







#### **Borough of Telford and Wrekin**

# Integrated Care Partnership Monday 20 March 2023 10.00 am

# The Telford Room, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

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Partnership Members: A Begley, J Britton, L Cawley, S Davies, J Jeffery, S Jones,

T Gee, A D McClements, Sir N McKay, T Miles, L Noakes, B Parnaby, L Picton, R Robinson, D Sidaway and S Whitehouse

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#### INTEGRATED CARE PARTNERSHIP

UNCONFIRMED Minutes of the meeting of the Integrated Care Partnership held on 21 December 2022 2.00 pm – 3.10 pm in The Council Chamber, Shirehall, Shrewsbury, SY2 6ND

#### **Present:**

Councillor Lezley Picton, Leader - Shropshire Council (Co-Chair)
Andy Begley, Chief Executive - Shropshire Council
Councillor Andy Burford, Portfolio Holder Adult Social Care and Health,
Integration and Transformation -Telford & Wrekin Council
Lynn Cawley, Chief Executive - Healthwatch Shropshire
Terry Gee, Chief Executive - Stay

**Angela McClements**, Chair of Health and Wellbeing Board - T&W Council **Councillor Cecilia Motley**, Chair of Health and Wellbeing Board and Portfolio Holder for Adult Social Care, Public Health and Communities - Shropshire Council

Sir N McKay, Chair - ICB

Tanya Miles, Executive Director People - Shropshire Council
Liz Noakes, Director: Health & Wellbeing - T&W Council
Heather Osborne, Chief Executive - Age Concern Shropshire
Rachel Robinson, Executive Director: Health, Wellbeing & Prevention Shropshire Council

#### In Attendance:

**Edna Boampong**, Director of Communications and Engagement - NHS Shropshire T&W

**Tim Collard**, Assistant Director Legal and Governance - Shropshire Council **Nicola Dymond**, Executive Director of Strategy and Integration - NHS T&W **Amanda Holyoak**, Committee Officer - Shropshire Council (minutes) **Jackie Robinson**, Associate Director Communications and Engagement - NHS Shropshire T&W

#### 1 Apologies for Absence

**Apologies were received from:** Councillor Shaun Davies (Co-Chair), Jackie Jeffery, Alan Olver, Jo Britton, Sarah Dillon, David Sidaway, Chief Executive, Telford and Wrekin Council

Councillor Andy Burford substituted for Councillor Davies.

#### 2 Declarations of Interest

None

#### 3 Public Questions

There were no public questions

#### 4 Minutes of last Meeting

The minutes of the meeting held on 5 October 2022 were confirmed as a correct record.

## 5 Update on Integrated Care Strategy Workshop Engagement Work held on 16 November 2022

The Director of Strategy and Integration introduced the report and explained the purpose and outcomes of the workshop which had involved 40 participants. Those who had been present reported that an open and honest discussion had taken place. The proposed vision of a 'healthier, happier, wealthier population' had been debated, particularly use of the word 'wealthier', and work on vision and mission was still underway. It was confirmed that a representative of the primary care sector had been present and that going forward engagement activity would seek input from both primary care and acute sectors. ICP members felt that the vision should be kept simple and agreed quickly and based upon both Health and Wellbeing Board Visions.

The report on feedback from the workshop was noted.

#### 6 Draft Interim Integrated Care Strategy

A presentation summarising the contents of the draft strategy was presented by the Director of Strategy & Integration, NHS T&W, and the Directors of Public Health from Shropshire Council and Telford and Wrekin Council.

They explained the intent was for the Strategy to draw on and consolidate the work, engagement and knowledge of the two Shropshire Telford & Wrekin Health and Wellbeing Boards. They also referred to the 10 ICS Pledges; development of the ICP vision and mission; Integrated Care Strategy Vision and four strategic objectives; the governance, planning and delivery cycle supporting the partnership working across the system; the priorities for population health, health inequalities and health and care; the plans for performance monitoring and scrutiny; the intended outcome focus; and the outline strategy and plan development timeline.

National guidance on moving forward was expected imminently and this would outline the requirements for next steps with regard to the Forward Plan which would involve a significant engagement piece.

The ICP heard that there had been a positive discussion around the Strategy at the Joint Health Overview and Scrutiny meeting on 19 December 2022 and that the Committee had suggested that more clarity be given to the term 'mental health' - for example whether dementia should be specified separately and also highlighted as a focus. The Joint HOSC had also suggested additional emphasis be given to suicide prevention, and felt that as housing was of such significance to population health, that it should be given more prominence throughout the strategy.

Other comments and issues raised during discussion included:

- The impact of jobs and education should be brought out more clearly, as well as housing;
- The importance of avoiding overwhelm through too many priorities those set out in the draft should be synthesised to ensure connectivity;
- The need for demonstrable outcomes how would people know there had been a change?;
- Whether there was capacity in the system to deliver the strategy and the importance of building on knowledge and structures already in place;
- Use of words within the strategy such as 'empowerment, innovation and person centred' were very much welcomed by the voluntary and community sectors who were ready to seize opportunities and deliver value for money
- The 'slide deck' approach to presenting the draft strategy rather than a dense report was welcomed;
- Next steps should include 'what' and 'how' and the work of SHIPP and TWIPP would be vital in progressing this quickly
- It was acknowledged that generally the population would not be concerned with structures but only on outcomes and how it would affect them and their families.

The Chair envisaged that the strategies of Shropshire Council and Telford and Wrekin Councils would link with the Integrated Care Strategy and create focus on how to leverage capability of one true system to join up and deliver on priorities and activity. It was suggested that a simple one page 'map' or 'plan on a page' would help to illustrate this, with a clear reference to the raison d'etre of the Strategy.

It was confirmed that omission of Healthwatch Shropshire and Healthwatch Telford and Wrekin as system partners from the first draft of the Strategy and been an error and they were now included.

#### **RESOLVED:**

A To agree the Draft Interim Integrated Care Strategy

B To approve publication of the Draft Interim Integrated Care Strategy

7 Next Steps - Integrated Care Strategy and Five Year Plan Development - Engagement Approach

Edna Boampong, Director of Communications and Engagement, NHS STW gave a presentation on the engagement activity to come to inform the Strategy and Joint Five Year Plan and set out the ten principles for involving people and communities and the overarching strategic objectives of the engagement activity.

Potential names for this piece of work were still under discussion but was likely to be either 'The Big Health and Care Conversation' or 'The Big Health and Wellbeing Conversation'.

Deadline for submission of the Five Year Forward Plan signed off by the ICB was currently end of March 2023 but it was envisaged that this might be deferred to June which would allow a more authentic engagement process ahead of the consultation. All acknowledged that this would still remain a tight timescale.

Part 1 of engagement activity would be with key decision makers and system leaders and partners. ICP members agreed that whilst discussion should be aspirational, realism would be needed. Part 2 of engagement would progress drafting of the plan informed by engagement outputs and involve sharing this with stakeholders for comment and input. The risks around engagement fatigue were recognised.

The ICP welcomed what it felt was a well-planned, ambitious and comprehensive engagement activity but also reiterated the need to manage expectations carefully. During consideration of the proposed activity to come, ICP members also commented and suggested that:

- A briefing be provided to both Shropshire and Telford and Wrekin Councillors at the same time;
- Clinicians would need to be very well briefed;
- The engagement process should include another local media briefing;
- Great care needed to be taken in reaching out to marginalised groups, there would only be one chance to get this right;
- Different approaches for different audiences should be tailored as appropriate – both Councils had expertise and links that could be utilised;
- An on-line short briefing approach would suit some contexts for example a presentation to members of the Social Task Force which had an extensive network and very good social media exposure
- Healthwatch and other Voluntary and Community Groups be asked to share their networks and help deliver this work;
- Shropshire Association of Local Councils be involved and used to share information with parish and town councils;
- Rural populations could be reached via 'warm spaces' at village halls and other locations; these could also be utilied to test proposed terminology at a very local level;
- Shropshire Parent and Carer Council and PODS be included in engagement work;
- The approach taken could be used as a blue print for the ICB in moving forward

Welcoming these suggestions, the Director of Communications and Engagement confirmed that mapping of existing contacts and networks was underway and that further ideas and information was always welcome. She also confirmed a positive relationship had been established and was being developed with the media. The pulling together of resource across the whole system and involvement of Healthwatch and other voluntary and community organisations would be essential to this work.

#### **RESOLVED**

- A To note the content of the paper;
- B To agree the outline approach and timeline;
- C That the ideas and suggestions of the ICP for additional engagement and briefing of key partners as set out above be taken into account moving forward;

#### 8 Date of Next Meeting

The next meeting had been planned for 17 February 2023, it was noted that this was likely to be changed to a date in March, depending on guidance received from NHSE regarding next steps.

Chairman:	
Date:	



## Agenda Item 5





#### **Integrated Care Partnership Board**

Agenda item no.	5			
Meeting date:	20 March 2023			
Paper title	Draft Interim Integrated Care Strategy			
Paper presented by:	Claire Parker Director of Partnerships and Place NHS Shropshire, Telford and Wrekin			
Paper approved by:	Claire Parker Director of Partnerships and Place NHS Shropshire, Telford and Wrekin			
Paper prepared by:	Irene Schwehla, Senior Improvement Consultant, MLCSU			
Signature:				
Committee/Advisory				
Group paper				
previously presented:				
Action Required (please select):				
A=Approval X R=Ratification S=Assurance X D=Discussion X I=Information				
Previous None identified. considerations:				

#### 1. Executive summary

As a statutory committee, jointly formed between NHS Shropshire, Telford and Wrekin and the two local authorities, Shropshire Council and Telford and Wrekin Council, the Integrated Care Partnership (ICP) is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the local population. 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.

#### This report seeks to:

- a) present the interim Integrated Care Strategy (IC Strategy) for Shropshire, Telford and Wrekin (see Appendix 1)
- b) gain approval from the ICP board for publication of the interim IC Strategy



#### 2. Background and Context

The draft interim IC Strategy was developed in cooperation with the two Health and Wellbeing Boards and other system partners across the STW ICS. In the meeting of 21 December 2022 the ICP board approved the draft interim strategy.

Since then, comments and suggestions (as noted in the minutes of the ICP board meeting in December) as well as feedback gathered through engagement with key stakeholders in the integrated care system and the public domain have been collated in a change log and considered in the final version of the IC Strategy, presented in this paper.

The particular suggestion from the board to develop a simple one page 'map' or 'plan on a page' to illustrate how the strategies of Shropshire Council and Telford and Wrekin Councils would link with the Integrated Care Strategy has been acted upon. See Appendix 2

The map has been used successfully in a number of communication pieces and engagement events.

#### Next steps:

Subsequent to the approval of the interim IC strategy by the ICP board the strategy document will be published on the Shropshire, Telford and Wrekin ICS website. This will meet the obligation of the ICP to publish the interim IC strategy and make it readily and easily available across the ICS.

A refresh of the IC Strategy will be required at intervals to ensure alignment with other policies and guidance.

The ICP should regularly review the impact of the strategy within the system and its delivery by the ICB, NHSE and local authorities.

#### 3. Recommendation(s)

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

- Agree the interim Integrated Care Strategy
- Approve publication of the interim Integrated Care Strategy
- Note the obligation to review and refresh the interim IC Strategy at regular intervals
- 4. 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

#### 5. Appendices

Appendix 1 – Interim Integrated Care Strategy

Appendix 2 – "Plan on a page"

#### 6. What are the implications for:

 $^{\star\star}$  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  $^{\star\star}$ 

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 March 2023.
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:	



## **Shropshire, Telford and Wrekin**

Integrated Care Partnership Strategy

Interim (December 2022- March 2023)

**Final Approved V9.0** 







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- Improve outcomes in population health and healthcare
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- Outcome Focus potential high level outcomes
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- 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.
- 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 otherefore 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

### **S**esidiarity

- 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





# ©Overview of Our Integrated Care System

**Chapter 1** 

## **Our system partners**

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

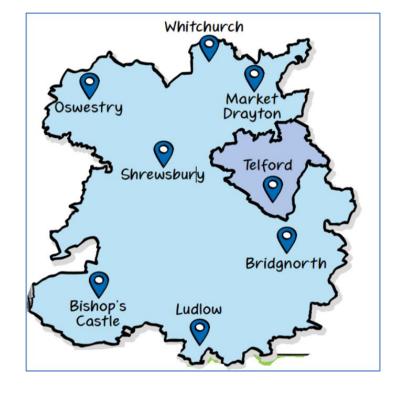
- NHS Shropshire, Telford and Wrekin
- Shropshire Council (our Shropshire Place)
- Telford and Wrekin Council (our Telford and Wrekin Place)
- Shrewsbury and Telford NHS Trust (SaTH)
- Shropshire Community Health NHS Trust
- Robert Jones and Agnes Hunt Orthopaedic NHS FT
- Midlands Partnership NHS FT

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- 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
- Healthwatch Shropshire and Healthwatch Telford and Wrekin
- Community and Voluntary Sector organisations

We are an ambitious Integrated Care System 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**



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We will improve safety and quality.



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 person centred and seamless; empower patients; promote health; and prevent illness, where possible.
- 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 June 2023 with a draft plan from March 2023, which will inform the 'how' we deliver outcomes.





# 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.
- $^{\sim}$ Our partnership priorities need to be understood by our residents and all stakeholders.
- Our five year plan needs to underpin the delivery of our strategy. The draft plan needs to be developed by March 2023 with a final plan published in June 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, Tegord 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.

We will focus on our places and our communities to create truly integrated care including working across our boundaries and borders.

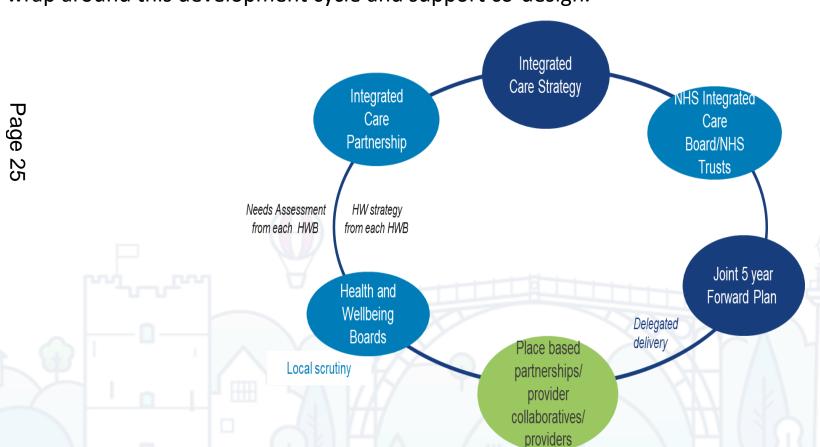
Joining up health and care is not new – a lot of work has already been done towards this and we will build on this work. This includes building on the positive joint working we saw in the system throughout the Covid 19 pandemic.

#### **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 Joint Forward Plan)

#### Population Health Priorities

- Best start in life
- Healthy weight
- Mental wellbeing & mental health
- Dementia
- •Preventable conditions –

  hypertension, heart disease and

  cancer
- Reducing impact of drugs, alcohol and domestic abuse

#### Inequalities priorities

- Wider determinants:
  - Homelessness
  - Housing
  - Cost of living
- Inequity of access to preventative health care:
  - Cancer and cancer screening
  - heart disease & screening
  - diabetes
  - Annual health checks for Severe Mental Illness & Learning Disabilities and Autism
  - Vaccinations and immunisation
  - preventative maternity care
- Deprivation and Rural Exclusion
- Digital 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 (General Practice, Pharmacy, Dentists and Opticians)
- Urgent and Emergency care access
- Clinical priorities e.g. MSK, respiratory, diabetes





# Improve Outcomes in Population Health and Healthcare

**Chapter 3** 

## Improve outcomes in population health and healthcare

Content:

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- 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.
- 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). 2<sup>nd</sup> fastest growth nationally in 65+ population (35.7%)
- Population changing becoming more diverse & ageing (median age now same as WMs at 39.6 years)
- 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
- ω 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.

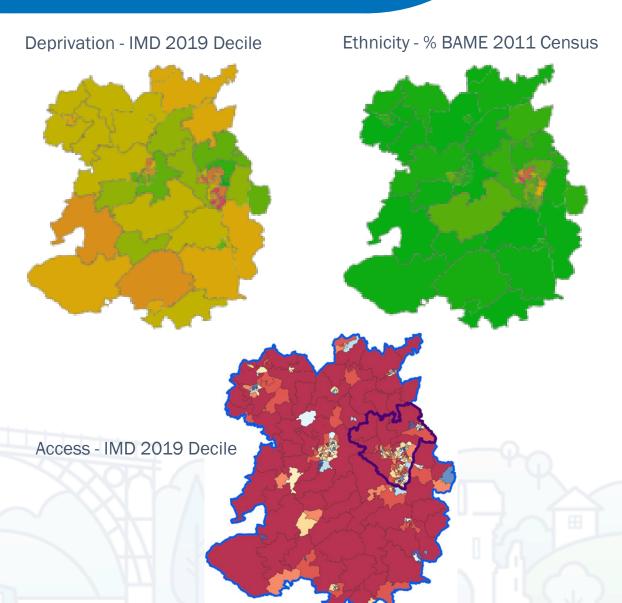
In Telford and Wrekin 10.5 % of the population from BAME and other minority ethnic groups, however more recent estimates, including the school census and midyear estimates suggest the percentage is closer to 17%.

#### 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



## Wider determinants of health

Public Health Outcomes Framework Indicator	Period	Telford & Wrekin	Shropshire
Children in relative low income families (under 16s)	2020/21	21.4	16.8
School readiness: percentage of children achieving a good level of development at the end of reception	2018/19	71.3	72.6
School readiness: percentage of children achieving the expected level of development in the phonics screening check in Year 1	2018/19	83.5	80.9
First time entrants to the youth justice system	2021	108.9	64.2
16-17 year olds not in education, employment of training (NEET) or whose activity is not known	2020	7.4	10.3
Adults with a learning disability who live in stable and appropriate accommodation	2020/21	77.8	85.6
Adults h contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	59.0	71.0
Gap the employment rate between those with a long-term health condition and the overall employment rate	2020/21	11.8	16.3
Gap ithe employment rate for those with a learning disability and the overall employment rate	2020/21	70.2	70.8
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2020/21	63.9	67.4
Percentage of people aged 16-64 in employment	2020/21	72.9	76.4
Sickness absence – the percentage pf employees who had at least one day off in the previous week	2018-20	1.7	1.6
Sickness absence – the percentage of working days lost due to sickness absence		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
	Life expectancy at birth (males)	78.2	80.2	
	Life expectancy at birth (females)	81.9	83.7	
Overarching	Healthy life expectancy at birth (males)	57.6	62.8	Overarching Health Inequalities Outcomes
	Healthy life expectancy at birth (females)	60.3	67.1	
	Life expectancy at 65 (males)	18.0	19.3	
D	Life expectancy at 65 (females)	20.2	21.5	
Page	Teenage pregnancy	16.8	11.5	
35	Obesity in early pregnancy	29.5	24.1	
Maternity &	Baby's first feed breastmilk	63.8	70.8	HI 5 key clinical areas: maternity
Early Years	Smoking at time of delivery	14.3	11.0	LTP NHS prevention priority health weight
	Children overweight (including obese) – reception	26.1	22.6	
	Children overweight (including obese) – year 6	40.0	29.7	

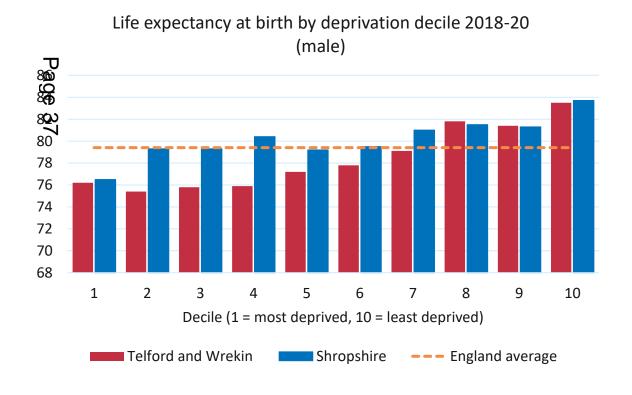
## **Population Health Outcomes**

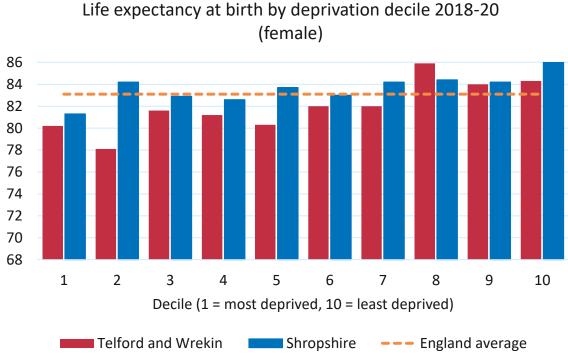
	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
	Adults classified as overweight or obese	70.6	68.0	HI 5 key clinical areas: hypertension case finding
	Diabetes diagnosis rate (estimate)	85.6	71.4	• LTP accelerate diabetes & CVD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





## What our residents have told us

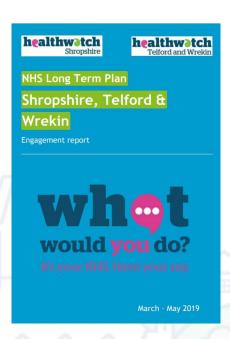
As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health.

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 is 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

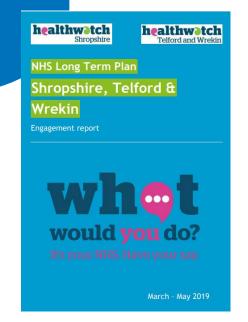
Those who had long term conditions told us to focus on:

- 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:

Pag Cancer

Cardiac including hypertension

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

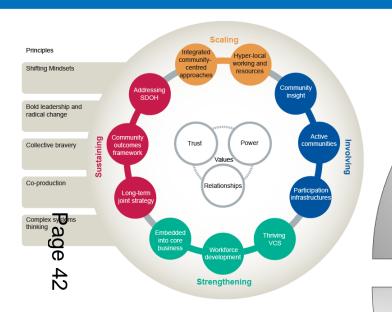




# Tackle Inequalities in Outcomes, Experience and Access

**Chapter 4** 

## Tackling inequalities – approach



Community focused coproduction

Place-based system wide



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

Intelligenceled

Equitable targeting

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





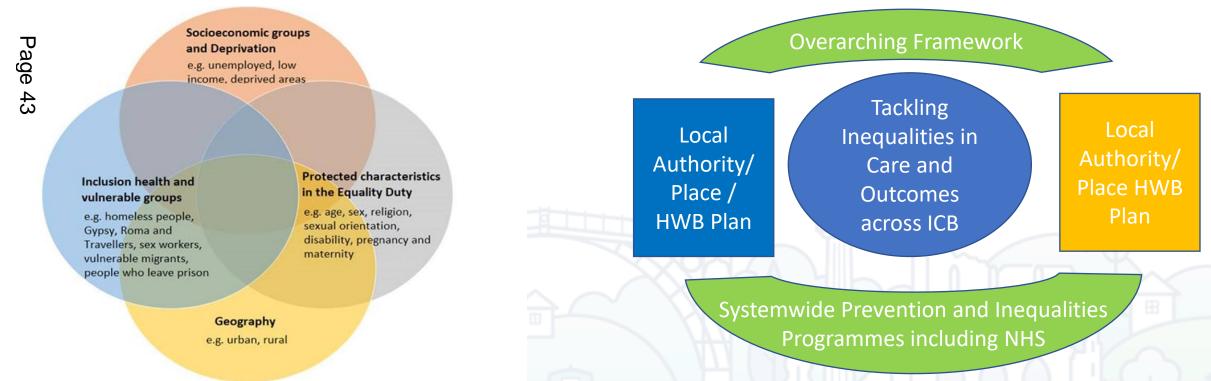


## **Inequalities and Health Inequalities**

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

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

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.



## 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
- Page 44 living with physical, learning disabilities and autism
  - Living with sensory impairment
  - 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





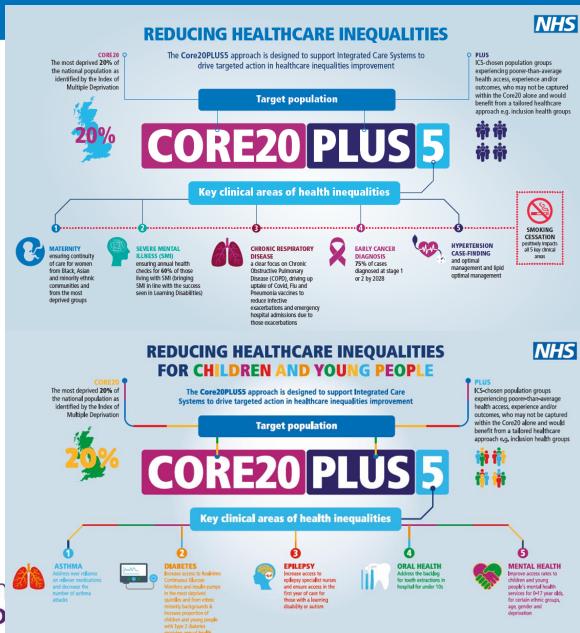


## Tackling inequalities - overview

Wider
determinants
cost of living
crisis, housing,
employment,
rurality

Inclusive, connected, healthy & sustainable communities





Healthy
behaviours &
lifestyles
strengthening
prevention

Best start in life for every child



## **Inequalities and 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:
- a 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**

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

**Shropshire Inequality Plan** 

	Shropshire ineq	uanty Fian	
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 III-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 III-health prevention (transformation/disease programmes)
	Inequalities Work F	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
Early Years			Population Health Management
Virtual School Φ Post 16			Personalisation/ Personalised Care
			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 36
			Social Frescribing
			Integrated Impact Assessment (IIA

## Shropshire Joint Health and Wellbeing Strategy priorities 2022-2027

Strategi	c Priorities	Key area	s 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			





## Support broader social and economic development

**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
- Enabling strategies need to support the integrated care strategy within the 5 year plan
- Workforce
- Digital

S

- Communications and Engagement
- Population Health Management



## **Enablers**

- 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)

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

#### Communication and Engagement:

- Communication and Engagement Plan
- The STW five 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

#### 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 using data -'Big Data'
  - Ongoing development of JSNAs as foundation





# Enhance productivity and value for money

**Chapter 6** 

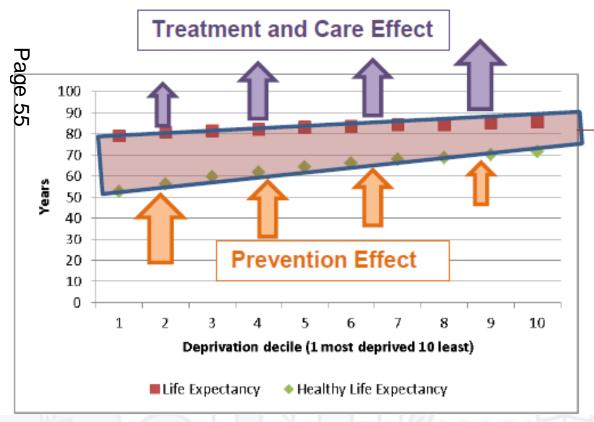
## Enhance productivity and value for money

- 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 (like Dementia) that could be prevented"



#### Window of Need

#### Focusing on Prevention/early intervention;

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





# 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 coproduction and be built into our operational and joint forward plan.
- Interim Integrated Care Strategy will be further developed with residents, partners and stakeholders and a five year system plan for delivery will be in draft by March 2023 with a final plan published in June 2023.
- Delivery of the five year plan will be overseen by the Integrated Care Board and developed closely with the Integrated Care Partnership.
- 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

	The health of our population will be improved through a focus on	Our Outcomes
l age Jo		<ol> <li>We will increase healthy life expectancy across STW and narrow the gap between different population groups</li> <li>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</li> <li>We will improve life expectancy of those with Serious Mental Illness</li> <li>We will increase the proportion of people in STW with a healthy weight</li> <li>We will improve self-reported mental wellbeing</li> <li>We will reduce the number of children &amp; young people who self-harm</li> <li>We will reduce alcohol related hospital admissions</li> <li>We will reduce the proportion of pregnant women who smoke</li> <li>We will lower the burden and minimise the impact of infectious disease in all population groups</li> </ol>
	The health of our SERVICES	<ol> <li>We will increase the proportion of our residents who report that they are able to find information about health and care services easily</li> <li>We will increase the proportion of our residents who report that they are able to access the services they need, when they need them</li> <li>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</li> </ol>







## Outcome Focus – potential high level outcomes

	The health of our population will be improve through a focus on	Our Outcomes	
	The health of our STAFF	<ol> <li>We will improve our ability to attract, recruit and retain our staff</li> <li>We will improve staff training and development opportunities across all our partners</li> <li>We will improve self-reported health and wellbeing amongst our staff</li> <li>We will increase Equality and Diversity workforce measures in all organisations</li> </ol>	
		<ol> <li>We will reduce the impact of poverty on our communities</li> <li>We will reduce levels of domestic violence and abuse</li> <li>We will reduce the impact of alcohol on our communities</li> <li>We will reduce the impact of Adverse Childhood Experiences (ACEs) on our communities</li> <li>We will reduce the number of young people not in education, training or employment</li> <li>We will increase the number of our residents describing their community as a healthy, safe and positive place to live</li> </ol>	
	The health of our ENVIRONMENT	<ol> <li>We will increase the proportion of energy used by the estates of our partner organisations from renewable sources</li> <li>We will reduce the total carbon footprint generated through travel of patients using our services</li> <li>We will increase the use of active travel, public transport and other sustainable transport by our staff, service users and communities</li> </ol>	







## **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 March 2023 and run for 12 weeks. Page 60
  - 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 five year joint forward plan, for completion June 2023 with a first draft in March 2023 and also the ICB strategic intentions, ensuring the Integrated strategy, the joint forward plan align with plans across our system.

## **Outline strategy and plan development timeline**

#### Strategy development & Joint Forward Plan (JFP) engagement set up

#### Sept to Dec 2022

- Review existing data and outputs
- Agree strategy & plan development approach
- Hold partnership workshops to shape the strategy
- ¬Draft the Integrated Care ຜິ Strategy
- ICP sign off interim strategy
- Begin planning for the broad public engagement to further inform strategy and the JFP
- Map key groups for engagement with system partners
- Warm up and engage partners on 'Big Conversation' and plan development

## Stage 1 – Commence engagement: Agreeing our strategic intention Jan to March 2023

- Engagement with key system
- partner, staff and group to shape strategic direction
- Develop outline plan & engagement materials
- Launch STW engagement activity- 'Big health and wellbeing Conversation'
- Provide regular updates to ICP & ICB and other key groups and partner stakeholders (e.g. ICP, JOSC, H&WBBs)
- Complete first iteration of Plan and share with NHSE 31 March

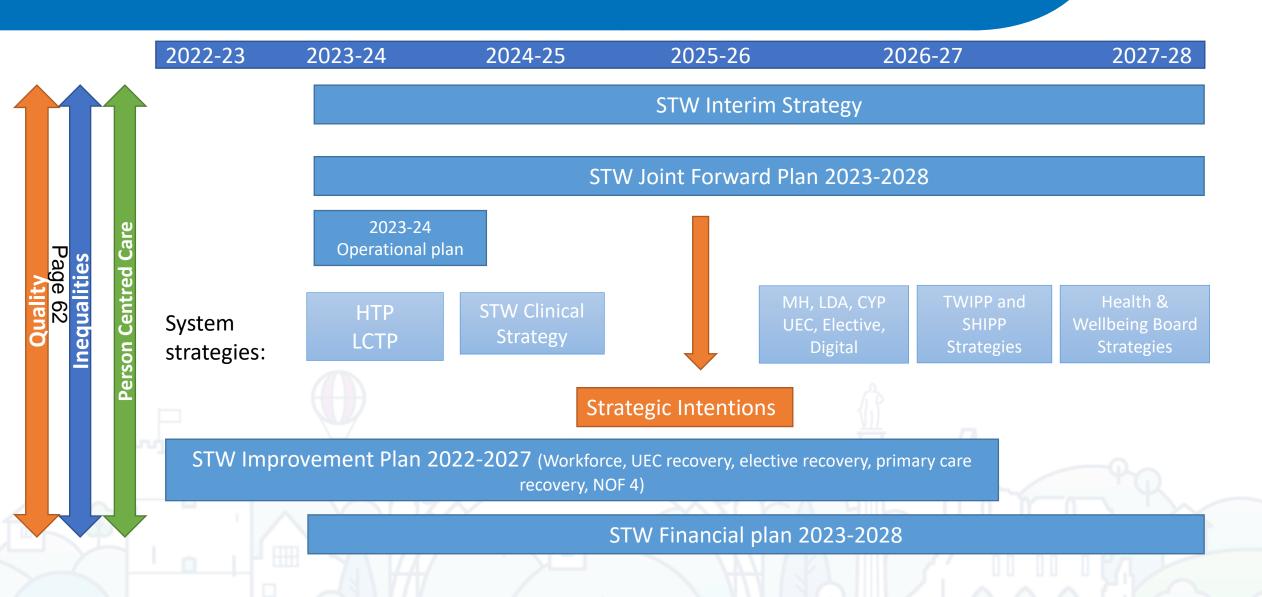
## Stage 2 Review feedback and conclude engagement activity April to May 2023

- Continue engagement activity
- 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'

## Finalise Plan June 2023

- Prepare final strategy and plan for sign off
- Strategy and plan signed off by ICB
- Share final draft with key stakeholders and partners for feedback
- Submit to plan NHSE

## **Strategies and Plans map**



#### Shropshire Telford and Wrekin Integrated Care Strategy Plan on a Page

We want everyone in Shropshire, Telford and Wrekin to live happy, healthy and fulfilled lives.

#### **Improve Outcomes**

In population health and outcomes

#### **Tackle Inequalities**

Outcomes, experience and access

Enhance **productivity and value for money** 

Support broader social and economic development

We will improve safety and quality

We will integrate services at place and neighbourhood level

We will tackle theproblems of ill health and access to health care We will tackle improvements in mental health, learning disability and autism provision

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

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

#### **Reducing Health Inequalities**

- Wider determinants
- Tackling Healthcare Inequalities

#### **Improving Population Health**

- Best start in life
- Healthy Weight
- Alcohol, drugs & domestic abuse
- Mental Health & Wellbeing

#### **Improving Health & Care**

- Strengthen prevention, early detection and improve treatment outcomes - Mental Health, Heart Disease, Diabetes, Cancers, Musculoskeletal disease
- Urgent and Emergency Care
- Integrated person centred care within communities strong focus on primary & community care

Equitable access to care & services

Workforce Culture & OD Engagement, co-design and coproduction

Live within our means

Subsidiarity & Self-Care Population Health Management & Wider determinants of Health

Person Centred Care

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## Agenda Item 6





#### **Integrated Care Partnership Board**

Agenda item no.	6		
Meeting date:	20 March 2023		
Paper title	Update on Comms and Engagement activities		
Paper presented by:	Edna Boampong (FCIM) Director of Communications and Engagement		
Paper approved by:			
Paper prepared by:	Edna Boampong (FCIM) Director of Communications and Engagement		
Signature:			
Committee/Advisory			
Group paper			
previously presented:			
Action Required (please select):			
A=Approval X R=Rati	fication S=Assurance X D=Discussion X I=Information		
Previous considerations:	None identified.		

#### 1. Executive summary

An extensive Engagement Programme the "Big Health and Wellbeing Conversation" is supporting the development of the interim Integrated Care Strategy and the Joint Forward Plan.

This report seeks to:

provide an update on the Comms and engagement activities

#### 2. Background and Context

To support the development of the Integrated Care Strategy and Joint Forward Plan (JFP), active steps to strengthen public, patient and clinical voices at place and system level are being undertaken through robust community and stakeholder engagement.

#### 3. Recommendation(s)

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

note the update on the Comms and engagement activities



4.	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

#### 5. Appendices

Appendix 1 – "The Big Health and Wellbeing" presentation

#### 6. 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	The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England to produce and publish a Joint Forward Plan (JFP) as the framework for the implementation of the interim IC Strategy
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:	





## Big Health and Wellbeing Conversation Update

**Edna Boampong, Director of Communications and Engagement** 

## Two stage approach to engagement

Developing our Integrated Care Strategy and Joint Forward Plan (JFP), we are taking active steps to strengthen public, patient and clinical voices at place and system level by undertaking robust community and stakeholder engagement.

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## **Stage one**

Agreeing our strategic intention

## **Stage Two**

Informing and refining the draft Joint Forward Plan



## The "Big Health and Wellbeing Conversation"



In March we launched the 'Big Health and Wellbeing Conversation.

We have held **community 'listening events'** in four locations so far: Sutton Hill (Telford), Malinslee & Dawley Bank (Telford), Bishops Castle and Ludlow

Additional events will take place in Market Drayton and Sprewsbury before the end of March.

Feedback from these events will inform the JFP and enable us to improve local health and care services.



More events will be added over the coming weeks

## Stakeholder engagement - Agreeing our strategic intention

We are also undertaking stakeholder engagement. With our partners, we want to shape 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 we are improving quality, care and realising our vision.

We have sessions booked with Provider Trusts and the Integrated Care Partnership Setwork (Local authority officers, elected members and VCSE organisations)

This discussion will involve some difficult choices:

- What we do first and what do we defer?
  - What can we do differently?
  - What we should do more of?
  - What we should stop doing?
- What should we prioritise within our financial envelope?



## Reach so far



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## **Initial engagement events**

Sutton Hill, Telford 28 February

Total attended: 10

Malinslee & Dawley Bank,
Telford
2 March

Total attended: 14

Bishops Castle

1 March

Afternoon: 73
Evening: 60
Total attended: 133

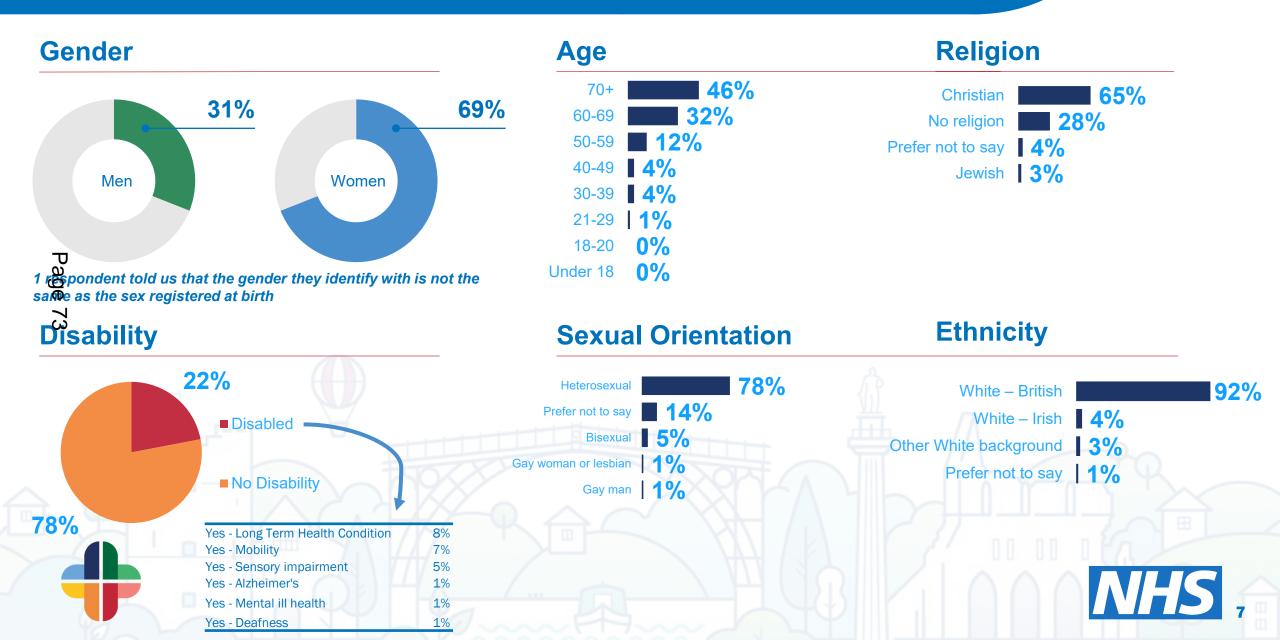
Ludlow 8 March

Afternoon: 38
Evening: 12
Total attended: 50





### **Demographics of those attending events**



### **Photos**











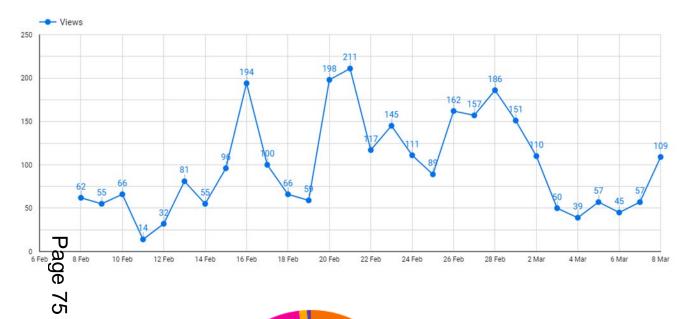


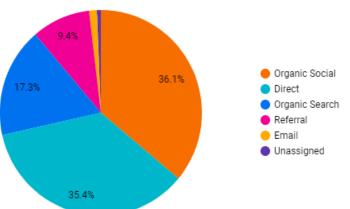






### **Website Stats**





<sup>Views</sup> 2,874

6 Feb 2023 - 9 Mar 2023

	Page title	Views →
1.	Big Health and Wellbeing Conversation – Public Events - NHS Shropshire, Telford and Wrekin	1,662
2.	Big Health and Wellbeing Conversation - NHS Shropshire, Telford and Wrekin	342
3.	Ludlow: 08 March 2023, 2pm - 4.30pm - NHS Shropshire, Telford and Wrekin	168
4.	The Big Health and Wellbeing Conversation Toolkit - NHS Shropshire, Telford and Wrekin	145
5.	Market Drayton: 15 March 2023, 2pm - 4.30pm - NHS Shropshire, Telford and Wrekin	116
6.	Have your say on local health and care services - join the Big Health and Wellbeing Conversa	96
7.	Malinslee and Dawley, Telford: 02 March 2023, 2pm - 4.30pm - NHS Shropshire, Telford and	90
8.	Ludlow: 08 March 2023, 5.30pm - 8pm - NHS Shropshire, Telford and Wrekin	78
9.	Sutton Hill, Telford: 28 February 2023, 2pm - 4.30pm - NHS Shropshire, Telford and Wrekin	75
10.	Bishops Castle: 01 March 2023, 2pm - 4.30pm - NHS Shropshire, Telford and Wrekin	32
11.	Sutton Hill, Telford: 28 February 2023, 5.30pm - 8pm - NHS Shropshire, Telford and Wrekin	22
12.	Malinslee and Dawley, Telford: 02 March 2023, 5.30pm - 8pm - NHS Shropshire, Telford and	21
13.	Market Drayton: 15 March 2023, 5.30pm - 8pm - NHS Shropshire, Telford and Wrekin	16
14.	Bishops Castle: 01 March 2023, 5.30pm - 8pm - NHS Shropshire, Telford and Wrekin	11
	Grand total	2,874



### **Organic Social Media**







Thank you to the residents of Bishop's Castle and surrounding area for coming along to tonight's Big Conversation event and sharing your views, ideas and

#stwbigconvo Healthwatch Shropshire





Help us improve health and care services

Have your say at one of our upcoming

- Hub On The Hill, Sutton Hill, Telford 28 Feb
- Methodist Church, Bishop's Castle 01 Mar
- Meeting Point House, Malinslee and Dawley,
- Mascall Centre, Ludlow 08 Mar
- Festival Drayton Centre, Market Drayton

Kicking off our Big Health and Wellbeing Conversation event in #Ludlow. Great to see a packed room of local residents to discuss our health and care services.





Help us improve health and care services Location: • Festival Drayton Centre, Market Drayton

2:00pm - 4:30pm & 5:30pm - 8:00pm

Listen to Dr Nick White explain what The Big Health & Wellbeing Conversation is all about, and why your experiences and views of health and social care services are essential.

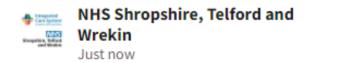
Find out more and register for an event near you www.nhsbigconversation.org

(@NWhite10031973)





### **Paid Social Media**



Have your say! Less than 24 hours to go until our Big Conversation events in Sutton Hill, Telford. □

This is your chance to share your views on health and care services and influence future plans. To wind out more and register for the event ::



Ad Set	Link Clicks	Reach
02.03 Target: 50+	246	7,268
02.03 Target: 18-50	186	9,990
28.02 Target: 50+	102	2,762
28.02 Target: 18-50	148	4,648
Total	682	22,506





### **Promotion: Printed Materials Distribution**

 3000 Leaflets and 500 Posters distributed in Bishops Castle, Ludlow, Market Drayton and Telford.



- Promotional materials distributed to Shropshire and Telford & Wrekin hospitals, councils, parish councillors, colleges, local voluntary organisations and Healthwatch.
- On the ground promotion to community centres and groups, churches and faith groups, libraries, visitor/information centres, leisure and fitness centres, shops, cafes, community/town notice boards, pharmacies, dentists and in person leaflet distribution.

### Recruiting our People's Network

A system approach





### What is a people's network?

As part of the big conversation, we are recruiting a 'people's networks'. A virtual network of local residents which will enable us to gather views and opinions on a wide variety of health topics, on an ongoing basis.

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We are aiming to sign up 300 people

### Your voice matters... Be heard!

Join our **People's Network**, an online community of local residents, and have your say about health and care services.



We want people of all ages, genders, ethnicities and backgrounds from across Shropshire, Telford and Wrekin to join our network.

Our People's Network will mostly take place online, but there will be opportunities for face-to-face sessions too.

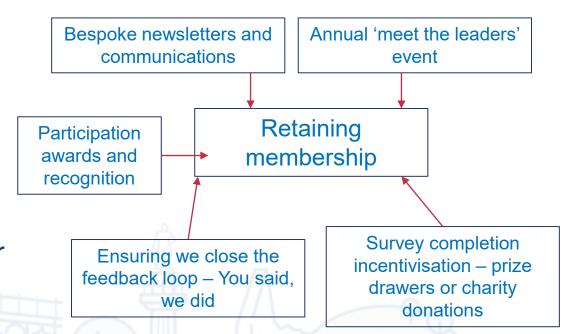
The network will help us gather feedback on what we do well, what really matters to you, your family and your community and what improvements could be made to local services.



### What are the benefits of a People's Network?

### A single system-wide network would enable us to:

- ➤ Engage more efficiently
- ► Have an inclusive and broad respondent base, beyond the reach of some of our conventional methodologies
- Have a responsive and innovative feedback mechanisms
- Ensure that the conversations we have with our populations are impactful, valuable, and not repetitive for the respondent.





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## Timeline and Next Steps





2023

### **Next Steps**



Information from events will be used to inform our draft Five-Year Joint Forward Plan Further
engagement
activity throughout
April and May

More effort will be placed on reaching marginalised groups

3rd planning session booked with system partners at the end of March to align and support activity

Additional activity will focus more on community outreach - Go to them instead of them coming to us!

We will Feedback to people: 'You said, we did' once the plan is finalised







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### Thank You

To stay informed visit <a href="https://www.nhsbigconversation.org">www.nhsbigconversation.org</a>

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### Agenda Item 7





#### **Integrated Care Partnership Board**

Agenda item no.	7				
Meeting date:	20 March 2023				
Paper title	STW Joint Forward Plan - update				
Paper presented by:	Claire Parker				
	Director of Partnerships and Place				
	NHS Shropshire, Telford and Wrekin				
Paper approved by:	Claire Parker				
	Director of Partnerships and Place				
	NHS Shropshire, Telford and Wrekin				
Paper prepared by:	Irene Schwehla, Senior Improvement Consultant, MLCSU				
Signature:					
Committee/Advisory					
Group paper					
previously presented:					
Action Required (please select):					
A=Approval X R=Rati	fication S=Assurance X D=Discussion X I=Information				
Previous considerations:	None identified.				

#### 1. Executive summary

The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England to produce and publish a Joint Forward Plan (JFP) as the framework for the implementation of the interim IC Strategy (presented under item 5 of the agenda).

This report seeks to:

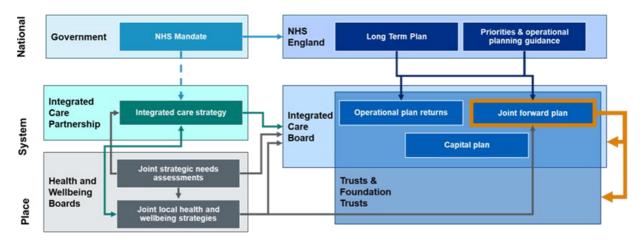
provide an update and timeline on the development of the JFP

### 2. Background and Context

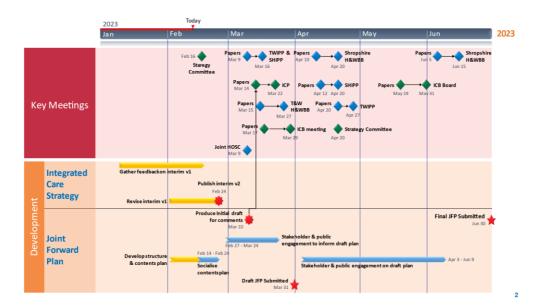
- a) Guidance published by NHS England in December 2022 informed ICBs and their partner trusts that
  - they have a duty to prepare a first JFP before the start of the financial year 2023/23
  - the JFP will act as the framework for the implementation of the interim IC Strategy
  - in the first interim year the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Wellbeing Boards (HWBs), is 30 June 2023

- the process for consulting on a draft of the plan, should be commenced with a view to producing a version by 31 March
- consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June
- ICBs and their partner trusts must involve relevant Health and Wellbeing Boards in preparing or revising the JFP
- the final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees

Statutory framework (not including interaction with wider system partners) relating to the JFP

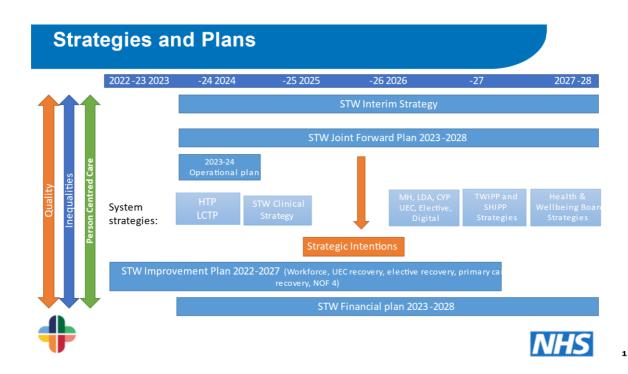


In order to meet these obligations and produce the required plan a Joint Forward Plan Working Group and a PMO to coordinate the work has been established. Activities required to manage the JFP through its approval process as well as ongoing engagement events for the period of February to June 2023 have been mapped out.



Strategies and plans from across the system will be consolidated in order to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the Joint Local Health

and Well Being Strategies (developed through Health and Wellbeing Boards) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.



A proposed outline of the JFP was presented to the ICB Board in a development session on 22 February 2023; the board agreed with the suggested content and tasked the JFP working group to expand the plan towards a draft document.

### 3. Recommendation(s)

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

- note the update and timeline on the development of the JFP
- 4. 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

### 5. Appendices

N/A

### 6. 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	The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England to produce and publish a Joint Forward Plan (JFP) as the framework for the implementation of the interim IC Strategy	
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:	