

## Borough of Telford and Wrekin

### Integrated Care Partnership

Wednesday 30 October 2024

2.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

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Democratic Services: Sam Yarnall 01952 382193

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Partnership Members: A Begley, J Britton, L D Carter, L Cawley, L Cross, S Fogell, J Jeffery, A D McClements, Sir N McKay, T Miles, C Motley, R Nuttall, H Osborne, L Picton, R Robinson, D Sidaway and S Whitehouse

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	Agenda	Page
1.0	Apologies for Absence	
2.0	Declarations of Interest	
3.0	Public Questions	
4.0	Minutes of the Previous Meeting	3 - 10
	To confirm the minutes of the previous meeting held on 22 January 2024.	
5.0	National and Local Policy Updates	To Follow
	To receive an update on the National Context from the Darzi report and the Health Mission and to receive an update on the prioritisation framework and plans to use the framework against the Integrated Care Partnership priorities.	

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| <b>6.0</b> | <b>Strategic Direction Locally/6 Month Refresh</b>   | <b>To Follow</b>     |
|            | To receive an update on the local direction for the Integrated Care Strategy, Joint Forward Plan and the Outcomes Framework. |                      |
| <b>7.0</b> | <b>Priority Areas of Focus</b>   | <b>To Follow</b>     |
|            | To consider how the pathway reflects the prevention shift outlined in the national and local direction and strategy.         |                      |
| <b>8.0</b> | <b>Arrangements for the Integrated Care Partnership meetings in 2025</b>   | <b>Verbal Report</b> |
|            | To discuss the future arrangement for the Integrated Care Partnership meetings in 2025.                                      |                      |

## INTEGRATED CARE PARTNERSHIP

### Minutes of a meeting of the Integrated Care Partnership held on Monday Monday 22 January 2024 at 2pm in the Shrewsbury/Oswestry Room, Shirehall, Shrewsbury, SY2 6ND

**Present:** A Begley, Cllr A Burford, J Britton, L Cawley, Cllr S Davies, J Jeffrey, Sir N Mckay, Cllr C Motley, L Noakes, H Osborne, Cllr L Picton, R Robinson, D Sidaway, Cllr P Watling and S Whitehouse

**In Attendance:** E Boamong (Director of Communications and Engagement (NHS Shropshire, Telford & Wrekin)), S Collings (Interim Head of Clinical Strategy (Shropshire, Telford and Wrekin ICB)), C Parker (Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin)), and A Kendrick (Democratic Services Officer (Shropshire Council))

**Apologies:** T Miles, G Davies, L Cross, S Froud

#### **18 Declarations of Interest**

None.

#### **19 Public Questions**

There were none.

#### **20 Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meeting held on 20 March 2023 be confirmed and signed by the Chair.

#### **21 Integrated Care Strategy**

The Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin) presented the report and advised that this was an interim strategy which was published at the end of 2022. It was reviewed on an annual basis to ensure it aligns with partner's strategies and is reflected in the Joint Forward Plan.

It was confirmed that the Strategy was developed using the strategies of the Health and Wellbeing Boards. Quarterly meetings will be held to review the Strategy and to consider it in the context of their own strategies, to cross reference with wider system partners and public engagement carried out in 2023, and to invite the ICB and system partners to make comments.

Outcome monitoring would demonstrate the added value of the ICS and would be used to measure success. This would be picked up as a priority and reported back to the next meeting.

Members:

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

## **22 Big Conversation outcomes, engagement with local residents and stakeholders**

The Partnership received a presentation from the Director of Communications and Engagement (NHS Shropshire, Telford & Wrekin) on the findings, details of the activities conducted and findings from feedback that was shared from the engagement exercise which had been carried out over a six month period. Some of the main purposes of this was to identify key priorities, understand what people felt was affecting their health and wellbeing across the system, and how to improve their experiences.

Members noted that the data would be used to refresh the ICS and the Joint Forward Plan. Further work would be carried out with the Voluntary, Community and Social Enterprise (VCSE) sector and authorities to improve engagement.

Members were advised that the NHS and the local authorities are in the process of developing integrated neighbourhood teams, together with the ICB developing a rural health and wellbeing strategy; which will use data from the Joint Strategic Needs Assessments and the engagement exercise.

Members queried the methods of engagement used and were informed that the survey was available online as well as through street teams in the community. They had also worked with the local authorities to get to more isolated areas and people that would be considered as hard to reach.

Accessibility was raised as a preventative to engagement and it was queried as to what the next steps were to address these inequalities and plans to provide support to those who need to be connected to the right technology. It was agreed that engagement could be improved and streamlined, and that this was a lesson learnt for the future. Members were advised that a piece of work had just been carried out with regards to a Rural Health Strategy which would be picked up outside of the meeting. Members noted that Shropshire had just established a Digital Exclusion Network.

It was felt that it was the ICP's responsibility to demonstrate the value of integration and set out clear priorities to implement change and that this should be done collectively.

Members noted the communications and engagement activities update.

## **23            Update on Integrated Care Strategy Outcomes and Delivery**

### **a) Joint Forward Plan**

The Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin) presented the report which gave an overview of achievements to date. It was stated that there had been a lot of changes made to the Joint Forward Plan but the impact on people's lives was not yet visible. However, changes are expected to be seen in the next 12 months due to the work being done in bringing teams together, improving communication, reducing duplication, and working closely with the voluntary and community sector.

Members noted that the Shropshire Healthy Weight Strategy had been approved by the Shropshire Health and Wellbeing Board, The Telford and Wrekin Strategy would go to their board in March.

Members were advised that work is being done in developing neighbourhoods, integrating community services, and developing provider collaboratives.

Members noted that the outline business case for the Hospital Transformation Programme (HTP) had been approved.

The importance of keeping people well in their own homes and communities was emphasized and acknowledged.

Members noted that progress has been made on individual pathways such as diabetes and that further detailed work would be done to refresh the joint forward plan going forward.

### **b) Prevention and Inequalities**

The Director of Health and Wellbeing, Telford & Wrekin, presented the report which advised members that in September 2023, the ICP set up a Prevention and Health Inequalities Board which she chaired. The Population Health Management Board is chaired by the Executive Director of Health, Shropshire Council. At the end of this month, the first report on health inequalities and prevention will be presented to the Integrated Care Board (ICB).

Members were advised that the board was set up to address the lack of strong governance and visibility of the healthcare elements of health inequalities and the long-term plan. The board had met twice with a workshop held just before Christmas to promote collaboration between systems, which had identified four key areas of focus including:

- 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.

The work of the Health and Wellbeing Boards on the wider determinants of health inequalities, such as housing, green spaces, leisure strategy, homelessness, cost of living, and the best start in life, was acknowledged, and although the board was focussed on the healthcare element of health inequalities, but is working to connect with the Health and Wellbeing Boards to address these.

Members noted that the first report is a monitoring report that will be presented to the board and then to the ICB. It was felt that the document did not describe what the outcomes would look like. It was confirmed that a data exploratory dashboard had been developed to track performance indicators.

Members:

1. Noted the establishment of the system wide Prevention and Health Inequalities Board
2. Noted 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. Noted the plans to progress 4 key system priorities for collaborative working in 24/25.

### **c) Clinical Strategy and Long Term Conditions**

The Interim Head of Clinical Strategy (Shropshire, Telford and Wrekin ICB gave a verbal report which advised members that a Long Term Condition (LTC) strategy had been developed as a

living document to set priorities for the management and care of LTC patients in the population. The strategy was a response to the Major Conditions Strategy published in August and focuses on three areas: keeping people healthy through primary and secondary care prevention, early diagnosis, and living with major conditions.

Members noted that the aim of the plan was to move towards a personalized approach, rebalancing the system around individual people and moving away from single disease strategies to an integrated, personalized care approach.

It was confirmed that there is a higher number of people with long term conditions in Shropshire, Telford and Wrekin, with 33% of the population in Telford having at least one major LTC, compared to an average of 29% across the country. Members noted that Healthspan, the age at which a person gets two or more LTCs, has increased from 56.8 years old in 2016-17 to 58 years old in the last quarter of last year.

It was acknowledged that early diagnosis, early intervention, and quality treatment are important, with opportunities for cardiac screening, diabetes screening, and care processes.

Members noted that four workstreams are proposed to be set up under the Population Health Management (PHM) board to look at the data and build evidence-based initiatives that can be fed into the local care program and provider collaboratives for transaction and execution. The focus is on pathways and service specifications, moving away from having one for each individual organization to having system-wide ones that organizations can sign up to. The first iteration of the strategy aims to have 10 clinical priorities under each workstream by March, backed up with standard NHS specifications, outcomes, and KPIs.

It was felt that there was no mechanism to ask why patients were accessing secondary care rather than an appropriate pathway. Members noted that comms had been formulated to change behaviours, such as accessing and MIUs rather than A&E, however concern was expressed that further improvements could be made and that learning from other areas could be useful.

Members thanked the Interim Head of Clinical Strategy for his informative and encouraging presentation.

## 16 Next Steps

The ICB Chief Executive reminded members that the Integrated Care Partnership had taken a light touch approach, with infrequent meetings and work being done through the two Health and Wellbeing Boards.

Members noted that:

- The connections and links between the integration strategy, the two Health and Wellbeing strategies, and the Joint Forward Plan need to be revisited to ensure that they are making a genuine difference for the population.
- The responsibilities of the Health and Wellbeing Boards need to be clearly understood and formalized in the ICB governance.
- Children and young people have not been mentioned in the conversation and need to be included.
- The added value versus duplication of the Health and Wellbeing Boards needs to be considered, with the possibility of discharging responsibilities down to the boards and having a line of sight on the delivery of the integration strategy.
- The ICP has not met since last March and has only talked about a meeting towards the end of this year, with the need to be realistic about what can be achieved with infrequent meetings and the use of the informal development sessions.

It was stated that members would like to understand the governance around Joint HOSCs and it was felt that there was a need for greater involvement from the ICB to the Health and Wellbeing Boards.

Concern was expressed that this meeting had not delivered any concrete outcomes. Discussion had been had on what might be delivered, priorities and the quest for outcomes but the real value of the meetings would be determined when priorities and outcomes are agreed and that the ICB are persuaded that these should be focussed on. It was suggested that two areas be focussed on.

It was agreed that there was a need to share good practice, perform deep dive exercises on certain issues and provide development sessions, the first of which would take place in February.

It was proposed that the ICB Chief Executive, Chief Executives of Shropshire Council and Telford and Wrekin Council, supported by the Executive Director of Health and Director of Public Health and Wellbeing discuss what the work would look like regarding children and young people across the system.



**17      Date of Next Meeting**

Members noted that the next meeting would take place in October in Telford.

The meeting closed at 4pm.

**Chair:** .....

**Date:**

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