



Protect, care and invest  
to create a better borough

12 January 2024

**Committee:**  
**Integrated Care Partnership**

**Date:** Monday, 22 January 2024

**Time:** 2.00 pm

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

**Partnership Members:**

A Begley, J Britton, A Burford, L Cawley,  
L Cross, S Davies, S Fogell, S Froud, J  
Jeffery, N McKay, T Miles, C Motley, L  
Noakes, H Osborne, L Picton, R  
Robinson, D Sidaway and S Whitehouse

**Committee Officer:** Ashley Kendrick  
01743 250893  
[Ashley.kendrick@shropshire.gov.uk](mailto:Ashley.kendrick@shropshire.gov.uk)

# AGENDA

**1 Apologies for Absence**

**2 Declarations of Interest**

**3 Public Questions**

**4 Minutes of the Meeting Held on 20 March 2023 (Pages 1 - 4)**

Attached for confirmation

**5 Integrated Care Strategy (Pages 5 - 8)**

Nigel Lee, Executive Director of Strategy, NHS Shropshire Telford and Wrekin will present the report, attached.

**6 Big Conversation outcomes, engagement with local residents and stakeholders (Pages 9 - 76)**

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

**7 Update on Integrated Care Strategy Outcomes and Delivery**

**a Joint Forward Plan (Pages 77 - 80)**

Claire Parker, Director of Partnerships, NHS Shropshire Telford and Wrekin will present the report, attached.

**b Prevention and Inequalities (Pages 81 - 92)**

Liz Noakes, Director of Public Health, Telford and Wrekin will present the report, attached.

**c Clinical Strategy and Long Term Conditions**

Nick White, Chief Medical Officer, NHS Shropshire Telford and Wrekin, will present the report, to follow.

**8 Next Steps and Forward Plan**

Simon Whitehouse, ICB Chief Executive, will provide a verbal report.

**9 Date of Next Meeting**

Date TBC in October 2024 - 2.00 pm at Addenbrooke House, Telford, TF3 4NT

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## INTEGRATED CARE PARTNERSHIP

### Minutes of a meeting of the Integrated Care Partnership held on Monday 20 March 2023 at 10.00 am in The Telford Room, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

**Present:** A Begley, Cllr A Burford, J Britton, L Cawley, T Gee, Cllr A D McClements, Cllr C Motley, L Noakes, Cllr L Picton, R Robinson, D Sidaway and S Whitehouse

**In Attendance:** A Lowe (Director: Policy & Governance (Telford & Wrekin Council)), C Parker (Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin)), and K Robinson (Democracy Officer (Scrutiny) (Telford & Wrekin Council))

**Apologies:** Councillor S Davies, Sir N McKay and T Miles

#### **10 Declarations of Interest**

None.

#### **11 Public Questions**

There were none.

#### **12 Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meeting held on 21 December 2022 be confirmed and signed by the Chair.

#### **13 Interim Integrated Care Strategy**

The Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin) presented the report.

All comments on the draft interim strategy had been logged and, save for two, had been reflected in the report presented to the Partnership. The two that had not been put into the report would be used as part of the Joint Forward Plan. The document presented incorporated various comments, wording changes, and additions.

Members of the Partnership were directed to the 'Plan on a Page' for a summary of the Strategy and its priorities.

Changes to the report since the last meeting were noted.

**RESOLVED** that the Integrated Care Partnership –

- a) **Agree the Interim Integrated Care Strategy;**
- b) **Approve the publication of the Interim Integrated Care Strategy; and**
- c) **Note the obligation to review and refresh the Interim Integrated Care Strategy at regular intervals.**

#### **14            Communications and Engagement Programme - Update**

The Partnership received an update from the Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin).

This was a briefing document on the communications and engagement work that had been carried out to date. A number of 'Big Health and Wellbeing Conversation' events had been held, speaking to members of the public out in the community and initial feedback was being collated. However, it was considered that more targeted engagement was needed to reach a range of underrepresented groups; these included children and young people, religious minority groups, and expatriate communities in Shropshire and Telford & Wrekin.

Partnership members agreed that a wider voice was needed and that further engagement was necessary. It was noted that voluntary sector groups and employers could be of help in reaching some communities.

Collaboration underpinned a number of working areas and those relationships were thought to be important in terms of coproduction and engagement.

In terms of next steps, stakeholder events were to be held with partners and further engagement activities were to be undertaken.

**RESOLVED – that the communications and engagement activities update be noted.**

#### **15            Five Year Forward Plan - Development Update**

The Chief Executive Officer (Integrated Care System, Shropshire, Telford and Wrekin) delivered an update on the Five Year Forward Plan.

The forward plan was about driving the work of the ICS for local people, joining up the dots between parts of the health system to provide a local service. Various pieces of work were underway assessing the position of healthcare as it stands, looking at what is already known, building upon that existing knowledge and setting out key target areas.

NHS England required ICS' and ICBs to update their five-year plans. The previous long-term plan, for the STP, was itself set for five-years. This plan had been disrupted by Covid-19 in its first two years. It had been a comprehensive plan but there was a need to reflect changes since, and as a result of, Covid.



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<u>Committee and Date</u>
Integrated Care Partnership
22 January 2024

<u>Item</u>
<u>Public</u>

**Paper Title** Integrated Care Partnership Strategy Update

**Paper Prepared by** Nigel Lee, Director of Strategy & Partnerships STW

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## Introduction

The current Integrated Care Partnership (ICP) Strategy for Shropshire Telford and Wrekin (STW) was published in early 2023 (v 9.0) and is an interim document. It was acknowledged nationally that, in this first year of system development, the Integrated Care Strategy would be considered as an interim document, to allow more time to adequately shape the vision and assessment of need. However, as we approach the end of 2023/2024, it is timely to review the existing document, identify any gaps or areas of improvement that can be made, and also ensure that our strategy describes the ambitions of our Integrated Care System in addressing the needs of our population.

## Developments during 2023

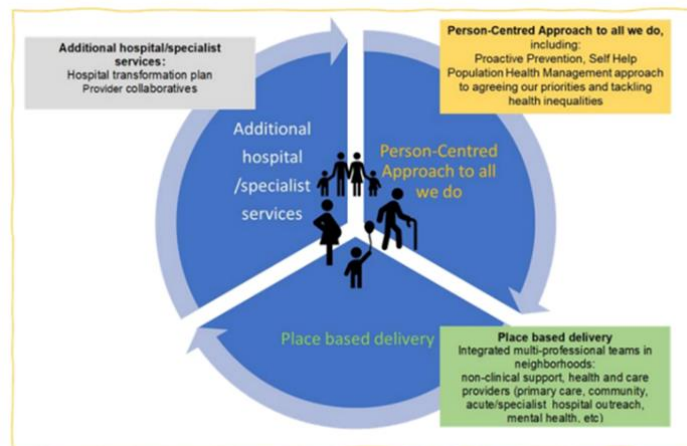
During 2023, a great deal of development has taken place, not only as an Integrated Care System, but in Integrated Place Partnerships and indeed in partner organisations. The two STW Health and Wellbeing Boards have gathered momentum as driving forces for activities across the Shropshire and Telford & Wrekin Local Authority areas, working closely with partners from across the NHS (primary, secondary and community), other public sector as well as Voluntary, Community and Social Enterprise partners (VCSE). Work to develop the role and priorities for integrated neighbourhood working has also gathered pace, and the breadth and depth of work is significant; actions to translate the objectives of the Local Care Transformation Programme into place and neighbourhood activities is in progress.

A major step was achieved at the end of June 2023 with the publishing of the STW 5-year Joint Forward Plan (JFP). Whilst legal responsibility for developing the JFP lies with the Integrated Care Board (ICB) and its partner Trusts, it is good practice that this document describes the shared delivery plan for the Integrated Care Strategy (developed by the ICP), which itself is built from the relevant local Health and Wellbeing Strategies.

The 3 key elements of JFP are:

- Person-centred approach including tackling inequalities
- Place-base delivery – including Local Care Transformation Programme and TWIPP/SHIPP
- Hospital/specialist services – including Hospital Transformation Programme

These elements are underpinned by priority enablers including Population Health management, workforce and skills, digital, financial productivity and sustainability, Estates, and communication, engagement and involvement.



Our STW JFP was strongly supported by all system partners, and shows strong whole system alignment. The ICS also published a Clinical Strategy during 2023, setting out the six clinical priority pathways which are fully aligned to the priorities of the ICP strategy:

- Urgent and Emergency Care (UEC)
- Cancer
- Cardiac (CVD)
- Diabetes
- MSK
- Mental Health

In parallel, once again supported by all system partners, important groups were established to develop approaches to Population Health Management and Prevention & Health Inequalities. Both groups are chaired by Executive Directors from Local Authorities, with wide pan system representation, and support the priorities of the relevant Health and Wellbeing Boards (HWBBs). Importantly, and recognising the scale of our system, having a single group for these workstreams supports good alignment. As part of our work in the PHM group, population health audits have been completed for UEC, Cancer and Mental Health programmes to date. The Diabetes and CVD audits are in progress to be finished by the end of March 2024 and the remaining clinical priority audit MSK is planned for early 2024/2025. These audits provide the key baseline for NHS STW as we shift to strategic commissioning based on our local population need, and provide a sound basis on which our HWBBs can develop their place-based approach. They will allow us also to monitor our impact as we refresh these programme audits over time.

Finally, the ICB has commenced a review of system governance to further support effective delivery and assurance across the system. This recognises the vital role of the ICP and HWBBs, as well as noting the role of Place and provider collaboration in the new system operating model.

**Next Steps for the ICP Strategy**

A great deal of work and discussion was done to create the interim version of the ICP strategy, and the priorities derived from joint strategy needs assessments, inequalities and strategic challenges are unlikely to have changed significantly. Nevertheless, the developments in 2023 described above do provide a timely opportunity to review the ICP strategy, not least using the engagement carried out as part of the development of the JFP. In order to review and revise the ICP Strategy in Q4 2023/2024, it is proposed that each HWBB is invited to consider the ICP strategy in the context of their HWBB strategy, for the ICB and system partners to be invited to make comments, and to also cross reference with wider system partner and public engagement carried out during 2023.

The objective would be to review and update the ICP strategy, and to create a formal document for the ICP to ratify towards the end of Q4. This can then be published in time for the new financial year, and alongside the annual review of the JFP.

**Recommendations**

The ICP is asked to:

- Note the progress of the ICS during 2023, noting the publication of the JFP and establishment of key system development groups.
- Support the review of the ICP Strategy in Q4 2023/2024
- Invite the HWBBs to review the ICP Strategy in Q4 2023/2024
- Endorse the timetable to publish a final version of the ICP Strategy by end Q4 2023/2024.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

**Local Member**

**Appendices**

Interim ICP Strategy [NHS-STW-Interim-Integrated-Care-Strategy-V-9.0-2.pdf](https://shropshiretelfordandwrekin.nhs.uk/NHS-STW-Interim-Integrated-Care-Strategy-V-9.0-2.pdf)  
[shropshiretelfordandwrekin.nhs.uk](https://shropshiretelfordandwrekin.nhs.uk)

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



**Shropshire, Telford  
and Wrekin**

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# **Big Health and Wellbeing Conversation Engagement Findings**

**Edna Boampong**

**Director of communications and engagement**

**November 2023**

**Agenda Item 6**

# Contents

Introduction

Communications and involvement

Summary of findings

Page 10

Public events and targeted public engagement

Stakeholder events

Engagement survey

Conclusion and recommendations

# Introduction



# Background and context

- In February 2023, we launched our ‘Big Health and Wellbeing Conversation’ to help us understand what is affecting health and wellbeing and what would help us to improve the experiences of local health and care services.
- To gather the views of the local community and stakeholders, we held a series of public events, focus groups, stakeholder events and an engagement survey.
- This summary presentation of findings details the different activities we conducted and presents the findings from the feedback you shared.





# Communications and involvement



# Number of respondents

Page 14

Engagement survey  
2,681  
(401 responses captured by our voluntary sector partner)

Public events  
242

Stakeholder events  
Approx. 110

Audio recordings of people wanting to engage in the Big Conversation  
75

People making personal pledges to improve their health and wellbeing  
72

Targeted public engagement  
365

# Summary of findings



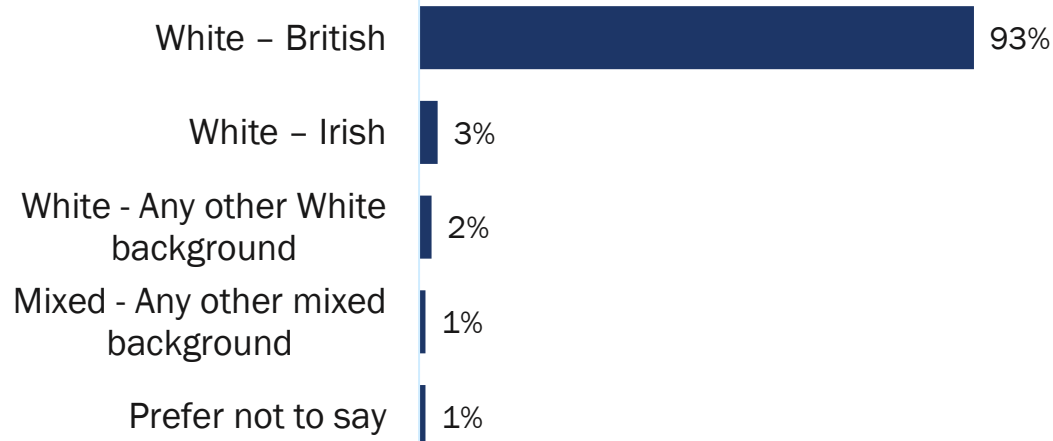
## Demographic and geographical profile of respondents



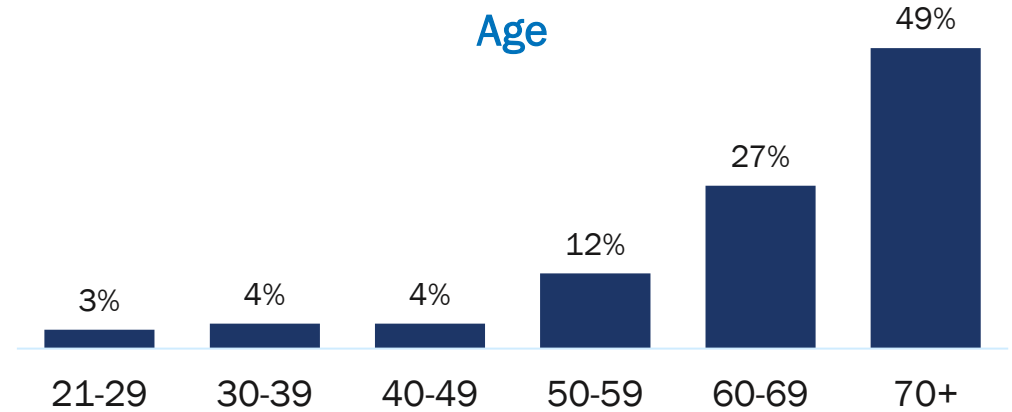
# Demographic profile of public event participants

Page 17

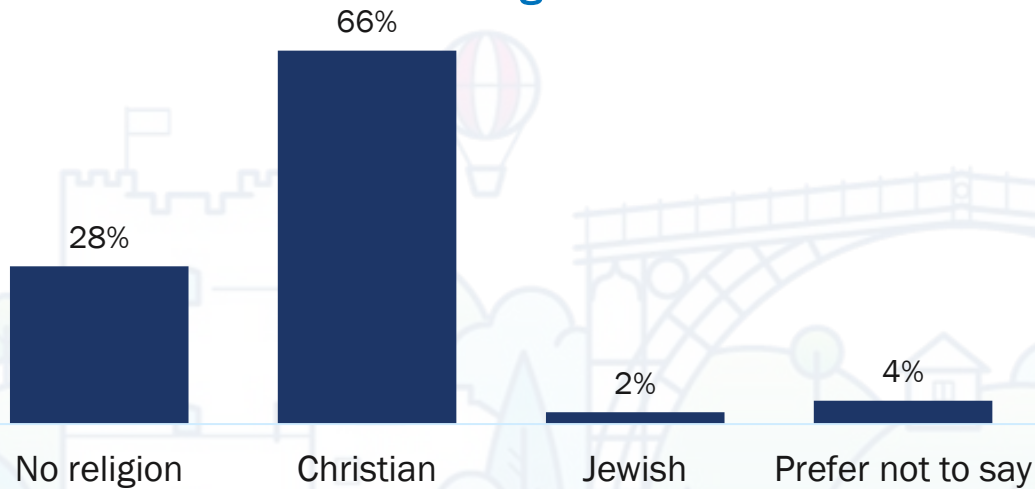
## Ethnicity



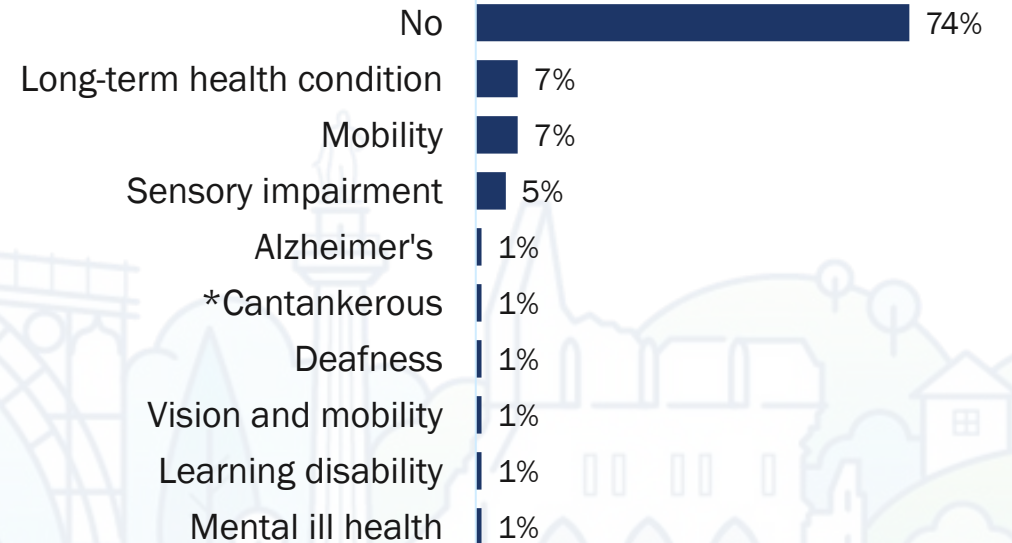
## Age



## Religion



## Disability



What is your ethnic group? Base: 97  
How old are you? Base: 97

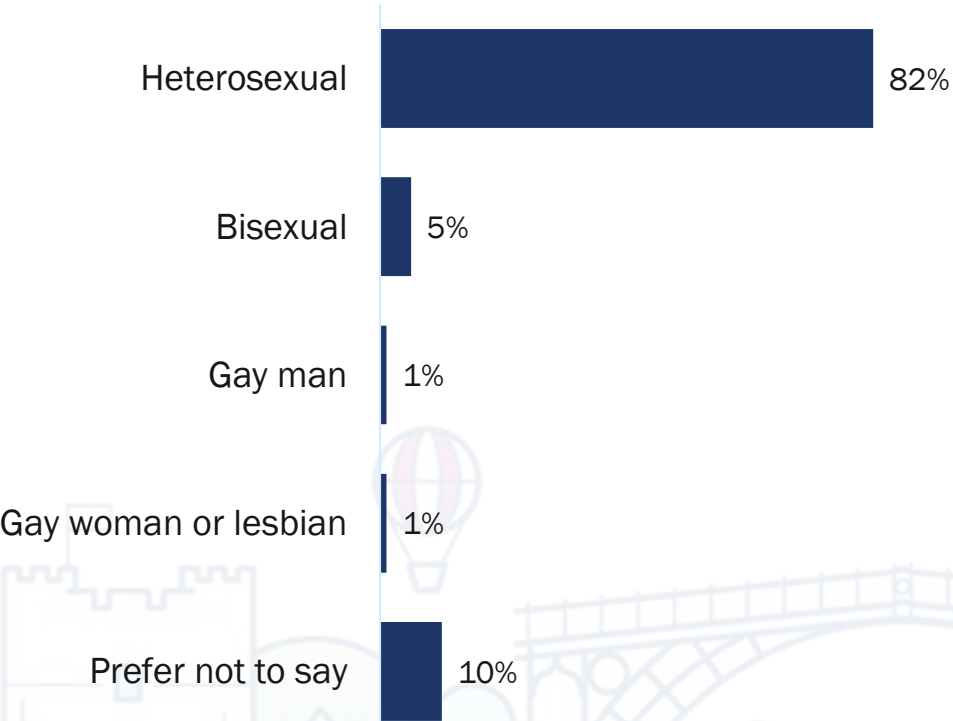
What is your religion? Base: 97  
Do you consider yourself to be a disabled person? Base: 97

\*A cantankerous person is always finding things to argue or complain about

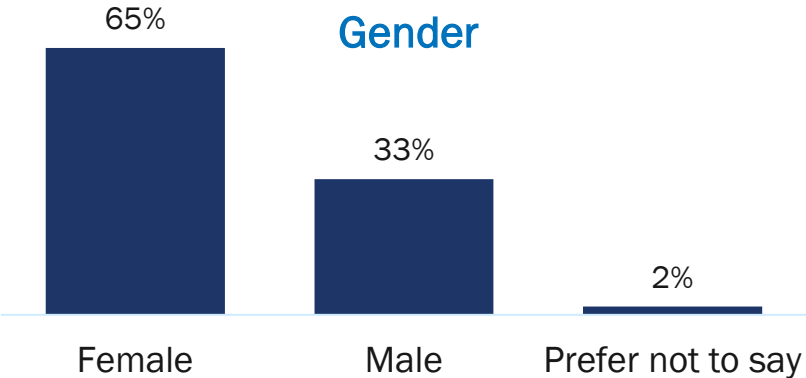
# Demographic profile of public event participants

Page 18

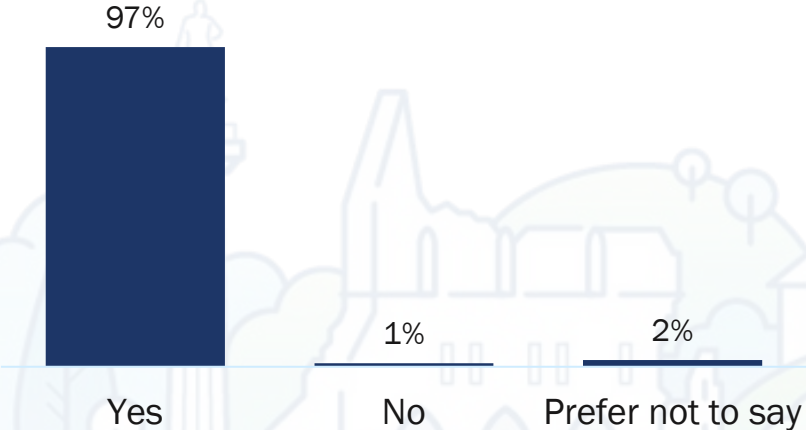
## Sexual orientation



## Gender



## Identification with same gender as at birth



Which of the following best describes your sexual orientation? Base: 97  
What is your gender? Base: 97  
Is the gender you identify with the same as your sex registered at birth? Base: 97

# Public events

## **Key finding:**

Public were concerned about accessing services, appointment availability, and awareness of services.



# Key themes from the targeted events

Page 20

Consider the need to support patients while they are on waiting lists

Consider the need for easier access to information about patients' own health

Consider focusing more on mental health services

Concerns over the lack of provision of services locally

Face-to-face care is required for better diagnosis of certain conditions

Consider improving communications between services

Concerns over the difficulty of getting appointments with GPs



# Summary of findings from the public events and targeted public engagement

Page 21

## Concerns raised around difficulty accessing services

- Face-to-face care is sometimes required, especially for examinations and accurate diagnosis.
- Patients found it difficult to get an appointment.
- Patients stated there is variation in accessing services and seeing a doctor.
- Concerns over transport services were also raised.

## Feedback on services

- Participants stated there is a need to raise awareness of where people can get the right type of support.
- Concern over the lack of provision and decline of local services.
- Consider the needs of vulnerable groups.
- Community services are useful (for example: group fitness classes, warm spaces, and local farms).

## General feedback

- Participants stated services need to work together better.
- There is need for greater joined-up care and better communication across services.
- Confidence with technology differs among patients, with those low in confidence being more hesitant to adopt its use.

# Verbatim responses from the public engagement

“A key thing has to be on communications and making it clear what is going on in health and care services. Hospital Transformation Programme is a big thing, and we don't think people understand”.

(Malinslee and Dawley Bank, Telford)

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“Hospital data is not up to date send letters from a doctor who left a while ago. A&E acute admission moved from one hospital to another and records did not follow. Appointment services don't work well when GPs are escalating urgent consultant appointments. Meetings in hospital taking place without full knowledge of agreed discharge plans which would provide family support - this resulted in a longer stay in hospital”.

(Bishop's Castle)

“Need to join-up hospital and community care – need to work together at the moment seems very disjointed. To attract and retain staff you need to. Offer flexible working – not just 12 hour shifts. Pay them more money esp. social care and nurses. Need to follow through with their promises – in 2013 there was a decision for a new hospital at Ludlow – this never happened! Why?”.

(Ludlow)

“Waiting times are very long and communication is poor - not receiving letters and delays in the system. Example of waiting 18 months and still waiting for a lung function test”.

(Market Drayton)

“More immediate access to services would be great - specifically physiotherapy. I think there should be more focus on preventative healthcare and health lifestyles (health checks and follow ups)”.

(Ludlow)

# Verbatim responses from the public engagement

“No follow up calls from the doctors/hospital. An improvement is simple – just more communication to lessen the worry and the impact on mental health. The sense of community has been lost since the pandemic. Trying to get through to a GP is so difficult – Sutton Hill or Stirchley – no alternative to the practice, you just have to keep trying each morning and hope to get an appointment”.

(Sutton Hill, Telford)

“Example of using a triage with a photo of a rash looking very different on the image compared to reality. Feeling that 111 too often resulted in A&E and was a wasted resource. Could lead to greater issues with over prescribing and lack of medication reviews”.

(Shrewsbury)

“Local access is good, and improving. There have been challenges previously, but the group are generally satisfied. Understand new ways of working e.g. video/telephone triage and accessing ANPs [Advanced Nurse Practitioners] rather than GPs. They think it makes sense, accept that things have to change”.

(Market Drayton)

“I think there should be more focus on preventative healthcare and health lifestyles (health checks and follow ups)”.

(Ludlow)

# Stakeholder events

## **Key finding:**

Improvements are required around staff retention and collaboration between providers and accessing health services.



# Stakeholder events

## Staff

- Ensure staff feel, safe, valued and supported
- Improve staff progression, development and training
- Support staff with their cultural and religious requirements
- Greater integration and collaborative working

Page 25

## Improve access to services

- Enable people to access other support and services while they wait for services
- Greater focus on children and young people and understand their needs to give them the resilience to develop a trauma-informed system
- Focus on prevention and early intervention through continual support, helping avoid access only being granted at crisis point.

## The operational system

- Improve how we record and use data
- Improve how we work together across the system
- Build and develop collaboration between providers, being sure to explain the benefits of bringing care closer to home
- More strategic investment.

## Areas for improvement

- Clearly evidence the benefits of preventative work
- Pooled budgets could assist with ensuring proper support for prevention work
- Better use of IT and data
- Educating the workforce and the population
- Set up pilot schemes on a small scale, measure their impact and roll this out across the system.

# Engagement survey

## Demographic and geographical profile of respondents

Page 26



**NHS**

# Demographic profiling

Page 27

## Ethnicity



- 2,437 (93%) were White

## Age



- 592 (23%) were 16-39
- 1,483 (57%) were 40-69
- 517 (20%) were 70 or over

## Sex



- 1,763 (67%) were female

## Relationship status



- 1,594 (61%) were married
- 285 (11%) were single

## Sexual orientation



- 2,311 (88%) were heterosexual

## Religion



- 1,013 (39%) had no religion
- 1,330 (51%) were Christian

## Pregnancy



- 2,460 (94%) were not pregnant
- 126 (5%) were pregnant

## Maternity



- 2,480 (94%) had not recently given birth
- 112 (4%) had recently given birth

## Disability or long-term condition



- 1,157 (44%) had a disability or long-term condition that limited day-to-day activities

## Armed forces



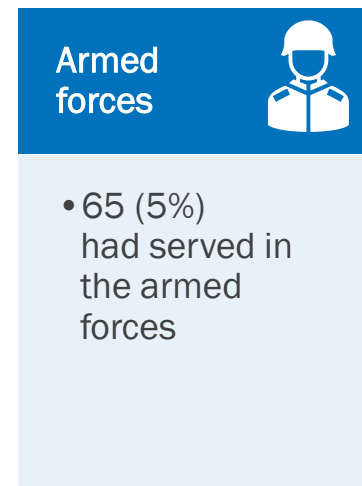
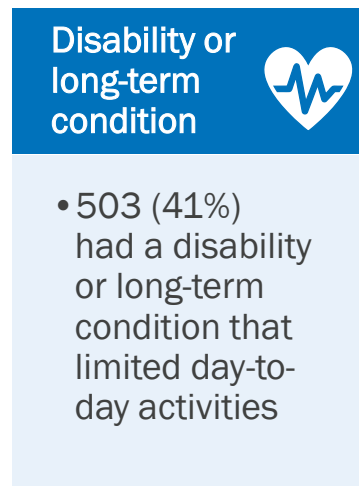
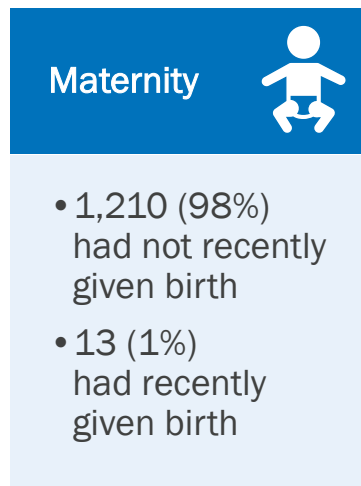
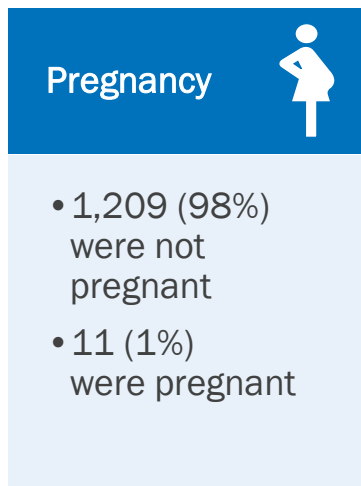
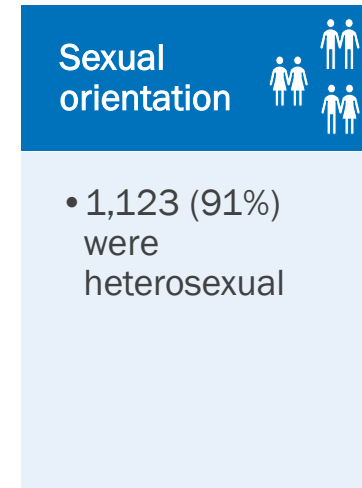
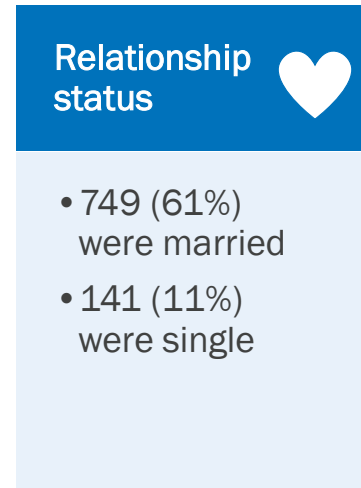
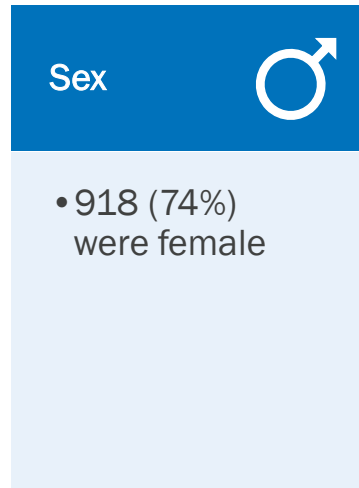
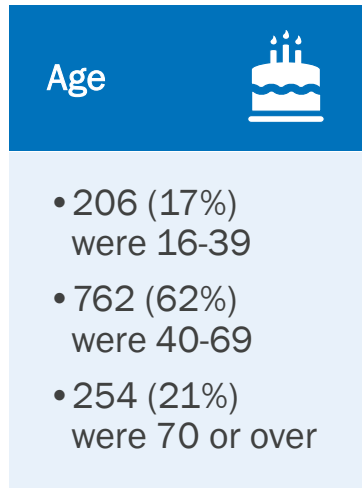
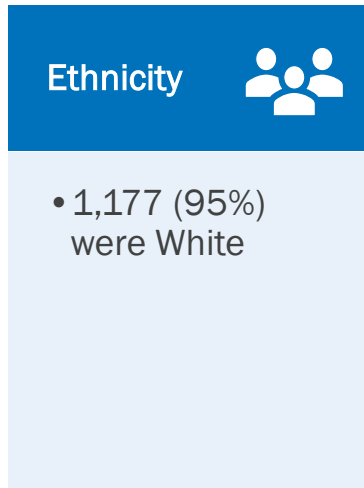
- 283 (11%) had served in the armed forces

## Carer



- 891 (34%) were carers

# Demographic profile overview: respondents from the Shropshire area





# Demographic profile overview: respondents from the Telford and Wrekin area

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## Ethnicity



- 655 (95%) were White

## Age



- 85 (12%) were 16-39
- 457 (66%) were 40-69
- 142 (21%) were 70 or over

## Sex



- 486 (70%) were female

## Relationship status



- 431 (62%) were married
- 58 (8%) were single

## Sexual orientation



- 624 (90%) were heterosexual

## Religion



- 268 (39%) had no religion
- 367 (53%) were Christian

## Pregnancy



- 681 (98%) were not pregnant
- 5 (1%) were pregnant

## Maternity



- 684 (99%) had not recently given birth
- 2 (0.3%) had recently given birth

## Disability or long-term condition



- 349 (51%) had a disability or long-term condition that limited day-to-day activities

## Armed forces



- 55 (8%) had served in the armed forces

## Carer

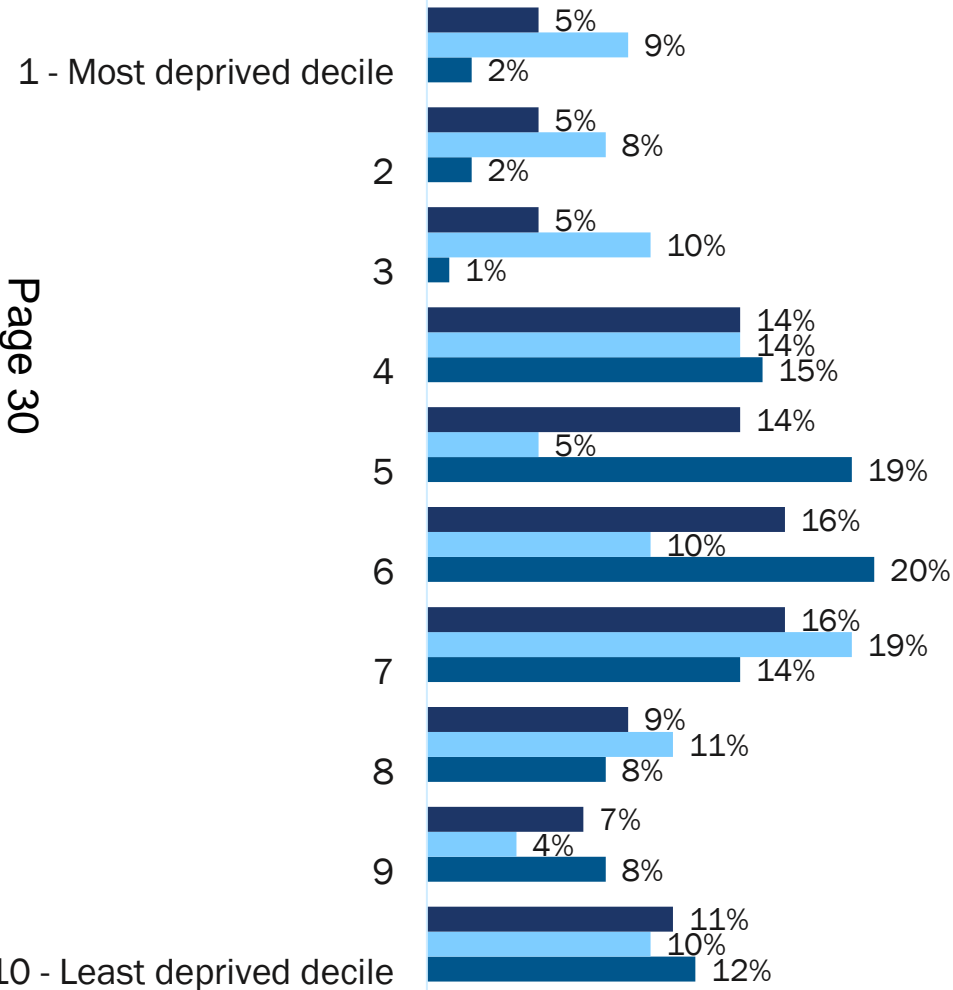


- 199 (29%) were carers

# Engagement survey respondent geographical profiling

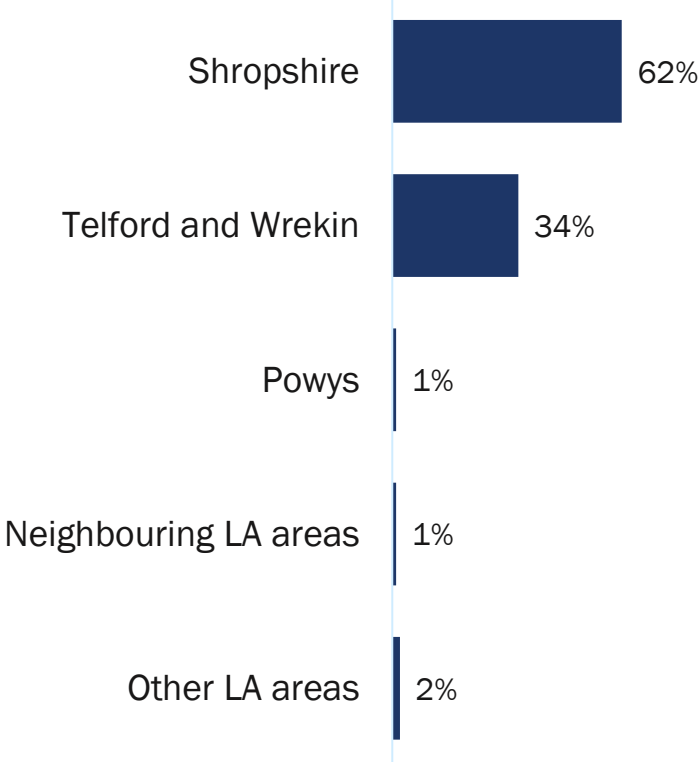
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Index of Multiple Deprivation



■ Total  
■ Telford and Wrekin  
■ Shropshire

Local authority (LA)

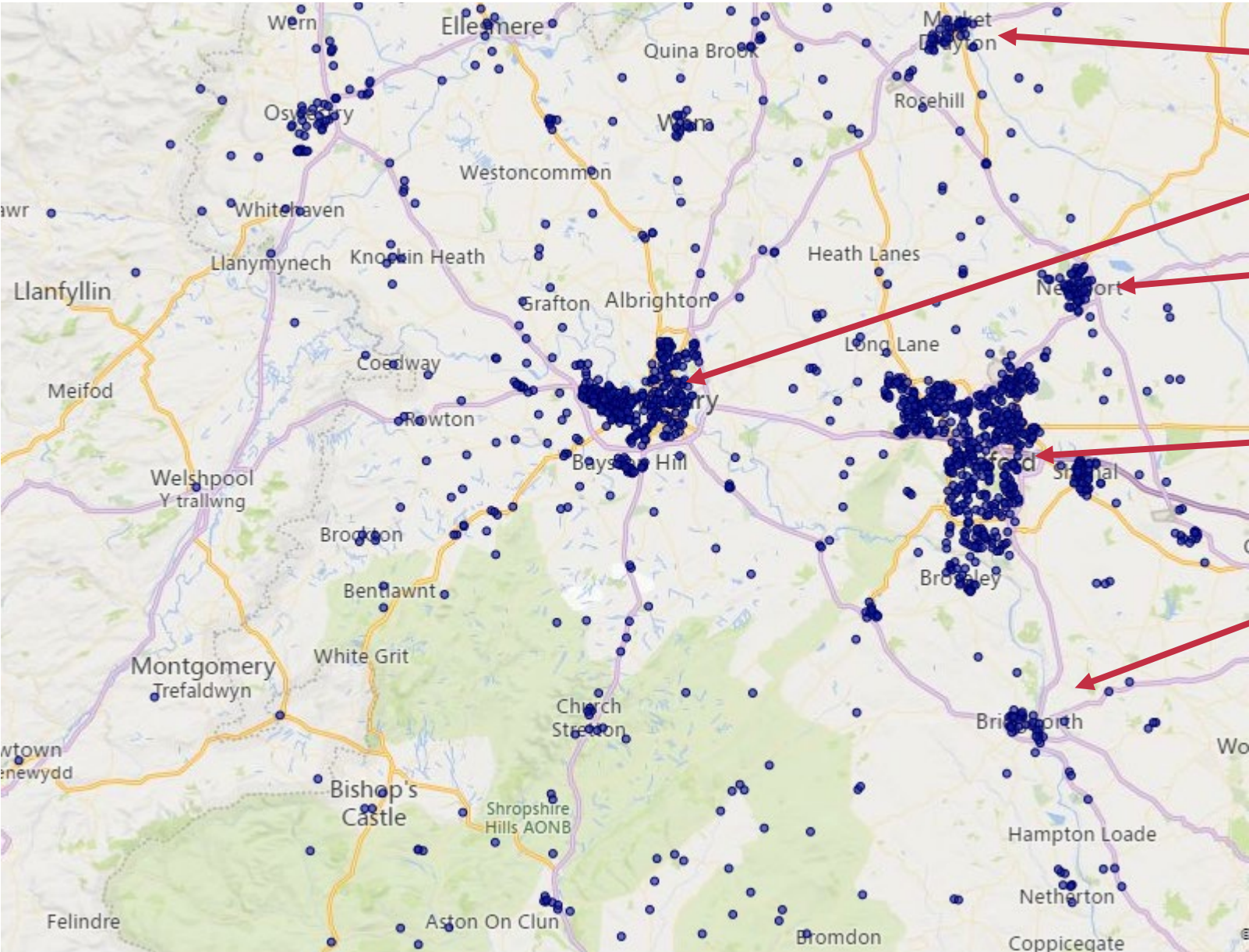


Index of multiple deprivation profiled from postcodes. Base: total - 1,992, Shropshire - 602, Telford and Wrekin - 58  
 Local authority profiled from postcodes. Base: 2,627

# Engagement survey respondent geographical profiling

Postcode map showing the location of survey respondents across Shropshire, Telford and Wrekin

Page 31



Market Drayton

Shrewsbury

Newport

Telford

Bridgnorth

# Experiences of using primary care services

## **Key finding:**

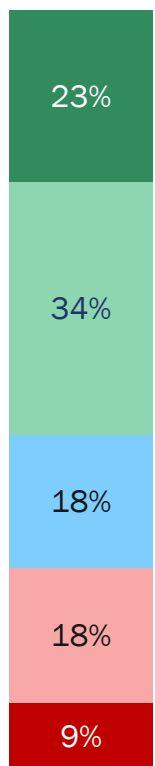
Out of all primary care services, GP services users have the most varied experiences.



# Experience of GP services

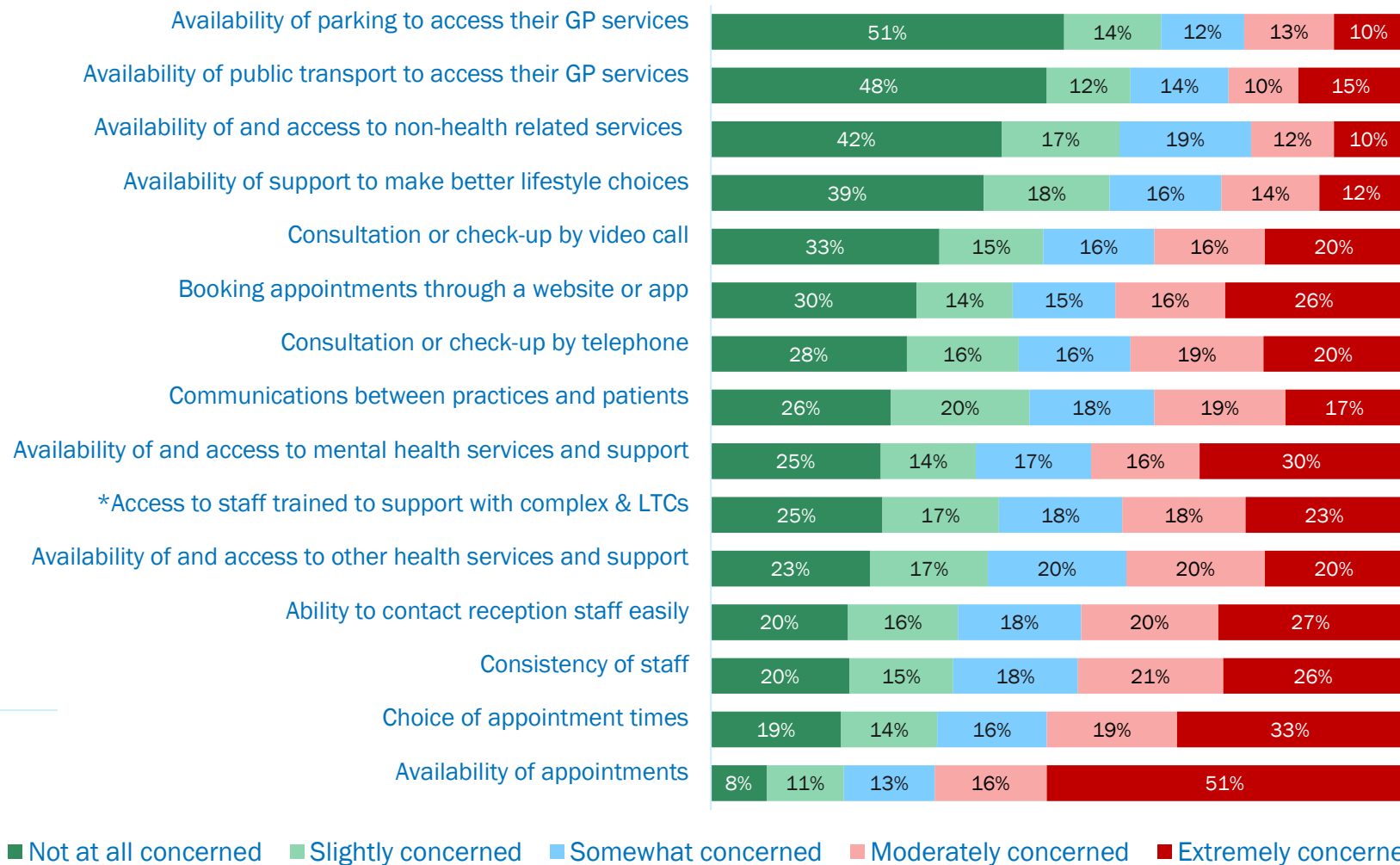
## Experience of GP services

Page 33



■ Very poor ■ Poor  
■ Neutral ■ Good  
■ Very good

## Concerns over GP services



- 93% (2,445) are registered with a GP, 7% (182) are not.
- 1,210 (56%) rated GP services as good or very good, while 566 (26%) rated them poor or very poor.
- Most stated they were extremely concerned about the availability of appointments (1,343 / 51%), choice of appointment times (863 / 33%) and the availability of and access to mental health services (775 / 30%).

Are you registered with a GP practice in Shropshire or Telford and Wrekin? Base: 2,627  
 Please rate your overall experience of the services you have used. GP services. Base: 2,153  
 Please tell us how concerned you are with the following aspects of GP services. Base: 2,627

\*Access to health and care staff trained to support with complex and long-term conditions.

# Experience of GP services – reasons for negative rating

## Key themes:

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Concerns over the difficulty of getting an appointment (e.g. especially post COVID-19, appointments run out by 8:05 am) (192 / 22%)



Consider improving access to face-to-face appointments (e.g. instead of phone appointments) (106 / 12%), Concern over long waiting times to get an appointment (103 / 12%)



Consider providing easier and quicker access to appointments (e.g. short waiting times, avoiding having to call multiple times) (115 / 13%)

“Easier access to face-to-face and phone consultations”  
(75 – 79, female, Shropshire)

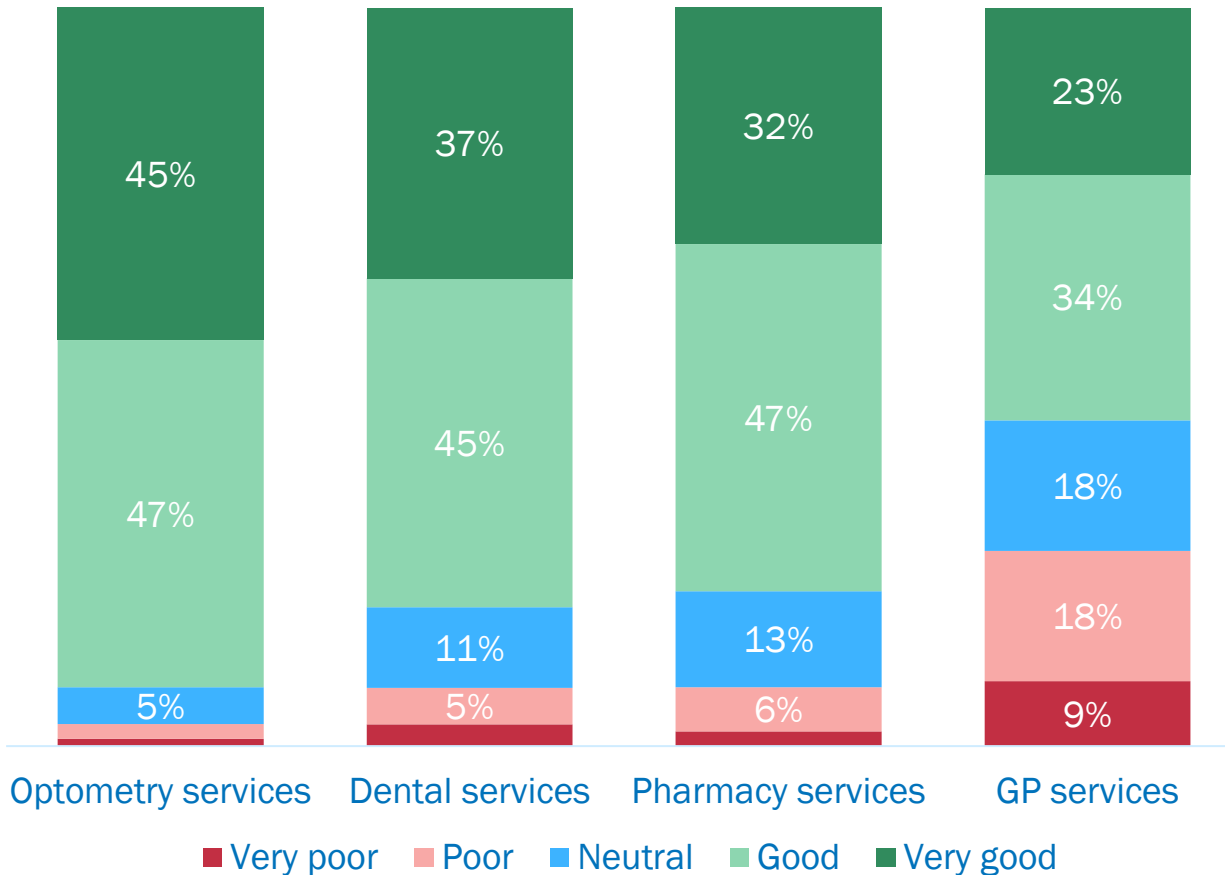
“Improve appointment waiting times. I am waiting six weeks for an appointment”  
(65 – 69, female, Shropshire)

“Being able to see my doctor when I want to. The surgery needs to open later in the evenings and weekends”  
(60 – 64, female, Shropshire)

# Experience of other primary care services - Total

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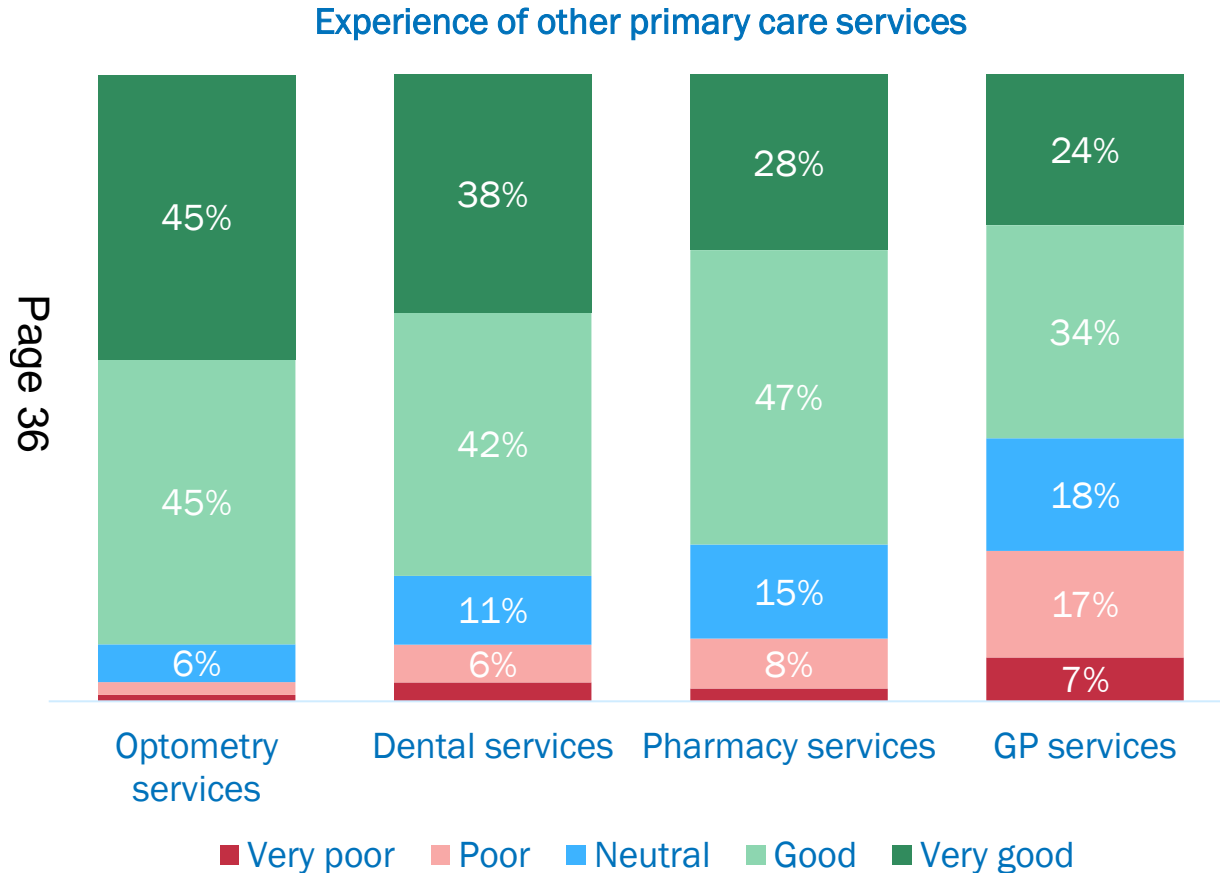
Experience of other primary care services



- 1,457 (79%) rated their overall experience of pharmacy services as good or very good, while 155 (8%) rated them poor or very poor.
- 1,028 (82%) rated their overall experience of dental services as good or very good, while 93 (7%) rated them poor or very poor.
- 738 (92%) rated their overall experience of optometry services as good or very good, while 20 (3%) rated them poor or very poor.
- 1,210 (56%) rated GP services as good or very good, while 566 (26%) rated them poor or very poor.

Please rate your overall experience of the services you have used. Pharmacy services. Base: 1,846  
 Please rate your overall experience of the services you have used. Dental services. Base: 1,258  
 Please rate your overall experience of the services you have used. Optometry services. Base: 807  
 Please rate your overall experience of the services you have used. GP services. Base: 2,153

# Experience of other primary care services – Shropshire



- 668 (59%) rated their overall experience of GP services as good or very good, while 272 (24%) rated them poor or very poor.
- 683 (75%) rated their overall experience of pharmacy services as good or very good, while 93 (10%) rated them poor or very poor.
- 494 (80%) rated their overall experience of dental services as good or very good, while 54 (9%) rated them poor or very poor.
- 360 (90%) rated their overall experience of optometry services as good or very good, while 14 (4%) rated them poor or very poor.

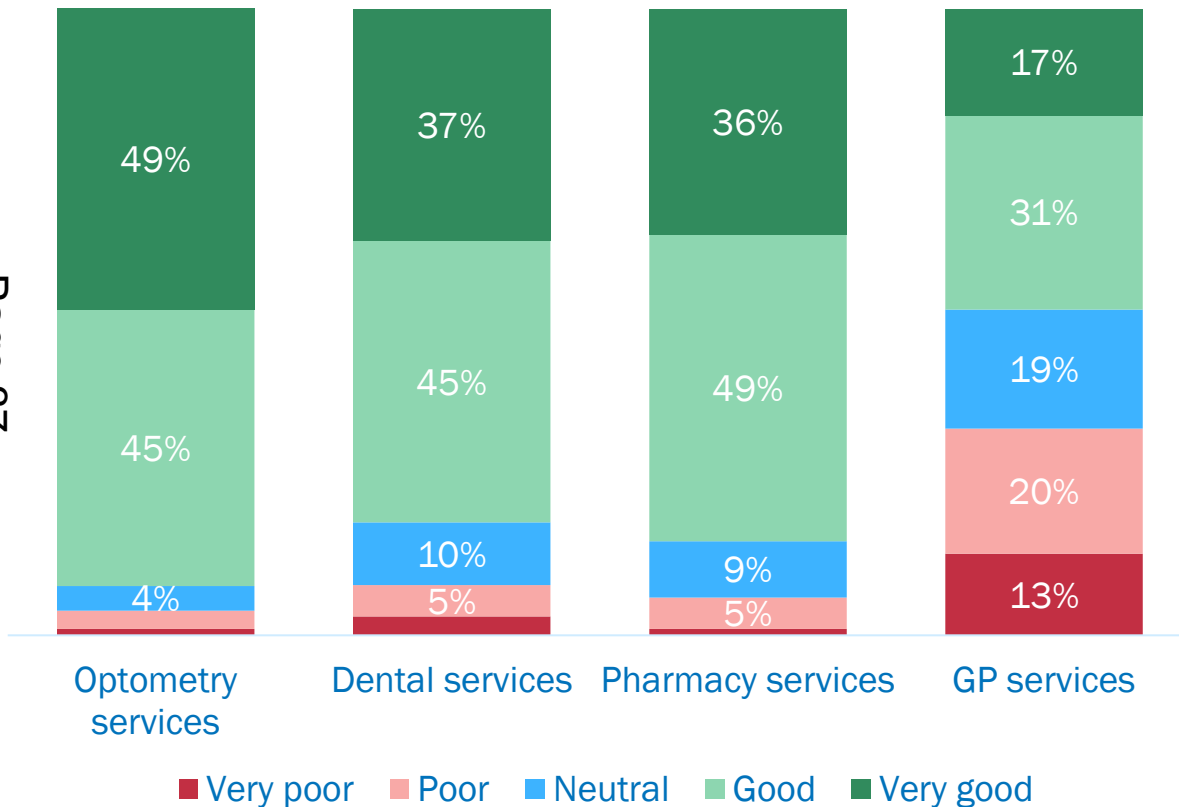
Please rate your overall experience of the services you have used. Pharmacy services. Base: 1,139  
 Please rate your overall experience of the services you have used. Pharmacy services. Base: 912  
 Please rate your overall experience of the services you have used. Dental services. Base: 618  
 Please rate your overall experience of the services you have used. Optometry services. Base: 399



# Experience of other primary care services – Telford and Wrekin

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Experience of other primary care services



- 294 (48%) rated their overall experience of GP services as good or very good, while 200 (33%) rated them poor or very poor.
- 456 (85%) rated their overall experience of pharmacy services as good or very good, while 32 (6%) rated them poor or very poor.
- 323 (82%) rated their overall experience of dental services as good or very good, while 30 (8%) rated them poor or very poor.
- 252 (93%) rated their overall experience of optometry services as good or very good, while 8 (3%) rated them poor or very poor.

Please rate your overall experience of the services you have used. Pharmacy services. Base: 610  
 Please rate your overall experience of the services you have used. Pharmacy services. Base: 538  
 Please rate your overall experience of the services you have used. Dental services. Base: 394  
 Please rate your overall experience of the services you have used. Optometry services. Base: 270

# Experience of other primary care services – reasons for negative rating

## Key themes:

### Pharmacy services



Consider reducing waiting times for prescriptions, medication and queues (111 / 33%)



Items out of stock including lack of substitutes (64 / 19%)



Poor service offered by staff (e.g. poor attitude, lack of knowledge, rude, unhelpful, unprofessional) (43 / 13%)

### Dental services



Dental services are expensive (22 / 11%)



Concern over long waiting times to find an NHS dentist (21 / 10%)



The service provided is poor (21 / 10%)

### Optometry services



Concern over long waiting times (14 / 24%)



Concern over difficulty in accessing the service (6 / 10%)



Concern over lack of follow-up appointments (6 / 10%)

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# Experience of other primary care services – reasons for negative rating

## Pharmacy services

“Every time we go to collect prescriptions we have to stand and wait for 45 minutes. They need more staff to keep up with demand”.

**(30 – 34, female, Shropshire)**

“Customer service training for pharmacy staff, increased access to medicines. Waiting 5 days for antibiotics with a raging throat infection is unacceptable”.

**(55 – 59, prefer not to say, Shropshire)**

“They are so rude, dismissive and unprofessional. When medication is not available they don’t tell you, and when you query it they just say they haven’t got it and you have to wait. Although I take 150mg of a specific tablet which were not available, they would not substitute them with 75mg which they did have in stock”.

**(50 – 54, female, Telford and Wrekin)**

## Dental services

“Overall this service is too expensive making it unaffordable now for anything more than a filling”.

**(65 – 69, male, Telford and Wrekin)**

“NHS dentist became private and can no longer access an NHS dentist after 40 years of paying taxes and national insurance, that’s disgusting”.

**(50 – 54, male, Shropshire)**

“No dentist available across the county, lack of empathy is widely spread ...and the advice is unacceptable...paracetamol?! Really? Is that way I pay over £400 insurance every month to hear that? 111 service retiring your emergency call after 30 hours - system is broken”.

**(35 – 39, female, no postcode provided)**

## Optometry services

“Been on waiting list following referral for over 3 years now. Signed consent form for surgery last September but still heard nothing”.

**(60 – 64, female, Telford and Wrekin)**

“Follow up appointments for Glaucoma referral running 4 months late at Shrewsbury. Needs way more clinics”.

**(60 – 64, male, Shropshire)**

“Absolutely need more trained staff and ones that aren’t rude and impatient”.

**(60 – 64, female, Telford and Wrekin)**

# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area stated GP services were very poor or poor compared to those living in the Shropshire area
- Significantly more respondents living in the Shropshire area stated they were extremely concerned about the availability of transport to access their GP services, compared to those living in the Telford and Wrekin area.

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## Age:

- Of all the age groups, significantly more of those aged between 35 and 49 stated they were extremely concerned about the availability of and access to mental health services and support.



## Ethnicity:

- Significantly more respondents from White ethnic backgrounds stated they were extremely concerned around the availability of appointments, compared to those from Asian / Asian British and Mixed / Multi-ethnic backgrounds.



## Limitation in day-to-day activities:

- Significantly more respondents limited in their day-to-day activities stated they were extremely concerned about accessing health and care staff trained to support with complex and long-term conditions, compared to those not limited in their day-to-day activities



## Deprivation:

- Significantly more respondents living in the most deprived areas (IMD quintile 1) stated they were extremely concerned about the choice of appointment times, compared to those living in less deprived areas (IMD quintile 4)
- Significantly more respondents living in more deprived areas (IMD quintile 2) stated they were extremely concerned about the availability of public transport to access their GP services, compared to those living in the least deprived areas (IMD quintiles 4 and 5).

# Experiences of using secondary care services

## Key finding:

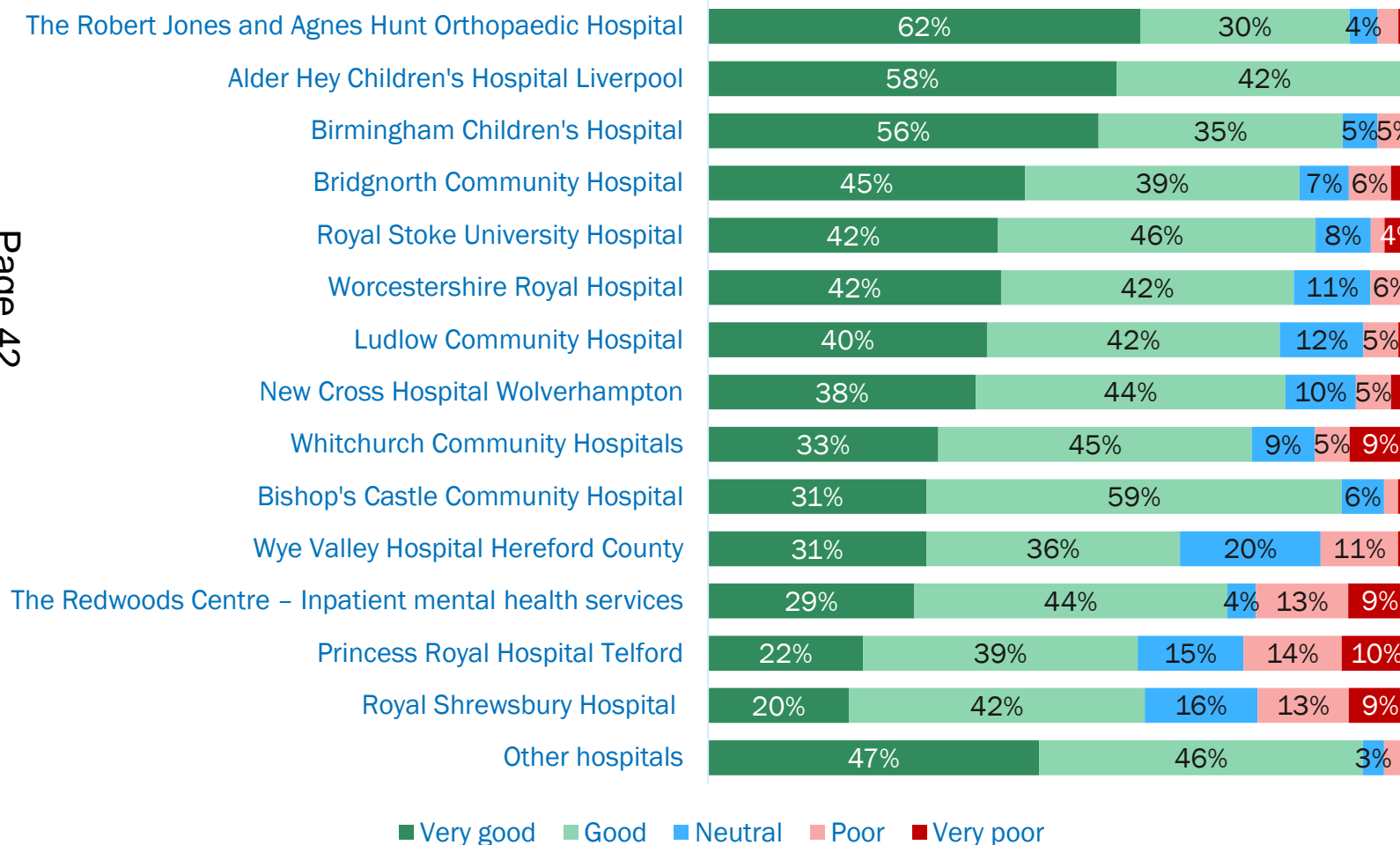
Proportionally more respondents rated their experience of Royal Shrewsbury Hospital and Princess Royal Hospital negatively.



# Experience of secondary care services

## Experience of secondary care services

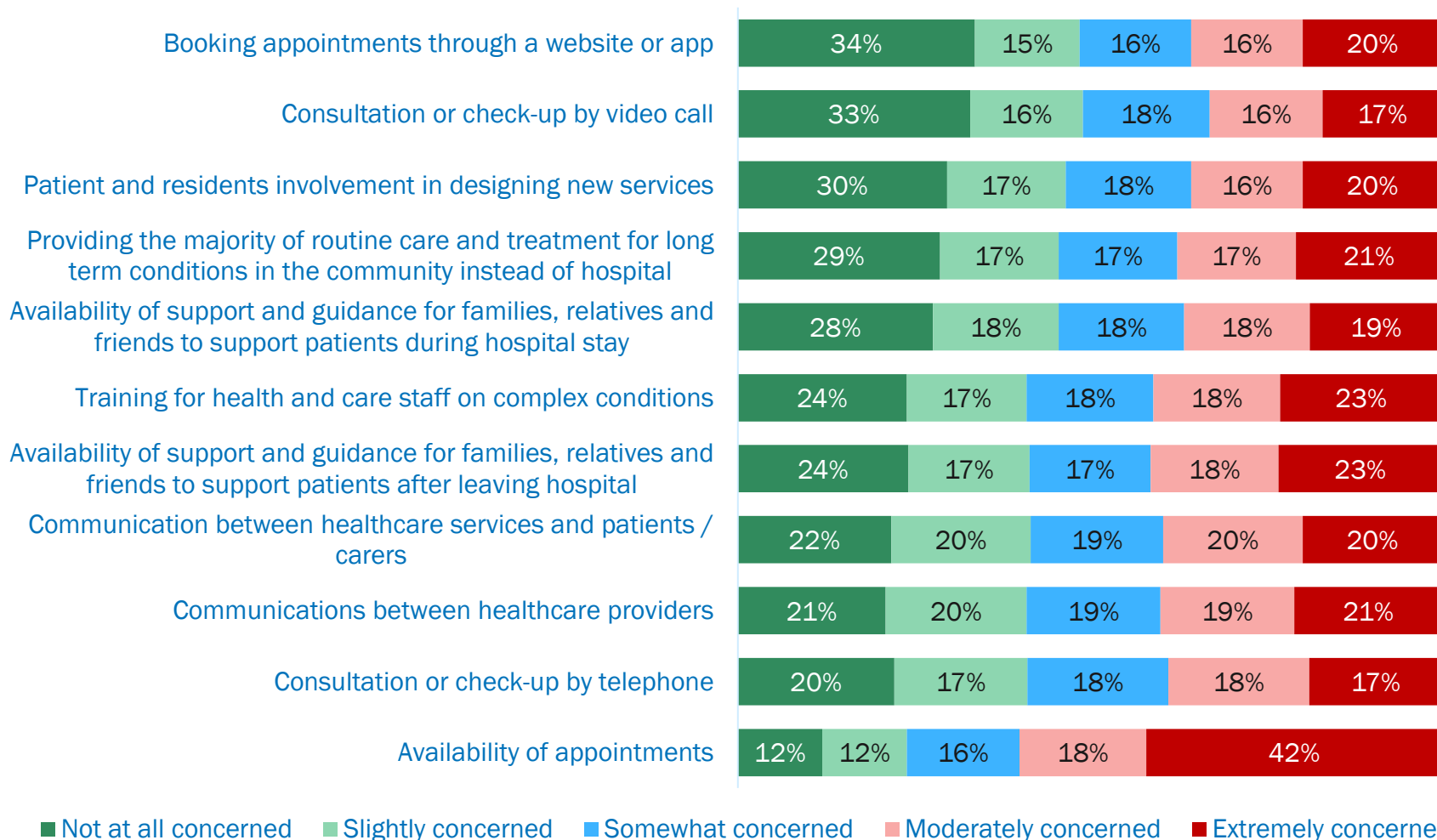
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- Out of 2,174 who have used secondary care services, 1,320 (61%) respondents used the Royal Shrewsbury Hospital, 1,310 (60%) used the Princess Royal Hospital while 560 (26%) used the Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH).
- 12 (100%) rated Alder Hey Children's Hospital Liverpool as very good or good, while 510 (91%) rated RJAH and 39 (91%) rated Birmingham Children's Hospital as very good or good.
- 818 (62%) rated Royal Shrewsbury Hospital as very good or good, and 797 (61%) rated Princess Royal Hospital as very good or good.

# Levels of concern around secondary care services

## Concerns over secondary care services



- Most were extremely concerned about the availability of appointments (1,098 / 42%).
- Respondents were least concerned about booking appointments through a website or app (894 / 34%).

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# Experience of secondary care services – reasons for negative rating

## Overview of key themes:

Concerns over  
appointment waiting  
times

Poor quality of care

Concerns over the  
recruitment and  
retention of staff, and  
their attitude towards  
patients

Lack of car parking  
availability

Concerns over poor  
communication



# Experience of secondary care services – reasons for negative rating

**Royal Shrewsbury Hospital:** “Staff could show some interest in me as a patient. They lack motivation”.  
(80 and over, male, Shropshire)

**Princess Royal Hospital, Telford:** “Easier access by public transport from Shrewsbury and back. There is only one consultant in the whole of Shropshire who sees patients with my condition and it is not his main job so appointments are difficult to get and he is overworked, so at least one more specialist in ME/CFS [myalgic encephalomyelitis / chronic fatigue syndrome] would be the minimum to improve things”. (70 – 74, female, Shropshire)

**Ludlow Community Hospital:** “I wasn’t offered an X-ray on my leg for a month, when I did get an X-ray a stress fracture was found but I wasn’t informed for another month! The physio put in a complaint”.  
(55 – 59, female, Shropshire)

**Ludlow Community Hospital:** “More communication with patients family”.  
(60 – 64, female, Shropshire)

**Bridgnorth Community Hospital:** “Staff should have qualifications to give antibiotics since Bridgnorth have lost their GP support, instead of us having to travel 18 miles to Telford”.  
(55 – 59, female, Shropshire)

**Bridgnorth Community Hospital:** “Reception staff poor, only solution ‘bring him in’ to add to very busy department when all that was needed was a practice clinic appointment”.  
(55 – 59, female, Shropshire)

**Princess Royal Hospital, Telford:** “Better staffing levels, waiting times, doctors that are easier to understand”.  
(35 – 39, male, Telford and Wrekin)

**The Robert Jones and Agnes Hunt Orthopaedic Hospital:** “One of the best hospitals but waiting time to see consultants there is few years. Why are patients waiting 3 years for emergency back surgery? Like my friend. And after 3 years waiting, she was moved to Birmingham orthopaedic hospital where she is finally getting her operation hopefully soon”.  
(30 - 34, female, Telford and Wrekin)

**The Robert Jones and Agnes Hunt Orthopaedic Hospital:** “Too many cancelled appointments”.  
(70 – 74, female, no postcode provided)

**Royal Shrewsbury Hospital:** “Communication between staff and family members was non-existent. This needs to change. Also, please don't leave deceased patients in view of other patients”. (45 – 49 , female, no postcode provided)

No responses were received for Bishop's Castle Community Hospital and Alder Hey Children's Hospital, Liverpool

You said your overall experience of [Hospital name] was [very poor / poor / neither good nor poor].

What do you think could be done to improve your overall experience? Base: 1 - 469

# Experience of secondary care services – reasons for negative rating

**Whitchurch Community Hospital:** “Better physiotherapy, treat the patient, not everyone is the same. Again patient focus poor”.

(70 – 74, male, Shropshire)

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**Whitchurch Community Hospital:** “Have more availability for blood testing. Having to get frequent blood tests for chemo I had to travel to Shrewsbury or Telford, as I wasn't capable of booking far enough ahead to get an appointment in Whitchurch. When I did get an appointment in Whitchurch the blood letter would try and insist on using my left arm which has poor veins, and hurt a lot. When she did use my right arm, which has a really obvious vein it still was more painful and uncomfortable than any of the appointments I had elsewhere”.

(40 – 44, female, Shropshire)

**The Redwoods Centre – inpatient mental health services:** “The acute wards need a complete overhaul from the top down. Inhumane treatment, lack of communication with family, traumatic experiences for patients, unsafe and uncaring. I would never want my son to go there again”.

(55 – 59, female, Shropshire)

**The Redwoods Centre – inpatient mental health services:** “Nurses need to spend more time with patients”.

50 – 54, female, Shropshire)

**Worcestershire Royal Hospital:** “Personally its too far to travel I think we should have a large hospital in Ludlow”.

(55 – 59, female, Shropshire)

**Other hospital:** “Waiting times must be reduced. More common-sense organisation needed - appalled at lack of it in A&E for example. Waiting room stuffed full of people but doctors sitting round chatting doing very little - even remarked upon by their colleagues. Someone needs to get a grip of it and sort it”. (75 – 79, female, Shropshire)

**New Cross Hospital, Wolverhampton:** “Lack of communication between hospital and doctors, the fact that we were sent there when our local hospital is the Princess Royal in Telford”.

(40 – 44, female, Telford and Wrekin)

**Birmingham Children's Hospital:** “Waiting times to be seen. A&E at breaking point. Communication between hospitals and shared notes etc”.

(35 – 39, female, Telford and Wrekin)

# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area rated their experience of services at Princess Royal Hospital as very poor or poor, compared to those living in the Shropshire area.
- Significantly more respondents living in the Telford and Wrekin area stated they were extremely concerned about consultations or check-ups by telephone and booking appointments through a website or app, compared to those living in the Shropshire area.



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## Age:

- Significantly more respondents aged over 65 stated they were extremely concerned about consultation or check-ups by video call, compared to those aged under 50.

## Limitation in day-to-day activities:

- Significantly more respondents not limited in their day-to-day activities rated their experience of services at Bridgnorth Community Hospital as very good or good, compared to those limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents living in the most deprived areas (IMD quintiles 1 and 2) stated they were extremely concerned about booking appointments through a website or app, compared to those living in less deprived areas (IMD quintiles 3, 4 and 5).



## Ethnicity:

- Significantly more respondents from Asian / Asian British ethnic backgrounds stated they were extremely concerned about the availability of support and guidance for families, relatives and friends to support patients during hospital stays, compared to those from Mixed / Multi-ethnic backgrounds.

# Summary of findings on experiences of secondary care

Out of 2,174 respondents using secondary care services, most stated they have used Royal Shrewsbury Hospital. 62% of respondents rated their experience positively, and 22% rated it negatively.

The Princess Royal Hospital was rated positively by 61% of respondents and negatively by 24%.

The hospitals receiving the highest positive ratings were Alder Hey Children's Hospital and the Robert Jones and Agnes Hunt Orthopaedic Hospital.

Key areas of concern include the availability of appointments, training for health care staff around complex conditions, the availability of support for relatives and friends on how to support patients after leaving hospital, long waiting times, poor quality of care and lack of car parking.

Suggestions to improve respondent's experience of secondary care services were around recruiting more staff, improving the care provided, and improving the communication between staff and patients.

# Experiences of community services

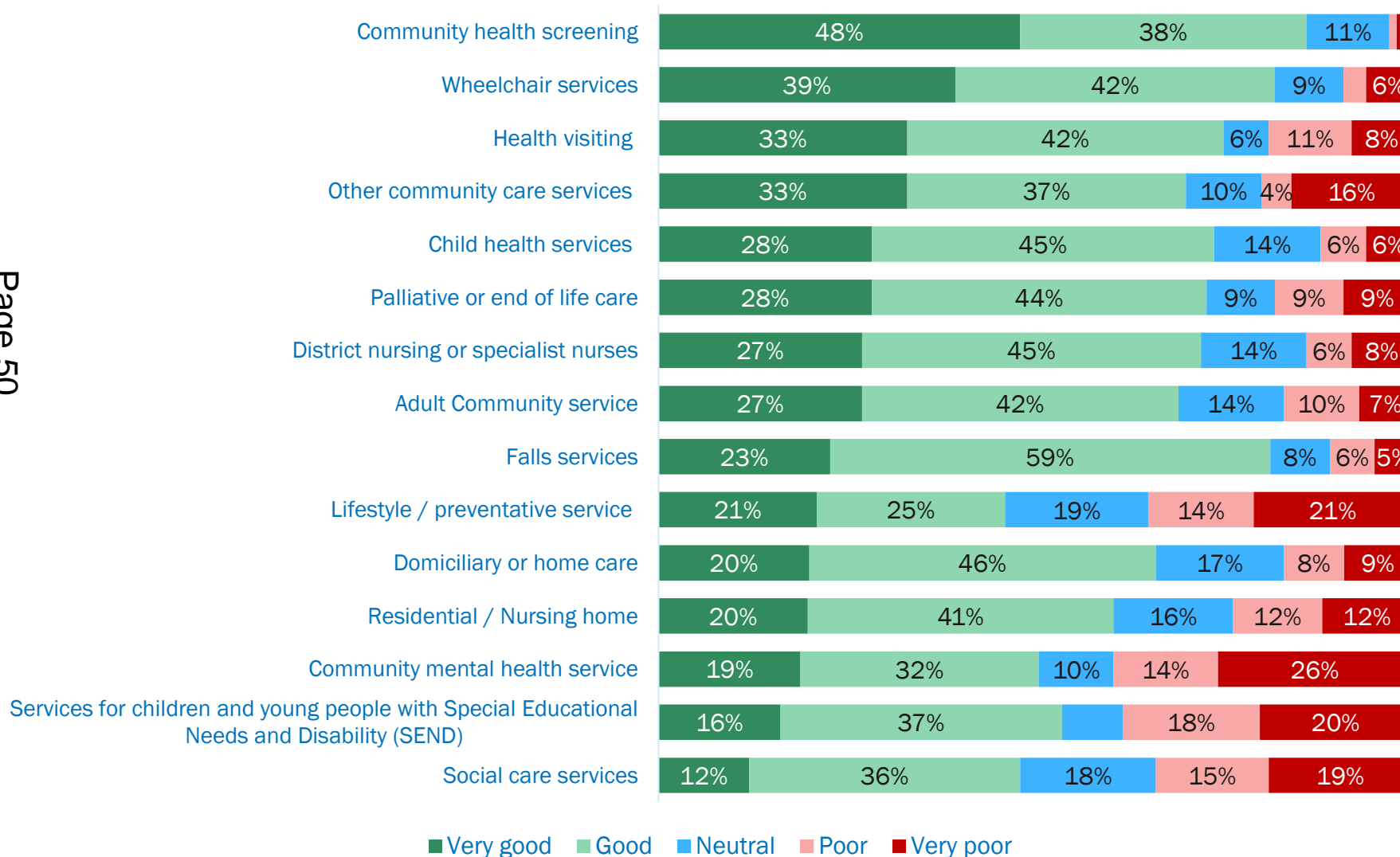
## **Key finding:**

**Most community services are rated positively.**



# Experience of community services - Total

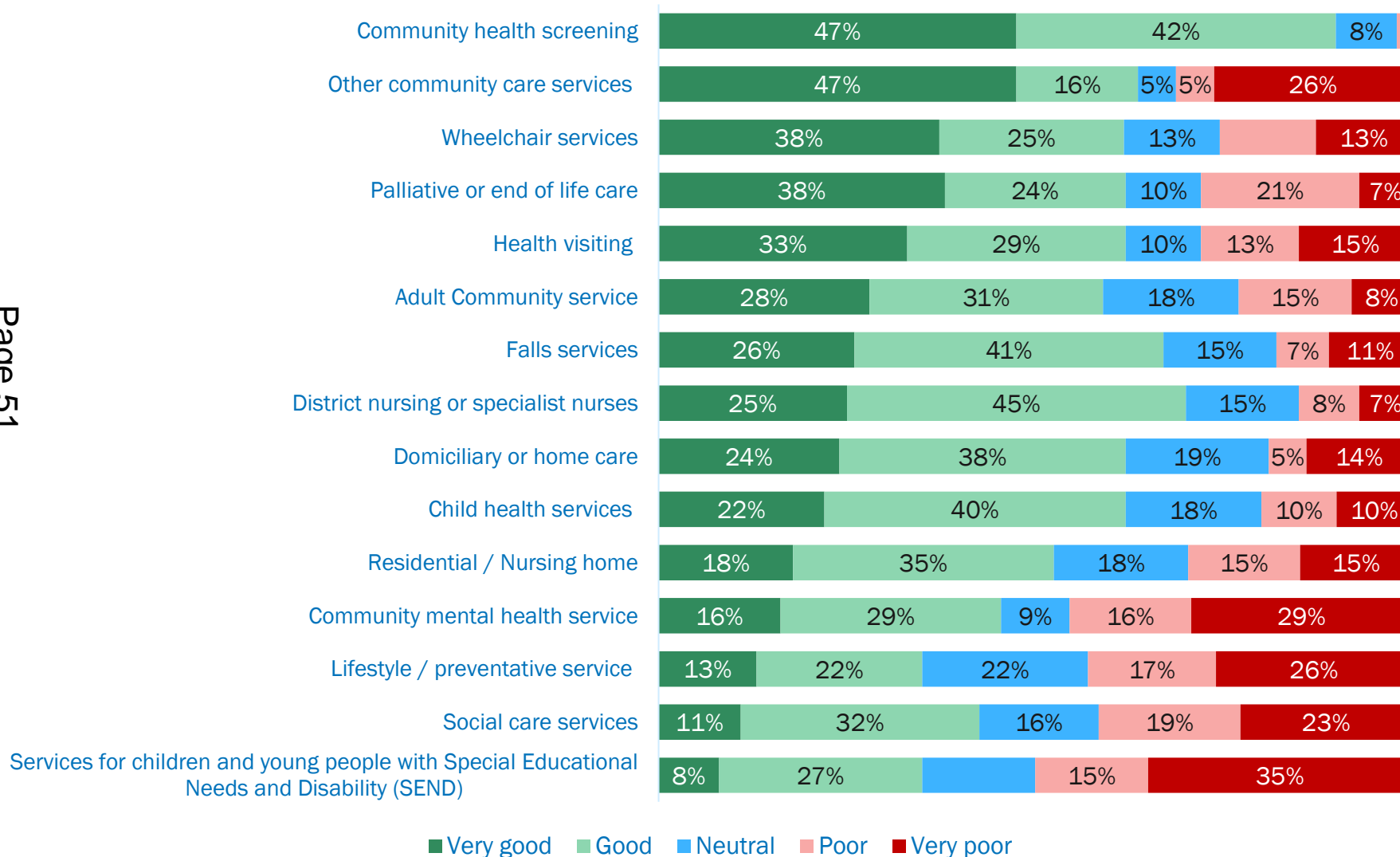
## Experience of community services



- A total of 794 used the community services, of which:
  - 141 (86%) rated community health screening as very good or good
  - 71 (82%) rated falls services
  - 27 (82%) rated wheelchair services as very good or good
- Respondents rated community mental health services (57 / 40%) as very poor or poor
- Services for children and young people with Special Educational Needs and Disability (SEND) (38 / 38%) were rated as very poor or poor.

# Experience of community services - Shropshire

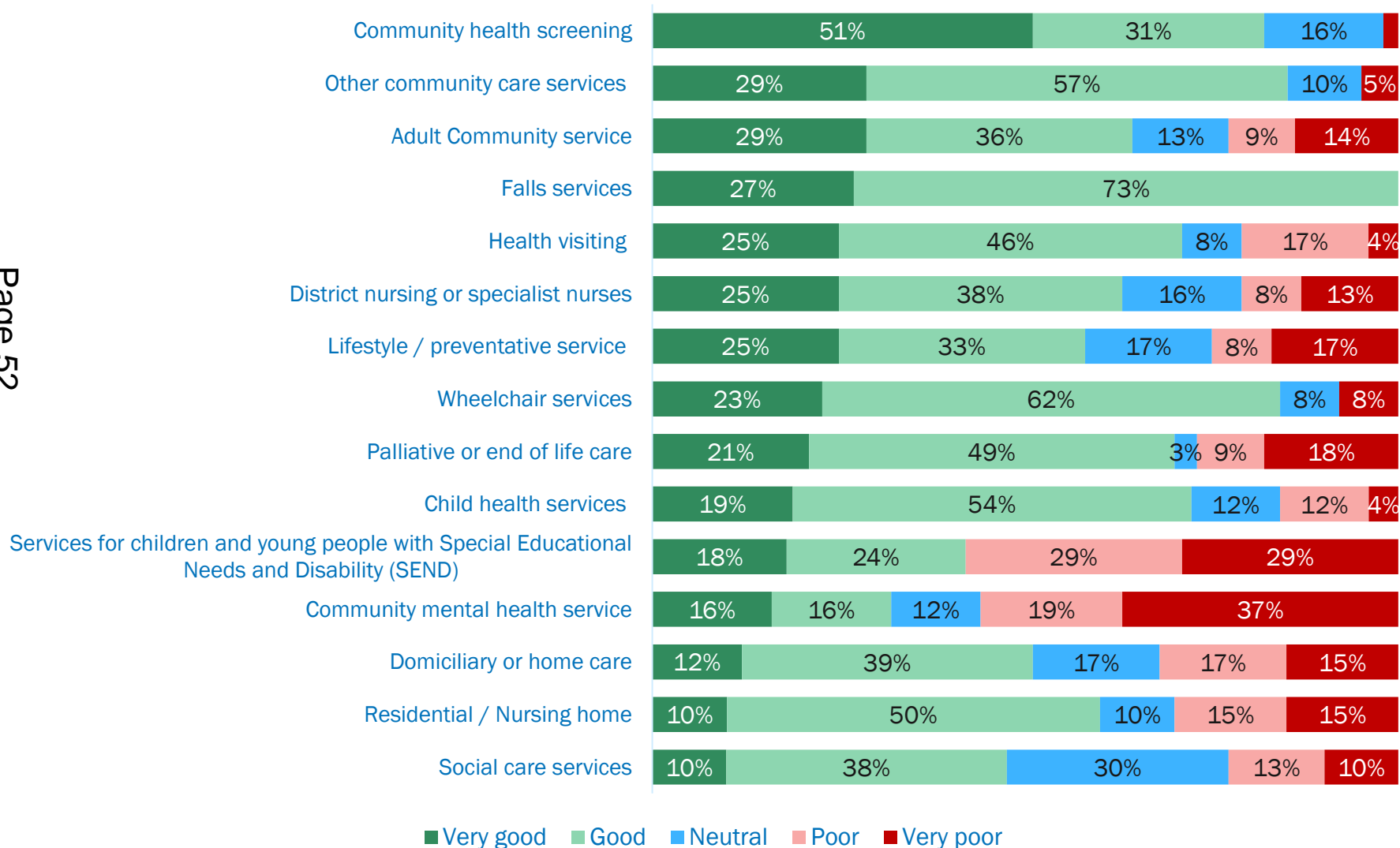
## Experience of community services



- A total of 303 respondents from Shropshire used the community services, of which 68 (90%) rated community health screening as very good or good, while 51 (70%) rated district nursing or specialist nurses as very good or good
- Respondents rated services for children and young people with Special Educational Needs and Disability (SEND) (13 / 50%) as very poor or poor, and rated community mental health services (31 / 46%) as very poor or poor.

# Experience of community services – Telford and Wrekin

## Experience of community services

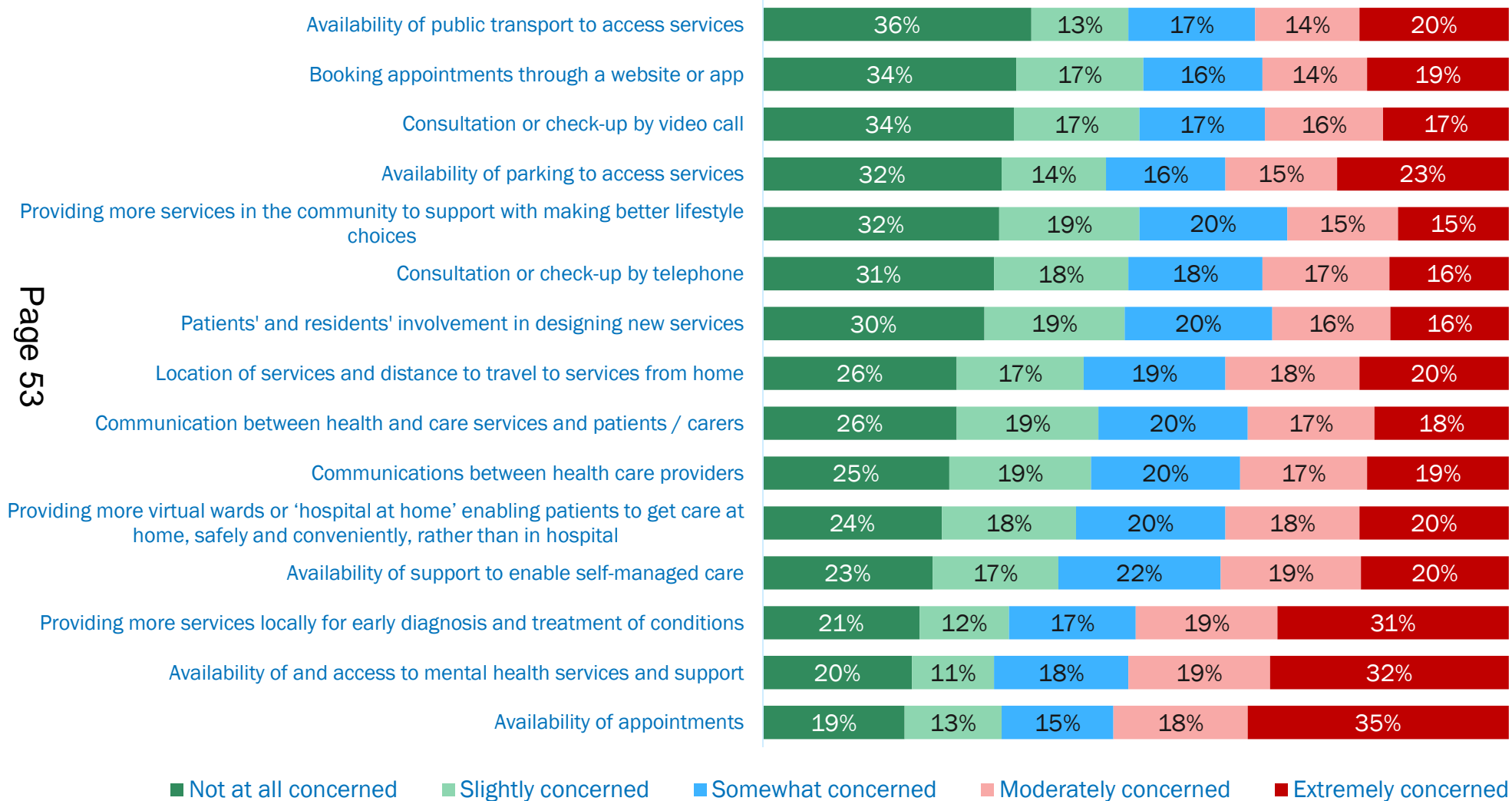


- A total of 208 respondents used the community services, of which:
  - 11 (100%) rated falls services as very good or good
  - 18 (86%) rated other community care services as very good or good
  - 11 (85%) rated wheelchair services as very good or good.
- Respondents rated services for children and young people with Special Educational Needs and Disability (SEND) (10 / 59%) as very poor or poor, and community mental health services (24 / 56%) as very poor or poor.



# Levels of concern around community services - Total

## Concerns over community services



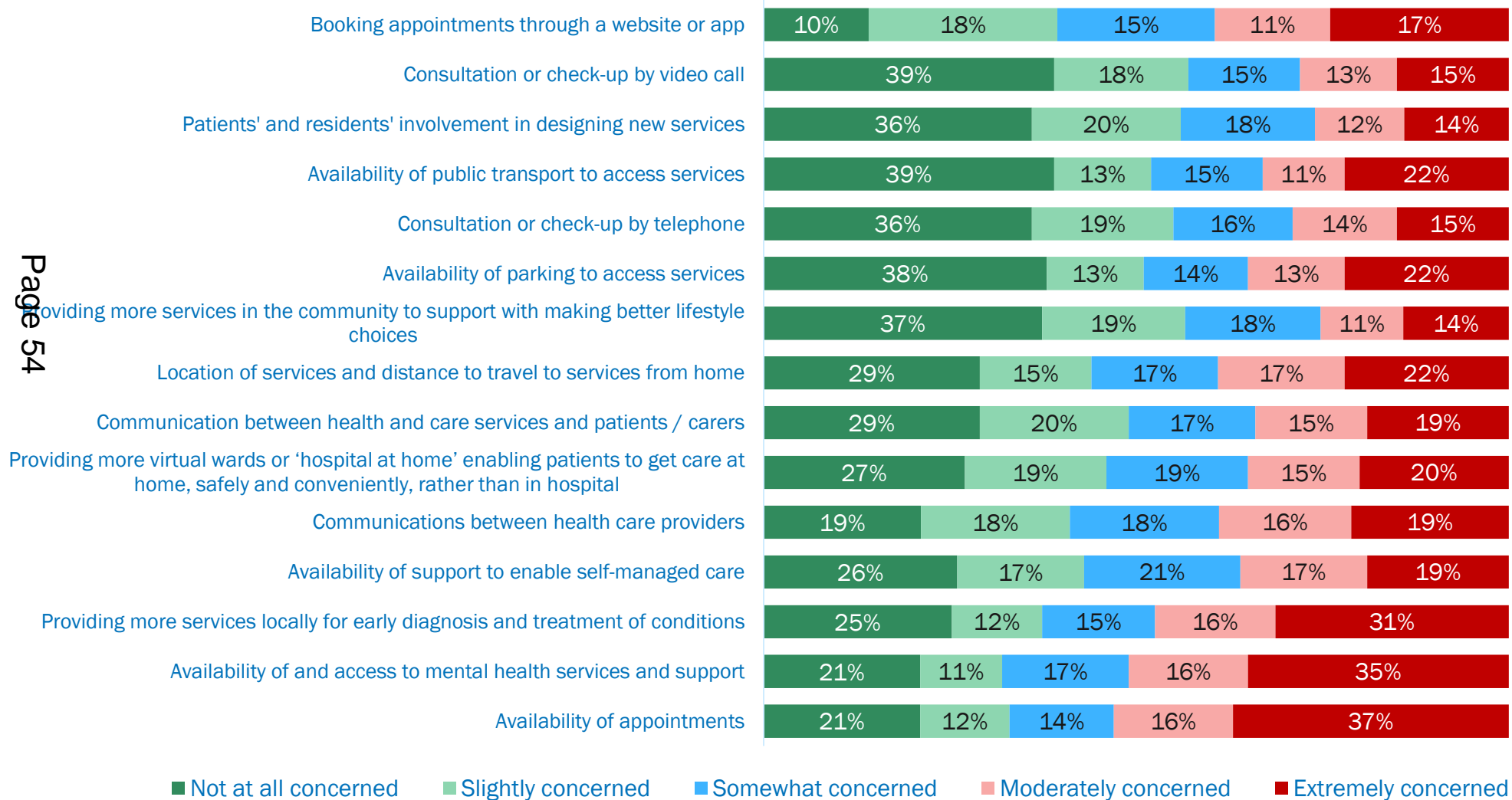
Most respondents were extremely concerned around:

- The availability of appointments (928 / 35%)
- Availability and access to mental health services and support (839 / 32%)
- Providing more services locally for early diagnosis and treatment of conditions (814 / 31%).

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# Levels of concern around community services - Shropshire

## Concerns over community services



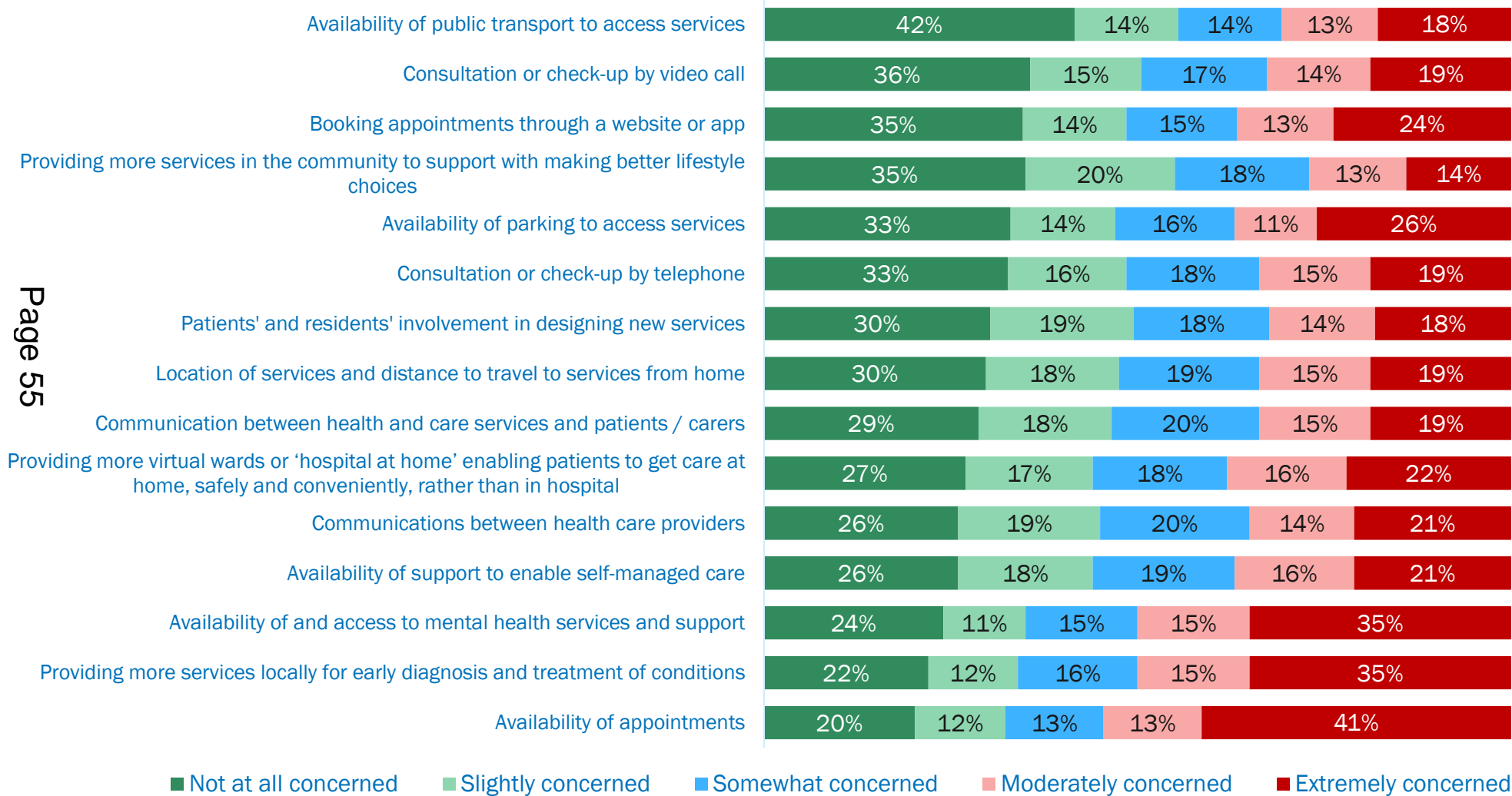
Most respondents were extremely concerned around:

- The availability of appointments (454 / 37%)
- Availability and access to mental health services and support (433 / 35%)
- Providing more services locally for early diagnosis and treatment of conditions (386 / 31%).

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# Levels of concern around community services – Telford and Wrekin

## Concerns over community services



Most respondents were extremely concerned around:

- Availability of appointments (285 / 41%)
- Availability and access to mental health services and support (242 / 35%)
- Providing more services locally for early diagnosis and treatment of conditions (240 / 35%).

# Experience of community services – reasons for negative rating

## Overview of key themes:

Difficulties getting appointments and long waiting times

Poor quality of care

Concerns around staff attitude and quality of service (e.g. attending appointments late)

Concerns around the lack of home visits

Lack of community screening services

Concerns around limited grants for wheelchair services

# Experience of community services – reasons for negative rating - Shropshire

## Child health services:

“Our school nurse is non-existent we haven’t seen her once and my son has medical needs”.

(30 – 34, female, Shropshire)

## Services for children and young people with special educational needs and disability (SEND):

“The waiting list for CAMHS is ridiculous. I have a suicidal autistic child and have been told it could be over 6 months for them to have counselling”.

(35 – 39, female, Shropshire)

## Palliative or end of life care:

“More visits by doctor and more support for family, we were left to look after my Mum practically on our own until a couple of days before she died when an end-of-life package was given”.

(60 – 64, female, Shropshire)

## Health visiting:

“More health visitors per area population and consideration to the traveling they have to do”.

(65 – 69, male, Shropshire)

## Falls services:

“What falls service? My mother fell several times in sheltered housing and we got zero support”.

(40 – 44, female, Shropshire)

## Other community care services:

“CAHMS and beam support virtually non-existent, unbelievable wait times, families left adrift with no support”.

(40 – 44, female, Shropshire)

## Residential / nursing home:

“Better pay for carers. More local care homes. Transport for elderly to visit spouses for all. When they are not placed locally”.

(70 – 74, female, Shropshire)

## Social care services:

“My condition is rare and the assessor obviously did not understand my problems. Maybe a little research beforehand would have helped”.

(60 – 64, female, Shropshire)

**Wheelchair services:** “The grant from wheelchair services is only available for a cheaper chair which is unsuitable in most people’s cases”.

(20 – 24, female, Shropshire)

**Community health screening:** “Appalling experience. Will never go again. They need training in disability awareness. They only consider mobility issues disability, chronic severe pain and inability to get into and hold positions is not even considered. It was painful and distressing”. (55 – 59, prefer not to say, Shropshire)

# Experience of community services – reasons for negative rating – Telford and Wrekin

## Community mental health service:

“Extremely long waiting lists and same inappropriate treatment plans offered by untrained staff unable to diagnose”.

**(50 – 54, female, Telford and Wrekin)**

## Lifestyle / preventative services:

“Would prefer face-to-face not very good with doing things on computer. So would prefer seeing someone face-to-face”.

**(55 – 59, female, Telford and Wrekin)**

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## Adult community service:

“More appointments or more time with specialist”.

**(80 and over, male, Telford and Wrekin)**

## District nursing or specialist nurses:

“More staff”.

**(55 – 59, male, Telford and Wrekin)**

## Domiciliary or home care:

“Complete lack of coordination between services and commissioning needs to be done properly”.

**(75 – 79, male, no postcode provided)**

# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area stated they were extremely concerned about consultations or check-ups by telephone and about booking appointments through a website or app, compared to those living in the Shropshire area.



## Age:

- Significantly more respondents aged under 35 rated palliative or end of life care and community mental health services as very good or good, compared to those aged between 50 and 64.



## Limitation in day-to-day activities:

- Significantly more respondents limited in their day-to-day activities rated community mental health services and services for children and young people with Special Educational Needs and Disability (SEND) as very poor or poor, compared to those not limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents in more deprived areas (IMD quintiles 2 and 3) stated they were extremely concerned about the location of services and distance to travel to services from home, compared to those living in the least deprived areas (IMD quintile 5).



## Ethnicity:

- Significantly more respondents from White ethnic backgrounds stated they were extremely concerned about the availability of, and access to, mental health services and support, compared to those from Mixed / Multi-ethnic and Asian / Asian British ethnic backgrounds.

# Summary of findings on experiences of community services

Out of 794 respondents using community services, most stated they have used adult community services (26%) and district nursing or specialist nursing services (26%).

Community services with the highest positive ratings were community health screening, wheelchair services and health visiting services. While services with the highest negative ratings were community mental health services, services for children and young people with special education needs, lifestyle / preventative services and social care services.

Key areas of concern include the availability of appointments, availability and access to mental health services and support, providing more services locally for earlier diagnosis and treatment, long waiting times, lack of care, staff not turning up to appointments and lack of home visits.

Suggestions to improve respondent's experience of community care services were to ensure more appointments are available and the need to provide more screening services.



# Using technology to provide and access health and care services

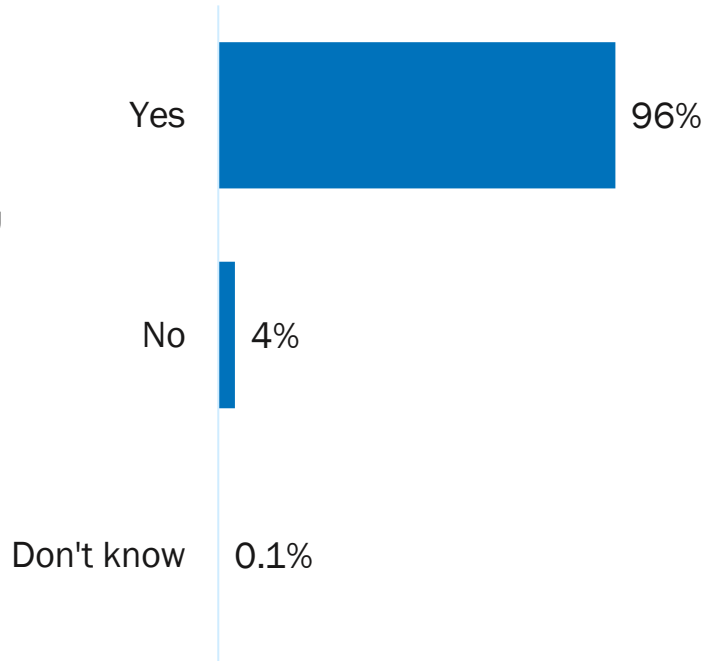
## **Key finding:**

Opinions are split on the use of technology to access health and care services.



# Using technology to provide and access health and care services

## Access to broadband at home



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## Other locations respondents have access to internet



Home of a family member or friend  
(1,683 / 64%)



Pubs, cafes or restaurants  
(1,323 / 50%)

## Tasks done the most online or via an app



Order medication  
(1,552 / 59%)



Book health appointments  
(1,326 / 51%)

## What makes respondents feel more comfortable using technology



Written instructions  
(807 / 42%)



Video instructions  
(532 / 28%)

Do you have broadband at home? Base: 2,627

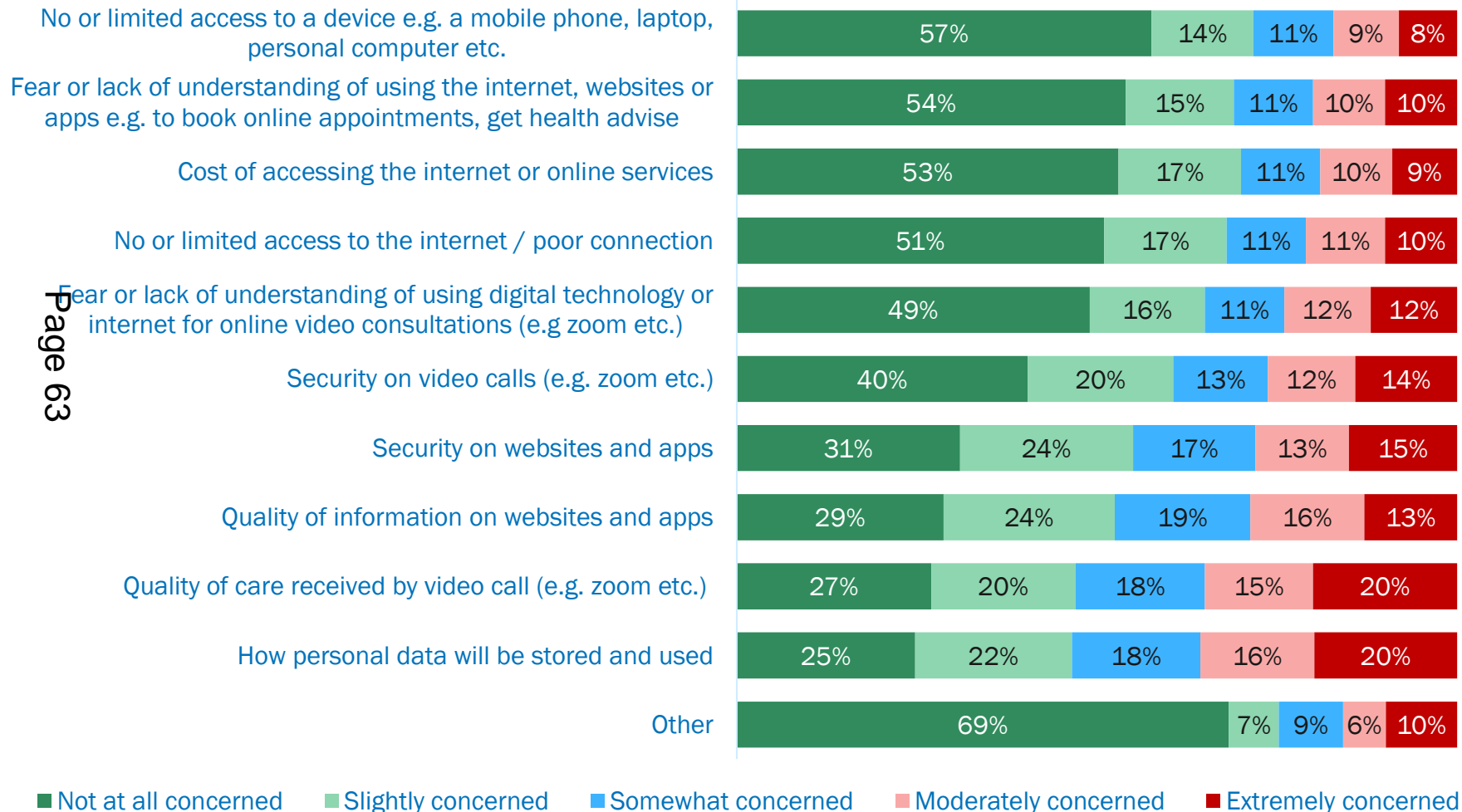
Do you access wi-fi in any of these locations? Base: 2,627

Which of the following have you done online or via an app? Base: 2,627

How could we make you feel more comfortable using technology to access health and care services? Base: 1,931

# Levels of concern around using technology to provide and access health and care services

## Concerns around using technology



- Most respondents were extremely concerned about how personal data would be stored and used (520 / 20%) and the quality of care received by video call (513 / 20%).

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# Key findings across sub-groups



## Geography:

- Significantly more respondents living in the Telford and Wrekin area stated they were extremely concerned about fear or lack of understanding of using the internet, websites or apps and about the quality of care received by video call, compared to those living in the Shropshire area.



## Age:

- Significantly more respondents across all ages stated they were extremely concerned about fear or lack of understanding of using the internet, websites or apps, compared to those aged between 35 and 49.



## Limitation in day-to-day activities:

- Significantly more respondents limited in their day-to-day activities stated they were extremely concerned about the quality of care received by video call, compared to those not limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents living in less deprived areas (IMD quintile 4) stated they were not concerned about the security of video calls, when compared to those living in the most deprived areas (IMD quintile 1).
- Significantly more respondents living in in the most deprived areas (IMD quintile 1) stated they were extremely concerned about the security on websites and apps, compared to those living in all other areas (IMD quintiles 2, 3, 4 and 5).



## Ethnicity:

- Significantly more respondents from Mixed / Multi-ethnic and Asian / Asian British ethnic background stated they did not have broadband at home, compared to those from White ethnic backgrounds.

# Summary findings

Out of 2,627 respondents, 89% stated they have a smart phone that can access the internet, while 70% stated they have a personal computer or laptop.

Most respondents stated they access the internet using their smartphones, tablets or personal computer or laptop. Respondents either use their own broadband at home, the broadband at a family member's or a friend's house, and at pubs, cafés or restaurants.

The tasks that were most commonly completed online or via an app are ordering medication, booking health appointments, and finding information about medication.

Suggestions for making respondents more comfortable using technology to access health care services included providing written or video instructions.

Key areas of concern around using technology to provide and access health and care services included how personal data would be stored and used, quality of care received through virtual methods, and the security of websites and apps.

# Living well and self-care

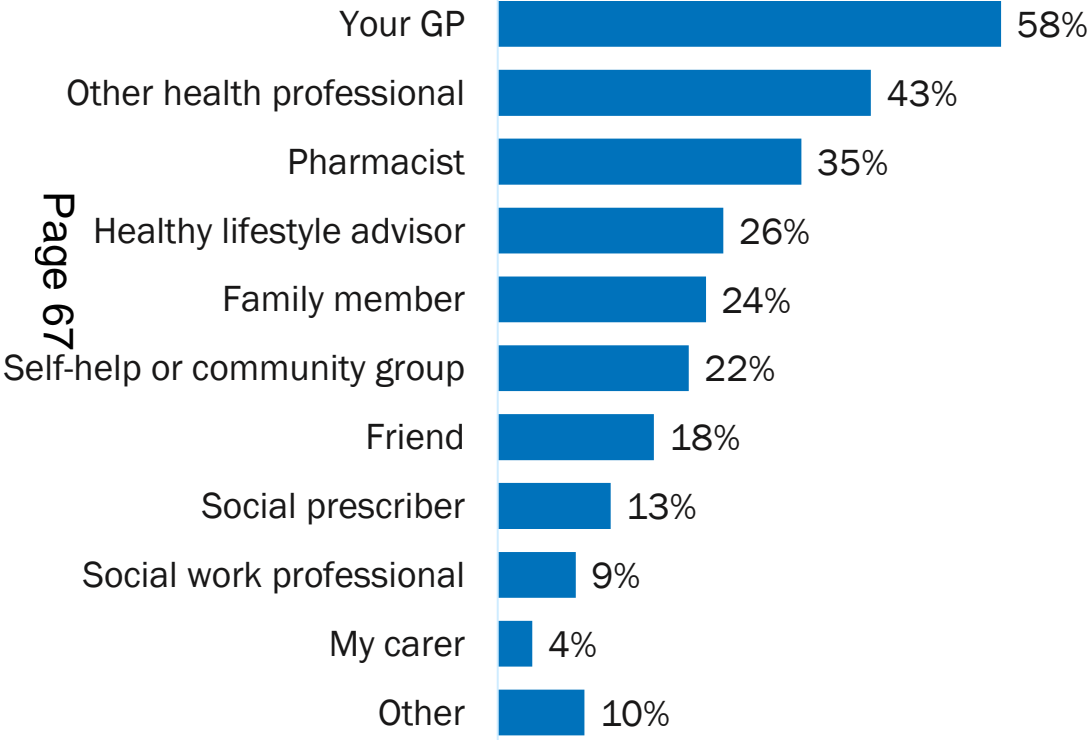
## **Key finding:**

GPs are considered the best people to provide advice and guidance on self-care and how to make lifestyle changes.

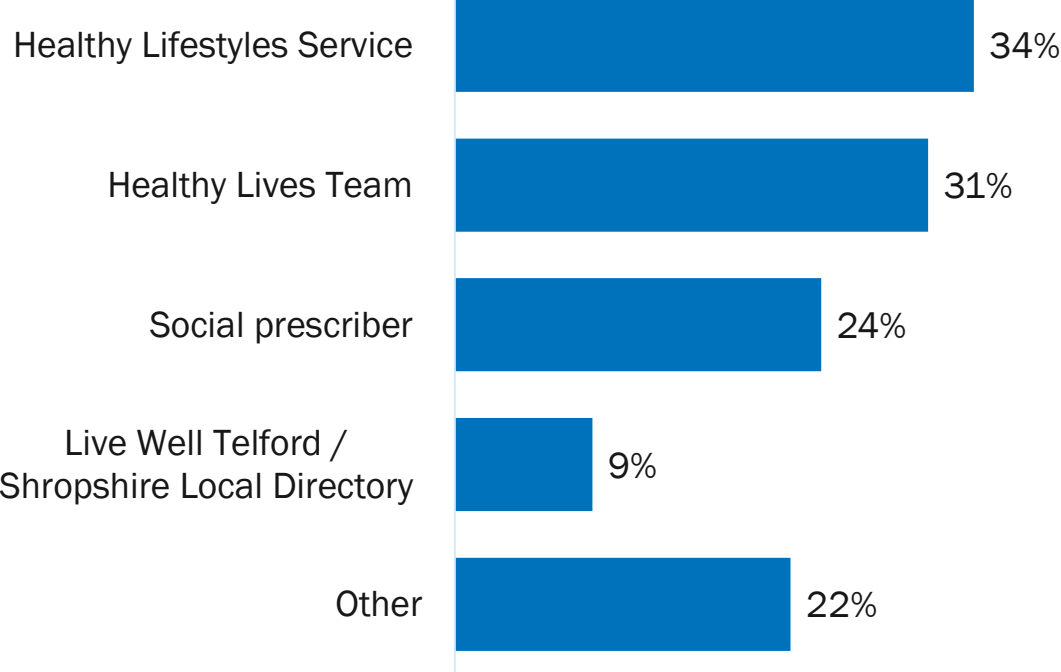


# Living well and self-care - Total

Best services at providing advice



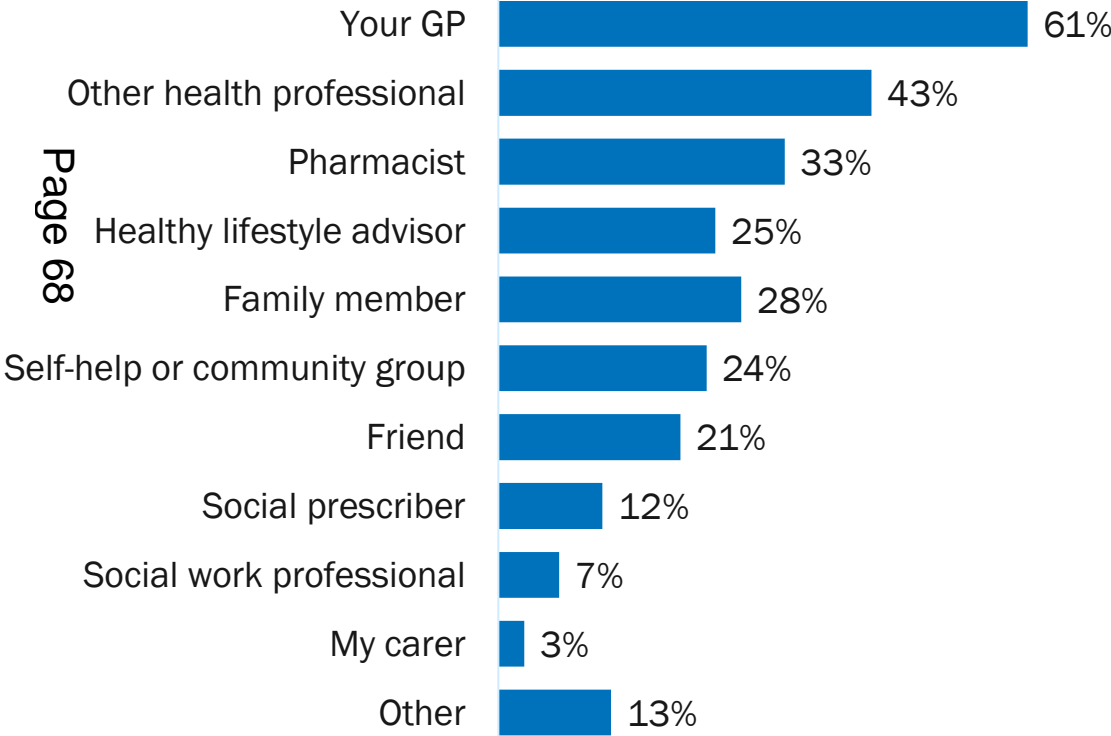
Services used for self-care or make lifestyle change



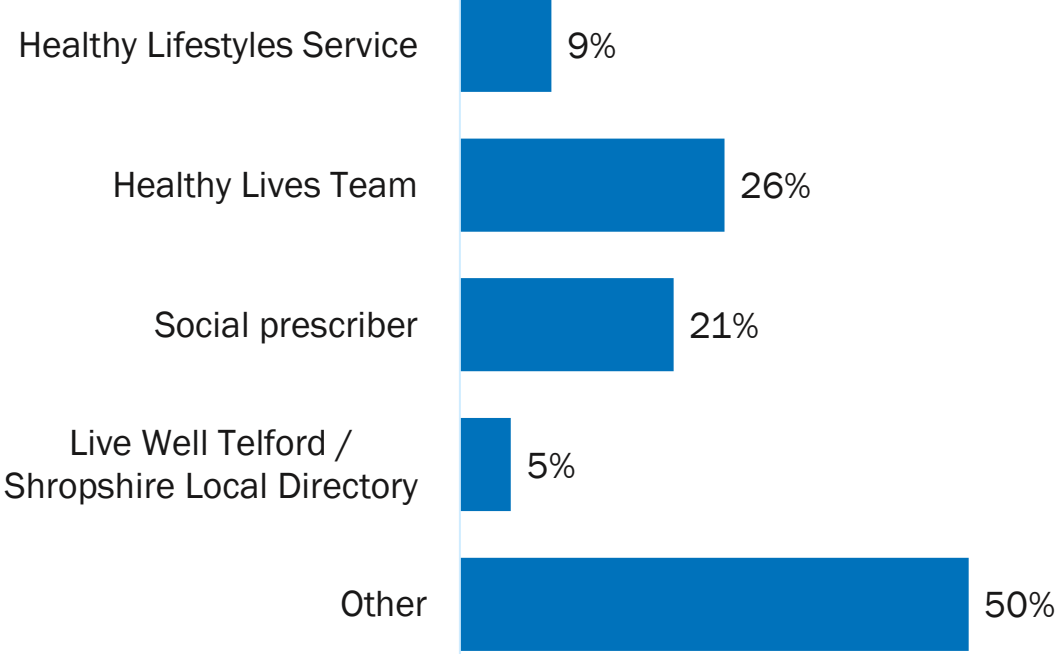
Which of the following do you think are best at providing you with advice about self-care and making lifestyle changes? Base: 2,627  
 Where were you signposted to? Base: 496

# Living well and self-care - Shropshire

Best services at providing advice



Services used for self-care or make lifestyle change

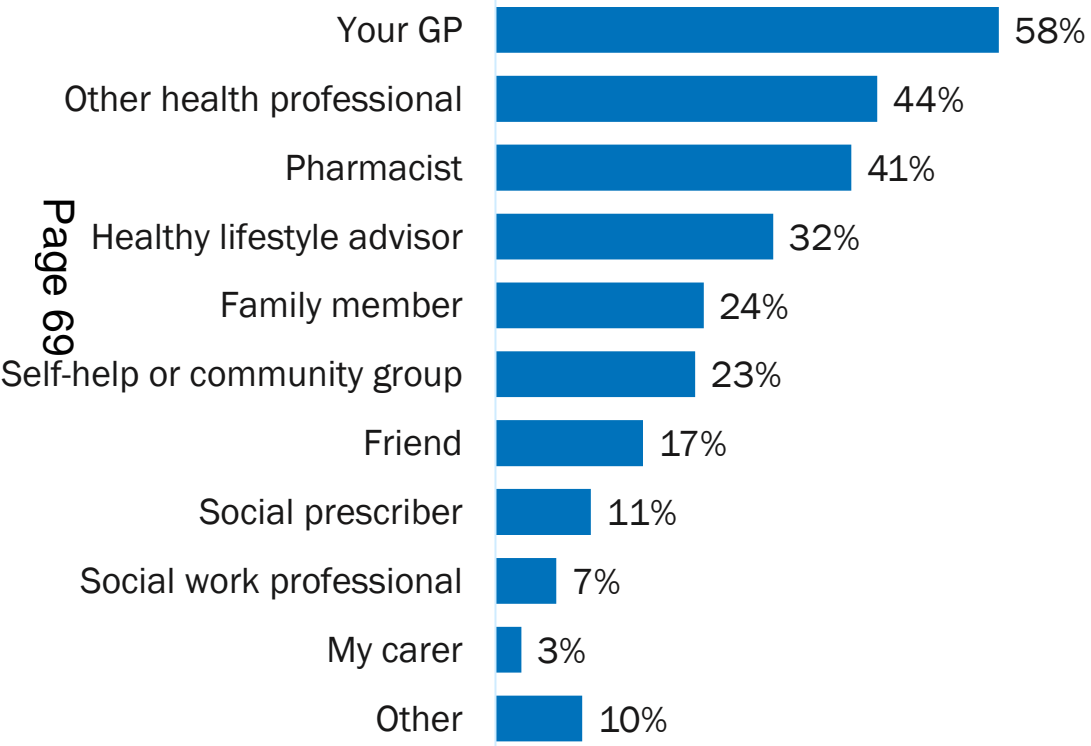


Which of the following do you think are best at providing you with advice about self-care and making lifestyle changes? Base: 759  
 Where were you signposted to? Base: 121

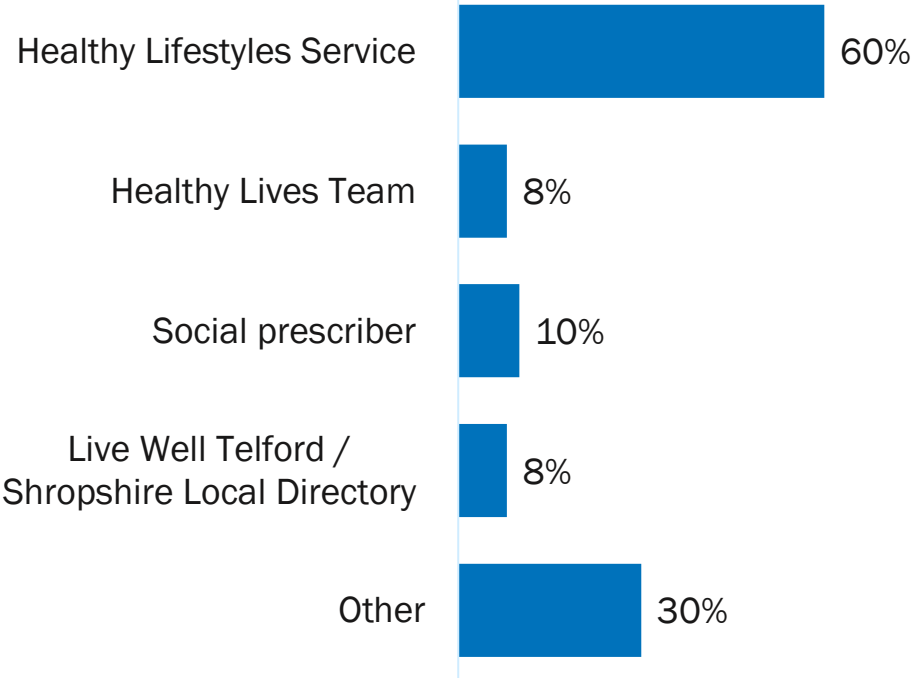


# Living well and self-care – Telford and Wrekin

Best services at providing advice



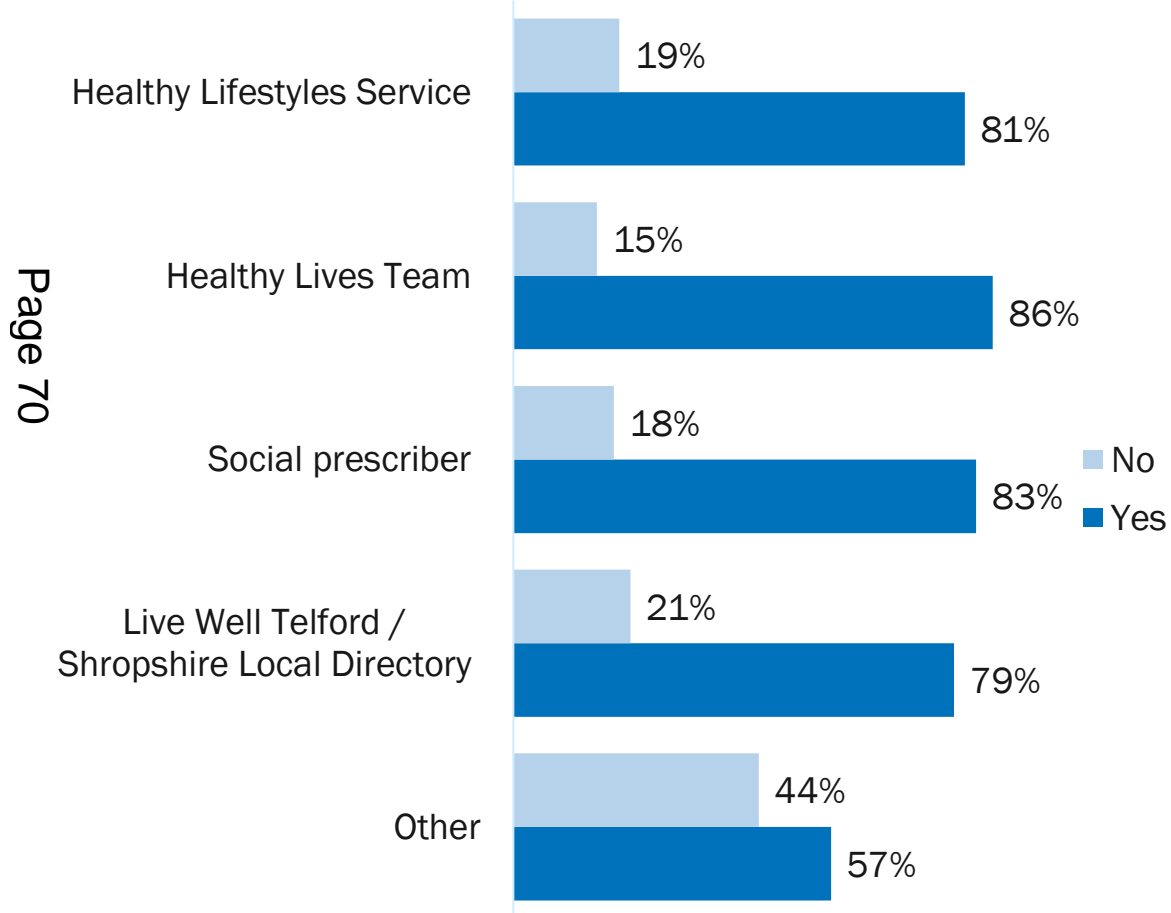
Services used for self-care or make lifestyle change



Which of the following do you think are best at providing you with advice about self-care and making lifestyle changes? Base: 693  
 Where were you signposted to? Base: 106

# Living well and self-care - Total

## Was the service helpful at providing self-care advice or helping with a lifestyle change?



## NHS signposting to service to support with self-care or make lifestyle changes



Yes  
(496 / 19%)



No  
(2,131 / 81%)

## Where to access information, advice and support for self-care and healthy lifestyle



GP practice  
(1,439 / 55%)



Social media  
(1,410 / 54%)

Did the service support you to make a lifestyle change? Base: 167 - 43

Over the last 2 years has the NHS signposted you or someone you care for to support for self-care or to make lifestyle changes? Base: 2,627

Where would you like to access information, advice and support for self-care and healthy lifestyles? Base: 2,627

# Key findings across sub-groups



## Age:

- Significantly more respondents aged over 50 stated they did not receive support for self-care or to make lifestyle changes, compared to those aged under 50.



## Limitation in day-to-day activities:

- Significantly more respondents not limited in their day-to-day activities stated the support received from Healthy Lifestyles Services helped them to make a lifestyle change, compared to those limited in their day-to-day activities.



## Deprivation:

- Significantly more respondents living in lesser deprived areas (IMD quintiles 2, 3, 4 and 5) stated they did not receive support for self-care or to make lifestyle changes, compared to those living in the most deprived areas.



## Ethnicity:

- Significantly more respondents from Mixed / Multi-ethnic and Asian / Asian British ethnic background stated they were signed posted for support to self-care or to make lifestyle changes in the last two years, compared to those from White ethnic backgrounds.

# Summary findings

Most respondents stated their GP, other health professionals and their pharmacists were the best professionals from whom to get advice for self-care and making a lifestyle change.

Out of 2,627 respondents, 19% were signposted to self-care advice or support to make a lifestyle change, while 81% did not receive support.

Out of 496 respondents who received support, most stated they received it through the Healthy Lifestyles Service, Healthy Lives Team and social prescribers. Most respondents stated the Healthy Lives Team and social prescriber services helped them to make a change.

When asked where they like to access advice and support to self-care and make a lifestyle change, most respondents highlighted their GP practice or social media.

When asked how respondents could make a lifestyle change, the most commonly raised themes were around doing more physical activity and eating a healthy diet.

# Conclusion and recommendations



# Conclusion

- Survey respondents were asked to rate their experiences of all services. Overall, services were mostly rated as good or very good. However, some had lower ratings than others, for example GP services, the Princess Royal Hospital in Telford, and the lifestyle / preventative service.
- Some of the key areas of concern raised were around the difficulty in getting an appointment, waiting times, difficulty contacting services over the phone, the poor quality of care provided across different services, poor communication between staff and patients, the attitude of staff, lack of transportation and difficulty parking in hospitals.
- Other concerns raised were around not meeting patients' needs during consultations, such as not being able to discuss multiple concerns in the same appointment, lack of awareness of the services available in the community, difficulty accessing NHS dental services and the lack of follow-up appointments.
- Key areas of concern about using technology to provide and access health and care services were how personal data would be stored and used, the quality of care received through virtual methods and the security of websites and apps.
- Suggestions for improvements were to focus on easier access to appointments, recruitment and retention of staff, training staff to provide better quality of care, greater attention to and investment in understanding the needs of different groups of patients, improving how data is recorded, and more strategic investment to improve services.
- Respondents also shared some suggestions for the living well and self-care area which included: providing access to more health coaches, receiving dietary advice, free access or reduced cost access to gym memberships, access to discuss health concerns with a GP, better signposting for patients on where they can go to improve their health, more availability of appointments, and easier access to medical tests.

# Recommendations

The insight and intelligence gathered should be used to inform commissioning intentions, service development plans and strategies. Further qualitative research may be required to understand some of the views in more detail, especially with sub-



Keep people informed about appointment availability and waiting times and support them if required. Improve communication with patients and between services, review patient travel requirements to access care, especially those from deprived communities.



A recurring theme from the feedback was respondents' difficulty in accessing appointments across all services. This could be addressed through greater access to virtual services like online booking systems and video / telephone appointments.



Explore how we can raise awareness of services to help people live well and look after themselves. Ask more services and front-line staff to share information about these services with their patients during consultations.



Although the findings showed that many people have internet access, there is a need to explore how people who cannot access the internet can be given the same opportunities to access services and those that are not confident are supported.



A recurring theme from all the feedback channels was episodes of poor-quality care received by patients across primary, secondary and community services. We need to understand more what patients consider a 'high-quality' service and share this learning among healthcare organisation and staff.





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# Thank You





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# Joint Forward Plan actions update

**Claire Parker**

**ICP 22<sup>nd</sup> January 2024**

Agenda Item 7a

- Person Centred Care:

- Integrated Neighbourhood teams work commence across STW, projects in Highley, Oswestry, Telford and South Shropshire with health, care and VCS
- Women's Health Hubs – connected to INT with focus on perinatal care, sexual health and menopause
- Building on the development of family hubs to access a range of services where people live
- Multidisciplinary team development at BCH- services to support people in their own community to access health and care
- Consideration in service design to ensure reduction in travel for people in rural communities where possible
- Healthy weight strategies for Telford and Wrekin and Shropshire approved at respective HWBB
- Population health Management board and Health Inequalities board commenced utilising JSNA and other available data to inform the INT work and SHIPP/TWIPP strategies
- PCN development with innovative working with other partners and stakeholders
- Proactive care model in place across STW- starting impact evaluation



- Local Care Transformation Programme
  - Virtual ward & OPAT moved to BAU
  - INT work commenced and testing delivery at community level- Team of teams
  - Refresh of local care programme of transformation aligned to Hospital transformation programme
  - Primary Care access- in conjunction with GP Access Recovery Plan-comprehensive action plan underway to improve patient telephone access in the context of increasing demand and pressure in general practice
  - Additional roles across general practice- physio, pharmacist, ANP and MH etc
  - GP Board
- Provider Collaboratives:
  - Raising awareness of role of provider collaboration across STW and cross-border
  - Benefits seen with SATH/UHNM collaborative
  - Committees in Common framework commenced for 4 NHS STW providers
  - MPUFT developing provider collaborative for MH, LDA and CYP services



- OBC for HTP approved December 2023
- Received Independent Reconfiguration Panel report December 2023
- Estates strategy for NHS, including primary care, commenced
- ICS Clinical strategy – improved cancer diagnosis, progress with MSK service, diabetes and mental health
- ICS Digital strategy actions commenced
- Workforce strategy developing, aligned to NHS long-term Workforce plan commenced
- ‘Big conversation’ outputs to be incorporated into JFP refresh

Please note this list is not exhaustive and there is progress within the areas outlined that will be incorporated in the refresh of the integrated strategy, the JFP and strategic commissioning intentions.



## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

### Committee / Group / Meeting, Date

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Integrated Care Partnership Board 22nd January 2024

### Presenter

Liz Noakes Director Health & Wellbeing  
Telford & Wrekin Council

### Authors/Contributors:

NHS STW Health Inequalities Team  
ICB Programme leads

### Report sign-off:

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Tracey Jones, Director of Mental Health, Learning Disabilities & Autism, Children & Young People and ICB Lead for LTP Prevention and Health Inequalities  
Liz Noakes, Director Health & Wellbeing, Telford & Wrekin Council

## 1. Background

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Integrated Care Partnership members will be aware that Prevention and addressing Health Inequalities are a core component of the Integrated Care Strategy and associated Joint Forward Plan.

As a system there are actions undertaken which addresses the wider determinants of health which are reported and monitored through both Shropshire and Telford and Wrekin Health and Wellbeing Boards and other local authority governance boards. Whilst these are not highlighted in the body of this report, the Board are asked to note that this work is ongoing alongside the specifics of the NHS healthcare requirements in the Operational Planning Guidance.

To formally monitor the objectives in the Joint Forward Plan, a system wide Prevention and Health inequalities Board was established in September 2023, chaired by the Director of Health and Wellbeing, Telford & Wrekin Council. Members of the Board include Executive/ Board Health Inequalities leads of provider organisations and Local Authority Directors of Public Health. Managerial support is provided through the ICB Health Inequalities team. The Board has met twice and held a workshop. This report provides the high-level detail of the monitoring that is in place with regard to the progress of the specific programmes currently being undertaken.

In addition, the role of the system Prevention and Health Inequalities Board is to ensure greater collaboration takes place across the system. A workshop event in December 2023 has identified four key areas of focus to enhance collaborative working and impact during 2024/25:

- Waiting well initiatives to improve health and wellbeing particularly relating to those waiting for MSK interventions.
- Assessment of our system's maturity as an anchor institution and develop a programme of work to increase our impact as an ICS.
- Utilise systematic pathway approaches to ensure our prevention offers (including weight management and smoking cessation) are integrated into existing practices and that we continue to focus on the interrelated elements of physical and mental well being.
- Working with our Population Health Management Group develop our system wide knowledge and intelligence and agree key performance metrics.

## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

### **2. Key Requirements in Joint Forward Plan relating to Operational planning Guidance**

Tackling inequalities in outcomes, experience and access of healthcare services is one of four key purposes of Integrated Care Systems (ICSs) and should be central to everything we should do.

According to the 2021 Census, there are 60,100 people living in the 20% most deprived areas nationally in Shropshire, Telford & Wrekin, of which 45,400 live in Telford & Wrekin and 14,700 live in Shropshire. These areas are those to which the National Core20 approach to target improvements in health and healthcare inequalities is targeted. There are also a range of other excluded groups that we have considered locally as part of this approach, for example, those with Learning Disability and households at risk of rural exclusion.

The body of the report to the Integrated Care Partnership relates primarily to delivery of the following strategic objectives as outlined in the 2023/24 Operational Planning Guidance and National Core20PLUS5 Approach to Reducing Healthcare Inequalities:

- i. **Restoring Services Inclusively** – using local data to plan the inclusive restoration of healthcare services, ensuring that waiting list performance reports are delineated by ethnicity and deprivation.
- ii. **Mitigating Against Digital Exclusion** – enabling robust data collection to identify which populations are accessing face-to-face, telephone and virtual consultations (broken down by relevant protected characteristic) and ensuring the impact of digital innovation is assessed, considered, and mitigated.
- iii. **Ensuring Datasets are Complete and Timely** – to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.
- iv. **Accelerating Preventative Programmes** – driving initiatives which focus on the prevention of long-term conditions including those focused on lifestyle-related risk-factors and the clinical areas outlined in the [Core20PLUS5 for Adults](#) and [Children & Young People](#).
- v. **Strengthening Leadership and Accountability** – ensuring named executive leads are appointed for tackling health inequalities, improving awareness and knowledge of the workforce, and supporting access to relevant training and development.

The report highlights the findings from the monitoring of these programmes to the Prevention and Inequalities Board. The section below outlines the potential implications of those objectives and associated risks.

### 3. Assurance Report

#### 3.1 Areas of non-compliance/risk; matters to be addressed urgently; or matters requiring escalation to progress

**ALERT** – The following programmes or projects have been brought to the attention of the **Prevention and Health Inequalities Board**, as they:

- Represent non-compliance with required standards or pose a significant risk to the ability to deliver responsibilities or objectives and therefore require action to address, OR
- Require the approval of the Committee for work to progress.

**Strategic objective: Long Term Plan Prevention 1: Alcohol**

**Programme of work/project:** Implementation of Alcohol Care Teams

**Reason for escalation:** Significant delays in implementation mean the project will not be completed by the anticipated completion date of 31<sup>st</sup> March 2024. This is the result of changes in staff throughout the lifespan of the project. Mitigations are in place with support from the ICB and T&W Council to drive forward progress with underspent national funding and a dedicated lead at the Trust has been appointed to support implementation.

**Strategic objective: CYP 2: Diabetes – access to glucose monitors/insulin pumps and Type 2 AHC's**

**Programme of work/project:** Diabetes Transformation Programme

**Reason for escalation:** Slow progress in a number of areas due to commissioning and capacity challenges, including:

- The Diabetes Transformation Board seeks to have diverse patient representation but to date, no representatives have been appointed.
- The policy for access to Continuous Glucose Monitors has not yet been approved by the Clinical Assurance Group.
- There are delays in approval of Type 1, 2 and foot pathways which were to be agreed by the end of Q3 2023/24. Whilst the type 2 pathway has been approved, the foot pathway is expected to be approved 19<sup>th</sup> December and Type 1 pathway in January 2024.
- No progress has been made regarding funding to support the provision of continuous glucose monitors and insulin pumps for deprived communities.

### 3.2 Areas of on-going monitoring with new developments

**ADVISE** – The following programmes or projects have been brought to the **Prevention and Health Inequalities Board's** attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the ICS' ability to deliver its responsibilities or objectives:

**Strategic objective: Inclusive restoration of NHS services**

**Programme of work/project:** Elective Recovery Transformation Programme

**Reason for escalation:** Many actions are pending due to system wide capacity challenges.

- EQIA's for the Elective Transformation Programme are complete. Provider Trust Elective Recovery EQIA's and the system-wide combined Elective Transformation & Recovery EQIA are pending.
- Business Intelligence Teams are working to split waiting lists down by ethnicity and deprivation.
- DNA audits have commenced and the outcomes will inform the development of a whole system integrated Elective Transformation & Recovery SMART Inequalities Plan.
- Engagement work has taken place with sight-loss Shropshire to improve patient communication and pathways for those with sight loss.
- Standards are also in place to ensure face to face appointments are offered where needed to mitigate digital exclusion.

**Strategic objective: Mitigating against digital exclusion**

**Programme of work/project:** Development of STWs 2023/24 Digital Strategy and incorporation of key objectives to mitigate against digital exclusion.

**Reason for escalation:** Slow progress due to capacity and recent change in senior leadership for digital innovation and transformation.

- The 2023/24 Digital Strategy has not yet been published, although it has been drafted and influenced by the Prevention and Health Inequalities Team. A new Head of Digital Innovation and Transformation has been appointed and will work closely with the Prevention and Health Inequalities Team to ensure the accompanying Digital Strategy Action Plan (due to be developed in Q4 2023/24) reflects and adopts the actions set out in the NHSE Digital Inclusion Framework. Engagement is taking place to inform mitigations for known digital exclusion and opportunities for stakeholder involvement in action plan development.

**Strategic objective: Long Term Plan Prevention 2: Tobacco**

**Programme of work/project:** Implementation of Tobacco Dependency Teams

**Reason for escalation:** Limitations in available funding for the provision of NHS-funded Nicotine Replacement Therapy (NRT) and community-based smoking cessation support.

- 3/3 Tobacco Dependency Services are fully established including maternity, inpatient acute and mental health.
- Engagement is taking place with community pharmacies to encourage sign-up to the enhanced service specification to bolster the post-discharge support offer across the patch.
- Work is taking place to understand smoking cessation support on offer to those in community hospital beds.

**Strategic objective: Adult 2: Severe Mental Illness**



## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

**Programme of work/project:** Deliver an improved pathway to ensure adequate provision and improved uptake of annual physical health checks for those living with Severe Mental Illness.

**Reason for escalation:** SMI check completion figures are low and system-wide support, although improving, remains disjointed. Regionally figures continue to demonstrate high levels of health issues in the SMI population i.e. Cancer.

- Work continues to consolidate GP registers and improve the coding of health check activity from secondary care (MPFT) to EMIS (primary care). Primary Care will code ongoing health checks and backlog health checks (approximately 343 health checks in total) and a guide has been produced to support the process. A recovery plan will remain in place and be reflective of the current position.
- The annual health check specification is being reviewed and a proposal is due to go to Commissioning Working Group for approval/GP Board review.
- Work is taking place to explore an outreach service offer which should increase activity and reduce DNAs.
- Quality reviews of SMI Annual Health Checks are due to start imminently and programme leads are working with VCSE and Local Authorities to integrate and improve lifestyle factors.

**Strategic objective: Adult Clinical Area 3: COPD – a clear focus on COPD and driving uptake of vaccinations to reduce infective exacerbations and emergency hospital admissions.**

**Programme of work/project:** Improved provision of local Spirometry Services

**Reason for escalation:** Significant backlog with spirometry due to capacity challenges in primary care, engagement challenges and lack of investment.

- Work taking place in primary care to understand spirometry activity, demand, and resource needs. A benchmarking exercise will take place against other systems.
- Non-recurrent funds are required to support, and an EOI for 50k has been submitted to NHSE. Plans to address backlogs include looking to an external provider.

**Strategic objective: CYP Clinical Area 3: Epilepsy – increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism**

**Programme of work/project:** CYP transformation for epilepsy

**Reason for escalation:** Delays due to the care bundle being released by NHSE November 2023, behind expected plan schedule.

- A small system working group has been established to support the delivery of the care bundle. Two epilepsy nurses have been recruited 1 day per week to support this work (posts commenced early November for 12 months). A Psychologist post has also been recruited to support and will commence February/March 2024.
- A separate Task and Finish Group is in place to progress delivery of epilepsy nurse input into Educational Health and Care Plans (EHCPs) for children and young people with Special Educational Needs and Disabilities (SEND).
- Work is taking place to identify baseline data to inform the bundle and Epilepsy audit.
- A pathways mapping exercise will take place in the next quarter for neurodevelopmental pathways, Non-Epileptic attack disorder, Tertiary neurology and the Children's Epilepsy Surgery Service.

**Strategic objective: CYP Clinical Area 4: Oral Health – addressing the backlog in tooth extractions for under 10s**

## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

**Reason for escalation:** Delivery challenges with brushing for life and lack of progress in undertaking an audit of current waiting lists.

- 16 training sessions have been delivered to local workforce, exceeding the original target of 10.
- Resources and an action plan to encourage uptake of the national 5 year old dental survey across Shropshire, Telford & Wrekin have been developed which will support targeting and monitoring of preventive programmes going forward.
- 32 settings (and an estimated 3,200 children) are taking part in the Brilliant Brushers Programme which teaches supervised toothbrushing in early years settings.
- There are ongoing challenges around the recording of activity and delivery of the Brushing for Life programme which offers free toothbrushes and toothpaste to the community. Shropshire has improved in part since throughout the last quarter but further work is needed in Telford & Wrekin. Meetings are planned with the relevant teams to understand and discuss barriers and plan improvements.
- A social media platform has been developed to raise awareness of oral health programmes and support (such as Brilliant Brushers) and key oral health messages.
- There is a lack of progress in undertaking a waiting list audit. This is due to insufficient capacity in the commissioning team, provider team and lack of data to support this due to the national dataset requirements not aligning the Core20plus5 metrics. This has been raised nationally.

**Strategic objective: CYP Clinical Area 5: Mental Health – improving access rates**

**Reason for escalation:** capacity challenges have led to risks of delay. These are mitigated by recruitment of new leads to drive progress and prioritisation exercises to ensure priority actions are progressed.

**Programme of work/project:** Education and awareness of childhood trauma

- An initial awareness session was shared at the ICB Virtual Huddle 18th April 2023 which proposed next steps to work with system leadership and commissioners to embed trauma approaches in commissioning and service delivery. A training plan and resource pack for the 'Miss Kendra' approach has been rolled out to schools.

**Programme of work/project:** National Mental Health Support Teams (MHST) in Schools

- There is ongoing MHST workforce development, with a recent focus on training and frontloading a service offer for a whole school approach. 9 MHST practitioners have been secured for training which starts January 2024.

**Programme of work/project:** Analysis of access to mental health services for CYP

- Analysis will be undertaken in quarter 4 to identify referral hotspots. Further work is taking place to develop a metric which will monitor access rates for 'at risk' cohorts of children and young people.

## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

### 3.3 Areas of assurance

**ASSURE** – The following programmes or projects have been brought to the **Prevention and Health Inequalities** Board's attention as they highlight good news stories, positive progress and do not raise any concerns related to the delivery of year-end targets.

#### **Strategic objective: Ensure Complete and Timely Data**

**Programme of work/project:** Improved data-sharing across the system and the provision of baseline data to facilitate population analytics, and PHM approach to improvement programmes.

- BI team continues engagement with the Local Medical Committee (LMC) to jointly progress the facilitation of data access via the EMIS X Analytics tool. Assurance around governance is being provided in January with approval anticipated paving the way for practice-level engagement and implementation. Successful recruitment of PHM Analyst post and new BI developer role secured in ICB to develop PHM-focused intelligence assets and systems.

**Programme of work/project:** Improve the recording of ethnicity

- Engagement is taking place with main providers to improve the capture of ethnic data and on the implementation of new Electronic Patient Record Systems (EPRs) to support. Work is additionally taking place with community and mental health Providers to develop national datasets (CSDS and MHSDS) to reconcile to internal EPR recording of key metrics.

#### **Strategic objective: Improved Leadership and Accountability**

**Programme of work/project:** Governance and Planning

- Dedicated SROs and Leads have been identified across all system organisations. The System-wide Prevention and Health Inequalities Board was established in Q3 2023/24 with oversight of the health inequalities objectives outlined in the 2023/24 Operational Planning Guidance. A system-wide workshop was held December 2023 to identify key priorities and integrated and targeted initiatives for 2024/25.

**Programme of work/project:** Awareness, training, and resources

- A variety of methods are in place to support colleagues across the system with developing their understanding of health and healthcare inequalities, e.g., the ICB Health Inequalities Team are developing a space on the Shro and Tel intranet, development sessions are taking place at various Boards/Services and system-wide webinars are being arranged where needs are identified such as Inclusive Restoration. 15 Core20PLUS Ambassadors successfully accepted into the National Ambassador Programme (ranging across the ICB, secondary care and Primary Care Networks).

**Programme of work/project:** Equality, Diversity, and Inclusion

- Delivery of steering group priorities action plan continues to be monitored and positive progress is being made for most priorities. A dedicated Chair has been appointed to lead the EDI Steering Group, as well as appointed EDI Leads within organisations and an increased number of EDI Champions.
- The Prevention and Health Inequalities Team will be attending an EDI Stakeholder Workshop in January 2024 to present on Healthcare Inequalities and draw links with EDI priorities.

**Strategic objective: Long Term Plan Prevention 3: Obesity and Weight Management**

**Programme of work/project:** NHS Digital Weight Management Programme

- Shropshire, Telford & Wrekin have historically been one of the highest achieving referrers across the nation. 45/52 GP Practices have made 1,200 eligible referrals since April 2023 and in the remaining quarter 3 and 4 will be focused on areas of high deprivation. STW GP Practices have been asked to showcase their success at an upcoming DWMP event.

**Strategic objective: PLUS, Group 1: Learning Disability and Autism**

**Programme of work/project:** Improved Uptake of Annual Health Checks

- All practices are signed up to the LDAHC DES and continue to offer LDAHCs to patients annually, performance trajectory is on track against 23/24 improvement plan. Quality audits are scheduled, and learning will be shared with all practices.

**Programme of work/project:** LeDeR Action Plan

- Positive progress is being made against most priorities within the LeDeR Action Plan and the steering group has increased its membership having been joined by Experts by Experience.
- A separate Oliver McGowan working group has been established to drive progress in training.
- A communication plan is in development with LeDeR system partners (to include lessons learned from reviews).
- The performance of completed focused reviews in 6 months and quality of LeDeR reviews is an area of risk. To mitigate this, the frequency of Governance panels has increased, Contract Review Meetings have been reinstated and the quality review processes strengthened.

**Strategic objective: PLUS, Group 2: Rural Exclusion**

**Programme of work/project:** Exploration of the impact of rurality on health

- A comprehensive review has been undertaken with good engagement from system partners. This will inform a report and broad range of recommendations for all partners to improve rural community support. A scrutiny report will be considered for adoption by Council Cabinet in January 2024.
- The Integrated Care Board has agreed to integrate the 'rural proofing for health toolkit' into service planning processes.
- Discussions will continue with Regional Colleagues regarding a Rural Health network.

**Strategic objective: Adult Clinical Area 1: Maternity**

**Programme of work/project:** LMNS Equity and Equality Action Plan

- The LMNS Equity and Equality action plan has been signed off by the LMNS programme board and will imminently be published for public review. Progress on actions will be monitored through individual maternity and neonatal workstreams.
- Recruitment is taking place for an EDI Midwife at SaTH and roll out of the Civility, Respect, Inclusion and Kindness (CRIK) training has commenced across the Trust.
- A Business Case from maternity and neonatal voices partnership (MNVP) has been approved for an increase in funding.
- Baby First Aid classes have been rolled out across Telford and Wrekin within areas of significant socio-economic deprivation. These have seen high uptake.

## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

- An Antenatal education specification has been agreed with the Trust. The project is being finalised and is due to commence imminently.

### **Strategic objective: Adult Clinical Area 3: COPD – a clear focus on COPD and driving uptake of vaccinations to reduce infective exacerbations and emergency hospital admissions.**

#### **Programme of work/project:** Covid-19 Vaccination Programme

- Accelerated autumn/winter Covid-19 Vaccination Campaign commenced September 2023, initially focusing on care homes but extended to offer increased access for under-served communities through targeted outreach at community bases, fire stations, pop-up locations etc. Vaccination communications are targeted to those who are at risk (specifically those with COPD).

### **Strategic objective: Adult Clinical Area 4: Early Cancer Diagnosis (diagnostic pathways)**

#### **Programme of work/project:** Early Cancer Diagnosis Objectives

- The first stage of the Community Diagnostic Centres opened in Telford November 2023.
- FIT compliance has been maintained with further development of a straight-to-test flexible sigmoidoscopy pathway for FIT negative patients.
- GP education sessions were held with the Colorectal consultant from Primary Care – a further session is planned in Jan 24 to include use of the NSS pathway.
- A task and finish group has been set up to begin planning of the Targeted Lung Health Checks. An outline options appraisal has been developed and used to inform initial roll-out areas.
- A Teledermatology hub is due to open in the Community Diagnostic Centre in February 2024. Further hubs are planned following options appraisal/business case approval by Commissioning Working Group.
- Analysis will take place across all diagnostic pathways to identify key areas of need and enact targeted intervention.

### **Strategic objective: Adult Clinical Area 4: Early Cancer Diagnosis (screening)**

#### **Programme of work/project:** Early Cancer Diagnosis Improvement Plan

- Breast screening round length is now recovered.
- A detailed equity intelligence profile is in progress and a draft has been presented to the Cancer Strategy Board in September.
- Five GRAIL referrals to SaTH with 82% uptake and more are anticipated in next round.
- A breast cancer awareness event took place in Telford community settings with Seldom Heard Voices in May and October 2023. These were attended by other local projects included Cancer Champions.
- South East Telford PCN have created a video for non-responders resulting a 25% increase in cervical screening uptake amongst 25-year-olds at Stirchley GP Practice.

### **Strategic objective: Adult Clinical Area 4: Early Cancer Diagnosis (primary care)**

#### **Programme of work/project:** PCN DES

- All 8 PCNS are delivering the PCN DES requirements and developing care coordination for cancer patients. New PCN Cancer Care Coordinators are in post and trained on Motivational Interviewing/cancer and systems and processes are

## Report Integrated Care Partnership Board Prevention and Health Inequalities Board

being reviewed and improved, such as escalations and flags for late diagnosis and the sharing of learning.

- There is a FIT testing proforma on F12 and all staff are aware with a trial for pop-up reminders and training to GPs.
- Teledermatology is being piloted in Primary Care and a survey was completed in September to inform future models.
- A non-specific symptom pathway is being developed in quarter 4.
- Excellent work is taking place in South East Telford PCN through Care Coordination, including a focus on late-stage diagnosis for prostate cancer, focusing on black men aged 40 and above with abnormal PSA/BPH.

### **Strategic objective: Adult Clinical Area 4: Early Cancer Diagnosis (Community Awareness)**

**Programme of work/project:** Core20PLUS Connectors (STW Cancer Champions)

- Significant progress has been made against all deliverables with over 180 Cancer Champions recruited from a diverse range of backgrounds. The project team are working closely with colleagues across the system to embed changes based on Champion insights, including building these into the refreshed Cancer Strategy. The project was successfully chosen to showcase its successful approach to partnership working at the Midlands Health Inequalities Conference in November 2023.

### **Strategic objective: Adult Clinical Area 5: Hypertension and Lipid Case-finding/Management**

**Programme of work/project:** Innovation for Healthcare Inequalities (InHIP) Targeted secondary lipid management

- Ongoing support is being provided for risk stratification and system searches to support targeted reviews, with reviews ongoing in 4 practices with a named lead or champion for each practice.
- Campaign materials have been developed and education sessions offered and resources will be shared with all participating practices.
- Secondary care clinics have commenced.
- POC device repurposed from Primary Care. Device application submitted to Trust.

**Programme of work/project:** Innovation for healthcare inequalities (InHIP) hypertension case-finding

- Shropshire, Telford & Wrekin have been successful in their bid for 185k of national CVD Prevention and Health Inequalities funding to support, sustain and enhance the community hypertension case-finding.
- In Telford and Wrekin excellent progress has been made to deploy volunteers and implement activities for targeted groups and IMD areas. Successful case study where an individual was diagnosed hypertensive, pre-diabetic and encouraged to make lifestyle changes.
- In Shropshire a different model has been successfully developed to train “Level 1” volunteers to disseminate information and awareness of risks re high BP and “Level 2” volunteers who take BP readings and direct those with high BP readings for 7- day monitoring via Social Prescribers in GP practices.
- The project was showcased at an interactive market stall event at the Regional Health Inequalities conference in Birmingham on 29th November.
- There have been challenges and delays with DPIA documentation and arrangements for sharing blood pressure data obtained in the community with GP Practices but this has now been resolved and is moving forward.

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- Developments are ongoing to integrate hypertension case-finding with services offered by Community Pharmacy and Dental Surgeries.

### **Programme of work/project:** Hypertension treatment to target

- A project has been initiated by the system CVD Prevention Clinical Lead and ICB PMO to identify efficiencies in practice and support outlier Practices (those within lowest IMD deciles, high BAME populations or rural areas) to adopt UCL Partners resources and improve optimal treatment. Work is ongoing to align with Health Innovation West Midlands to support GP Practices to increase treatment percentages to 80% and educational workshops with partners via GP Forum and PLT events to support all Practices.

### **Strategic objective: CYP Clinical Area 1: Asthma**

#### **Programme of work/project:** CYP transformation and personalised care for asthma

- The programme is making positive progress with 232 Reviews undertaken since April 2023; 200 CYP using the Asthma App. 352 Completions of L1 training and a Reduction average of 20 admissions during 2022/23. 70% of schools across STW are asthma-friendly accredited (43% 2021/22) and Specific, tailored asthma training offered to practice nurses (to carry out paediatric spirometry), early years staff and sessions in planning for housing associations. STWs work improving outcomes for children and young people with asthma was successfully chosen to present at the Midlands Health Inequalities Conference in November 2023.

## **4.0 Conclusion / Recommendation**

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The Committee is asked to:

1. NOTE the establishment of the system wide Prevention and Health Inequalities Board
2. NOTE the progress of actions across the system in relation to delivering high level objectives in the System Operational Plan contributing to delivery of the Joint Forward Plan.
3. NOTE the plans to progress 4 key system priorities for collaborative working in 24/25.

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