms teams to ensure this activity aligns and complements other engagement activity taking place in the system.

5.1 Big conversation survey

An online survey will be developed to support the 'Conversation', enabling us to capture qualitative and quantitative data and will be available at engagement activity on iPads. We will seek to get as many people

as possible to complete a survey as well as capture important demographic data and data for future engagement and follow up.

5.2 STW citizen pledges

A large part of the 'conversation' will be emphasising the need for people to take more personal responsibility for their own health and wellbeing and promoting community resilience.

Citizens will be given information about pressures that exist in the system and the small things they can do to improve things e.g. the impact of attending A&E for a non-emergency, benefits of accessing their local pharmacy versus a GP.

We will use this opportunity to socialise the STW pledges. The public will also be asked to suggest some pledges, things they can do to improve their own wellbeing or changes to the way they currently use health and care services which could help address some of the challenges faced in the system.

5.3 Community outreach - road shows

A number of roadshows will be held throughout STW to provide an opportunity for the public to find out more about our plans and to have their say.

In order to encourage citizens to complete surveys, provide feedback, pledges and contact details for further engagement and follow up, they will be incentivised with the opportunity to win a prize that will support healthy lifestyles.

A community engagement team will conduct on-street / opportunistic engagement at prime locations in communities (e.g. Supermarkets, GP practices and outpatient clinics). Street teams will focus on areas of high deprivation and target groups of people who would not normally contribute to engagement activity.

5.4 Stakeholder engagement

A series of stakeholder engagement sessions will take place throughout the period, including primary care, hospital clinicians, councillors, MPs, VCSE colleagues and Healthwatch to ensure they have an opportunity to be part of the 'conversation' and the design process and are sighted early on our priorities and proposals.

Stakeholders will be provided with opportunities to:

- Input and share ideas about how they / their organisations can contribute to local delivery
- Describe what they would like to see in the health and care system over the next five years – *what will things look like in five years time?*
- Identify ways we can transform / plan / commission services differently to increase access and reduce inequalities.

5.5 Establishing a citizen panel/people network

We will recruit a system-wide citizen panel; a community or network of local residents enabling us to gather public views and opinions on a wide variety of topics, allowing members of the public to get involved in shaping the future of local health and care services. The panel will form a large, representative group of local residents who are able and willing to offer their opinion and be consulted on a wide range of local issues.

Done right, they enable:

- Transparent Demographic Profiling
- Responsive and innovative feedback mechanisms

- An inclusive and broad respondent base, beyond the reach of some of our conventional methodologies

5.6 Engagement with community groups

We will attend a number of existing community groups and meetings to engage with protected characteristics and equality groups. The format of the engagement activity will depend on the demographics and needs of the group. The aim of this engagement will be to gain insight into the experiences of marginalised groups to support improving access and reducing inequality.

5.7 Deliberative events/ citizen jury

Deliberative events will provide good evidence that the ICS has heard and considered alternative arguments to any proposals, allowing a more detailed discussion with the public and stakeholders. Participants will be recruited from a range of socio-economic groups across STW (mainly people from lower socio-economic groups) to take part in a citizen jury.

Members of the public will hear evidence from a range of clinicians, residents and health professionals around the Case for Change, along with planned proposals. Through independent facilitation participants will be able to deliberate the evidence and provide recommendations around the proposals. This evidence will then be presented to clinicians and representatives from the ICS and form part of the qualitative evaluation.

5.8 PR and media engagement

A proactive PR campaign will be launched as the engagement activity goes live, a content / editorial plan will be developed to showcase good news stories, case studies and updates about the 'conversation' and raise the profile of STW ICS. A well-executed PR campaign will enable us to reach a large audience without the expensive cost of traditional advertising and marketing and increase viability of the ICS and the engagement exercise.

5.9 Digital activity

In order to ensure maximum reach the digital campaign will be varied and wide ranging. The digital campaign will consist of a mixture of interactive website content, social media sharing and interaction, consistent and frequent e-newsletters to staff in all partner organisations, using their existing channels. Photo and video content generated during the course of the outreach activity will also be shared on social media.

The Communications and Engagement Team will work with partner organisations to maximise the reach and impact of the social media engagement, by utilising the considerable collective reach of all partners.

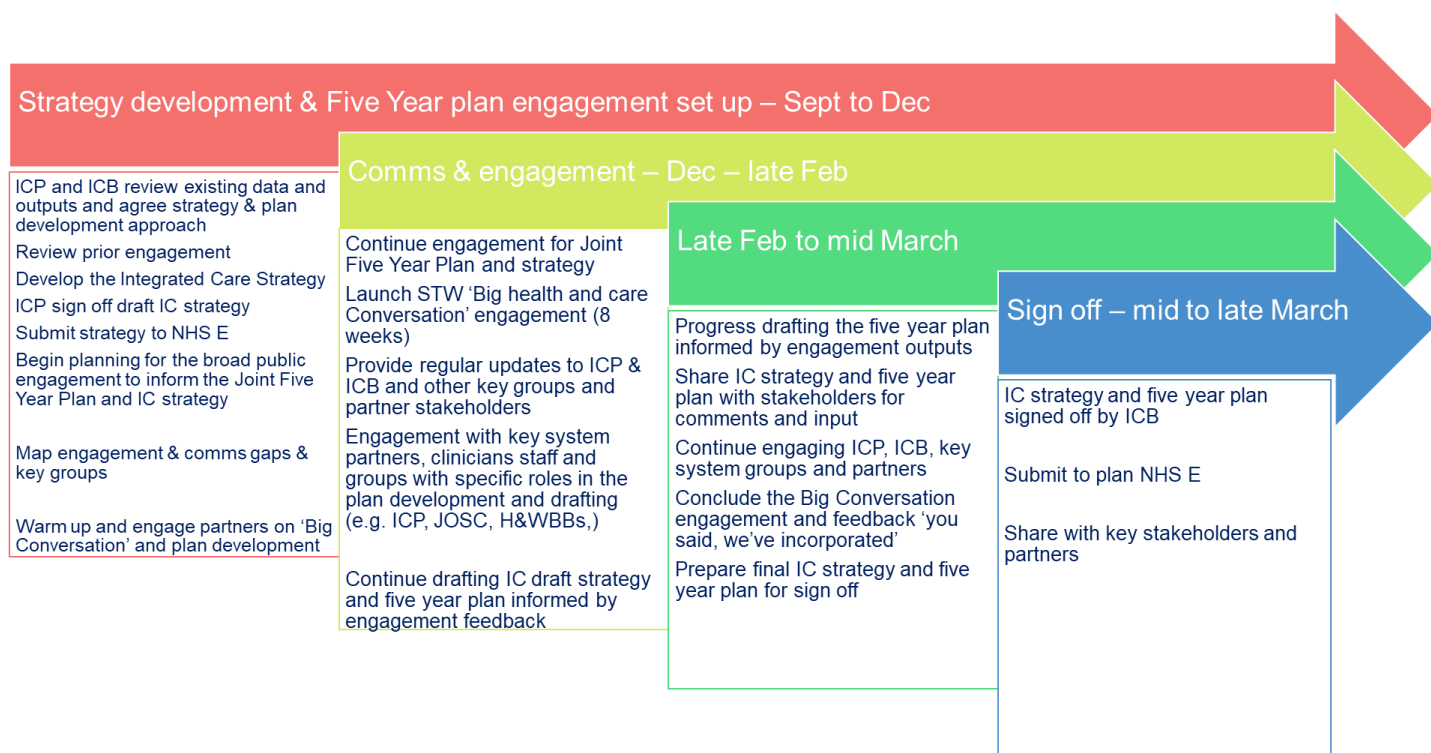
6.0 Benefits

The intention is our long-term strategy and plan for the system will be a live document so there will be a commitment to have ongoing dialogue. Some elements of our plans may require full public consultation but more importantly, plans will continue to evolve. We will develop processes for ongoing and continuous engagement to refine our strategies and plans over the coming years.

This proposal, in part, is to demonstrate our commitment to pledge eight 'Enhanced engagement and accountability', however it is also a mechanism for facilitating the other pledges. The benefits of this approach include:

- Establishing and maintain a relationship with the population based on collaboration, transparency and trust;
- The creation of an accountability mechanism, i.e. a document / product / report that refers back to 'what you told us' ... 'so we did' (or if we didn't then it was for the following reasons);
- Preparation of the ground for difficult commissioning decisions; and
- A proactive way of setting out objective facts rather than responding to subjective preferences .

7.0 Indicative timelines



This page is intentionally left blank