

Sent via email

Ian Green – ICB Chair
Shropshire, Telford and Wrekin
Integrated Care Board

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Dear Ian,

29 July 2025

Annual assessment of Shropshire, Telford and Wrekin Integrated Care Board's performance in 2024/25.

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "The Act"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we have had with you and your colleagues throughout the year.

This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System (ICS) as well as how you have contributed to each of the four fundamental purposes of an ICS. In each section of our assessment, we have summarised areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress and performance improvement is required, detailing any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan (JFP). A key element of the success of Integrated Care Systems is the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this and where further specific work is required.

We thank you and your team for all of your work over this financial year, and we look forward to continuing to work with you in the year ahead.

Yours sincerely,

Rebecca Farmer



Director of System Co-ordination and Oversight – West Midlands

Cc: Dale Bywater, Regional Director, NHS England Midlands Region
Simon Whitehouse - Chief Executive Officer, Shropshire, Telford and Wrekin ICB

Section 1: System leadership and management

The ICB made steady progress working with its system partners in leadership of the transformation agenda in Shropshire, Telford and Wrekin (STW). It oversaw the activities in Place and in the ICP, ensuring good corporate, financial, clinical and quality governance throughout the ICS. The Board convenes committees within the ICB or across the ICS to gain assurance for these activities. The robust and transparent arrangements demonstrated the importance the ICB places on accountability for plan delivery to its population, patients and their carers or representatives and through the Integrated Care Partnership (ICP), Healthwatch and the local authorities' Joint Health Overview and Scrutiny Committees.

The ICB carried out a full re-evaluation in 2024/25 of the system's Joint Forward Plan (JFP). It has a collaborative approach with all system partners and wider stakeholders, including Health and Wellbeing Boards. The Health and Well Being Strategies are informed by the Joint Strategic Needs Assessment (JSNA) and the Integrated Care Strategy which was approved by the ICP. The ICB has worked with the Good Governance Institute and completed a 'Making Meetings Matter' review to develop a governance improvement programme. The aim of the programme was to develop a simplified corporate divisional structure for the ICB with fewer, more efficient meetings that strengthen assurance, management of processes and board oversight.

The ICB also collaborated and engaged with partners in developing its strategies and plans including the Integration Strategy and the system's operational plan. Place-based partnerships are making progress, examples of which include work on the Local Care Transformation Programme (LCTP), see section 2 "Improving population health and healthcare" below. The Hospital Transformation Programme (HTP) was approved in 2024, with construction underway and on track for programme delivery in early 2028.

With reference to its "duty to have regard to the wider effect of decisions" ('Triple Aim'), the ICB's Integrated Impact Assessment tool helps to demonstrate these requirements and apply systematic analysis to all plans and end-to-end decision-making processes in the organisation. In addition, all NHS Shropshire, Telford and Wrekin Board and Committee papers have a statutory requirement for completion to confirm how the report satisfies the ICB's core aims including to tackle inequalities in outcomes, experience, and access; and what the reports implications are for Equality, Diversity and Inclusion. The intention is that Committees can gain assurance that the 'Due Regard' process has been carried out to inform decision-making.

The ICB led the development of the system's Integrated Improvement Plan (IIP) for April 2024 to March 2026. The governance process included sign off by the respective provider Trust boards and submission to the STW ICB Board for approval in November 2024. The IIP was also agreed by NHS England as part of our improvement support to the system.

Telford & Wrekin Integrated Place Partnership and Shropshire Integrated Place Partnership are well established 'Places' with clear insight into the needs of the local population and the current delivery and proposed changes for improvement that are being addressed through place-based delivery plans. The respective Local Authority Chief Executive Officers each chair the Place Boards and report through directly to the Board of the ICB.

Feedback from Health and Wellbeing Boards (HWBs), was mainly positive in relation to the effectiveness of the working relationships with the ICB. However, with regards to how the ICB worked with the NHS and wider system partners to implement the Joint Local Health and Wellbeing strategy, some HWB feedback indicated further work was needed by the ICB.

During 2024/25 the ICB strengthened its arrangements for holding providers to account for performance, quality and finance. The System Planning and Performance group meets weekly to articulate and generate annual system operational plans of behalf of all NHS organisations in the

ICS. The ICB also sought to facilitate and encourage greater collaboration between the providers in the system.

Both the ICB and Shrewsbury and Telford Hospitals NHS Trust (SaTH) were placed in the Recovery Support Programme (RSP) in August 2021 and are in segment 4 of the NHS Oversight Framework (NOF). Whilst both SaTH and the ICB made progress against transition criteria in 2024/25, there remains work to be done in 2025/26 to deliver sustained improvements, particularly in financial and Urgent and Emergency Care (UEC) delivery. Formal enhanced oversight arrangements are in place between NHS England and the system, complemented by a range of support to facilitate rapid improvements. In May 2024 Undertakings were agreed with the ICB in relation to system financial management and UEC recovery plan. The ICB made good and sustained progress in addressing the requirements of these Undertakings and a compliance certificate has recently been issued to confirm this. This will support the ICB in addressing its transition criteria towards RSP exit.

The ICB is committed to fulfilling its statutory duty to involve individuals, carers, and communities in the planning, development, and delivery of health and care services (Duty as to public involvement and consultation). As an example, in 2024/25 the ICB supported the national Change NHS programme through capturing the views and ideas of its staff and members of local patient participation groups, ran virtual engagement sessions for members of the public, and joined a diverse range of groups within the voluntary sector to understand what is important to them. The feedback that the ICB heard will not only be used nationally but also inform local strategic decision making.

Regarding clinical engagement, the ICB has examples of where specialist clinical support is in place, such as work with the Emergency Care Improvement Support Team (ECIST) and Getting It Right First Time (GIRFT) support across the UEC pathway. GIRFT input is also being used to support improvements for the planned care pathway and orthopaedics specifically. The ICB also has a planned care and cancer clinical lead who are involved daily in these areas. There are separate task and finish groups as required, for example outpatient transformation and referral optimisation. The latter is supported by a consultant Urologist from a neighbouring trust. The ICB is also working on Advice and Guidance in Cardiology, utilising the clinical expertise of a consultant cardiologist at SaTH.

NHS England delegated direct commissioning functions for pharmaceutical, general ophthalmic services and dentistry (POD) to ICBs in April 2023. The ICB is a member of a formal Joint Commissioning Committee with five other ICBs in the West Midlands to jointly exercise its delegated commissioning functions, which included some specialised commissioning services from April 2024.

In August 2024, NHS England completed a primary care assurance framework which assessed the ICB as 'substantial', meaning that the ICB was discharging the delegated function safely, effectively and in line with legal requirements but one or two processes were not running effectively, exposing possible risk and issues in discharging the function. The ICB continued to work towards 'full' assurance throughout the year.

Section 2: Improving population health and healthcare

The system faced multiple challenges in 2024/25, and struggled with key aspects of operational performance delivery.

UEC performance against targets was particularly challenged, and consequently the system was placed into Tier 1 of NHS England's UEC performance improvement regime. Performance fell very short against the 4-hour A&E (all types) target of 78% target and 12-hour 5% target, reporting 61.4% and 15.0% respectively in March 2025. However, we were encouraged by the progress

made across the system to develop clear plans and priorities for addressing experience and safety challenges across the UEC pathway, making more effective use of system-wide capacity and treating patients in more appropriate settings. There remains much work to do in this area to maintain momentum and transform out of hospital settings in line with the ICB's commissioning intentions.

During 2024/25 the system was one of the most challenged for long wait elective performance, not achieving its plan of zero 65 week waits by the end of March 2025. There was also a shortfall in cancer 62-day performance at 64.2% against a target of 70% and disappointingly a deterioration in Faster Diagnosis Standard performance over the year from 77.9% in February 2024 to 65.8% in February 2025. As a consequence of the deterioration in performance during 2024/25, SaTH and Robert Jones and Agnes Hunt NHS Foundation Trust (RJAHS) were placed back into NHS England's Tier 1 performance improvement regime for Electives in Quarter 2, with SaTH being placed into Tier 1 for Cancer and Diagnostics at the same time. There has been some progress made in recovery of elective and cancer performance at SaTH during Quarter 4.

Delivery of the adult inpatient metric for Learning Disabilities and Autism fell short of the expected standard. Although the ICB submitted a compliant plan in 2024/25, it performed below expectations, ending the year 36% above plan. The ICB worked with the regional team to establish a revised trajectory which resulted in achievement that was 17% over this plan. An action plan remains in place with NHS England oversight.

The previous Children and Young People (CYP) Board was redesigned as a CYP Strategic Group during 2024/25, meeting quarterly since September 2024. Membership includes executive leads for children's services from across the system including local authorities and also includes NHS England regional expertise. Priorities include those within the annual report, including Special Educational Needs and Disability (SEND), health inequalities, safeguarding, waits and some long-term conditions. Feeding into this group is a newly established CYP Operational Delivery Group and the Learning Disability and Neurodiversity Group.

The ICB participated in the regional patient safety stocktake carrying forward learning from deaths. It also developed its quality improvement and monitoring work, and was particularly pro-active in leading visits and other assurance reviews to confirm improvements at SaTH in response to quality and safety concerns in the Emergency Department. Some good work has taken place on stakeholder mapping with respect to quality and patient safety. The system initiated key workshops for quality improvement programmes, for example Mental Health care for children's Section 31 and work embedding deterioration education and response in the 188 nursing and residential care homes in the system, which won an HSJ award.

The System Quality Group (SQG) is effective and promotes learning, drives improvements and reports on experience of care. The system also promoted and financially supported Oliver McGowan training for over 4,000 of system staff including from social care and the voluntary sector to support better care experience for citizens affected by a learning disability and/or autism. The Patient Safety Incident Response Framework (PSIRF) was implemented across the system and is adopting the learning from deaths group- system wide. Themes from complaints and compliments are analysed and support learning across the system.

The 2024/25 Operating Plan requirement was to establish and develop at least one women's health hub in every ICB by the end of December 2024 in the line with the core specification, improving access, experience and quality of care. This was delivered and we note that, in line with the operating requirements for 2025/26, services will be maintained. NHS STW ICB has confirmed there is no planned reduction of service for Women's Health Hubs in 2025/26.

There were improvements in Community Pathway waiting times and Shropshire Community Health Trust expected to have achieved zero 'Over 52 Week Waits' by 30 June 2025. We were pleased to see the reduction in the overall waiting list size on Adult Community Pathways and 'over 52 week

waits'. However, we were concerned to see growth in CYP Community Pathways and in the reported number of over 52 week waits.

The Annual Report contains several references to developments in the Community setting and these require further progress in 2025/26. However, 'Highley Community Hub' now operates as an integrated service offer, GPs / Health Visitors and Social Care. This hub includes provision of preventative/Proactive services, e.g. Blood Pressure Checks. The development of the Care Transfer Hub and its work on 'Home First' approach to discharge has been particularly positive.

The role of community services in supporting the delivery of the HTP benefits is essential for the population of STW and it is imperative that the ICB ensures key work programmes are successful in delivering the required outputs.

Section 3: Tackling unequal outcomes, access and experience

The ICB considered its Duty to Reduce Inequalities and Improve Outcomes, evidenced by the development of appropriate structures and reporting arrangements across the system. The operational planning process particularly emphasised the requirements to consider reduction in Health Inequalities, and Core20PLUS5 (C20+5), with a system plan that has Health Inequalities embedded at all levels. Addressing these inequalities and ensuring equitable access to health and care services remains a priority for the system.

The ICB strengthened partnerships with local stakeholders, enhancing collaborative efforts to address inequalities across the patch to deliver health and care services closer to residents' homes. This is evidenced by the work carried out with the Highley Community Hub in Shropshire an integrated space combining relocated GP services, health visiting, women's health, and dementia Multi-disciplinary Teams (MDTs).

We understand that the ICS commenced fifty three projects aimed at targeting improvements in health inequalities (amending pathways, etc) ensuring health inequalities considerations are integrated in all decision making and inclusion in the Strategic Decision-Making Framework.

We recognise that the system utilised Population Health Management (PHM) tools to support its work. Examples include TB screening in migrant communities, expanding the lung health checks (in appropriate locations to increase uptake) and the use of Core20+5 connectors and ambassadors.

A review of the Alcohol Care team and decisions made on its continuity took place at the end of May 2025. We are pleased that the ICB has consistently been in the top 10 ICBs nationally with highest referrals to the programme.

The ICB has confirmed that a full response on inequalities will be published separately to the ICB's annual report. The ICB will need to strengthen the summary of the intelligence it has gathered from the analysis and provide a fuller description in this report as the system provided limited data on its legal duties statement in 2024/25.

Shropshire, Telford & Wrekin was one of the first systems to be visited by the Regional NHS England Health Inequalities Team as part of a new approach to understanding system progress against statutory duties to reduce inequalities in access, experience and outcomes. Feedback from the visit, held in January 2025, was extremely positive, noting particularly the range of colleagues who attended the day to share and discuss their work and the enthusiasm felt by all to make a difference to under-served and under-represented communities in STW.

Section 4: Enhancing productivity and value for money

The system did not meet its financial duties in 2024/25 and the system reported a financial deficit of £17.9m against a breakeven plan (after £89.9m deficit funding and £13m surge funding). However, the ICB did meet its duties and delivered a financial outturn £4.7m better than plan. The SaTH deficit was £24.0m, however, all other NHS organisations in the system worked together to seek to minimise the impact of this deficit on the overall system position. This collaborative work to identify and mitigate financial risk was led and coordinated by the ICB. Total system efficiency delivery was £88.7m against a plan of £89.7m The ICB delivery was above plan at £38.0m, against a plan of £35.8m.

We were encouraged by the ICB leading the detailed work to understand and model the system's financial position over coming years, which supported greater understanding and alignment of assumptions within the 2025/26 Operational Plan. Through this work, which is part of the IIP, there is also a better understanding of the work now needed to move from receipt of significant deficit support to a sustainable financial and clinical position. This work must continue to be a priority for the ICB during 2025/26.

The ICB met its agency target (percentage of total pay against the baseline planned pay) of 4.4%. Universal support included off framework removal and price cap spend reduction for nursing and AHP/STT staff groups.

The ICB partnered with the National Institute for Health and Care Research (NIHR) Clinical Research Network to expand research participation and aligns with the Health Innovation West Midlands. The ICB promotes a culture of research by integrating opportunities into clinical pathways. A named executive lead for research is in place, ensuring leadership and accountability for the research agenda across the system. The ICB developed a research strategy which outlines key objectives for integrating research into care delivery and fostering a culture of innovation.

The ICB highlighted progress on digital innovations and partnerships with academic bodies as part of the strategy. There is systematic tracking of research activity including engagement data from NIHR and local reporting of participation figures and examples of how evidence from research has informed service redesign including urgent and community care pathways. A robust joint submission with a neighbouring, partner ICB shows that there is recruitment data available for 2024/25 which is provided by the West Midlands Regional Research Delivery Network.

The ICB supports innovations such as remote monitoring, digital care coordination centres and shared care records. The ICB is also working on enhancing the use of digital platforms for self-care and implementing Population Health Management (PHM) tools to improve care. The ICB has a digital strategy, shared care records, remote monitoring, virtual wards and digital inclusion. The ICB has faced challenges with Digital Leadership with a high turnover of digital leads but has now recruited a permanent Head of Digital.

Significant progress was made in 2024/25 in moving from analogue to digital across the system. Both SaTH and RJAH have gone live with their new Electronic Patient Record systems (EPRs). Both Trusts are also progressing deployment of their Patient Engagement Portals (PEPs) with NHS App integration in 2025. All eligible GP Practices have successfully transitioned to high-quality Cloud-based Telephony. Online Consultation (OC) tools are available to all General Practices, with contractual arrangements confirmed for 2025/26 and ongoing work to ensure availability during core hours. The NHS App is promoted at ICB and local level, with uptake and usage continuing to increase at pace. Practices are refining business practices to leverage new digital data.

In Diagnostics, the system made good progress regionally for 2024/25 and now has plans to deploy Order Comms and Digital Pathology and onboard to the Pathology Network Laboratory Information Management Systems. Cybersecurity saw limited progress in collaboration, but positive steps are now being taken through the formation of an ICS Wide Cyber Group. For 2025/26, key priorities

include full deployment of PEPs, completion of Diagnostics Order Comms and Digital Pathology, and continued strengthening of cybersecurity.

Section 5: Helping the NHS support broader social and economic development

The ICB is in the process of establishing an Anchor Institution Improvement Programme which will bring together ICS partners to optimise impact across all anchor elements. Optimising the anchor impact is an agreed priority within the ICB's Strategy and Health Inequalities directorate.

The ICB convened employers to create joint posts for foundation pharmacists e.g. community pharmacy plus general practice, this has increased the attractiveness of the ICB for new graduates.

STW ICB held Anchor-focused discussions at its Health Inequalities and Prevention Group amongst Health Inequalities SROs. Plans are to utilise the UCL Partners Anchor Measurement Toolkit and self-assessment. This will help understanding of current impact and develop a plan which aims to improve across the various Anchor domains, for the benefit of underserved communities. The ICB is working closely with communities and local partners and working with other anchors and partners to increase and scale impact.

A paper was taken to the ICB Board in June 2024 presenting the report of Perceptions and Experience of Racism in the Workplace by Health and Social Care Staff, related actions and next steps needed to progress Equality Diversity and Inclusion (EDI) in the system. This was a brave step and attracted some media attention and we were pleased that the ICB took decisive action to address the challenges presented. The ICB Board agreed to sponsor the development of an EDI Strategic plan for the STW ICS in which race was agreed as a priority area. The ICB Board developed two projects through an ICB Board development session held in February 2025. These projects aimed to accelerate progress, particularly around the objective to build an ICS that celebrates diversity, empowers change and recognises the impact of our health and care teams.

We were pleased by the improvements made across all People Promise domains of the 2024 ICB staff survey, reflecting better morale following a restructure and focussed improvement work within the ICB. The ICB was one of the most improved across the region and nationally with its staff survey results. There remains work within the wider system to strengthen work to demonstrate the positive impact of speaking up and, as noted above, take forward actions to embed work on equality, diversity, and inclusion.

The ICB continued to work closely with Telford College and Keele University to support local young people to access careers in health and care across the system. The ICB facilitated a partnership between Telford College and Keele University which continues to develop across a range of areas. This approach supports young people from areas with high deprivation to have aspirations and ambitions to attend a high performing University once their college studies have been completed.

The ICB sought to contribute to wider strategic priorities in year focussing on key initiatives: Reducing its environmental impact by taking action to reduce carbon emissions and consumption, reduce waste and protect and enhance the natural environment. The ICB has been working closely with communities and local partners, collaborating with communities to help address local priorities, build on their energy and skills; and work with other anchors and partners to increase and scale impact. It initiated purchasing for social benefit by purchasing supplies and services from organisations that embed social value to make positive environmental, social, and economic impacts. The ICB sought to widen access to quality work, focussing on being a good inclusive employer, paying people the real living wage and creating opportunities for local communities to develop skills and access jobs in health and care especially those experiencing inequalities. Finally, the ICB has been working to use buildings and spaces to support communities by widening access to community spaces, working with partners to support high-quality, affordable housing and supporting the local economy and regeneration.

The ICB manages its Greener Programme through experienced subject matter experts at trust level. However, this work could be better embedded across the system and linkages through to the executive leadership which is identified within ICB and Provider Trusts. The system is actively working on decarbonising its estate and trusts have been successful in bidding for available funding. Work on the development of system green plan continues in line with statutory guidance despite uncertainty over future operating model.

Conclusion

In making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions that is as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and we look forward to working with you to support improvement and performance throughout your system.

We ask that you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.