Shropshire, Telford & Wrekin
Integrated Care System

NHS STW Integrated Care Board - Agenda & Reports

MEETING

24 September 2025 14:00 BST

PUBLISHED

17 September 2025

Contents

Agenda

Meeting title: NHS Shropshire, Telford and Wrekin Integrated Care Board
Date: Wednesday 24 September 2025
Time: 14:00
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX
Chair: Ian Green OBE, NHS Shropshire, Telford and Wrekin Chair
Secretary: Board Secretary

Welcome and Opening Remarks

Duration: approximately 10 minutes, 2.00pm - 2.10pm

ICB 25-09.195 – Welcome and Apologies – For Information - Verbal
Presenter: Ian Green OBE

ICB 25-09.196 – Declarations of Interest – For Assurance - Verbal
Presenter: Ian Green OBE

Register of Board member's interests can be found at:
Register of Interests - NHS Shropshire Telford and Wrekin

ICB 25-09.197 – Minutes of the previous meetings held on Wednesday 25 June 2025 and 30 July 2025 – For Approval - Enclosure
Presenter: Ian Green OBE

ICB 25-09.198– Matters arising and action list from previous meetings – For Approval – Enclosure
Presenter: Ian Green OBE

ICB 25-09.199– Questions from Members of the Public – For Noting - Verbal
Presenter: Ian Green OBE

Guidelines on submitting questions can be found at: Submitting Public Questions - NHS Shropshire Telford and Wrekin

Resident's Experience

ICB 25-09.200 – Resident's Experience – Women's Health Hub – For Discussion - Enclosure
Presenters: Naomi Roche and Diane Breeze.
Duration: approximately 15 minutes, 2.10pm – 2.25pm

Strategic System Oversight

ICB 25-09.201 – System Winter Plan and Board Assurance Statements – For Discussion and Approval – Enclosure

Presenters: Joanne Williams and Ian Bett. In Attendance: Gareth Wright
Duration: approximately 15 minutes, 2.25pm – 2.40pm

ICB 25-09.202 – Chair's Report – For Noting - Enclosure
Presenter: Ian Green OBE
Duration: approximately 5 minutes, 2.40pm – 2.45pm

ICB 25-09.203 – Chief Executive Officer (CEO) Report – For Noting - Enclosure
Presenter: Simon Whitehouse
Duration: approximately 5 minutes, 2.45pm – 2.50pm

ICB 25-09.204 – Risk Management Report – For Assurance – Enclosure
Presenter: Simon Whitehouse
Duration: approximately 5 minutes, 2.50pm – 2.55pm

ICB 25-09.205 – Healthy Ageing Strategy – For Approval – Enclosure
Presenter: Vanessa Whatley
Duration: approximately 10 minutes, 2.55pm – 3.05pm

ICB 25-09.206 – Neighbourhood Implementation Programme – For Noting – Enclosure
Presenter: Nigel Lee. In Attendance: Claire Parker
Duration: approximately 10 minutes, 3.05pm – 3.15pm

ICB 25-09.207 – Update on Quality Oversight of Primary Care – For Assurance – Enclosure
Presenter: Vanessa Whatley and Dr Lorna Clarson
Duration: approximately 10 minutes, 3.15pm – 3.25pm

ICB 25-09.208 – Infrastructure Strategy - For Approval – Enclosure
Presenter: Claire Skidmore
Duration: approximately 10 minutes, 3.25pm – 3.35pm

ICB 25-09.209 – 2025/2028 System Green plan – For Approval – Enclosure
Presenter: Nigel Lee. In Attendance: Tracey Jones
Duration: approximately 10 minutes, 3.35pm – 3.45pm

Break

Duration: approximately 10 minutes, 3.45pm – 3.55pm

System Integration

ICB 25-09.210 – Shropshire Integrated Place Partnership Committee Chair's Report (including Annual Report) - For Noting and Approval – Enclosure
Presenter: Andy Begley
Duration: approximately 10 minutes, 3.55pm – 4.05pm

ICB 25-09.211 – Telford and Wrekin Integrated Place Partnership Committee Chair's Report - For Noting – Enclosure
Presenter: David Sidaway
Duration: approximately 10 minutes, 4.05pm – 4.15pm

System Governance and Performance

ICB 25-09.212 – Integrated Performance Report – For Assurance – Enclosure
Presenter: Claire Skidmore
Duration: approximately 5 minutes, 4.15pm – 4.20pm
(to follow)

ICB 25-09.213 – NHS STW Recovery Support Programme (RSP) Transition – For Approval – Enclosure
Presenter: Simon Whitehouse
Duration: approximately 5 minutes, 4.20pm – 4.25pm

ICB 25-09.214 – LeDeR Annual Report 2024/25 including Learning Disability Mortality Review Annual Report – For Approval – Enclosure
Presenter: Vanessa Whatley
Duration: approximately 5 minutes, 4.25pm - 4.30pm

ICB 25-09.215 – Conflicts of Interest Policy – For Approval – Enclosure
This item has been deferred until November's Board Meeting.

Board Committee Reports

Duration: approximately 20 minutes, 4.30pm – 4.50pm

ICB 25-09.216 – System Quality and Performance Committee Chair's Report – For Noting and Approval – Enclosure
Presenter: Cheryl Etches

ICB 25-09.217 – System Finance Committee Chair's Report– For Noting and Approval – Enclosure
Presenter: David Bennett

ICB 25-09.218 – System People, Culture and Inclusion Committee Chair's Report – For Noting and Approval – Enclosure
Presenter: Stacey Keegan

ICB 25-09.219 – Remuneration Committee Chair's Report – For Noting and Approval – Enclosure
Presenter: Trevor McMillan

ICB 25-09.220 – Audit Committee Chair's Report – For Noting and Approval – Enclosure
Presenter: Trevor McMillan

ICB 25-09.221 – Strategic Commissioning and Productivity Committee Chair's Report – For Noting and Approval – Enclosure
Presenter: Ian Green OBE

ICB 25-09.222 – Transition Committee Chair's Report – For Noting
Presenter: Ian Green OBE

ICB 25-09.223 – System Transformation and Digital Group Chair's Report – For Noting and Approval - Enclosure
Presenter: Andrew Morgan

ICB 25-09.224 – System Strategy and Prevention Committee Chair's Report – For Noting and Approval - Enclosure
Presenter: Cathy Purt

Meeting Review

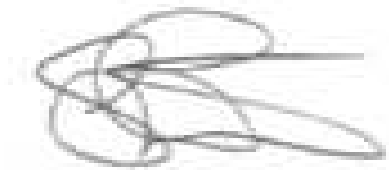
ICB 25-09.225 – Review and reflection of new or amended risks following discussions at Board meeting – For Assurance - Verbal
Presenter: Ian Green OBE
Duration: approximately 5 minutes, 4.50pm – 4.55pm

Any Other Business

ICB 25-09.226 – Any Other Business notified in Advance – For Discussion - Verbal
Presenter: Ian Green OBE
Duration: approximately 5 minutes, 4.55pm – 5.00pm

Next Meeting Details

Date: Wednesday 26 November 2025
Time: 14:00
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX



Mr Ian Green OBE
Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive Officer
NHS Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin
Integrated Care Board Meeting – Part 1

Wednesday, 25 June 2025 at 14:00
Room 1, Wellington Civic Offices, Larkin Way, Wellington, Telford, TF1 1LX

Present:

Roger Dunshea	Acting Chair, NHS Shropshire, Telford and Wrekin (STW)
Simon Whitehouse	Chief Executive Officer, NHS STW
Claire Skidmore	Deputy Chief Executive Officer and Chief Finance Officer, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Cheryl Etches	Non-Executive Director, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW
Ian Bett	Chief Delivery Officer, NHS STW
Andy Begley	Chief Executive Officer, Shropshire Council
Joanne Williams	Chief Executive Officer, The Shrewsbury and Telford Hospital NHS Trust
Dr. Lorna Clarson	Chief Medical Officer, NHS STW
Dr. Ian Chan	GP Partner member
David Sidaway	Chief Executive Officer, Telford and Wrekin Council
Stacey Keegan	Chief Executive Officer, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Patricia Davies	Chief Executive, Shropshire Community Health NHS Trust
Neil Carr	Chief Executive Officer, Midlands Partnership University NHS Foundation Trust

In Attendance:

Nigel Lee	Chief Strategy Officer, NHS STW
Dave Bennett	Associate Non-Executive Director, NHS STW
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Cllr Heather Kidd	Leader and Councillor, Shropshire Council
Joanne Johnston	Quality and Governance Lead, Midlands Partnership University Foundation Trust
Cathy Riley	Shropshire Community Health NHS Trust
Jackie Jeffrey	Vice Chair, Telford and Wrekin Voluntary and Community Sector Assembly
Jan Suckling	Lead Engagement Officer, Healthwatch Telford and Wrekin
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust

Dr. Jessica Harvey	Joint Chair of GP Board
Andrew Morgan	Chair in Common, Shropshire Community Health NHS Trust and Shrewsbury & Telford Hospital NHS Trust
Angela Raynor	Centre Manager, Shrewsbury & Telford Hospital NHS Trust
Tracey Jones	Head of Health Inequalities, NHS STW
Alison Smith	Chief Business Officer, NHS STW
Claire Colcombe	Board Secretary, NHS STW
Martin Rogers	Insight and Involvement Manager, NHS STW

Apologies:

Harry Turner	Chair, The Robert Jones and Agnes Hunt Orthopaedic Hospital
Trevor McMillan	Non-Executive Director, NHS STW
Dr Deborah Shepherd	GP Partner member
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Richard Nuttall	Joint Chair, Telford and Wrekin Voluntary and Community Sector Assembly

Minute No. ICB-25-06.168 – Welcome & Apologies

168.1 The Acting Chair opened the meeting and noted the apologies above.

168.2 Mr Roger Dunshea, Acting Chair of NHS Shropshire, Telford and Wrekin welcomed new board member Cheryl Etches and Councillor Heather Kidd, and acknowledged the contributions of Patricia Davies, who is attending her last meeting.

168.3 Mr Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin announced the sudden passing of Sam Young, interim Chief Nursing Officer at Robert Jones and Agnes Hunt Orthopaedic Hospital, and extended condolences to her family, friends, and colleagues. Sam's career was highlighted, noting her lifelong commitment to patient care across various sectors and the armed forces. Sam was remembered for her clinical skills, attention to detail, warm compassion, and unwavering dedication to patient care.

Minute No. ICB-25-06.169 – Members' Declarations of Interests

169.1 Members had previously declared their interests, which were listed on the ICB's Register of Interests and available to view on the website at:

Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

169.2 Members were asked to confirm any new interests that needed declaring or any existing conflicts of interest that they had relating specifically to the agenda items. There were no further conflicts of interest declared.

Minute No. ICB-25-06.170 – Minutes of the previous meetings held on Wednesday 30 April 2025 and 20 June 2025

170.1 Mr. Roger Dunshea presented the minutes from the previous meeting and NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to approve the minutes. No issues were raised.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the minutes of the previous meetings held on 30 April 2025 and 20 June 2025.**

Minute No. ICB 25-06.171– Matters arising and action list from previous meetings

171.1 NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the updates on the action list. The Board discussed the progress of actions arising from previous meetings, particularly those related to UEC and winter pressures, and proposed combining them. The updates were captured on the action list.

RESOLVE: **The NHS Shropshire Telford and Wrekin Integrated Care Board NOTED the updates of the action list.**

Minute No. ICB 25-06.172– Questions from Members of the Public

172.1 Mr Roger Dunshea noted that 16 questions had been received from members of the public and would be answered in line with policy. NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the questions received.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the receipt of 16 questions from the members of the public.**

Minute No. ICB 25-06.173 – Resident's Experience – Frailty

173.1 Ms Joanne Williams, Chief Executive Officer of The Shrewsbury and Telford Hospital NHS Trust, introduced Angela Raynor, Centre Manager of the Shrewsbury and Telford Hospital NHS Trust. Ms Raynor presented three patient stories highlighting 3 areas of improvements in frailty care since the introduction of the frailty assessment unit. This included improved patient outcomes and positive feedback from patients.

173.2 The Board discussed the development of a frailty strategy, which is currently out for consultation, and the importance of integrating frailty care with community and neighbourhood approaches. The consultation attracted 475 respondents, and the strategy has been shared with various community groups and professionals for feedback.

ACTION: *Introductory email to be sent between Dr Jessica Harvey and Angela Raynor to enable working together.*

ACTION: *Angela Raynor to forward presentation slides to Integrated Care Board.*

Minute No. ICB 25-06.174 – Chair's Report

174.1 Mr Roger Dunshea, Acting Chair of NHS Shropshire, Telford and Wrekin presented the paper, sharing information around the appointment of a new chair, Ian Green, who will start on 1st July 2025, the government reset programme, and improvements in governance and performance in the annual report.

174.2 The government reset programme on the future of Integrated Care Boards was discussed, including the clustering arrangement with Staffordshire and Stoke on Trent.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **NOTED the contents of the report.**
- **Were ASSURED that the Fit and Proper Person Test Submission will be sent to NHS England before the 30 June 2025.**

Minute No. ICB 25-06.175 – Chief Executive Officer (CEO) Report

175.1 Mr Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin presented the CEO report, which included reference to the submission of the annual report, and accounts (which was within the deadline set by NHS England), the progress made in delivery plans, and the ongoing engagement with MPs and stakeholders.

175.2 The Board discussed the importance of public health and the need to maintain strong relationships with local authorities amid potential changes.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the report.**

Minute No. ICB 25-06.176 – System Board Assurance Framework and System Operational Risk Register (SBAF & SORR)

176.1 Miss Alison Smith, Chief Business and Communications Officer of NHS Shropshire, Telford and Wrekin presented the SBAF and SORR. Miss Smith noted changes within the SBAF and SORR, as highlighted in the paper.

176.2 During discussion assurance was given that risks were being managed appropriately. Appreciation was expressed for the progress made in risk assurance, crediting the committees and their continued efforts.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **NOTED the report and accompanying appendices.**
- **REVIEWED the populated System Board Assurance Framework (SBAF) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks, and the risks to the**

system's strategic objectives, are being properly managed.

- **REVIEWED the current risks from both Strategic Operational Risk Registers (SORRs) that score above 15 for severity and likelihood and considered:**
  - **If there are any additional assurances are necessary; and**
  - **if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.**
- **Be Assured that the SBAF and SORR provide oversight of the strategic risks to the system meeting the strategic objectives.**

Minute No. ICB 25-06.177 – Health Inequalities

177.1 Mr Nigel Lee, Chief Strategy Officer of NHS Shropshire, Telford and Wrekin and Ms Tracey Jones, Head of Health Inequalities of NHS Shropshire, Telford and Wrekin presented the annual report on healthcare inequalities, highlighting achievements, challenges, and the importance of data and community engagement.

177.2 The board reaffirmed its commitment to reducing health inequalities, highlighting a collaborative, multi-agency approach. The annual report showed most programme goals were met, despite challenges with data quality, system pressures, and workforce capacity. The Board acknowledged progress and stressed the importance of maintaining momentum through upcoming system changes.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **NOTED the contents of the report and the progress made to date.**
- **Continued to SUPPORT and CHAMPION progress against healthcare inequalities key priorities within respective organisations to improve the experience and health outcomes of Core20PLUS populations.**
- **Are PROMOTING and ENCOURAGING urgent action to realise improvements in the completion and accuracy of coded demographic data, such as ethnicity and housing status, to enable successful population health management.**
- **SUPPORTED concerted efforts to address inequality in hypertension treatment and recover treatment levels to the national target of 80%, acknowledging that blood pressure is one of the leading risk factors in poorer outcomes from cardiovascular disease. Cardiovascular Disease contributes to over 25% of the inequality in life expectancy seen between people living in the most**

deprived compared to those living in the least deprived areas of Shropshire, Telford & Wrekin.

- **Will PROVIDE senior support to promote health inequalities as a golden thread to existing service design, commissioning, transformation and delivery and not thought of as an optional, additional task, mitigating the risk of de-prioritisation amongst competing financial and performance pressures.**
- **As a system, will ENDORSE the mandatory embedding of quality improvement approaches, supporting staff to attend quality improvement training and embed quality improvement principles within project management and service improvement.**

Minute No. ICB 25-06.178 – Intensive and Assertive Outreach

178.1 Ms Cathy Riley (Shropshire Community Health NHS Trust) and Joanne Johnston (Midlands Partnership University Foundation Trust) presented an update on the mental health assertive outreach action plan. They highlighted ongoing challenges, including limited capacity and the need for further investment.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **NOTED the contents of the update report and will SEEK assurance on progress to date and the arrangements in place**
- **NOTED next steps**
- **RECOGNISED that full assurance was not possible without further investment.**
- **DESCRIBED what assurance the Board needs from other providers regarding new presentations being identified and those discharged to primary care.**

Minute No. ICB 25-06.179 – Finance Strategy

179.1 Mrs Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin presented the refreshed finance strategy and medium-term financial plan, emphasising the need for moving to a sustainable financial position and the importance of delivering on financial plans as part of the wider system improvement work. The refreshed plan was necessary to align with current realities and future expectations, particularly considering ongoing changes in the external environment.

179.2 The strategy outlined how finance will support the system's strategic goals, with a focus on returning to a stable financial position by 2027/28. The plan included an ambitious, but achievable, efficiency programme requiring approximately £85 million in savings annually. These documents had been widely reviewed and discussed across various governance bodies to ensure alignment with broader strategic initiatives. This plan will evolve over time with new data and national guidance, including the upcoming 10-year plan and

government reset programme. An action plan will be signed off and disseminated for implementation across the system.

179.4 Board members raised concerns about the system's historical challenges in delivering financial plans. It was acknowledged that credibility must be rebuilt through consistent delivery. The 2025/26 planning round was highlighted as a pivotal moment, with realistic yet challenging targets set to lay the groundwork for long-term success. There was also discussion about the potential end of deficit funding and the implications of being over target in terms of allocation. The current plan, based on existing assumptions, is expected to meet national requirements, but flexibility will be needed as new guidance emerges and the plan will need to evolve.

179.5 A key theme was the importance of board-level accountability and oversight in delivering the financial strategy. The shift in spending from acute care to community and primary care was emphasised as a strategic direction, aligned with goals around health inequalities and prevention. This transition must be managed collaboratively to avoid stranded costs and ensure service continuity. This is not about shifting the problem but rather about using the resource that the system has most effectively.

179.6 Further concerns were raised about the impact of Continuing Healthcare (CHC) savings on residents. Assurance was given that these savings are quality-led and aligned with national frameworks, with no intention of shifting costs to local authorities. Collaborative work with social care teams would be ongoing to ensure timely and effective assessments. The approach being adopted is person centric and focussed on supporting individuals – it is not a purely financial exercise. The Board emphasised the need for continued monitoring and partnership in implementing these changes.

179.7 The Board acknowledged the ambitious nature of the plan and the uncertainties ahead, including potential political decisions that could disrupt financial assumptions. The modelling approach allowed for scenario testing and stress-testing of assumptions, enabling agile and informed decision-making. The strategic decision-making framework would guide prioritisation based on quality, patient impact, and financial sustainability. With these considerations, the board approved the ICS Finance Strategy, Medium-Term Financial Plan, and Long-Term Financial Plan.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the Finance Strategy and Medium-Term Financial Plan.

Minute No. ICB 25-06.180 – People Strategy

180.1 Ms Stacey Keegan, CEO of the Robert Jones and Agnes Hunt Orthopaedic Hospital, presented the refreshed System People Strategy, highlighting its focus on workforce efficiency, quality, and adaptability to emerging trends. The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to approve the 2025–2027 strategy.

180.2 The strategy outlined a delivery model and governance structure, shaped by the ICB blueprint, cost-saving targets, and the upcoming NHS England Long-Term Workforce Plan. It has been developed with input from provider forums across the system.

180.5 Concerns were raised about the limited visibility of digital integration in the strategy. There was a strong call to embed digital tools to improve efficiency and decision-making, particularly at the point of care.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the refreshed System People Strategy 2025-2027 recommending stronger inclusion of digital transformation going forward.

Minute No. ICB 25-06.181 – Shropshire Integrated Place Partnership Committee Chair's Report

181.1 Mr Andy Begley, Chief Executive Officer of Shropshire Council, highlighted the recommendations, particularly point 2.1, referencing the Arthritis and Musculoskeletal Alliance report presented by Sue Brown. The Allocation Resource Framework was noted, with a commitment to further development and future review. The Pharmaceutical Needs Assessment (PNA) was presented and will be submitted to the Health and Wellbeing Board for consultation. It was confirmed that the PNA had been approved for consultation, and the Better Care Fund (BCF) had been signed off.

181.2 The neighbourhood subgroup has been renamed the SHIPP Accelerator Group for clarity. While not a literal accelerator, the group aims to fast-track system-wide priorities and align place-based initiatives. Risk stratification was discussed, NHS England has not mandated a specific tool, allowing flexibility. Each PCN is expected to implement risk stratification as part of their DES obligations, with funding tied to these activities. Although the funding is not increased, it remains part of the core contract.

181.3 There was discussion around ensuring alignment of risk stratification tools across providers. The digital delivery group is actively reviewing tools and engaging clinical stakeholders. An offline conversation was offered for further analysis.

ACTION: *Board Development session to be organised around Risk Stratification.*

Offline conversation to be had between Dr Niti Pall, Dr Lorna Clarson and Dr Jessica Harvey around Digital tools for risk stratification.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board:

- **NOTED this briefing report from the Shropshire Integrated Place Partnership.**

- **NOTED the MSK Health Inequalities & Deprivation Report was presented by CO of ARMA Sue Brown, Musculoskeletal-Health-Inequalities-and Deprivation-report_v08-SMALL.pdf).**
- **NOTED the proposed Place Prevention Funding Allocation Resource Framework, was presented to ShIPP and the commitment to the immediate prevention priorities with a commitment to further develop the framework to invite bids to support the prevention shift aligned to ShiPP priorities and bring it back to a future meeting.**
- **NOTED that the Draft Pharmaceutical Needs Assessment (PNA) was presented to the group and will be approved at a later meeting of the Health & Wellbeing Board for consultation.**
- **NOTED that the Healthwatch Report "Pharmacy Services in Shropshire" was presented to the committee and was commended**
- **NOTED that an update on the Better Care Fund was presented to ShIPP and will go to the Health & Wellbeing Board for approval.**
- **NOTED the progress in the ShIPP Neighbourhood working & Hub Subgroup; principally the change of name to the ShIPP Accelerator Group.**

Minute No. ICB 25-06.182 – Telford and Wrekin Integrated Place Partnership Committee Chair's Report

182.1 Mr David Sidaway, Chief Executive Officer of Telford and Wrekin Council, presented the report. Mr Sidaway highlighted under point 4.2, it was noted that over £300,000 has been invested in place prevention projects. The communications and engagement plan was also discussed, with vaccination as the first theme. Flu and COVID clinics will open in September 2025, and system-wide support for messaging was encouraged. The optometry programme, responding to resident concerns and shifting services closer to home, will go live next week.

182.2 The Chair acknowledged the positive developments.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **NOTED the continued focus on prevention and shift from acute to community within the Telford & Wrekin Integrated Place Partnership priorities.**
- **NOTED the Making Every Contact Count communication and engagement campaign focused on vaccinations and will be co-ordinated across a range of TWIPP partners during August 2025.**

- **Will SUPPORT the Committee in ensuring that all partners are able to prioritise their attendance and engagement in the committee and its work.**

Minute No. ICB 25-06.183 – Integrated Care System Performance Report

183.1 Mrs Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin, presented the Integrated Care System Performance Report. The executive summary highlights both areas of improvement and ongoing concerns. She emphasized the importance of sustainability in performance indicators, linking this to the medium-term finance plan. Sustained improvement is essential to ensure the best outcomes from investments.

183.2 On the financial front, Mrs Skidmore expressed satisfaction with recent performance. The organization has delivered according to the plan approved by the board, reporting a £1.8 million deficit, which is approximately £655k better than anticipated. This improvement is largely attributed to Continuing Healthcare, who have made significant early progress in their efficiency programme. Overall, efficiency delivery has been strong, and there are no issues to escalate regarding capital expenditure. The programme of work is progressing well, and efforts are being made to maximize the benefits from allocated funds.

183.3 During discussion it was noted that ADHD diagnoses were rising nationally. Face-to-face physical assessments are currently mandated for provider use, although some providers offer remote assessments under the "right to choose" framework. There was interest in exploring digital tools that have shown promising results in terms of diagnosis speed and accuracy. A follow-up conversation was agreed upon to consider how these tools might be deployed locally. There was general agreement on the value of digital tools and the need for continued dialogue to integrate them effectively into current practices.

ACTION: *Discussion to be had regarding Digital tools for ADHD Assessments between Dr Niti Pall and Dr Lorna Clarson.*

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED and DISCUSSED the contents of the report.**

Minute No. ICB 25-06.184 – Equality, Diversity and Inclusion Update

184.1 Vanessa Whatley, Chief Nursing Officer of NHS Shropshire, Telford and Wrekin provided an update on the equality, diversity, and inclusion (EDI) initiatives, including the launch of a new communications campaign and the progress made in reporting incidents of racism. The report updated members on progress on the strategic equality objectives, with a focus on building an inclusive Integrated Care System that celebrates diversity. Following a February development session, three projects were launched: standardising policy application, improving incident reporting on racism, and launching a coordinated communications campaign.

184.2 Vanessa stressed the importance of this work and the importance of visible Board leadership on this agenda item. She stressed that this needed to

become business as usual for all our activities and for all organisations. There had been good progress made and strong engagement in the current priorities but there was no room for complacency.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED and DISCUSSED the contents of the report.**

Minute No. ICB-25-06.185 – Information Governance Direction of Travel

185.1 Miss Alison Smith, Chief Business Officer of NHS Shropshire, Telford and Wrekin presented a direction of travel statement for information governance. The purpose of the report was to restate the direction of travel for Information Governance by the Board following a recommendation by the Internal Auditors of the ICB's evidence to support the self-assessment submission against the new requirements in the Data Protection and Security Toolkit (DSPT).

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **APPROVED the adoption of the IG Direction of Travel Statement attached as appendix 1.**

Minute No. ICB 25-06.186 – Quality and Performance Committee Chair's Report

186.1 Ms Vanessa Whatley, Chief Nursing Officer of NHS Shropshire, Telford and Wrekin, presented the report and highlighted that the committee was pleased to see improved CQC ratings for the adult group and psychiatric intensive care unit, reflecting the hard work and dedication of staff. Urgent and emergency care, along with diabetes, remain the highest risk areas under committee monitoring. While urgent care is progressing, diabetes improvement has been slow and is a concern. Performance and assurance improvements were highlighted, and maternity smoking at delivery has now shown sustained improvement, dropping below 6%.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board:**

- **Approved on behalf of the board were**
  - **Safeguarding Children & Young People Statement**
  - **Modern Slavery & Human Trafficking Statement**
- **Issues requiring escalation.**
  - **The Committee remains concerned on the system response to the Diabetes risk.**
- **Items for noting**
  - **MPFT's CQC rating for adult acute wards and the psychiatric intensive care unit has increased to Good across all domains and overall report issued in April 2025.**

Minute No. ICB 25-06.187 – Finance Committee

187.1 Mr Dave Bennett, Associate Non-Executive Director, NHS Shropshire, Telford and Wrekin presented the Finance Committee report which covered the period up to the end of month 2, reporting a £1.8 million deficit, which is

approximately £655k better than plan. Efficiency delivery reached £20.7 million against a £4.9 million plan. Operational capital is slightly behind due to timing, but targets are expected to be met in the coming months. A key concern is rising bank staff costs, which NHS England will monitor separately, requiring focused management.

187.2 System Integrated Improvement Plan (SIIP) planning is ahead of previous years, with £74 million of schemes in delivery against a £95 million target, and only £5.7 million rated high risk. This marks strong progress compared to last year. The committee also reviewed the medium-term financial plan and will conduct a deep dive in autumn to assess the system's exit position for 2025/26.

187.3 A deep dive on efficiency and transformation received substantial assurance, with praise for the Programme Management Officer's (PMO's) control and delivery oversight. The committee also proposed updates to its terms of reference, reflecting structural changes, with a full update due in September.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the paper and signed off revisions to the Committee Terms of Reference to remove reference to the Section 1 Meeting.**

Minute No. ICB 25-06.188 – System People, Culture and Inclusion Committee

188.1 Ms Stacey Keegan, Chief Executive Officer, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust presented the report on the refreshed System People Strategy 2025-2027.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board APPROVED the refreshed System People Strategy 2025-2027.**

Minute No. ICB 25-06.189 – West Midlands Integrated Care Board's Joint Committee

189.1 Mr Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin presented the report. Key updates included ongoing uncertainty around delegation responsibilities, particularly concerning departmental structures. These issues are also being reviewed in coordination with finance colleagues, especially in relation to the 2024/25 year-end close and planning for 2025/26. This was the final committee meeting in the current cycle.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the content of this paper.**

Minute No. ICB 30-04.190 – Strategic Commissioning and Productivity Committee

190.1 Mr Roger Dunshea, Acting Chair of NHS Shropshire, Telford and Wrekin, presented the report. Mr Dunshea highlighted that the committee has now held two meetings and is beginning to establish its rhythm and terms of

reference. It is proving to be a valuable internal ICB forum, supporting key commissioning decisions. The committee is functioning well and is expected to continue developing its role effectively.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the content of this report and were ASSURED around the decisions being made by the committee.**

Minute No. ICB 25-06.191 – System Transformation and Digital Committee

191.1 Mr Andrew Morgan, Chair in Common of Shropshire Community Health NHS Trust and Shrewsbury & Telford Hospital NHS Trust reported that the committee has now met twice, including a meeting earlier that day. The committee continues to work at pace, focusing on delivering impact across key priority areas—particularly shared services, neighbourhood health, and urgent and emergency care. The report is slightly out of date, but progress is ongoing.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates within the report.**

Minute No. ICB 25-06.192 – Strategy and Prevention Committee

192.1 Ms Cathy Purt, Non-Executive Director of Shropshire Community Health NHS Trust, reported that the committee had met recently and acknowledged the importance of aligning its work with local Health and Wellbeing Boards and the role of local authorities in the system. The committee had expressed strong support for prevention work and emphasised the need for all committees and workshops to align their strategies. The finance strategy was endorsed, with a note that it should remain flexible pending the release of the NHS 10-Year Plan, which would guide future strategic alignment.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED that the Committee recommended the Finance Strategy to the Integrated Care Board for approval.**

Minute No. ICB 25-06.193 – Review and reflection of new or amended risks following discussions at Board meeting

193.1 Nothing further was discussed as risks identified during the meeting were included in the discussion around their respective items on the agenda.

Minute No. ICB-25-06.194 – Any Other Business

194.1 Mr. Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin, acknowledged that this was the final meeting in the capacity of Acting Chair for Mr Roger Dunshea, and thanked him for his continued support and leadership throughout this period.

194.2 There were no further matters to report.

16:07 – Meeting Closed

Date and Time of Next Meeting

Date: Wednesday 24th September 2025
Time: 13:00
Location: Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

NHS Shropshire Telford and Wrekin Integrated Care Board
Actions Arising from the Board Meetings

Agenda item: Minute No.ICB-26-03.110 Refreshed Joint Forward Plan
Action Required: A detailed update on 'data-sharing' blockers and enablers to be brought forward in future.
Owner: Lorna Clarson
By When:
Update/Date Complete: 30/04/2025 - Update to be given at a future Board meeting.

Agenda item: Minute No.ICB-26-03.113 Integrated Care System Performance Report
Action Required: Schedule a quality deep dive, with a particular focus on primary care.
Owner: Vanessa Whatley
By When: **ON SEPTEMBER AGENDA**
Update/Date Complete:

Agenda item: Minute No.ICB-30-04.157 – Shropshire Integrated Place Partnership Committee Chair's Report
Action Required:
1. Dr Lorna Clarson and Mrs. Claire Skidmore to work with Digital Leads across the system to resolved data sharing issues.

2. Work with Dr. Jessica Harvey to move the Dementia programme forward.

Owner: Dr Lorna Clarson
By When:
Update/Date Complete: Ongoing – Dementia MDT rolled out in Shrewsbury PCN

Agenda item: Minute No. ICB-30-04.161 – Winter Delivery and UEC Improvements Update
Action Required:
1. Ms. Williams to arrange a meeting to find solutions to address ongoing challenges.

Owner: Joanne Williams
By When:
Update/Date Complete:

Agenda item:	Minute No. ICB 25-06.173 – Resident's Experience – Frailty
Action Required:	1. Introductory email to be sent between Dr Jessica Harvey and Angela Raynor to enable working together. 2. Angela Raynor to forward presentation slides to Integrated Care Board.
Owner:	Angela Raynor and Board Secretary
By When:	
Update/Date Complete:	**Actions Complete**

Agenda item:	Minute No. ICB 25-06.181 – Shropshire Integrated Place Partnership Committee Chair's Report
Action Required:	1. Board Development session to be organised around Risk Stratification. 2. Offline conversation to be had between Dr Niti Pall, Dr Lorna Clarson and Dr Jessica Harvey around Digital tools for risk stratification.
Owner:	Dr Lorna Clarson
By When:	
Update/Date Complete:	

Agenda item:	Minute No. ICB 25-06.183 – Integrated Care System Performance Report
Action Required:	1. Discussion to be had regarding Digital tools for ADHD Assessments between Dr Niti Pall and Dr Lorna Clarson.
Owner:	Dr Lorna Clarson
By When:	
Update/Date Complete:	

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1. ICB 25-09.200 – Resident's Experience – Women's Health Hub

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Naomi Roche, STW Womens Health Hub Lead
Report Approved by: Nigel Lee, Chief Strategy Officer NHS STW & Director of Strategy and Partnerships SATH
Report Prepared by: Naomi Roche, STW Womens Health Hub Lead
Action Required: For Noting

1.1. Purpose

1.1.1. To provide background to the resident experience agenda item for the Board.

1.2. Executive Summary

1.2.1. The work for the Womens Health Hub (WHH) programme has reducing inequalities at its core. Person-Centred approaches and personalising care ensures active consideration of the needs of different communities.

1.2.2. As described in the national Women's Health Strategy, 51% of the UK's population faces obstacles when it comes to getting the care they need.

1.2.3. Although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. Not enough focus is placed on women-specific issues like miscarriage or menopause, and women are under-represented when it comes to important clinical trials. This has meant that not enough is known about conditions that only affect women, or about how conditions that affect both men and women impact them in different ways.

1.2.4. As the national directive says, the impact of failing to put women at the heart of health services has been clear to see through the number of recent high-profile independent reports and inquiries. This has included the report of the Independent Medicines and Medical Devices Safety (IMMDS) Review which considered how the health system in England responds to reports from patients about side effects from treatments, the report of the independent inquiry into the issues raised by convicted breast surgeon Ian Paterson and recent final report of the Ockenden Review, which was an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.

1.2.5. As these independent reports have shown, too often it is women whom the healthcare system fails to keep safe and fails to listen to.

1.2.6. In response to the national Women's Health Strategy and Local Drivers (including the Ockenden Review, local Joint Strategic Needs Assessments (JSNA), Child Sexual Exploitation Inquiry, and a range of community engagement results highlighting the distinct and increasing

need of health, care and community support for women. It was particularly evident that collaborative and joint working is needed to deliver women's health and wellbeing hubs within local communities.

1.3. Recommendations

1.3.1. **Note** the contents of the report.

1.4. Conflicts of Interest

1.4.1. None.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. The approach and activities of the Women's Health Hubs programme aligns fully with BAF risk 3, focused on health inequalities.

1.6. Alignment to Integrated Care Board

1.6.1. The programme to develop Women's Health Hubs was commenced as part of the NHS England 2024/25 operational planning guidance, which set out the task for all ICBs to establish and develop at least one women's health hub by the end of December 2024 in line with the core specification, improving access, experience and quality of care. STW ICB achieved this objective, and the aims in 25/26 and beyond is to learn from the initial work and further develop the hubs alongside our wider work on neighbourhood health and care, and in accordance with our neighbourhood operating model.

1.7. Key Considerations

1.7.1. **Quality and Safety:** Improving health care experiences for women & girls

1.7.2. **Financial Implications:** National non recurrent funding was used to develop the STW approach – interdependencies with system priorities have enabled the development of the work.

1.7.3. **Workforce Implications:** Womens Health specific training plan has been developed in line with the programme and is being rolled out across primary, secondary & community care

1.7.4. **Risks and Mitigations:** None to report

1.7.5. **Engagement:** see attachments 1.9 - Joint Strategic Needs Assessment (JSNA) | Shropshire Council. Place based profiles | Shropshire Council. JSNA_Headlines_July_2024 (1).pdf

1.7.6. **Supporting Data and Analysis:** see attachment 1.9 - Women's Health Strategy for England - GOV.UK. Final report of the Ockenden review - GOV.UK. Child sexual exploitation (CSE) - Telford & Wrekin Council

1.7.7. **Legal, Regulatory, and Equality:** none to report

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No

1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

1.9. Attachments

1.9.1. Appendix 1 – Women's Health Report SaTH
1.9.2. Appendix 2 – 16+ F by PCN
1.9.3. Appendix 3 – Women's Health Survey Results

2. Main Report

2.1. Introduction

2.1.1. The Women's Health Strategy for England sets 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes.

2.1.2. Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities. Women's health hubs are models of care working across a population footprint and are not necessarily a single physical place.

2.1.3. Our plans for Women's Health Hubs over the coming years will be approached through the development of integrated neighbourhood teams at place, building on embedding a digital approach and supported by the increased knowledge and skills of the workforce. Importantly the interdependencies with system work & collaboration with existing commissioned and noncommissioned providers will enable a system wide approach with a focus on meeting need and improving experiences for women and young women in STW.

2.2. Background

2.2.1. The Shropshire Telford & Wrekin approach encompasses specific needs of women and young women, with a focus on inequalities and rural inequalities with the ambition to develop sustainable, community-based Women's Health Hubs, ensuring equitable access to clinical and non-clinical support by building on Family & Community Hubs within Primary Care Networks (PCN) areas and other clinical offers informed by the JSNAs, population health and clinical data.

2.2.2. To support the approach non recurrent funding was made available to STW PCNs through an expression of interest (EOI) process to support collaborative working to enhance existing Womens Health Hub core specification offers with a focus specifically on:

- reducing inequalities
- preventing ill health in the first place
- improving experiences for women and girls in each PCN area
- specifically addressing the challenges and barriers faced by women and girls in urban and rural settings.

2.2.3. Building capacity in primary care through the development of knowledge and skills is a key element of the programme. A Womens Health Workforce Training plan was co-developed with primary & secondary care clinicians as well as colleagues from across the system and supported through the ICB Training Hub.

2.2.4. The absence of widely available, effective, and standardised preconception care provision has been highlighted as a major unmet need and preventive opportunity by a series of papers in *The Lancet*.

2.2.5. Educating and empowering women before pregnancy (preconception education) is essential for improving maternal and child health outcomes. Preconception care ensures women are physically, emotionally, and socially prepared for pregnancy, reducing risks of complications.

2.2.6. By addressing critical risk factors before conception, preconception education acts as a powerful tool to reduce infant mortality.

2.2.7. By embedding trained professionals in our services to deliver high-quality preconception education, we are working to address this gap in partnership with the LMNS & local authority public health teams & commissioned services.

2.3. Background information to support the Resident Experience from the South West Shropshire PCN's approach the addressing inequalities

2.3.1. With a focus on improving experiences for women and addressing inequalities the South Shropshire PCN took the decision to support the small but significant populations of non-English-speaking people, mainly Polish and Asian Muslim, in and around Craven Arms, who have very low uptake of screening, contraception and other health services.

2.3.2. The PCN's ambition was to work with these communities to understand the barriers to accessing screening and other services, and to understand how they might work with them to overcome these barriers. They aimed to work collaboratively with the Local Authority's Community Wellbeing Outreach Team to set up meetings with representatives from the communities, along with the cancer care coordinator and Clinical Director, to discuss the issues and develop support and educate practices and clinicians in how best to support women from these communities to make best use of our services.

2.3.3. The Inequalities Funding through the Women's Health Hubs supported development of information and materials and group education sessions that have informed and supported other health specific awareness raising. These resources are now being used in other areas supported by the community & voluntary sector along with other partners.

2.4. Conclusion

2.4.1. In conclusion, the Women's Health Hub Programme has made significant strides towards addressing the specific needs of women and girls, particularly in reducing inequalities and improving access to healthcare services in both urban and rural settings.

2.4.2. The collaborative efforts across various Primary Care Networks have led to the development of sustainable, community-based health hubs that provide equitable access to both clinical and non-clinical support.

2.4.3. The programme's success is further underscored by the positive feedback from participants and the ongoing efforts to enhance and expand services, ensuring that women's health remains a priority in Shropshire Telford & Wrekin.

2.5. Recommendation

2.5.1. Note the contents of this report.

1. ICB 25-09.201 – Winter Plan 2025-26

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24 September 2025
Report Presented by: Ian Bett, Chief Delivery Officer, NHS STW
Report Approved by: Ian Bett, Chief Delivery Officer, NHS STW
Report Prepared by: Gareth Wright, Head of Clinical Operations UEC & EPRR, NHS STW
Action Required: For Discussion and Approval

1.1. Purpose

1.1.1 The purpose of this report is to update the Board on our planning for winter to date, and if content, to seek approval of our Winter Plan.

1.2. Executive Summary

1.2.1. The System UEC Improvement Plan 2025/26 is broadly on track. There are twin aims to support delivery of our operational plan and ensure preparedness for winter on a better footing than previous years. Against the primary performance metrics specified by NHSE committed to in our operational plan, we have achieved significant improvement on the ambulance performance required. We have made progress, but have more to do in order to reduce the time our patients are in our emergency departments. We expect to be back on plan in Q3 following delivery of our programme of improvement work.

1.2.2. Winter planning has gone further and been much earlier this year than last, both locally and nationally, and NHSE direction has been more proscriptive. We submitted our initial winter plan on 1 Aug to NHSE Midlands, who have conducted an assurance visit to our system on 4 Sep, which will be followed by an exercise to test system plans on 17 Sep. Following completion of that process, ICB and Trust Boards have been asked to complete board assurance statements no later than 30 Sep. Our proposed submission is covered in this report.

1.2.3. Detailed work that is progressing includes aligning provider plans with our system-wide approach; refining modelling of the impact upon our performance measures and capacity in the acute hospitals; and having selected where to apply our system interventions to greatest effect, moving them forward at pace.

1.2.4. The effects we intend to achieve are: to decompress our emergency departments; shift more urgent care out of hospitals to the community; maintaining a 'home first' principle for our patients; and minimise delays at each stage of the pathway. This is an ambitious agenda, but we have good grounds for optimism from the delivery of our programme of work that we will enter winter this year from a much stronger start position than previous years.

1.3. Recommendations

1.3.1 The Board is invited to:

- Note the progress of the system UEC improvement programme and delivery of our operational plan.
- Approve the system winter plan, to mitigate additional seasonal pressure, and safely maintain quality of care.
- Agree the submission of our Winter Board Assurance Statement to NHSE no later than 30 Sep, subject to finalisation by the Chair and CEO.

1.4. Conflicts of Interest

1.4.1. No conflicts of interest related to this report.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. Strategic Objective 3 includes: Improving Health and Care – Urgent & Emergency Care.
1.5.2. Strategic Risk No.2b: Failure to deliver the System and ICB Revenue and Capital Resource Limit Plans; due to Escalation costs not reducing as planned due to UEC pressure and links to discharge.

1.6. Alignment to Integrated Care Board

1.6.1. Improve quality of care and patient experience in the UEC pathway. Enhance productivity and value for money.

1.7. Key Considerations

1.7.1. **Quality and Safety:** Achieving the best we can for patient care and outcomes under extreme operational pressure.
1.7.2. **Financial Implications:** UEC Improvement Programme is required to contribute to the System Financial Plan 2025/26, by reducing cost of Escalation capacity and process improvements in Community pathways.
1.7.3. **Workforce Implications:** UEC Improvement Programme is required to contribute to the System Workforce Plan 2025/26, by reducing reliance upon temporary staffing.
1.7.4. **Risks and Mitigations:** Risks to programme delivery are being managed by the UEC Delivery Group; accountable to the System Transformation Group.
1.7.5. **Engagement:** Extensive winter communications plan across broad media sources.
1.7.6. **Supporting Data and Analysis:** Data used in the report is from NHS STW Business Intelligence.
1.7.7. **Legal, Regulatory, and Equality:** Addressing health inequalities will continue to be a deliverable within the UEC programme 2025/26.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No

1.8.2. **Has an Integrated Impact Assessment been undertaken?** No, but an Equality & Quality Impact Assessment has been reviewed by our Quality and Inequalities teams, and continues iteration.

1.9. Attachments

1.9.1. Appendix 1 - STW Winter Plan 2025-26 summary.
1.9.2. Appendix 2 - STW Winter funded mitigation schemes.
1.9.3. Appendix 3 - System bed model 2025-26.
1.9.4. Appendix 4 - Board Assurance Statement evidence and rationale.
1.9.5. Appendix 5 - NHSE Winter Planning Board Assurance Statement – ICB. This is for approval at this meeting.

2. Winter Planning 2025-26

2.1. Introduction

2.1.1. This report follows on from the presentation delivered to the Board on 30 Apr 25, which updated on delivery last winter and reflected upon UEC improvement achievements in 2024/25. The Board was apprised of our intended approach for 2025/26 as Year 2 of our improvement programme, having learned from the experience of last year. Our winter planning for this year to date was briefed to the Board Development Session on 30 Jul 25, to enable submission of our initial Winter Plan to NHS England on 1 Aug 25.

2.1.2. Performance against the trajectories we have committed to is being much closer monitored this year. Improvements made within our UEC pathway have directly contributed to this and will do more. Our programme of work includes planning across the system to mitigate the predicted increased demands over the coming winter months. We have high impact schemes that will come to fruition, which will enable us to enter winter on a stronger footing than in previous years.

2.2. Background

2.2.1. **National direction – UEC Plan 2025/26**. Ahead of release of the 10 Year Health Plan for England, NHSE published the UEC Plan 2025/26 on 6 Jun 25. A wide-ranging document, which:

2.2.1.1. Confirms **priority focus upon key metrics** that we are closely monitoring in our Operational plan: patients waiting for 4 hours and 12 hours in our emergency departments; Category 2[1] ambulance response; and confirmation of a new standard for ambulance handover delays to be a maximum handover time of 45 minutes.

2.2.1.2. Provides **direction on preparing for winter**; principally seeking to learn from previous years, with two priority actions:

[1] Patients who are categorised as Category 2 – such as those with a stroke, heart attack, sepsis or major trauma – are to receive an ambulance response within 30 minutes.

'Focus as a whole system on achieving improvements that will have the biggest impact on urgent and emergency care services this winter.'

'Develop and test winter plans, making sure they achieve a significant increase in urgent care services provided outside hospital compared to last winter.'

2.2.2. **NHSE Midlands direction**. An NHSE Midlands letter was received on 18 Jun, 'Winter 2025/26 Expectations for Planning, Preparedness, and Assurance', which informed the Board update on 30 Jul. We have submitted a winter Key Lines of Enquiry return to the regional team, our initial winter plan on 1 Aug; and hosted senior leadership from the Midlands Region team on a winter assurance visit to our system on 4 Sep. At the time of writing, formal feedback on the latter is awaited, but comments on the day were very positive; welcoming our progress and level of ambition, recognising that delivery is now key.

2.2.3. **NHSE Winter Board Assurance Statements**. On 14 Jul, the National Director of UEC & Operations, Sarah-Jane Marsh, wrote to ICB and Trust CEOs with supplementary guidance. Two specific expectations of all ICBs and Trusts, new this year, are:

- Stress test draft winter plans by participating in an **NHS England-hosted exercise** in September, to be arranged by Regional teams. The latter has been set for 17 Sep, which post-dates the finalisation of this report, so any significant outputs from that event will be covered during discussion.

- By 30 Sep, we are to submit a **Board Assurance Statement** direct to the NHSE national UEC team. The proposed statement is attached to this report, with the current status of actions leading to being able to recommend assurance to the Board are at Appendix 4. If content, the Board is asked to provide approval for submission.

2.2.4. **Improvement acknowledged by NHSE**. We are in Year 2 of our system plan to meet the Undertakings we committed to in May 24, including for operational delivery. What has been well received during our time in the national Recovery Support Programme (RSP), is that as a system, we have had a single, unified plan for improvement and delivery, and stuck to it. Tangible confirmation of achievement is:

2.2.4.1. A certificate of **compliance with the Undertakings** (not just UEC) has been issued by NHSE Midlands, on 18 Jul 25.

2.2.4.2. NHSE Midlands are reviewing whether the conditions have been met for the ICB to **transition out of RSP**. We have provided comprehensive evidence to demonstrate fulfilment of what we committed to do. At the time of writing the decision upon that is **awaited.**

2.3. System approach to winter 2025-26

2.3.1. **Transition from winter 2024/25**. It is generally expected that winter pressures ease after the turn of the financial year, but a conflation of factors contributed to a challenging exit from winter and start to Q1 in our system:

- **High attendances**. Ambulance conveyances to our hospitals were unusually high in March and April, with a weekly average 9.1% higher than in Dec 24 to Feb 25; and 5.8% higher than Mar/Apr 24. Overall front door attendances at our EDs were also 8.9% higher over the same period; with Type 1 at 2.3% higher.

- Taking the SaTH **Urgent Treatment Centres (UTCs)** contract back in-house resulted in a temporary reduction in activity through the UTCs and the performance achieved. The UTCs and our community Minor Injuries Units when working well, typically achieve over 90% compliance with the 4 Hour standard, which contributes strongly to our overall system performance as well as flow. Low activity through the UTCs displaces activity into our EDs.

- The start of the transition period for our **GP Out of Hours / Care Coordination Centre** provider contract; and the ending of additional capacity within it that had been funded by the national Recovery Support Programme. The effect has been to reduce options to signpost activity away from our hospitals; and in particular to reduce the ambulance service 'call before convey' for an alternative.

- **Ending of System-funded winter schemes** that contributed to flow, notably additional patient transport for discharges and transfers. This affected early outflow from our hospitals; proving the value of the intervention.

2.3.2. **Performance against Plan**. These factors increased and sustained crowding in our EDs, with a concomitant impact upon our primary performance metrics. But we remain largely on track or close to our operational plan. Our improvement programme is responsive to supporting course-correction, and our winter planning has been informed accordingly.

2.3.2.1. **4 Hour standard**. Notwithstanding these adverse pressures, our system performance overall has largely tracked, albeit fallen slightly short of the trajectory we have committed to, as shown in Figure 1 below. Importantly, the ED Type 1 performance has been closer to plan, which is generally harder to achieve than the Type 3 contribution by the UTCs, which will continue improve. The principal contributory factor to adverse 4 Hour performance is crowding in the EDs, with too many patients to be seen by too few clinicians with too few clinical spaces to see them in. It is our main effort to decompress the EDs, and several of our high impact enduring changes – as well as winter-specific schemes – are focused upon this effect.

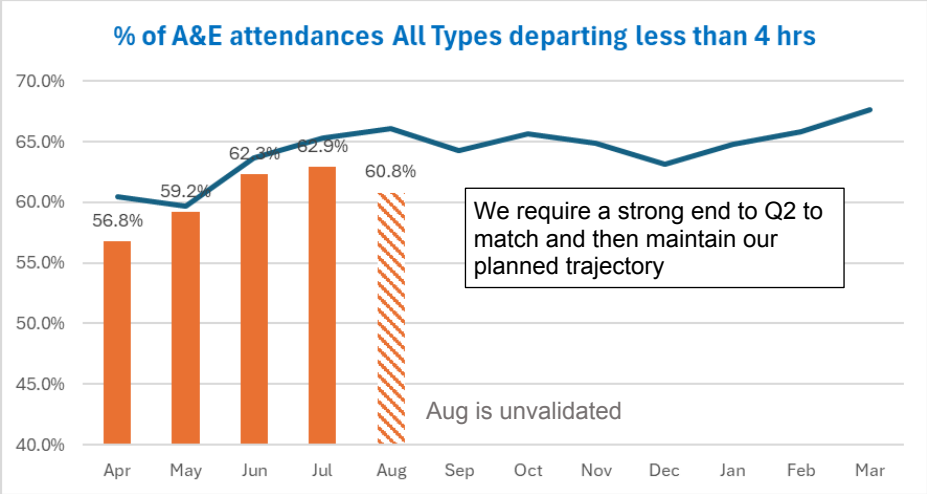


Figure 1: System 4 Hour performance against trajectory

2.3.2.2. **12 Hour waits in EDs**. This remains our area of most significant challenge, as shown in Figure 2. It is a direct result of the crowding in our EDs, which in turn is a product of too many arrivals and insufficient exit flow; not just admissions, discharge or transfer. Progress in the department slows, quality of care is diminished, and safety can be compromised. Corridor care becomes an unwelcome pressure. Approximately 60% of our 12-hour waits are for inpatient beds, with circa 20% routed to ambulatory or short stay settings; and the remainder are either discharged or transferred to other locations (such as a community bed). Additional bed capacity is due to be available on our acute sites in Q3, and several of our other schemes due to come online achieve a bed *equivalence* by providing alternatives to hospital attendance and admission, as well as facilitating more timely discharge and reducing the incidence of readmissions.

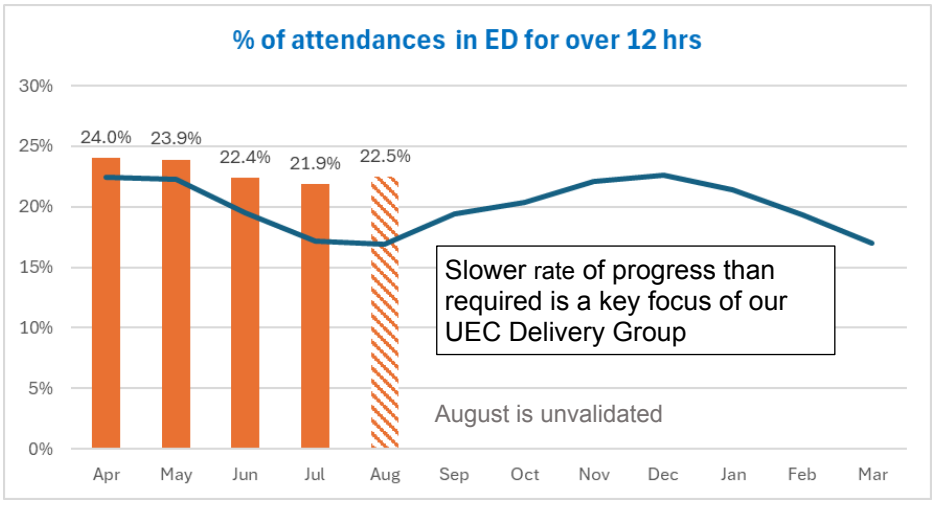


Figure 2: SaTH 12 Hour performance against trajectory

2.3.2.3. **Ambulance handover**. We have committed to an ambitious trajectory that is a 17% improvement on what we achieved each month last year. A new standard was introduced over Q4 of last year, to achieve handover within 45 mins (absolute, rather than

average). This has been confirmed in the NHSE UEC Plan, and although not in the planning round so we do not have a trajectory for it, we have committed to month-on-month improvement. August has been our most compliant month this year to date with 66.2%. Handover performance has a close connection with our financial plan, with potential penalty costs to contribute to WMAS capacity being a topical sticking point in agreeing the WMAS contract being brokered by Black Country ICB as lead commissioner. Figure 3 shows the challenging start in April but subsequent months being closer to our trajectory.

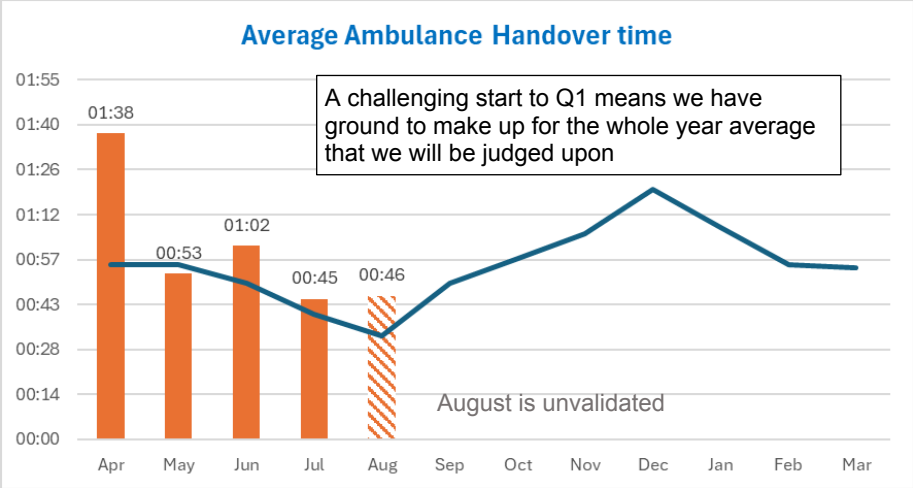


Figure 3: SaTH Ambulance handover performance against trajectory

2.3.2.4. **Ambulance Category 2 response**. This is a system metric that is a shared endeavour with WMAS, being partly a function of the resource deployed by our ambulance service colleagues and timely release of crews following handover at our hospitals, as well as finding alternatives to conveyance in the first place. In 2024/25 our system was one of the top 5 most improved nationally. Figure 4 shows the achievement this year to date.

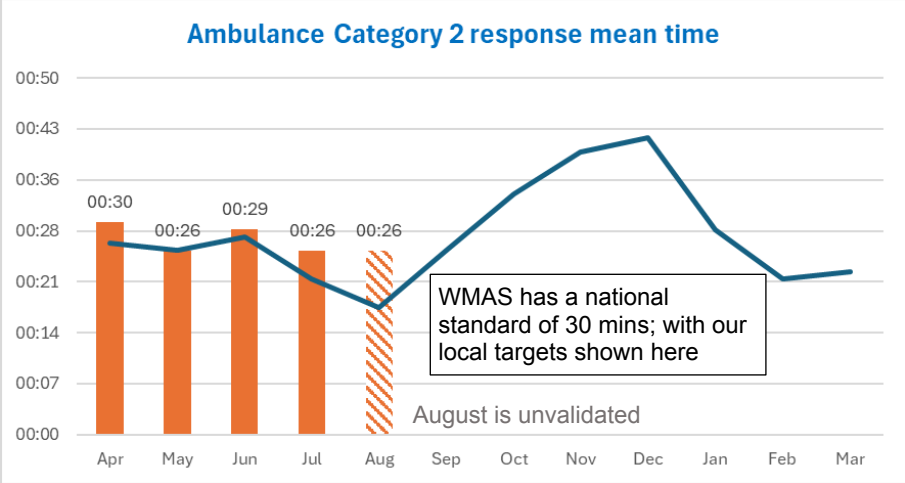


Figure 4: System Ambulance Cat 2 response against Plan

2.3.3. **Learning from Winter 2024-25**.

2.3.3.1. **System review and learning**. The UEC Delivery Group received a review of our System winter plan 2024/25 on 27 May 25. In summary, our ability to respond was insufficient to counter the progressive pressure that built throughout Nov & Dec 24, culminating in declaring a system-wide critical incident on 3 Jan 25. It was recognised the significant response from system partners to ensure the incident only lasted for 48 hours. Winter pressures extended into April in terms of demand upon our pathway, which we have made provision for in our planning this year.

2.3.3.2. **NHSE Midlands**. The review of the experience across the Midlands region over winter acknowledged and confirmed the themes we had identified. A key observation made in the NHSE Midlands feedback was:

'*STW has proven it can recover under pressure. The next step is to avoid getting there in the first place*'.

2.3.4. **What we are doing differently.** Considering what has already been covered in this report, our approach has been modified based upon experience, including:

- Nationally and locally, **planning** has started much earlier.
- Our UEC Improvement **programme will complete *ahead of* winter**, not at the tail end of it, in the way intended last year.
- **Provider-specific improvement** programmes are more realistic; and complementary to the overarching system programme.

2.3.5. We are **involving primary care** to better effect.

2.3.6. Working with our Local Authorities on our **domiciliary care** provision.

2.3.7. **System-level interventions** will be more focused at the time and places to achieve most impact, rather than spread too thinly.

2.3.8. **Why we will be in a better place this year**. We require a more robust UEC pathway all-year round, with the ability to adjust for seasonal variations. That has been the focus of our Improvement programme. There are high impact changes being made – none of which we had last year – that are not winter-specific and therefore enduring. All these changes will contribute to our main point of effort, which is to decompress our EDs, by reducing attendance and increasing outflow. This includes an integrated out of hospital model for the services delivered by SCHT; reinvesting funds released from repurposing the Rehabilitation & Recovery Units at our acute sites. The principal changes are:

Enduring scheme	Output intended	Timeframe
Expansion of Urgent Community Response (UCR) to midnight, 7 days a week	ED Attendance avoidance	Nov/Dec
UCR Medical Model via GP cover and oversight	Safer, timelier community-based decision-making	Nov/Dec
Integrated Community services at the Front Door of our Emergency Departments	Redirection of patients into community service alternatives	Sep
2-Hour Domiciliary Care Bridging	ED Admission avoidance by supported discharge	Nov/Dec
Additional Discharge Planning capacity (5 to 8pm, 7 days a week)	Maintain discharge flow beyond core hours	Nov
Care Transfer Hub (CTH) System Manager	Enhanced operational leadership and joint working	Oct
Additional Weekend Therapy cover for CTH	7-day therapy input for frail / complex patients	Nov
Care Coordination Centre / GP Out of Hours delivery under new contractor	Alternatives to ED, including reduced Ambulance conveyances	Oct
SaTH UTCs brought back in-house	Higher productivity is being incrementally achieved	In place
A modular build comprising 56 additional beds at RSH	38 additional inpatient beds available year-round, plus 18 Winter Flex inpatient beds	Nov/Dec
Reconfiguration of acute medicine beds and assessment areas at PRH (subject to Board approval 11 Sep 25).	Increase outflow options and capacity from ED	Oct/Nov

2.4. Winter Plan 2025-26

2.4.1. **Development of our Plan**. Winter planning has been a workstream in our Improvement programme, enacted from 1 Apr. The UEC Delivery Group has directed the programme, received monthly updates and made decisions on our approach. Our proposed plan has been reviewed and agreed at appropriate waypoints by the system UEC Clinical Advisory Group, the Commissioning Working Group, the System Transformation & Digital

Committee ahead of Board on 30 Jul. The sequence of governance checks and balances enabled us to meet the NHSE submission deadline.

2.4.2. **Winter Plan summary**. Appendix 1 is the system winter plan, on a page. It consists of five phases with specific effects intended to match expectation of pressure and response. The phases are summarised in the table below:

Phase	Time period	Effect intended	Summary
1	Jul – Oct 25	**Deliver our programmes**	High impact changes (paragraph 2.3.5 above) will come online at varying points and coordinated to best effect.
2	Ahead of the festive fortnight	**Reduce rising pressure**	Intensive system effort to offset rise in demand and create capacity needed to get through the bank holiday period; which effectively has two 4-day weekends.
3	Early new year	**Recovery**	Having used the capacity, priority is to decompress and rebuild our reserve.
4	Feb – Mar 26	**Sustain our response**	Avoid being over-matched by pressure and set conditions for a strong Mar 26.
5	Mar – Apr	**Transition from winter**	Taper off the winter schemes and start 2026/27 well.

2.4.3. **Command & control**. Against the backdrop of the national and local NHSE / ICB reset, ICBs are required to deliver winter, and we will do so seeking any opportunities to work closer with our ICB cluster colleagues in the Staffordshire & Stoke-on-Trent ICB. Command & control will be exercised through our System Coordination Centre, which is well established and regularly tested in responding to pressures and the unforeseen. Managing the concurrency of UEC pathway winter pressures alongside an EPRR incident is being worked through.

2.4.4. **Applying system interventions**. We will have a tiered response framework this winter, which was welcomed and assured during the NHSE Midlands visit on 4 Sep:

2.4.4.1. **Enduring**. This will be our baseline increase in capacity, comprising what we have now, improved by the high impact changes detailed in paragraph 2.3.5 above. Redistribution of resources to rebalance activity into our Neighbourhoods.

2.4.4.2. **Seasonal**. This will comprise the interventions that we plan and proactively apply in a place and time of our choosing – such as a multi-agency discharge events, a GP at the ED front door, additional capacity in primary care, more patient transport.

2.4.4.3. **Responsive**. If our pre-planned interventions are judged insufficient to mitigate pressure, we will enact focused additional measures to de-escalate and avoid reaching a tipping point that would require an incident-level response. This might include extending opening hours of services; additional clinical decision-making capacity; and enhanced control by senior leadership.

2.4.5. **Allocation of ICB winter funding**. There is no general national funding again this year to resource the response required to winter pressures. We have a system budget of £740k, which is comparable to last year. Where to apply this funding to deliver the effects we require has been informed by review of what worked and what was less impactful last winter. There have been tests of change for the efficacy of schemes, such as transport capacity to be ringfenced for specific purposes. The ability to plan more deliberately is a direct benefit of starting our planning process earlier this year.

2.4.5.1. **Impact areas**. The UEC Delivery Group on 26 Aug agreed the schemes we will fund this year. This is summarised in Appendix 2. It was agreed that we would expect greatest impact from allocating system winter funding to:

- ED attendance and re-attendance avoidance by **Primary Care**, both our general practice and community pharmacy capacity.
- **Patient discharge transport** and enabling earlier facilitated discharge.

2.4.5.2. **Communicating** with our patients to reassure, inform and empower their decision-making.

2.4.5.3. Provide a capacity **reserve for de-escalation**, under a response scenario as outlined at paragraph 2.4.4.3 above.

And that we should de-prioritise previous year schemes that have limited proof of delivery.

2.4.5.4. **Distribution of funding**. At the time of this report, providers of the selected schemes are being given authority to proceed. We await a decision on a bid we have submitted for additional funding from a national Respiratory Transformation Programme scheme. If successful, it would enable primary care seasonal respiratory intervention on a broader basis that we can currently fund as a system. Assurance that we are using our system funding appropriately continues to be by the Commissioning Working Group.

2.4.6. **Winter-specific planning**. There are specific seasonal sub-plans that are well advanced, including:

- **Vaccination programme**, executive lead CMO supported by CNO; being developed by the Directors of Public Health for our population, and by provider leads for staff immunisation and inpatients.

- **Infection Prevention & Control**, executive lead is CNO; we will receive health intelligence input from UKHSA, and response plans by providers.

- Our **Workforce** is under the most pressure of any time of the year with staff fatigue, burnout, winter illness and the imperative to take leave all factors that will be carefully managed.

2.4.7. **Bed demand & capacity**. Our baseline bed model is derived from our Operational Plan 2025/26. This is supplemented by the impacts of our change programme activities (including SaTH modular build) and our winter-specific schemes. We continue to refine modelling of the impacts that could be realised; along with what can be achieved at an appropriate confidence level.

2.4.7.1. **Winter scenario impact effects** are based upon actual experience last year, with two levels 'surge' (1 or 1.5% increase in demand and bed closures) and 'super surge' (2 to 5% increase, depending which metric is affected). Whereas these percentages are not particularly high, such is the nature of current demand upon finely balanced service capacity, they have a cumulative effect over a succession of days if the pressure cannot be eased. Our ability to turn over beds is more significant than absolute numbers.

2.4.7.2. **Assessment**. There are plus and minus shifts intended as we rebalance our bed base, as well as measures that will provide bed equivalence in our high impact schemes. Taking all of this into account, a summary of our demand and capacity is at Appendix 3. Our most challenging month is expected to be December, both in terms of peak demand as well as a number of our change programmes rebalancing capacity and service delivery. Every effort will be made to bring forward, deconflict and coordinate provider changes with system support.

2.4.7.3. Use of **Temporary Escalation Spaces (TES)** will be minimised this winter. TES comprise the use of unfunded or unconventional care spaces, which may include one or more additional patients in inpatient wards, or 'corridor care' in an emergency department. The latter, above all, will not form part of our escalation processes this year.

2.4.8. **System partner key contributions**. Our role as the ICB is to plan and deliver 'a better winter for our patients and staff', as directed in the NHSE UEC Plan 2025/26 published on 6 Jun 25. Key contributions that our system partners are accountable for include:

2.4.8.1. **SaTH** will deliver the process improvements within their agreed Improvement programme; and reconfigure the acute bed base for greater optimisation of flow through the hospitals.

2.4.8.2. **ShropComm** will deliver the closure of the Rehabilitation & Recovery Units in order to release resources to reinvest in the Integrated Out of Hospital model. The outcome will be a significant shift of patient activity away from hospital into community settings.

2.4.8.3. **RJAH** will continue to focus on elective activity and backlog reduction. Over the festive fortnight, fallow capacity will be made available to SaTH to continue elective programme delivery during the forthcoming bed reconfiguration; and ease pressure upon the acute sites at this most demanding point in winter.

2.4.8.4. **MPFT** will maintain resilience in its community and inpatient mental health services in support of the overall system ambition to drive down unnecessary demand on primary care and acute services.

2.4.8.5. **WMAS** will maintain ambulance resource availability in accordance with their demand & capacity plan for winter. And bear down upon unnecessary conveyance to hospital, making appropriate use of the 'call before convey' options for lower acuity patients. Close contact is maintained daily between our Ops teams to manage pressure.

2.4.8.6. **Health Hero**, our provider of single point of access and GP out of hours services with effect from 1 Oct, will collaborate with our system partners to identify and provide alternative to hospital pathway referrals for our patients.

2.4.9. **Risks to Quality and delivery**. Key risks being managed in our preparedness, all under ICB leadership and command & control interventions are:

- **High impact schemes** being delayed in implementation; for example, estates delays and workforce consultation. There will also be sequencing and concurrency issues to be carefully managed as we make changes to the services we are delivering.

- **UEC Improvement programme** workstreams not delivering the impact envisaged by the start of November; for example more patients being discharged home, has a dependency upon reducing delay-related deconditioning in our hospitals.

- **Insufficient information to inform patient decisions** to select the right service for their needs, other than our EDs. This is the principal focus of our system winter communications campaign, which is in development.

- **The unforeseen** is a daily challenge on the UEC pathway; for example, across the NHSE Midlands region last year there was an earlier onset at higher levels than predicted of Flu.

2.4.10. **Towards Board Assurance of our Plan**. New to this year, although consistent with the direction of travel for more defined accountability, is the requirement for CEOs and Chairs of ICBs and Trusts to complete and submit a Board Assurance Statement (BAS) to the NHSE national team, no later than 30 Sep.

2.4.10.1. A **proposed BAS** is enclosed for ICB Board consideration, with a summary of evidence and rationale for recommending assurance at Appendix 4 of this report.

2.4.10.2. Although the ICB assurance is not an aggregation of our **provider Trusts' statements**, we have been monitoring progress through the system Planning & Performance Group and by the ICB Board meeting on 24 Sep all should have been reviewed by Trust Boards, as follows:

Trust	Board date	Notes
RJAH	3 Sep	BAS was reviewed and supported
SCHT	4 Sep	BAS was approved and will be aligned with SaTH by CEO in Common
SaTH	11 Sep	Not taken place at the time of writing this report
MPFT	11 Sep	Jointly comprises the assurance for Staffordshire & Stoke-on-Trent

2.5. Recommendation

2.5.1. Winter will never be a straightforward period of pressure for our system. But we have come far in setting the conditions for a more resilient UEC pathway, that is more able to absorb and recover from peaks of demand. Provided we successfully deliver the interconnected programmes of work that we have in progress, we should enter winter in a significantly better position than previous years. This will provide our basis to maintain safety and the quality of care that our patients deserve.

2.5.2. On this basis, the Board is recommended to:

- Note the progress of the system UEC improvement programme and delivery of our operational plan.
- Approve the system winter plan, to mitigate additional seasonal pressure, and safely maintain quality of care.
- Agree the submission of our Winter Board Assurance Statement to NHSE no later than 30 Sep, subject to finalisation by the Chair and CEO.

Appendices:

1. STW Winter Plan 2025-26 summary.
2. STW Winter funded mitigation schemes.
3. System bed model 2025-26.
4. Board Assurance Statement evidence and rationale.

1. ICB 25-09.202 – NHS Shropshire, Telford and Wrekin Chair's Report

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24 September 2025
Report Presented by: Ian Green OBE, NHS STW, Chair
Report Approved by: Ian Green OBE, NHS STW, Chair
Report Prepared by: Various Colleagues within NHS STW.
Action Required: For Noting

1.1. Purpose

1.1.1. The purpose of this report is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at both a national, regional and local level.

1.2. Executive Summary

1.2.1. The report notes appointments to the Board.
1.2.2. The report notes the constitution update.
1.2.3. The report notes the NHS Government Reset Programme updates.
1.2.4. The report notes the annual submission of the Fit and Proper Persons Test.
1.2.5. The report notes the conflicts of interest, gifts, hospitality and sponsorship, and procurement registers.

1.3. Recommendations

1.3.1. The Board is asked to **NOTE** the contents of the report.

1.4. Conflicts of Interest

1.4.1. None.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. None.

1.6. Alignment to Integrated Care Board

1.6.1. This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core objectives.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The clustering arrangements and governance framework include a dedicated working group on quality and safety to ensure service delivery remains safe and effective.
1.7.2. **Financial Implications:** The Government Reset Programme requires a reduction in running costs, which the approved clustering

arrangement with Staffordshire and Stoke-on-Trent ICB is designed to achieve.

1.7.3. **Workforce Implications:** The transition to a joint leadership model will affect workforce structures, with staff and partners being engaged throughout the change process.

1.7.4. **Risks and Mitigations:** The clustering presents risks of disruption, but these are being mitigated through transition committees, governance frameworks, and phased planning.

1.7.5. **Engagement:** Staff, partners, and providers are being consulted and engaged during the transition to ensure transparency and collaboration.

1.7.6. **Supporting Data and Analysis:** The report provides updates on the constitution, FPPT submissions, and statutory registers, with supporting documentation available via the NHS STW website.

1.7.7. **Legal, Regulatory, and Equality:** The clustering arrangement maintains the legal independence of each ICB, with constitution amendments aligned to national NHS England guidance.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No

1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

1.9. Attachments

1.9.1. Appendix 1 – NHS England Constitution Letter

1.9.2. Appendix 2 – Fit and Proper Person Test Submission

2. Main Report

2.1. Introduction

2.1.1. The purpose of this report is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at both a national, regional and local level.

2.1.2. I am conscious that this is my first report since commencing my role on 1st July. I am very grateful to colleagues for the warm welcome that I have received and to members of the board for sparing time to meet with me individually. I am also grateful to Roger Dunshea for "holding the fort" as Chair for longer than anticipated.

2.2. Appointments to the Board

2.2.1. Following a national appointment process, I have been confirmed as the Chair of the newly formed cluster between NHS Staffordshire, and Stoke- on-Trent and NHS Shropshire, Telford and Wrekin Integrated Care Boards (ICBs). My appointment runs from 1st November 2025.

2.2.2. The process to appoint a new cluster Chief Executive is underway. A preferred candidate has been identified, and formal confirmation is expected in the coming weeks.

2.2.3. I would like to announce that Jo Williams has been appointed as the Chief Executive in Common of the Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust. As a result of her appointment into this role, she has also now been appointed as Community Board Member for the ICB Board. It was a pleasure to be involved in the recruitment process for this role, and I know that Jo will continue to provide transformational leadership in the two Trusts. Jo will hold the roles of both Acute and Community Board Member roles on our Board.

2.3. Constitution Update

2.3.1. On Monday 14 July 2025 NHS England wrote to Integrated Care Board Chairs and Chief Executives to inform us of the required amendments needed to our constitution to allow for joint Chief Executive Officer appointments to our Integrated Care Board cluster (Appendix 1).

2.3.2. In line with national guidance, we amended Clause 3.5 of our constitution, and the updated version can be found here on our website Our Constitution - NHS Shropshire, Telford and Wrekin

2.4. NHS Government Reset Programme Update

2.4.1. In May, Integrated Care Boards (ICBs) submitted indicative plans to NHS England, setting out how we will deliver our priorities within the required reduction in running costs. Our plan included proposals to work more closely with Staffordshire and Stoke-on-Trent ICB through a "clustering" arrangement.

2.4.2. This approach would see the two ICBs sharing a single leadership team and developing a joint operating model. It is important to note that this is not a merger, both ICBs will remain legally separate until any next steps are agreed through the normal governance processes.

2.4.3. The arrangement is intended to enable closer working, reduce duplication and share functions, while protecting delivery of our plans for patients and communities.

2.4.4. Following national and regional moderation, NHS England approved our plan. Work is now underway to develop the detail of the operating model and governance framework. This includes ensuring that any new arrangements are safe and effective, and consistent with the approach being developed across the West Midlands.

2.4.5. To support the transition, four working groups have been established, each led by a Director. These cover:

- People
- Governance, Technical and Communications
- Operating Model
- Quality and Safety

2.4.6. Each group reports into dedicated Transition Committees for the two ICBs, which in turn report to the ICB Boards.

2.4.7. As noted above the shared leadership roles will be confirmed soon, following the conclusion of the national appointment process. Work will then focus on designing a shared single executive structure and reviewing functions across both ICBs.

2.4.8. The Model Region Blueprint has now been shared and sets out the future role that regions will play as part of a new NHS operating model. NHS England and the Department of Health and Social Care (DHSC) are being brought together and redesigned into a smaller, more agile centre, with seven regions responsible for performance management and oversight of providers. Several supporting guides (CHC, SEND, Safeguarding and Medicine Optimisation) have also been published by NHS England, and these provide context for consideration as ICBs continue to develop their strategic commissioning operating model.

2.4.9. While this is a significant change, the transition will take time and require careful planning. Throughout this process we will continue to work closely with our staff, partners, and providers.

2.4.10. At the same time, our commitment to delivering for local people remains unchanged. We are focused on reducing waiting lists, improving access to care, and ensuring resources are directed to frontline services. Our priority is to deliver the best possible outcomes for our population, while building a more efficient and sustainable system for the future.

2.5. Fit and Proper Person's Test

2.5.1. Following the update at June's Board meeting, the annual Fit and Proper Person's Test (FPPT) submission template was completed and submitted to the NHS England Regional Director. Appendix 2 contains our submission for Board assurance.

2.6. Conflicts of Interest, Gifts, Hospitality and Sponsorship, and Procurement Registers

2.6.1. In line with our conflicts of interest policy, our conflicts of interest, gifts, hospitality and sponsorship, and procurement registers should be reported to Board twice yearly.

2.6.2. NHS Shropshire, Telford and Wrekin conflicts of interest register can be found within this section of our website: Register of Interests - NHS Shropshire, Telford and Wrekin

2.6.3. NHS Shropshire, Telford and Wrekin declaration of gifts, hospitality and sponsorship register can be found within this section of our website: Conflicts of Interest - NHS Shropshire, Telford and Wrekin

2.6.4. NHS Shropshire, Telford and Wrekin procurement register can be found within this section of our website: Register of Procurement Decisions - NHS Shropshire, Telford and Wrekin

2.7. Recommendation

2.7.1. The Board is asked to **NOTE** the contents of the report.

1. ICB 25-09.203 – NHS Shropshire, Telford and Wrekin Chief Executive Officer's Report

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24 September 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Approved by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Prepared by: Various colleagues across NHS STW
Action Required: For Noting

1.1. Purpose

1.1.1. The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at a national, regional and local level.

1.2. Executive Summary

1.2.1. The report notes the publication of the NHS 10 Year Plan.
1.2.2. The report notes the publication of the NHS Oversight Framework 2025/26.
1.2.3. The report notes the GP Out of Hours report.
1.2.4. The report notes the formal compliance certificate in relation to our undertakings.
1.2.5. The report notes the NHS Shropshire, Telford and Wrekin Annual Assessment Letter
1.2.6. The report notes the health inequalities and equality legal duties reference document.
1.2.7. The report notes the Dr Claire Fuller, Medical Director of Primary Care, NHS England Visit
1.2.8. The report notes the updated Integrated Impact Assessment tool.
1.2.9. Thew report notes there are now zero care homes rated "Inadequate" across Shropshire, Telford and Wrekin.
1.2.10. The report congratulates Shropshire County Council Colleagues on their recent Ofsted Inspection which rated Children Services as Outstanding

1.3. Recommendations

1.3.1. **Note** the contents of the report.

1.4. Conflicts of Interest

1.4.1. None.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. The report covers various national, regional and local updates that may contribute to mitigating some of the risks identified on the SBAF.

1.6. Alignment to Integrated Care Board

1.6.1. The report demonstrates alignment to the Integrated Care Board through the various collaborative activities undertaken.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The national review into systemic barriers to quality and safety highlights inefficiencies and care variation, prompting local implementation efforts led by the Chief Medical Officer and Chief Nursing Officer to improve standards across the system.

1.7.2. **Financial Implications:** The confirmation of compliance with financial governance requirements and the efficient procurement of GP out-of-hours services reflects the system's focus on value-for-money and sustainable financial practices.

1.7.3. **Workforce Implications:** National and local reviews emphasise the need for stronger multidisciplinary working and cultural change in leadership, accountability, and workforce integration to improve outcomes and reduce strain.

1.7.4. **Risks and Mitigations:** Systemic risks such as service inefficiencies, care disparities, and workforce pressures are being addressed through digital innovation, integrated care models, and robust governance frameworks outlined in national guidance.

1.7.5. **Engagement:** Visits from senior NHS leaders and collaboration with Healthwatch demonstrate the system's commitment to meaningful engagement with patients, staff, and partners to shape future services.

1.7.6. **Supporting Data and Analysis:** National reports and assessments draw on operational data, benchmarking, and staff feedback, which guide local decision-making and validate the system's progress against performance expectations.

1.7.7. **Legal, Regulatory, and Equality:** The report underscores adherence to PSR regulations, achievement of compliance certificates, and commitment to legal duties under the Equality Act 2010 to ensure fair and inclusive care.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No

1.8.2. **Has an Integrated Impact Assessment been undertaken?** No

1.9. Attachments

1.9.1. None.

2. Main Report

2.1. Introduction

2.1.1. The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere on the agenda. The paper provides a generic update on activities at a national, regional and local level.

2.2. NHS 10 Year Plan

2.2.1. On 3 July 2025 the Government published the 10 Year Health Plan for England: Fit for the Future. The Government have stated that the 10 Year Health Plan for England intends to '*create a new model of care that is fit for the future. It will be central to how we deliver on our health mission. We will take the NHS's founding principles - universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagine how the NHS does care so patients have real choice and control over their health and care*'.

2.2.2. The Plan sets out '3 radical shifts' that will reinvent the NHS: hospital to community, analogue to digital, and sickness to prevention.

2.2.3. Following the publication of the 10 Year Health Plan, Karin Smyth MP wrote to all Integrated Care Partnership (ICP) Committee Chairs to set out the Government's intention to remove the requirement for all Integrated Care Systems to maintain an ICP Committee. The letter states that the Government's expectation is that ICP Committees will be abolished.

2.2.4 As set out in the Chairs report, we are still waiting, at the time of submitting this paper, for confirmation of the Cluster CEO. Work is progressing on developing the underpinning operating model and outline timeframes that will support the move into a single management team that supports the two ICBs. We have a collective responsibility to ensure that we support all staff well during this period of uncertainty and change.

2.3. National Review into Systemic Barriers to Quality and Safety

2.3.1. On 7 July 2025, Dr Penny Dash, Chair of NHS England, published a national review examining systemic barriers to improving patient safety and care quality in the NHS in England. Drawing on operational data, clinical benchmarking, and feedback from frontline staff and leaders, the report highlights persistent inefficiencies, variation in care standards, and inequities in service access and outcomes.

2.3.2. Key issues include underutilisation of diagnostic equipment (e.g. MRI and CT scanners), delays in surgical starts, and inefficient use of NHS estates, all contributing to financial strain and reduced responsiveness. It also underscores geographic disparities in care quality and outcomes.

2.3.3. The report calls for a shift from acute-hospital-centric care to integrated, community-based models, especially for chronic conditions and frailty. It also advocates for expanded use of digital platforms and AI to enhance diagnostics, triage, and patient navigation.

2.3.4. Governance recommendations include creating a national quality board and publishing clinician-level performance data to improve transparency and drive improvement. Cultural change, especially in leadership, data openness, and local accountability, is identified as vital for sustained progress.

2.3.5. Our Chief Medical Officer and Chief Nursing Officer will lead local implementation, working with system partners to align these changes with our strategic priorities.

2.3.6 The report also outlines changes to Healthwatch. We take this opportunity to thank our Healthwatch organisations for their invaluable contributions. Their active role in shaping our strategies through insight and engagement has been fundamental, and their continued involvement remains essential.

2.4. NHS Oversight Framework 2025/26

2.4.1. NHS England published its NHS Oversight Framework for NHS Trusts and Foundation Trusts, and Integrated Care Boards (ICBs) on Thursday 26 June 2025. The publication follows NHS England's recent consultation on a draft oversight framework.

2.4.2. Initial assessments of NHS Trusts and Foundation Trusts under the framework took place in July, with ICB assessments not taking place in 2025/26 due to their restructuring. At the point of submitting this paper, the outcomes for our providers had not been published.

2.4.3. The framework will be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

2.5. Dr Claire Fuller, Medical Director of Primary Care, NHS England Visit

2.5.1. On 1 August 2025 we were pleased to welcome Dr Claire Fuller, Medical Director for Primary Care at NHS England, to the Shropshire, Telford and Wrekin system.

2.5.2. Dr Fuller recognised the strong local commitment to partnership working and innovation, particularly in our efforts to strengthen multidisciplinary working, improve access, and reduce health inequalities. She also provided valuable insights on how systems nationally are navigating shared challenges, such as workforce pressures and the need to better integrate digital tools in frontline care.

2.5.3. The visit was an opportunity to showcase our work, gain constructive feedback, and further align our local plans with national expectations. I want to thank all colleagues who supported the visit and continue to drive forward our ambition for high-quality, person-centred primary care across Shropshire, Telford and Wrekin.

2.6. Integrated Impact Assessment (IIA)

2.6.1. As part of our ongoing commitment to delivering high-quality, equitable, and sustainable services, we have updated our Integrated Impact Assessment (IIA) tool to ensure stronger alignment with current legislative and strategic priorities. The enhanced tool now incorporates robust measures to support compliance with the Equality Act, ensuring that we are proactively identifying and addressing potential discrimination and advancing equality of opportunity across all protected characteristics. In addition, the revisions embed a more systematic approach to assessing and mitigating health inequalities, reflecting our responsibility to reduce unfair and avoidable differences in health outcomes across the populations we serve.

2.6.2. This updated IIA tool also strengthens our focus on the green agenda, enabling us to better assess the environmental implications of our decisions in line with our sustainability goals. Furthermore, it places increased emphasis on quality and safety considerations, ensuring that these critical factors are consistently and transparently evaluated at every stage of decision-making.

2.6.3. Together, these improvements will provide a more comprehensive framework for evidence-based decisions, reinforcing our commitment to legal compliance, social responsibility, and the delivery of safe, effective, and sustainable services.

2.7. GP Out of Hours

2.7.1. The Independent Panel report into the procurement process has now been published on the NHS England website. It confirms that NHS Shropshire, Telford and Wrekin acted in full accordance with the Provider Selection Regime (PSR) regulations, conducting a transparent, fair and proportionate procurement process in full compliance with statutory and legal requirements. As such, the Panel recommends that NHS Shropshire, Telford and Wrekin proceed with contract award as originally intended.

2.7.2. From the outset we have been clear on our commitment to deliver a high-quality, value-for-money out-of-hours service that meets the needs of our local communities. This outcome reflects the dedication and hard work of everyone involved throughout this complex process.

2.7.3 We recognise that there remains concern around the future of this service. We have continued to publish updated FAQs and myth busting bulletins to help increase public confidence. Colleagues from across the ICB and from Health Hero recently presented at the Joint Health Overview and Scrutiny Committee. This was a constructive meeting and helped to provide further assurance regarding the future model of delivery and the approach that the new provider will be adopting.

2.7.8 Work continues on the mobilisation of this service, and it continues to progress at pace to ensure that we meet the 1st October commencement date.

2.8. NHS Shropshire, Telford and Wrekin Undertakings

2.8.1. Following a thorough review by NHS England Midlands Region, NHS England have confirmed that our Integrated Care Board has successfully met all the requirements set out in the Undertakings issued in May 2024. This means that the ICB is no longer subject to any formal legal undertakings or directions.

2.8.2. As a result, a formal compliance certificate has now been issued and is available on the NHS England website NHS England » NHS Shropshire, Telford and Wrekin Integrated Care Board.

2.8.3. This achievement recognises the significant progress that has been made across key areas including financial governance, operational delivery, and accountability. It's a clear reflection of the hard work, commitment, and collaboration shown across our teams and our system over the past year. I would like to thank all our colleagues for your continued dedication and efforts as this has been a collaborative effort.

2.9. NHS Shropshire, Telford and Wrekin Annual Assessment Letter

2.9.1. I am pleased to report that NHS England's 2024/25 Annual Assessment of the Shropshire, Telford and Wrekin recognises the significant progress we have made in leading and coordinating system-wide transformation.

2.9.2. The assessment highlights our strong commitment to governance, public engagement, and delivery of the Joint Forward Plan in collaboration with partners across our Integrated Care System. Our leadership in developing the Integrated Improvement Plan, overseeing the delivery of major programmes such as the Hospital Transformation Programme, and driving the adoption of digital innovation across the system have all been positively acknowledged.

2.9.3. While the report commends many areas of effective practice, it also notes that further improvement is needed in urgent care, elective recovery, and health inequalities. We acknowledge that key operational targets remain challenging, particularly in A&E and long wait times, and we remain committed to delivering sustained improvement in these areas.

2.9.4. The assessment encourages us to continue strengthening our clinical leadership, community health services, and our response to health inequalities, including improving data and reporting. Our ongoing work with anchor institutions, our commitment to Equality, Diversity and Inclusion, and our efforts to support economic and environmental sustainability are helping to broaden the role and impact of the ICS.

2.9.5. We are grateful for NHS England's continued support and look forward to building on this foundation in 2025/26.

2.10. Health inequalities and equality legal duties

2.10.1. On 9 July 2025 NHS England published a Health inequalities and equality legal duties: A reference document for NHS commissioners and providers.

2.10.2. The document outlines our collective responsibilities in tackling health inequalities and meeting our equality legal duties. This guidance reaffirms our commitment to ensuring fair access, experience, and outcomes for all individuals, particularly those from underserved or marginalised groups. It highlights the legal obligations under the Equality Act 2010 and the NHS Constitution, and how these align with our wider mission to deliver high-quality, inclusive care.

2.10.3. I encouraged all staff during our huddle on 22 July 2025 to take a few minutes to read this document and reflect on how we can embed equity into everything we do.

2.11. Zero care homes rated "Inadequate" across Shropshire, Telford and Wrekin

2.11.1. The Care Quality Commission (CQC) has confirmed that there are now no care homes rated "Inadequate" across Shropshire, Telford and Wrekin. This represents a material improvement in the quality of provision within the sector and is important for our residents.

2.11.2. This outcome reflects the effectiveness of a coordinated strategy led by Local Authorities, with targeted input from the Integrated Care Board, to identify and address areas of poor performance. It is a strong demonstration of how sustained system-wide collaboration can deliver measurable improvements in the quality and consistency of care.

2.12. Shropshire County Council Ofsted report into Children's Services

2.12.1 The recent Ofsted report published in August (50284334) has rated children's services 'outstanding'. The report published on the 12th August 2025, scored the overall effectiveness of the council's children's service as 'outstanding' – the highest score that can be achieved.

2.12.2 The inspection, held over a three-week period, included detailed case work analysis, data review, and interviews with partners, children, and families, and assessed the service across four key areas including:

- The impact of leaders on social work practice with children and families – outstanding
- The experiences and progress of children who need help and protection – outstanding
- The experiences and progress of children in care – outstanding
- The experiences and progress of care leavers – good
- Overall effectiveness – outstanding

2.12.3 This achievement reflects significant progress since the overall good judgement secured in 2022 and Ofsted focused visits undertaken in 2023 and 2024.

2.13. Recommendation

The Board is asked to **note** the contents of the report.

1. ICB –25-09.204 - System Board Assurance Framework (SBAF) and Strategic Operational Risk Register (SORR)

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Simon Whitehouse, NHS STW, Chief Executive Officer
Report Approved by: Alison Smith, NHS STW, Chief Business Officer
Report Prepared by: Angela Porter, NHS STW, Governance Manager
Action Required: For Assurance

1.1. Purpose

1.1.1. The purpose of this report is to present to the Board the System Board Assurance Framework (SBAF) and those operational risks from the Strategic Operational Risk Register (SORR) for both the system and the Integrated Care Board (ICB) as a corporate body, that score 15 or above in terms of likelihood and severity of risk, in line with the Risk Management Policy.

1.2. Executive Summary

1.2.1. For ease of reference there have been the following changes to the SBAF and SORRs:

- **System Board Assurance Framework – Appendix A**
  - **Risk 2a –** Actions and mitigations have been updated, to include owners and target dates. Current performance highlights and risks on system partner's risk registers have also been updated.
  - **Risk 2b -** Actions and mitigations have been updated, to include owners and target dates. There have also been minor amendments to the current performance highlights and risks on system partner's risk registers.
  - **Risk 3 -** Actions and mitigations have been updated, to include owners and target dates. Current performance highlights have also been updated.

During July, there was a presentation to NHS STW Board during a Board development session in respect of risk management, concentrating on the SBAF. Following this session it has been agreed that a meeting will be arranged with a group of Board members to review and update risks 1, 4, 6 & 7. It was noted that the ICB clustering arrangements and additional risks around this, would need to be incorporated into the existing risks that the ICB has around workforce management and collaborative working.

- **System Strategic Operational Risk Register – Appendix B**
  - **Risk 6 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated**.**
  - **Risk 17 -** Has been reviewed by the ICB Head of Digital and given that it relates to clinical risks, will be re-allocated.
  - **Risk 18 –** Has been fully updated.

- **Risk 25 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated, along with the target date for closure**.**
- **Risk 28 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated.
- **Risk 29 -** Action plan / cost / action lead /(target date) /sufficient mitigation has been updated.
- **Risk 30** – New risk relating to the NHS Reform Programme.
- **Risk 31** – New risk relating to the NHS Reform Programme.

- **ICB Strategic Operational Risk Register – Appendix C**
  - **Risk 1 -** Action plan / cost / action lead /(target date) /sufficient mitigation and target closure data have been updated.
  - **Risk 29** – Action plan / cost / action lead /(target date) /sufficient mitigation and target closure data have been updated.
  - **Risk 30** – Action plan / cost / action lead /(target date) /sufficient mitigation and target closure data have been updated.
  - **Risk 32 –** New risk relating to the NHS Reform Programme.
  - **Risk 33 –** New risk relating to the NHS Reform Programme.

1.3. Recommendations

1.3.1. **Note** the report and accompanying appendices.

1.3.2. **Review** the populated System Board Assurance Framework (SBAF) to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks, and the risks to the system's strategic objectives, are being properly managed.

1.3.3. **Review** the current risks from both Strategic Operational Risk Registers (SORRs) that score above 15 for severity and likelihood and consider:

- If there are any additional assurances are necessary; and
- if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.

1.3.4. Be **Assured** that the SBAF and SORR provide oversight of the strategic risks to the system meeting the strategic objectives.

1.4. Conflicts of Interest

1.4.1. None.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. Risks are outlined within the SBAF and SORR.

1.6. Alignment to Integrated Care Board

1.6.1. The SBAF and SORR ensure that strategic risks related to health outcomes and care quality are effectively managed, enabling the ICS to focus on improving the health and healthcare services delivered to the population.

1.6.2. By reviewing and addressing risks related to access and equity through regular committee oversight, the SBAF and SORR supports the ICS's

aim of reducing health inequalities and ensuring fair access to services for all communities.

1.6.3. The SBAF and SORR is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.

1.6.4. By managing risks related to workforce, culture, and strategic commissioning, the SBAF aligns with the ICS's goal of contributing to the broader social and economic development of the local area, fostering collaboration across public services and improving community wellbeing.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The SBAF and SORR serve as core tools for identifying and mitigating risks that could compromise service quality and patient safety.

1.7.2. **Financial Implications:** The SBAF and SORR are reviewed by the Finance Committee, meaning they are actively used to track and manage financial risks. There is specific reference to the Medium-Term Financial Plan, show that financial planning is a key area of concern. These frameworks help the ICB monitor financial performance, to prevent overspend, and support efficient use of resources, which is essential for maintaining service delivery.

1.7.3. **Workforce Implications:** The SBAF includes workforce risks as part of its broader remit (as noted in the alignment with ICB objectives on social and economic development).

1.7.4. **Risks and Mitigations:** Management of risk is the primary function of SBAF and SORR. The report highlights that risks are regularly reviewed, updated, and linked across system partners, which suggests a robust approach to managing and mitigating risks. Notably, risks have been updated or amended, and one risk is recommended for removal, reflecting dynamic management and governance oversight.

1.7.5. **Engagement:** Updates across system partners and alignment with strategic objectives require ongoing dialogue and consultation with stakeholders (NHS England, local providers, communities).

1.7.6. **Supporting Data and Analysis:** The SBAF and SORR themselves are forms of structured analysis, especially with the included risk scoring matrix and performance highlights.

1.7.7. **Legal, Regulatory, and Equality:** The frameworks contribute to equality monitoring by addressing strategic risks around inequalities in outcomes, access, and experience (as noted under alignment with ICB goals).

1.8. Attachments

1.8.1. Appendix 1 - System Board Assurance Framework (SBAF)
1.8.2. Appendix 2 - Strategic Operational Risk Register (SORR) for the System showing risks of 15 or over
1.8.3. Appendix 3 - Strategic Operational Risk Register (SORR) for the ICB as a corporate body showing risks of 15 or over
1.8.4. Appendix 4 - risk scoring matrix

1.9. Impact Assessments

1.9.1. **Has a Data Protection Impact Assessment been undertaken?** No
1.9.2. **Has an Integrated Impact Assessment been undertaken?** No

1. ICB 25-09.205 – Health Ageing Strategy

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Approved by: Simon Whitehouse, Chief Executive Officer, NHS STW
Report Prepared by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Action Required: For Approval

1.1. Purpose

1.1.1. The purpose of this report is to approve a 3-year Healthy Ageing Strategy for care of those who have or at risk of developing frailty as they age. The strategy's vision is to enable people in Shropshire, Telford and Wrekin to age well by living longer, healthier, and more independent lives though extending healthy life expectancy, reducing inequalities, and ensuring that all individuals, experience an improved quality of life as they age. This will be delivered though through proactive, personalised, and compassionate care in a strongly Place-led, neighbourhood model, in which we will support our communities to thrive at every stage of later life. The strategy fully aligns with both Health and Wellbeing Strategies and Shropshire Integrated Place Partnership (SHIPP) and Telford and Wrekin Integrated Place Partnership priorities (TWIPP) priorities.

1.2. Executive Summary

1.2.1. The Board is asked to approve the 3-year Healthy Ageing Strategy for the STW system consisting of two places, Shropshire, and Telford and Wrekin. The strategy had had broad public and professional consultation which has been incorporated into the final version and has been recommended for approval by the system Strategy and Development Committee. It has been supported by Shropshire Health and Wellbeing Board and Telford and Wrekin Health and Wellbeing Board as well as by Shropshire Place Partnership (ShiPP) and Telford and Wrekin Place Partnership (TWIPP). This strategy is also an enabler for Winter Planning 2025/26 and beyond.

1.3. Recommendations

1.3.1. The Board are asked to approve the strategy.

1.4. Conflicts of Interest

1.4.1. None

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. Strategic risk 1 Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities

1.5.2. Strategic Risk No.2a: Risk of not achieving underlying financial balance (ICB and System)

1.5.3. Strategic Risk No.3 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

1.5.4. Strategic Risk No.5: Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS

1.6. Alignment to Integrated Care Board

1.6.1. Frailty has been identified as a commissioning priority by the ICB (Jan 2025). This strategy enables the delivery of the success criteria and outcomes identified.

1.6.2. Frailty is also a national priority largely due to the impact of frailty crisis on urgent and emergency healthcare services.

1.6.3. The strategy strongly supports the below key national priorities

- From analogue to digital.
- From treatment to prevention
- From hospitals to the community.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The number of people at risk of frailty is growing, and with it an increase in the need for health and care services. Years or decades spent in ill health mean personal suffering, strain on families resulting in poor health outcomes and reliance on emergency services if proactive services are not in place.

1.7.2. **Financial Implications:** The trajectory of frailty accelerates and increasing frailty means increased care costs. After adjusting for sociodemographic factors, annual healthcare costs double for people with mild frailty compared to 'fit' older adults, tripled for the moderately frail and quadrupled for the severely frail. Preventing, slowing or proactively addressing frailty reduce these costs.

1.7.3. **Workforce Implications:** Educating the workforce is required to assess and mange frailty using nationally recognised tools.

1.7.4. **Risks and Mitigations:** The risk of not having a strategy to address frailty is likely to result in increased unplanned demand and lack of predication of health and care services required.

1.7.5. **Engagement:** extensive construction with professionals and the public has been undertaken.

1.7.6. **Supporting Data and Analysis:** A public health approach has been taken using risk stratification to identify the impact of frailty on the population in both places. Shropshire, Telford and Wrekin is currently home to around 118,000 over 65-year-olds, which is expected to swell to around 162,000 by 2035. On current data our estimate is that there are around 45,000 people aged over 65 living with mild frailty, 19,000 moderately frail and 6,000 with severe frailty due to the lack of active use of the data sources and clinical verification this is expected to have underestimated the numbers of those who mildly or moderately frail compared to national benchmarks.

1.7.7. **Legal, Regulatory, and Equality:** This strategy will positively impact on the protected characteristic of age. It has a targeted neighbourhood approach to ensure inclusivity and appropriate organisation of services to support diverse communities in the STW system in order to reduce health inequalities. An Integrated Impact assessment has been undertaken and is provided as an appendix.

1.8. Impact Assessments

1.8.1. Has a Data Protection Impact Assessment been undertaken? N/A

1.8.2. Has an Integrated Impact Assessment been undertaken? Yes

1.9. Attachments

1.9.1. Appendix 1 Healthy Ageing Strategy

1.9.2. Appendix 2 Supporting information for STW Healthy Ageing Strategy

1.9.3. Appendix 3 Integrated Impact Assessment.

1.9.4. Appendix 4 Healthy Ageing Public Engagement report of Findings

2. Main Report

2.1. Introduction

2.1.1. This report seeks approval of the Healthy Ageing Strategy 2025-2028 for care and prevention of those who have or at risk of developing frailty as they age. The strategy's vision is to enable people in Shropshire, Telford and Wrekin to age well by living longer, healthier, and more independent lives though extending healthy life expectancy, reducing inequalities, and ensuring that all individuals, experience an improved quality of life as they age. This will be delivered though through proactive, personalised, and compassionate care in a strongly Place-led, neighbourhood model, in which we will support our communities to thrive at every stage of later life.

2.1.2. Specifically, the strategy aims to improve the outcomes for frail people by

- Increasing healthy life expectancy
- Reducing health inequalities
- Improving patient and carer experience
- Slowing growth in demand for health and care services

2.1.3. These will be achieved by strategic objectives of the strategy will be to

- Improve public and workforce understanding of frailty and awareness of services that can support the onset and management of frailty.
- Delay and reduce disparities in frailty onset.
- Slow progression and reduce inequities in frailty outcomes.
- Enhance quality of life for people with moderate and severe frailty.
- Improve care coordination and planning for those with severe frailty through improved use of digital resources.
- Provide services to support those with frailty closer to home using the neighbourhood model.
- Reduce unplanned care and unpanned attendances to acute care for people in crisis due to frailty, and subsequently hospital admissions.

2.2. Background

2.2.1. Frailty is a medical term used to describe loss of physical and mental resilience, leaving a person vulnerable to declining health and the inability to recover well from adverse events such as illness, injury or bereavement. Frailty is important because it compromises quality of life for the individual and increases the risk of death, disability, dementia, hospital admission, falls and the need for long-term care.

2.2.2. Frailty is a spectrum, from mild to severe, meaning that many people living with frailty remain independent and can live full lives with varying degrees of support.

2.2.3. The likelihood of frailty increases as we get older, but it is not inevitable, and at various stages along the spectrum it can be prevented, delayed, reversed and managed.

2.2.4. Frailty can occur at a younger age for those with an accumulation of health risks. This strategy focuses mainly on frailty associated with old age, however the preventative element of the strategy is aimed at younger people and there will be some flexibility as the approach develops.

2.2.5. The risk of early frailty is higher among those living in deprivation, some ethnic minorities and those with chronic health conditions.

2.2.6. Frailty is of national importance and has been set as a priority because the number of people with frailty is growing which has a high risk of putting additional stresses on urgent and emergency services as well as primary care if is not personalised and proactive.

2.3. Strategy development

2.3.1. The strategy has been developed in partnership with a range of stakeholders in line with the 2025/26 commissioning priorities for NHS STW.

2.3.2. The Ageing Well Strategy Steering Group has been formed and has collaboratively led the strategy development using a public health management approach. This Group will remain in place to collaboratively oversee the roll out of the strategy and support quality improvement initiatives to ensure a consistent methodology for testing and rolling out changes associated with the strategy as required. It has cross representation from partners and our place partnerships (SHIPP and TWIPP).

2.3.3. Expertise was sought from neighbouring systems with experience in frailty strategy development.

2.3.4. A significant public and professionals' consultation was undertaken resulting in a range of feedback over 954 responses (835 from the public and 121 from professionals and voluntary sector).

2.3.5. Key themes from the feedback were:

- It is important that frail people are involved in decisions about their care
- Frailty is a condition that can be prevented, delayed or managed. People associate the word frailty with losing mobility, frequently falling, personal vulnerability, and a reduced ability to complete daily physical tasks.
- When people receive support for frailty from a local health and care organisation, they overwhelmingly feel that it made a difference to their condition

- Current services for older or frail people are not felt to be fair and accessible for everyone.
- Poor access to services is a real challenge in rural areas which impacts on finances as well as health and wellbeing.
- General Practice was the first port of call for people with frailty, and some respondents wait to ask for help until experiencing a crisis.
- Most respondents didn't feel they had been clinically assessed for frailty.
- The strategy and related services should not be called Frailty.

2.3.6. The proposed Healthy Ageing strategy has been supported at place-based partnership groups (SHIPP & TWIPP), The System Strategy and Development Group gave their recommendation to approve at Board during September 25.

2.3.7. An integrated impact assessment has been completed demonstrating a positive impact on those in old age (please see appendix).

2.4. Strategy delivery

2.4.1. The national priorities in the 10-year plan of Analogue to Digital, Treatment to Prevention and Hospital to Community underpin the public health approach to the Healthy Ageing Strategy.

2.4.2. Prevention of ill health and the personalised, proactive approach to care planning and delivery are key supported by the System's digital shared care record, One Health and Care, which is planned to be re-launched in year 1 of the strategy with frailty care planning as the priority. This allows health and social care professionals directly involved in STW resident's care to view relevant information about them which is held by other parts of the NHS and social care.

2.4.3. Education is an essential component to both provide understanding of assessment and care planning of frailty including frailty assessment scores and comprehensive geriatric assessment and to enable to public to understand the services but also how to prevent or reverse frailty.

2.4.4. Primary care leadership is required to influence and spread and embed neighbourhood level interventions underpinned by quality improvement methodology.

2.4.5. The strategy supports a range of other strategies including palliative and end of life care, long term conditions. It also supports winter planning and the urgent and emergency care plans and the hospital to community shift to enable the Hospital Transformation Programme. Ther will be interface with groups supporting these as there has been with the strategy development.

2.5. Strategy oversight and evaluation

2.5.1. Year one of the strategy prioritised accurate identification of people who will benefit from its approach and the measurement of impact.

2.5.2. Quality improvement is an approach through out the strategy to ensure that changes to practice or services are tested and evidenced then rolled out at pace.

2.5.3. The Healthy Ageing Strategy Steering Group is forming key working groups to over see the work at pace.

2.6. Conclusion

2.6.1. The Healthy Ageing Strategy 2025-2028 is provided for approval and recommended by the System Strategy and Development Committee for approval with support of health and wellbeing boards, SHIPP and TWIPP. This Strategy will be a key deliverable for supporting the 10-year NHS plan for those at risk of and with frailty supported by digital and the move from analogue.

2.6.2. The Strategy supports a public health approach with a strong emphasis on self-care and prevention with clear offer of support at every stage of frailty supported by a shared care record.

2.7. Recommendation

2.7.1. The Board is asked to note the report and approve the Healthy Ageing Strategy 2025-2028 for Shropshire,Telford and Wrekin.

1. ICB –24-09.206 – Neighbourhood Health Update

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Nigel Lee, NHS STW, Chief Strategy Officer
Report Approved by: Nigel Lee, NHS STW, Chief Strategy Officer
Report Prepared by: Emma Pyrah, NHS STW, Head of System Development
Action Required: For Noting

1.1. Purpose

1.1.1. The purpose of the report is to provide the Board with an update on progress within STW in relation to the development of Neighbourhood Health Service models of care in line with the NHS 10 Year Plan and related NHSE guidance.

1.2. Executive Summary

1.2.1. We have completed the national Neighbourhood Health Maturity Self Assessment and submitted to NHSE on 24th July 2025. We await feedback from NHSE. Summary details of the outcome of the assessment are provided in the main report.

1.2.2. On 8th August, we submitted 2 Place based applications to be part of the first phase of the National Neighbourhood Health Implementation Programme, one for Shropshire Place and one for Telford & Wrekin Place. All key local stakeholder partners provided written confirmation of support for our application to be submitted. Summary details of the programme and our approach is provided in the main report. We were notified on 9th September that we had been successful for the Shropshire Place application. Importantly, we will work across both Places to optimise the learning from the programme.

1.2.3. Our governance structure for Neighbourhood Health is developing, building on our strong Place-based governance arrangements and are described in the main report.

1.2.4. The **NHS Planning Framework for 26/27** has been published; the specific expectations of Place and Neighbourhoods in that framework are described in the main report and we will ensure that the Neighbourhood Health model plans set out in the NHS 10 Year Plan inform our commissioning intentions for 2026 and beyond.

1.3. Recommendations

1.3.1. **Note** the contents of the report.

1.4. Conflicts of Interest

1.4.1. None.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. Neighbourhood health relates in part to all BAF risks.

1.6. Alignment to Integrated Care Board

1.6.1. Neighbourhood health models are designed using population health management data to identify where to target resources to improve outcomes.

1.6.2. An underpinning principle of our neighbourhood working approach is to mobilise every neighbourhood asset, identifying untapped opportunities and aligning resources.

1.7. Key Considerations

1.7.1. **Quality and Safety:** Neighbourhood health is a different way of working where multiple services both statutory and not statutory work together to holistically meet the needs of our most complex and disadvantaged populations.

1.7.2. **Financial Implications:** In order to increase and sustainably fund services in the community, there will need to be a left shift of resources from acute and/or additional national investment.

1.7.3. **Workforce Implications:** Neighbourhood health is a different way of working where multiple services both statutory and not statutory work together to holistically meet the needs of our most complex and disadvantaged populations.

1.7.4. **Risks and Mitigations:** Delivery of neighbourhood health services presents a range of risks and across all domains; key areas include: to develop the workforce model of the future, to recognise the changes to clinical pathway models and associated funding flows, and to manage a complex, multi-partner multi-year programme at a time of local and national change. The primary mitigation is a strong governance framework and maintaining close partnership working.

1.7.5. **Engagement:** Our Neighbourhood health models will be informed by what local people tell us is important to them.

1.7.6. **Supporting Data and Analysis:** Our Neighbourhood health models will be informed by data and analysis.

1.7.7. **Legal, Regulatory, and Equality:** Neighbourhood health is an inclusive model.

1.8. Attachments

1.8.1. Appendix 1 - Description of STW Neighbourhoods and Integrated Neighbourhood Teams by Place.

1.8.2. Appendix 2 - Summary slides for the maturity self-assessments for the 10 components.

1.9. Impact Assessments

1.9.1. **Has a Data Protection Impact Assessment been undertaken?** No

1.9.2. **Has an Integrated Impact Assessment been undertaken?** No

2. Developing a National Neighbourhood Health Service in line with the NHS 10 Year Plan - Implementation Update

2.1. Introduction

2.1.1. The recently published NHS 10 Year Plan describes the need to develop a Neighbourhood Health Service as one of the cornerstones to delivering the government's commitment to make 3 shifts: from hospital to community, from sickness to prevention and from analogue to digital.

2.1.2. The NHS 10 Year Plan describes the neighbourhood health service as bringing care into local communities, convening professionals into patient-centred teams and ending fragmentation. In doing so, the aim is to revitalise access to general practice and enable hospitals to focus on providing world class specialist care to those who need it. Over time, it will combine with the new national genomics population health service to provide predictive and preventative care that anticipates need, rather than just reacting to it.

2.1.3. At its core, the neighbourhood health service embodies a new preventative principle that care should:-

- happen as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre when needed
- in a hospital if necessary.

2.2. Purpose of the Report

2.2.1. NHSE published Neighbourhood Health Guidance for both Adults and Children and Young People in January 2025 setting out requirements for 2025/26. In July 2025, they required systems to submit a Neighbourhood Health Maturity Self-Assessment and in August 2025 invited systems to submit Place-based applications to take part in the first phase of the National Neighbourhood Health Implementation Programme.

2.2.2. The purpose of this report is to provide Board with an update on local progress and outcomes related to the initiatives above and describe the local approach to governance for our Neighbourhood Health work.

2.3. Neighbourhood Health Maturity Self-Assessment

2.3.1. In July 2025, all systems were provided with a framework by NHSE to support system level self-assessment of current levels of maturity with regards to Neighbourhood Health as defined in the Neighbourhood Health guidance published in January 2025.

2.3.2. The framework is useful as it provides NHSE's definition of 'what good looks like' for Neighbourhood Health across a maturity spectrum from starting, through developing, achieving and ultimately excelling. The output of our self-assessment provides us with a baseline of where we are on the maturity journey and helps inform where we need to target efforts and resources. Key system leads and partners contributed to the completion of the self-assessment.

2.3.3. The return was submitted on 24th July and await feedback from NHSE. NHSE will use the baseline assessment to agree a programme of support with the Regional Hospital to Community (H2C) Programme, and to assess progress at year-end when it is likely that systems will be asked to repeat the self-assessment.

2.3.4. The Maturity Framework is structured to follow the Core Components and Enablers of the Neighbourhood Health Guidance 25/26 as listed in the table below, which also provides details of the overall assessed level of maturity for each in STW.

Neighbourhood Health Component	Overall level of maturity
Population Health Management	Achieving
Modern General Practice	Progressing
Integrated Neighbourhood Teams (INT)	Starting
Urgent Neighbourhood Services	Progressing
Integrated Intermediate Care/Home First	Progressing
Standardising Community Services	Starting
Digital	Progressing
Workforce	Starting
System Architecture and Model of Care	Progressing
Clinical and Professional Leadership	Achieving

2.3.5. Although the submission to NHSE was at a system level, we undertook our local self-assessment at Place level, however, no material differences were identified in levels of maturity for each of the 10 components between our two Places.

2.3.6. Whilst recognising that it is helpful for systems to acknowledge maturity across the continuum, NHSE highlighted that the focus of year 1 is to fully meet the 'starting' maturity for the identified population of 2-4% with complex needs (who are most at risk of admission to hospital or care home) and implementing INT/MDTs. The Board will note from the assessment that STW is in the 'Starting' level of maturity in relation to INT but currently we do not meet all the 'starting' criteria. The below table summarises the progress we have made to-date with INT development and the further actions required to fully meet the 'starting' level of maturity.

Integrated Neighbourhood Teams (MDTs)	
Maturity Level	**Starting**
Progress so far	• STW has established INTs models of working in Teldoc, SE Shropshire, SE Telford and Central and Newport PCNs. Some are at the very early stages of implementation. • ICB and LA colleagues are working with the PCNs to expand the Teldoc and Central and Newport PCN offer and also to introduce INTs in Shrewsbury and North Shropshire • Some evidence of holistic care plans in existing INTs
Key actions to improve maturity level	• With ICB/LA support, ensure 1 INT pilot in line with the national guidance per PCN within 12 mths • Systematic approach to INT project evaluation to be developed and implemented. • INT project set up checklist to be developed which incorporates all the key components of the national maturity self assessment. • Dedicated Quality Improvement (QI) resource to be identified and assigned to projects to support continuous improvement PDSA approach where possible • Each PCN has their respective PHM pack and each Neighbourhood/PCN INT projects uses this data to identify their target cohort • PMO support from the ICB Strategy and Development Team for the INT projects • Where INTs are evaluated as successful, develop a system level expansion plan to achieve 100% of the same INT/MDT approach across the system for the initial cohort • Develop plans to modify the approach for different cohorts, as identified by Neighbourhood Level PHM analysis • INT models to include holistic care plans developed to take account of the patient voice, with patients participating in the plan development

2.3.7. A summary description of the neighbourhoods in each respective Place and the established and planned INTs is provided at Appendix 1. Summary details of the self-assessments for all 10 elements of the national Neighbourhood Health guidance with key next steps to increase the level of maturity are provided at Appendix 2.

2.3.8. The next steps actions from the self-assessments are being collated into a Neighbourhood Heath Programme Plan with timelines which will be monitored through the governance arrangements set out in section 5 of this report.

2.4. Applications for the National Neighbourhood Health Implementation Programme

2.4.1. In July 2025, NHSE invited all systems to apply to participate in the first phase of a National Neighbourhood Health Implementation Pilot Programme with 42 places available. Applications had to come from Place level - 'Place' in this context meaning the geography of a unitary authority size.

2.4.2. The National Neighbourhood Health Implementation Programme (NNHIP) is a large-scale change programme that will support Places to embed the culture and capability required to deliver a Neighbourhood Health Service as set out in the NHS 10 Year Plan. The heart of this is how services are organised both within neighbourhoods and collectively across a group of neighbourhoods – and how those services work effectively together to achieve the best possible outcomes for their population.

2.4.3. NHSE indicate that they will prioritise working with Places that want to explore using the full range of approaches set out in the 10 Year Health Plan such as:-

- working on new financial flows to incentivise achievement of key population outcomes;
- supporting GPs to work at scale;
- the development of neighbourhood and multi-neighbourhood providers

2.4.4 STW submitted 2 strong Place-level applications on 8th August 2025, one for Shropshire and one for Telford & Wrekin, each focusing on tackling health inequalities, with particular emphasis on rurality and specific health inequalities in the Core20 plus 5 cohorts. All key system stakeholder partners provided written CEO level confirmation of their support of our applications and the programme. This includes our Local Authorities (LAs), 4 local NHS providers, 9 PCN Clinical Directors, Pharmacy, Dental and Optometry, VCSE, Healthwatch, Fire Service and Police. We were notified on 9th September that we had been successful for the Shropshire Place application, but unfortunately not for our telford & Wrekin application. Importantly, we will work across both Places to optimise the learning from the programme across STW.

2.4.4. The National Focus and Offer - The initial focus will be on adults with multiple long-term conditions and rising risk. A national coach will be allocated to assist each chosen Place with three face to face workshops, each for a day, organised regionally at three-four monthly intervals. In between workshops there will be online information exchange and direct coaching.

2.4.5. Requirements on Place - Each Place will create a team of people from their smaller Neighbourhoods. It is expected each neighbourhood team will include patients, local authorities (including social care), community services, acute trust, mental health, general practice (including PCNs and at scale/place providers), wider primary care (pharmacy, optometry, dental and audiology) and the VCSE.

2.4.6. Each local Place team:-

- will have to commit to meeting frequently between workshops (not less than fortnightly) and enacting the changes needed.
- supply one-person full time for 12 months, who will be coached in large scale change, and be the Place coach to work alongside the national coach.
- will need to have consistency in those attending the workshops to ensure momentum and progress is maintained.
- Monthly, a small group of measures and reports will need to be submitted to the programme but these will be designed so that they are not overly burdensome.

2.4.7. Requirements on ICB/System Partners

As a requirement of an application, systems are expected to:

- Fund/resource a co-ordination function for each neighbourhood (named clinical lead, managerial and administrative support)
- Fund essential backfill for staff and similar expenses (travel, accommodation, venues) to participate in the National Neighbourhood Health Implementation Programme
- Provide enabling support to progress Neighbourhood Health e.g. analytical support
- Provide a senior Board level sponsor from both ICB and Local Authority to help remove barriers to change for the implementation teams.

2.4.8. What we hope to get out of participation in the programme

- Deliver better health outcomes for residents and the overall population, especially in most deprived communities (Core20) tackling and reducing the stark health inequalities.

- Accelerate existing neighbourhood-level initiatives to improve outcomes for the most disadvantaged populations.

- Lever strength from relationships already built at Place to explore new, collaborative ways of working that benefit our target populations.

- Develop large-scale change capabilities to apply across the wider system, beyond the national programme, and foster a community-driven movement for change.

- Actively learn from successes and failures elsewhere and share those insights locally to strengthen our local approach.

- Replacing outdated structures with agile, collaborative practices that unlock the full potential of cross-sector working.

- Mobilise every neighbourhood asset, identifying untapped opportunities and aligning resources

2.5. System Neighbourhood Health Governance arrangements

2.5.1. The ICB is currently strengthening its governance arrangements for Neighbourhood Health, building on the already strong foundations established through the Place based Boards, Shropshire Integrated Place Partnership (ShIPP) and Telford & Wrekin Integrated Place Partnership (TWIPP).

2.5.2. As mentioned in the self-assessment section of this report, the ICB is currently developing a high level Neighbourhood Health Programme Plan populated with the key actions identified from the self-assessment of the 10 components as defined in the national Neighbourhood Health guidance together with timelines.

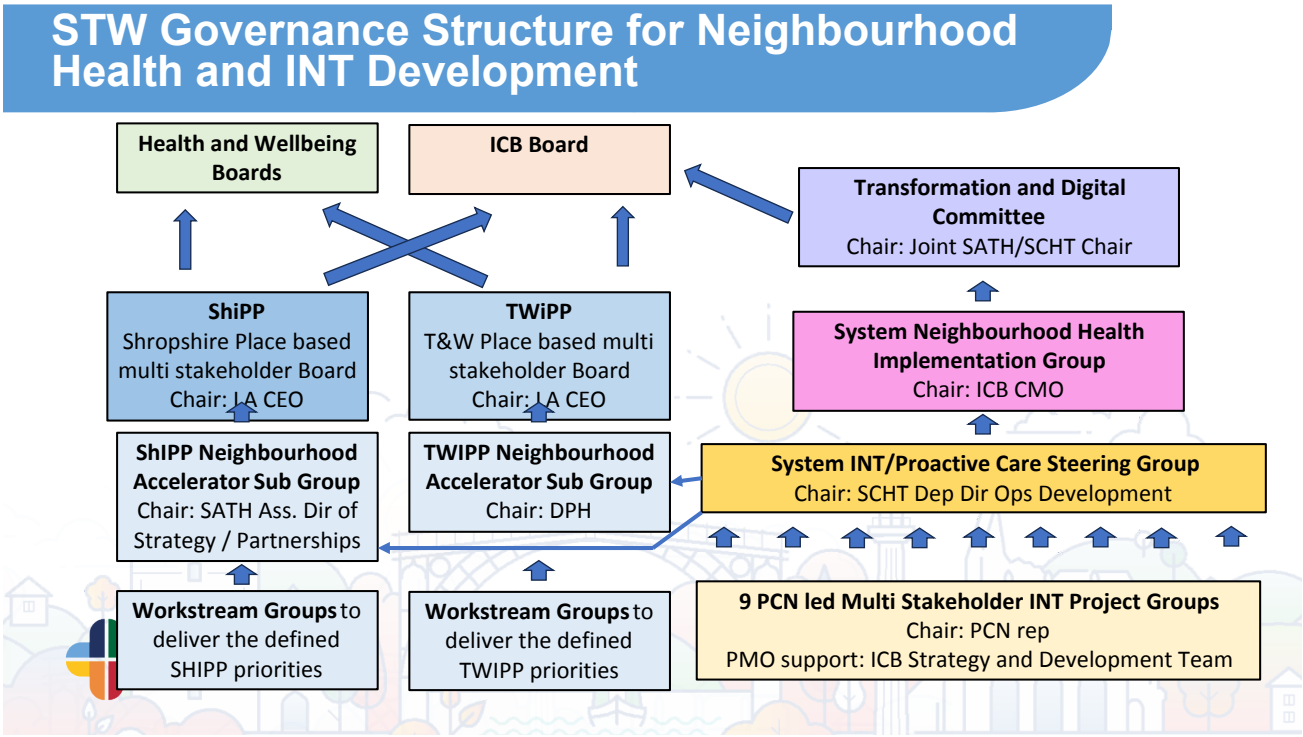
2.5.3. It is proposed that the Programme Plan will be monitored from a system perspective through the newly named system Neighbourhood Health Implementation Group (formerly Health and Care Models Transformation Group) chaired by the ICB Chief Medical Officer which will report through to the System Transformation and Digital Committee of the Board.

2.5.4. Progress against the Programme Plan will also be monitored at Place and Neighbourhood level through ShIPP and TWIPP and arrangements are being put in place to ensure this is built into their respective Neighbourhood Accelerator Sub-Group workplans.

2.5.5. Given the central focus in Neighbourhood Health on developing Integrated Neighbourhood Teams (INT/MDTs), a system INT Development Steering Group chaired by SCHT is being established to provide oversight and assurance to the programme of work to develop INTs locally in line with the national guidance. A supporting PID is drafted and is currently going through system governance approvals process.

2.5.6. The Board should note, however, that the design and development of individual INTs within specific neighbourhoods will be PCN led through multi-stakeholder project groups provided with support from the LA Place Partnership leads and the ICB Strategy and Development Team.

2.5.7. The proposed governance for Neighbourhood Health is set out diagrammatically below.



2.6. Neighbourhood Health Development

2.6.1. We have achieved a lot in terms of establishing a consistent system-wide neighbourhood health framework and strong partnership relationships on which to further progress our delivery of the national neighbourhood health service model. We are clearly showing progress in all of the 10 components of the national neighbourhood health guidance and following the maturity self-assessment know where we are doing well and where we need to progress further.

2.6.2. As part of the visit by Dr Claire Fuller, Co-national Medical Director – Primary Care, in early Aug, system partners had an opportunity to showcase the work being delivered and piloted across STW. We have a rapidly developing network of community hubs (including women's health hubs) which are supported by all partners; examples such as the Highley health & wellbeing centre illustrate the benefits of co-locating health, care and broader services. Our integrated neighbourhood team (INT) work is seeing promising results for both adults and children & young people (such as CYP pilot in Oswestry), and learning is spread across both Places. And our Place-based work, underpinned by neighbourhood health, remains pivotal to delivery of the 3 shifts.

2.6.3. Prioritisation based on need is also a key feature. Building on public health-led Joint Strategic Needs Assessments, the ICB and partners have described targeted cohorts of patients informed by population health data and a risk stratification/segmentation approach. Collectively, we are developing plans to allow the INTs (with PCNs at the heart) to focus on the priority pathways and

priority patient cohorts in each neighbourhood.

2.7. NHS Planning Framework 26/27 – Implications for Place/ Neighbourhoods

2.7.1. In August 2025, NHSE published a guide for local leaders responsible for shaping medium-term plans in order to provide clarity on roles and responsibilities within the context of the new NHS operating model outlined in the 10YP. There are specific requirements set out in the guide for Place Partners:

- Provide place level input on population needs and local priorities including Joint Strategic Needs Assessment (JSNA).
- Lead the co-design of integrated service models at place level.
- Develop Neighbourhood Health Plans and supporting place-based delivery plans

2.7.2. Within the guide it is the responsibility of the ICB to bring together neighbourhood health plans into a population health improvement plan in discussion with people, communities and partners. Through our 2 Place-Based Boards we are already in a strong position to deliver on the above. Both ShIPP and TWIPP refreshed their Place-based plans and priorities in 2025 informed by population needs assessment and what people have told us are important to them; both have been approved by their respective Health and Wellbeing Boards. Our Commissioning Intentions for 2026 and beyond will be informed by the key Neighbourhood Health Model components to be achieved over the course of the NHS 10 Year Plan.

2.8. Recommendation

2.8.1. The ICB Board are recommended to:

- **NOTE** the content of this implementation update report.
- **SUPPORT** the progression of the Wave 1 national Pilot site

1. ICB 25-09.207 – Update on Quality Oversight of Primary Care

Meeting Name: NHS Shropshire Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Approved by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Prepared by: Sharon Simkin, Clinical Quality Lead, NHS STW
Action Required: For Assurance

1.1. Purpose

1.1.1. To provide an overview of quality and safety in Primary Care across Shropshire Telford and Wrekin (STW), highlighting how data, patient voice, and quality intelligence are applied to assure, monitor, and improve services. The report also identifies key challenges, risks, and improvement opportunities for Board consideration.

1.2. Executive Summary

1.2.1. Primary Care services across STW are overseen to deliver safe and effective care, supported by risk governance, intelligence gathering, and patient engagement. Quality oversight is delivered through the Primary Care Commissioning Group (PCCG) and Quality & Performance Committee, with systematic data sharing and escalation routes to the System Quality Group. Patient voice is embedded in improvement work through GP Patient Survey findings, complaints analysis, and Provider Partner Feedback. The 2025 survey results show performance broadly aligned with national averages and a slight improvement from 2024.

1.2.2. Quality assurance is maintained through CQC liaison, targeted practice visits, liaison with medicines management and the use of internal and national dashboards and communications to identify variation and share best practices. Patient safety initiatives include the rollout of the Learning from Patient Safety Events (LFPSE) system as part of the National Patient Safety Strategy, enhanced safeguarding support, and infection prevention audits. Quality improvement examples, such as the Dementia MDT model, Winter Illness Clinic, and Pain Management Initiative, demonstrate measurable benefits to patient outcomes and service efficiency. The principles of the National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (National Quality Board 2022) are used to manage escalation.

1.2.3. Risks remain linked to workforce capacity, shared care prescribing (shared responsibility with consultant services), system reorganisation, and ongoing demand pressures, and mitigations are in place through targeted support, governance oversight, and collaborative system

working. The Board is asked to note the report and consider the themes, challenges, and improvement opportunities highlighted

1.3. Recommendations

1.3.1. The Board are asked to confirm that it is assured of the primary care .

1.4. Conflicts of Interest

1.4.1. None

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. This report provides assurance against key risks in the STW System Oversight Risk Register, particularly those relating to primary care access, workforce capacity, patient safety, and regulatory compliance. It evidences progress against SBAF objectives on improving population health outcomes, reducing inequalities, ensuring safe and sustainable services, embedding the patient voice, and supporting workforce development. Residual risks remain in workforce sustainability, demand pressures, and governance under PLACE-based working, with mitigations in place through targeted support, system collaboration, and robust quality oversight mechanisms.

1.6. Alignment to Integrated Care Board

1.6.1. The report highlights how monitoring of quality, health, outcomes, experience and access enables assurance of improving patient experience and providing quality services through a deeper understanding.

1.7. Key Considerations

1.7.1. **Quality and Safety:** Quality oversight through the PCCG and Quality & Performance Committee ensures contractual compliance, continuous monitoring of patient feedback, and data-driven improvement. CQC intelligence, practice visits, and safety reporting provide assurance on maintaining high-quality, safe care.

1.7.2. **Financial Implications:** Perceptions of quality and access may influence patient choice and, in urban areas, could impact practice list size and associated income. Inefficiencies or safety issues can also lead to higher system costs through avoidable escalation of care.

1.7.3. **Workforce Implications:** Workforce pressures within both practices and the ICB Primary Care Team may affect the ability to deliver improvement initiatives and maintain resilience. Workforce and Training Hub programmes aim to strengthen recruitment, retention, and skills.

1.7.4. **Risks and Mitigations:** Ongoing demand pressures, secondary care delays, and national policy changes pose risks to access, safety, and experience. These are mitigated through targeted practice support, use of dashboards to identify early warning signs, and collaborative system planning.

1.7.5. **Engagement:** Patient voice is embedded via GP Patient Survey analysis, PPGs, and complaint/compliment reviews. Provider Partner Feedback mechanisms ensure clinical teams hear and act on patient safety concerns.

1.7.6. **Supporting Data and Analysis:** The data bases national and internally maintained support analysis of trends to inform quality improvement.

1.7.7. **Legal, Regulatory, and Equality:** Compliance with the Primary Medical Care Policy and Guidance Manual, CQC standards, and safeguarding duties is monitored through governance processes. Work on Core20PLUS5 and targeted QI addresses health inequalities.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** N/A

1.8.2. **Has an Integrated Impact Assessment been undertaken?** N/A

1.9. Attachments

1.9.1. Appendix 1: Dashboards

1.9.2. Appendix 2: GP patient survey results summary 2024 and 2025.

1.9.3. Appendix 3: CQC Ratings

1.9.4. Appendix 4: Primary Care QI case study example

2. Main Report

2.1. Introduction

2.1.1. This paper discusses how the triangulation of data and intelligence gathering can enhance patient input within quality measures and improvement processes. It provides an overview of the ICB Quality team's collaboration with the ICB Primary Care Team to support Primary Care across the system in maintaining and improving quality and safety for patients. Any intelligence gathered informs support offers.

2.2. Background

2.2.1. Quality, safety, and the patient voice in Primary Care are overseen collaboratively by the ICB Primary Care Team and the ICB Quality and Safety Team. The Board has requested a report to enhance understanding of these aspects within Primary Care.

2.3. Principal areas essential for maintaining quality and enhancing patient representation within Primary Care

2.3.1. **Governance Meetings:** The PCCG oversees high-quality, equitable primary care services in Shrewsbury, Telford & Wrekin ICB. It guides strategic planning, decision-making, and NHS priority implementation, reporting to the Commissioning Working Group (CWG). The ICB Clinical Quality Lead ensures sharing of quality data, risks, improvement projects, patient feedback, and links to the System Quality Group (SQG) as needed.

2.3.2. **GP Patient Survey Results:** The GPPS is an annual survey across England focused on patients' experiences at their GP practices, administered by Ipsos for NHS England. The data may be used and interpreted in several ways to inform improvements in GP services. In 2025, STW results did not show significant variation from the national results, with a small percentage increase compared to 2024 responses for most questions. ***(Refer to the appendix 2 for overall results or the link below provided for further analysis.)*** https://www.gp-patient.co.uk/surveysandreports

2.3.3. **Complaints and Patient Feedback:** The ICB Patient Services Team collects feedback from patients regarding services commissioned by the ICB and works to address concerns. Data from this feedback is recorded for quality monitoring, thematic analysis, and identifying opportunities for quality improvement. During Q4, the patient services team logged 190 items of feedback across Primary Care

Tabe 1: Number of enquiries received during Q4 2024-25

General Practice	Dental/Orthodontic	Ophthalmology	Pharmacy
164	22	2	2

Tabel 2: Themes of complaints by provider

	Compliments	Access & Waiting / funding issues	Better Info / More Choice - Communication / General Enquiries	Safe High Quality Co-ordinated Care	Building Closer Relationships - Attitude and Behaviour	Clean, Friendly Comfortable Place to Be - Environment	Other	Total
Total	**1**	**98**	**14**	**41**	**27**	**1**	**8**	**190**
GP Practice Medicine	1	80	12	37	26	1	7	**164**

Dentists	0	17	2	2	0	0	1	**22**
Pharmacies	0	0	0	2	0	0	0	**2**
Ophthalmology	0	1	0	0	1	0	0	**2**

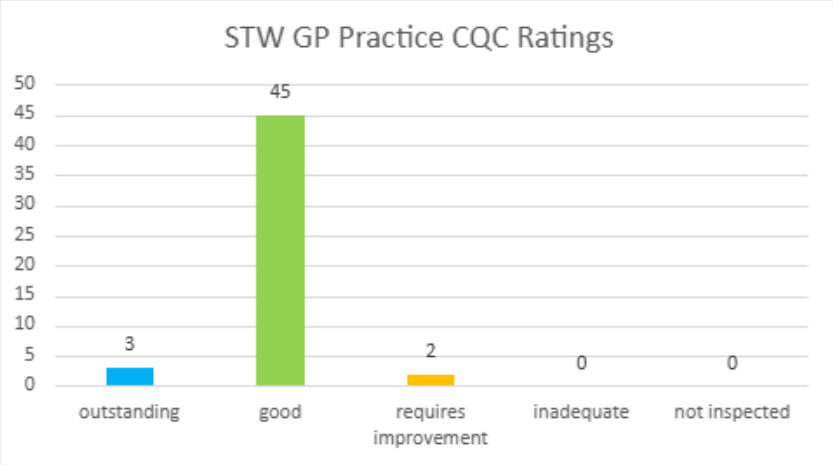
2.3.4. **Provider Partner Feedback:** PPF offers valuable perspectives by incorporating the voices of patients, families, and carers into safety discussions, thereby contributing to the development of more transparent and inclusive responses to incidents. Their participation ensures that safety is evaluated not only from a clinical standpoint but also from the experience of those receiving care.

Table 3: Main themes of PPF

Quarter 4 PPF total reported by GP's = 53	Main theme Medicine related	Second theme Discharge related	Action/Learning All medication-related reports are reviewed by the medicine group, which provides support for necessary improvements. A discharge improvement group, led by system providers, is actively working to address and enhance areas identified for improvement. Some partner organisations have prioritised discharge as part of their patient safety agenda, allowing feedback to be integrated into these priority areas.
Quarter 4 PPF total reported about GP's = 24	Main theme Referrals	Second theme Clinical Care	Action/Learning All PPFs are disseminated to partners for response, and emerging themes are incorporated into relevant working groups or improvement initiatives across the system. Support offered with any learning responses or safety concerns

2.3.5. **Care Quality Commission (CQC):** The GP ratings for STW are provided for quarter 1, with no active improvement plans reported. One inspection report has not yet been published. Both GP surgeries requiring improvement practices have been notified of CQC inspections in quarter 2 2025. ***(Refer to appendix for practice detail)***

Figure 1: CQC ratings



2.3.6. **Practice Visits:** The purpose of these visits is to provide practices with targeted support and guidance to enhance quality and drive improvements in care. Outcomes from these activities can serve as evidence during CQC reviews or inspections. The visits are facilitated by several teams within the ICB, including Primary Care, Medicines Management, Business Intelligence, and Quality.

2.3.7. Practice visits for 2024/25 have revealed several key themes for learning and sharing:

- While access remained challenging, many practices have adopted modern general practice models and implemented alternatives to traditional telephone enquiries.
- Robust governance processes are in place within practice teams to identify and investigate incidents.
- Practices demonstrated awareness of results from the GP Patient Survey, and several opted to conduct internal surveys to gain deeper insights into patient perceptions and areas for improvement.
- Strategies for monitoring high-risk medications and reducing long-term opioid use were discussed.
- Practices noted that increased requests and longer waiting times in secondary care have impacted their capacity.
- Initiatives such as collaboration with community and voluntary organisations were shared.

2.3.8. **Patient Safety:** Oversight of primary care safety by the ICB involves coordinated efforts across eight domains, covering statutory duties and areas for potential improvement in general practices and related services. The National Guidance on Quality Risk Response and Escalation in Integrated Care Systems (National Quality Board 2022) is used to manage escalation if required.

2.3.9. The ICB is facilitating adoption of the Learning from Patient Safety Events (LFPSE) platform, which is a key system supporting the National Patient Safety Strategy and allows staff to report and review safety incidents. LFPSE collects various safety data, including cases involving

harm, near misses, and instances where quality care provides learning opportunities. Currently, 22 practices within Shropshire Telford & Wrekin are using LFPSE. A Patient Safety Specialist and MLCSU colleagues are providing training and onboarding support for additional practices. This implementation aligns safety learning efforts with the Patient Safety Incident Response Framework (PSIRF).

2.3.10. The ICB also monitors investigations into serious incidents, ensuring that findings are shared among providers and regulatory collaboration with bodies such as the Care Quality Commission (CQC) and Healthcare Safety Investigation Branch (HSIB) is managed appropriately.

2.3.11. **Infection Prevention and Control (IPC):** General practices are advised to complete an ICB developed IPC self-assessment audit to support compliance with the Care Act and support CQC preparedness. This audit should be conducted annually but may also be used more frequently to help identify areas requiring improvement in IPC standards, supporting the delivery of clean and safe care for both staff and patients.

Table 4: IPC learning and support for audits

GP Practice Return rate	Learning themes	Support
61% return rate from STW GP practices	Understanding and applying the NHS Standards of Cleanliness Considering measles immunity status	IPC Participating in PLT sessions Circulating updates through Primary Care communications Offering open email access for general practice IPC queries

2.3.12. **Safeguarding:** The ICB's named GPs for safeguarding oversee support and quality in primary care safeguarding, with help from designated adult and children's leads. They run GP-led safeguarding forums that offer training, advice, supervision, and opportunities for case discussion on complex issues within primary care.

2.3.13. Self-neglect accounts for 60% of Safeguarding Adult Reviews, making it an area of focus for statutory case reviews and GP discussions. NHSE recently invited the ICB to present their work on self-neglect at a national event. There is also an audit programme supporting practices with safeguarding and in particular actions to identify child sexual exploitation. All practices participate and any identified gaps are acted on immediately with support of the Named GPs for Safeguarding.

2.3.14. **Learning Disabilities and Annual Health Check (LDAHC) Audits:** People with learning disabilities often face poorer health, but annual

checks for those over 14 years can help improve outcomes. The Quality Team audits Learning Disability Annual Health Checks to share good practices and support improvement, with assistance from Midlands Partnership Foundation Trust (MPFT)

2.3.15. Since early 2025, MPFT has supported patient engagement, easy-read resources, mental capacity recording, and signposting. The team also provides guidelines to ensure best practice and prevent unmet needs.

2.3.16. **Quality Improvement:** Quality improvement in general practice is most effective when guided by a combination of patient experience data, quality and performance metrics, and reinforced through trusted relationships and targeted facilitation. Recent initiatives across STW have illustrated how these components can be integrated to drive substantial progress. ***(Refer to appendix 4 for case studies)***

2.3.17. **Dashboards for Insight:** The Primary Care internal dashboard, developed and maintained by the ICB Business Intelligence Team, together with various other dashboards hosted by the ICB or CSU on the Aristotle database, are accessible to practices for informational purposes, assurance, and identifying opportunities for learning and improvement. ***(Refer to appendix 1 for available dashboards)***

2.3.18. The National General Practice Dashboard (GPD) serves as a benchmarking tool designed to assist Integrated Care Boards (ICBs) by providing comprehensive insights into general practice performance. It consolidates essential national priority measures, enabling ICBs to identify variations in performance, assess risks, and inform local contract reviews and targeted improvement initiatives. https://digital.nhs.uk/dashboards

2.3.19. **Quality and Outcomes Framework (QOF):** The Quality and Outcomes Framework (QOF) aims to enhance patient care by rewarding practices for delivering high-quality care, measured across multiple indicators in key areas of clinical care and public health. This informs targeted support. This data is publicly available for comparison and benchmarking nationally via the following link: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24

2.3.20. **Quality Improvement:** Primary Care teams throughout the system have demonstrated active participation in quality improvement initiatives led by the ICB Quality Team, including comprehensive training sessions. Notable enhancements have been observed in the quality and compliance of Learning Disability Annual Health Checks (LDAHC) across GP practices. Furthermore, there is increased engagement with national patient safety recording and learning programmes, such as the implementation of the Learning from Patient Safety Events (LFPSE) platform. The ICB Quality Team's support has facilitated effective incorporation of the patient perspective into the intelligence and data underpinning improvement activities, as evidenced within this report.

2.3.21. **Opportunities:** Considering current national developments and strategic planning, there is scope to advance internal dashboards to more accurately reflect quality metrics, aligning with regional and national ICB dashboards. Ongoing meetings aim to foster knowledge sharing and further develop this aspect.

2.3.22. **Risks and challenges:** The transition to new working methods and structural changes within the ICB, such as PLACE-based working, presents both challenges and opportunities for quality improvement while prioritising the patient voice. Additionally, vacancies and limited capacity within the ICB Primary Care Team have hindered support for practice visits and necessary assistance.

2.3.23. Persistent demand on Primary Care services, along with the changing national agenda, may impact service provision during transitions. Contractual modifications to care pathways and gaps in service delivery, identified through risk assessments and registers, are currently affecting the quality of care and patient experience. Risks for service development from medicine management, such as shared care agreements, Hypertension treat to target are monitored through medicines governance reporting to System Quality Group and then quality and Performance committee.

2.4. Conclusion

2.4.1. The conclusion of the paper on the NHS Shropshire Telford and Wrekin Integrated Care Board's Primary Care Quality Report highlights the importance of triangulating data and gathering intelligence to amplify the patient voice within quality measures and improvement work. It provides an overview of how the ICB Quality team, in collaboration with the ICB Primary Care Team, supports Primary Care across the system to maintain and enhance quality and safety for patients and highlights the need for a systematic quality risk approach to quality and safety.

2.5. Recommendation

2.5.1. The Board is asked to **confirm that it is assured** by the progress of primary care quality assurance.

1. ICB 25-09.208 Integrated Care Board Meeting - ICS Infrastructure Strategy

Meeting Name: Integrated Care Board Meeting
Meeting Date: 24th September 2025
Report Presented by: Claire Skidmore, Chief Finance Officer and Angela Szabo, Director of Finance
Report Approved by: Claire Skidmore, Chief Finance Officer
Report Prepared by: Angela Szabo, Director of Finance
Action Required: Approval of the ICS Infrastructure Strategy

1.1. Purpose

1.1.1 The purpose of this report is to request approval from the Integrated Care Board for the ICS Infrastructure Strategy following support from the System's Strategic Estates Group (3rd September 2025) and Strategy and Prevention Committee (12th September 2025).

1.2. Executive Summary

1.2.1. The Shropshire, Telford and Wrekin Integrated Care System's Infrastructure Strategy sets out a ten-year vision to modernise and optimise the health and care estate in alignment with the NHS 10-Year Plan and system-wide priorities. It seeks to address key challenges including ageing infrastructure, population growth, and service integration, while supporting the NHS Net Zero Carbon target. The strategy promotes high-quality, accessible, and sustainable environments that meet the evolving needs of both the population and workforce.

1.2.2. Given that we have constrained capital and revenue resources, the strategy emphasises a need for innovative asset utilisation and strategic investment, including collaboration with Local Authorities to access external funding. It supports digital transformation, integrated neighbourhood teams, and prevention-focused care models. With input from System stakeholders, we have shaped a forward-looking plan that ensures value for money, operational efficiency, and resilience across the estate—positioning the system to meet future healthcare demands effectively.

1.2.3. It is recognised that with the publication of the NHS 10-year plan and the Government Reset Programme, there are likely to be changes to how the System reviews, updates and delivers its infrastructure strategy in the future. This document therefore provides an agreed core baseline, aligned to the current Integrated Care Strategy, for System partners to work from. As future direction of travel becomes clearer, the Strategy and action plans will be revisited and refined as required.

1.2.4. In March 2024 NHS England released guidance (which was refreshed in July 2024) that set out the requirement for ICSs to have an infrastructure strategy to set out the system approach to the following:

- Greater collaboration and sharing of estates related information between ICSs partners.
- A structured approach to prioritisation of future capital expenditure
- Identifying commercial opportunities e.g. income, disposals, valued added, invest to save.
- Ensuring Estate Strategies are aligned with clinical priorities and future service needs.
- Demonstrating alignment to other system strategies such as clinical, workforce, digital, sustainability.
- Including a high level 10-year delivery plan with efficiency quick wins identified over a 2–3-year period.

1.2.5. NHS STW commissioned NHS Property Services (NHSPS) to develop an ICS Infrastructure Strategy and they worked with NHS STW and key system stakeholders to develop the document, the first draft of which was supported by the Strategic Commissioning Committee in July 2024.

1.2.6. Following approval of the draft strategy by the Strategic Commissioning Committee, feedback was provided by NHSE and the System has continued to develop plans and metrics to measure delivery. The financial elements of the strategy were also updated in line with 2025/26 plans. Content has been reviewed and updated where necessary to reflect progress with local estates plans as well as digital plans. This has been important given the passage of time since the sign off the initial draft and has resulted in a final draft which has been shared with both the System Strategic Estates Group and Strategy and Prevention Committee.

1.2.7. The key objectives within the ICS Infrastructure Strategy, are detailed below:

1.2.7.1. **Objective 1:** Collectively invest time and resource into improving the health estate and collegiate culture across the ICS system.

1.2.7.2. **Objective 2:** Include digital access as a key part of our infrastructure plans.

1.2.7.3. **Objective 3:** Create an integrated and flexible ICS clinical estate.

1.2.7.4. **Objective 4:** Improve utilisation, sharing of existing space and accessibility to clinical space.

1.2.7.5. **Objective 5:** Deliver and maintain a more affordable, fit for purpose ICS estate.

1.2.8. On 3rd September 2025 the Strategic Estates Group (SEG) recommended the Infrastructure Strategy for onward approval to the Strategy & Prevention Committee (SPC). SEG also agreed the SMART metrics to be used to measure delivery of the infrastructure strategy objectives and will monitor and oversee delivery of these at its bi-monthly meetings.

1.2.9. On 12th September 2025 Strategy & Prevention Committee (SPC) reviewed and supported the Infrastructure Strategy and recommended onward approval to the Integrated Care Board. Feedback from the committee did not change the core content of the strategy but reflects the work required as part of the delivery plan (which has been added as a reference on page 38 of the Infrastructure Strategy) to jointly review and prioritise the use of estate to support delivery of the clinical strategy including neighbourhoods and place.

1.3. Recommendations

1.3.1 The Integrated Care Board is recommended to **approve** the ICS Infrastructure Strategy and **agree** for it to be published on the NHS Shropshire, Telford and Wrekin website.

1.4. Conflicts of Interest

1.4.1. No conflicts of interest have been identified relating to this report.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. A strategic risk was opened on the strategic operational risk register in 2024/25 to reflect the level of backlog maintenance and critical infrastructure risk. It notes the impact of limited capital funding on the system's ability to address this risk and any mitigating actions being taken. This risk feeds into SBAF risk 2a financial sustainability and SBAF risk 2b, delivery of the in-year financial plan, revenue and capital.

1.6. Alignment to Integrated Care Board

1.6.1. **Improve outcomes in population health and healthcare**
Delivery of value for money is linked to improved quality/outcomes and population health. This is supported by the infrastructure strategy as an enabler to the Integrated Care Strategy.

1.6.2. **Tackle inequalities in outcomes, experience, and access**
Outcomes, experience and access will be enhanced through ensuring that the estates infrastructure is fit for purpose and the Strategy is aligned to the ICS Integrated Care Strategy.

1.6.3. **Enhance productivity and value for money**
Productivity improvements and Value for Money can be achieved through the rationalisation of clinical and non-clinical estate.

1.6.4. **Help the NHS support broader social economic development**
Collaborative strategic estates planning, oversight and governance is achieved through working with the local authorities and voluntary organisations.

1.7. Key Considerations

1.7.1. **Quality and Safety:** The infrastructure strategy delivery plan supports ensuring that the System's estates is fit for purpose to support delivery of the ICS integrated care strategy and NHS 'three shifts' and in turn improve quality and safety. The capital prioritisation framework criteria include impact to patient outcomes.

1.7.2. **Financial Implications:** The infrastructure strategy sets out the 10-year capital expenditure plans subject to capital funding and revenue affordability. This includes expected expenditure plans for reducing backlog maintenance and critical infrastructure risk (subject to additional capital funding as set out in the NHS 10-year plan). Capital expenditure is subject to the application of the capital prioritisation framework which includes assessment of value for money impact on revenue spend.

1.7.3. **Workforce Implications:** The infrastructure strategy references the system workforce strategy and acknowledges the role of our estates infrastructure workforce in supporting delivery of strategic objectives for infrastructure.

1.7.4. **Risks and Mitigations:** Risks as set out in the document include reflection that under-investment in our ageing estate would impact on delivery of services and acknowledgement that population growth and an ageing demographic will change the profile of estate requirements over time. Capital funding constraints are also cited. Mitigations include utilisation and use of S106/CIL to support primary/community development alongside use of digital to support the 'left shift'. Further information is provided in the strategy.

1.7.5. **Engagement:** Across January to June 2024, NHS Property Services engaged with key system stakeholders/partner organisations as detailed in the appendices to the strategy. The infrastructure strategy has also been shared with NHS England. Much of the content is drawn directly from the Estates strategies for SATH, RJAH, SCHT and Primary Care.

1.7.6. **Supporting Data and Analysis:** The ICS Infrastructure Strategy is underpinned by an ICS estates database. Information included within the strategy draws from population insights, primary care estates data, primary care PCN detail, detail on all ICS estate for NHS STW primary care, SaTH, RJAH, SCHT, MPFT and WMAS alongside detailed information from system related estates projects including SaTH HTP - Hospital Transformation Programme.

1.7.7. **Legal, Regulatory, and Equality:** NHSE require Systems to have an Infrastructure Strategy as it supports delivery of population health requirements and financial sustainability. It is suggested that this is published for transparency though there is no statutory requirement to do so. Further, as part of the System Integrated Improvement Plan, there is an action for the finalisation of the system infrastructure strategy. Evidence of publication of the strategy will satisfy the requirements to note this action as complete.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** N/A

1.8.2. **Has an Integrated Impact Assessment been undertaken?** N/A

1.9. Attachments

1.9.1. Appendix 1 - ICS Infrastructure Strategy

1.9.2. Appendix 2 – ICS Infrastructure Strategy Appendices

1 ICB 25-09.209 - Shropshire, Telford and Wrekin System Green Plan 2025-2028

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Nigel Lee, NHS STW, Chief Strategy Officer and Tracey Jones, NHS STW, Deputy Director Health Inequalities
Report Approved by: Nigel Lee, NHS STW, Chief Strategy Officer
Report Prepared by: Tracey Jones, NHS STW, Deputy Director Health Inequalities
Action Required: For Approval

1.1. Purpose

1.1.1. The ICB is required to publish a Board Approved Green Plan covering 2025-2028 in line with NHS England Green Plan Guidance by 31st October 2025. This paper presents the Green Plan to Board for their discussion and approval.

1.2. Executive Summary

1.2.1. Addressing Climate Change through the reduction of carbon emissions is a firm policy requirement of the NHS.

1.2.2. In 2020, the NHS became the world's first health system to commit to reaching net zero emissions. The Delivering a Net Zero National Health Service report set out the scale of ambition to achieve net zero by 2040 for the emissions the NHS controls directly, and net zero by 2045 for the emissions the NHS has the ability to influence.

1.2.3. The Health and Care Act 2022 reinforced this commitment, placing new duties on integrated care boards (ICBs), NHS trusts and foundation trusts (referred to collectively in this plan as trusts) to consider statutory emissions and environmental targets in their decisions. Trusts and ICBs were expected to progress achieving these duties through the delivery of board-approved green plans spanning 2022-2025. The recently released NHS 10 year plan reconfirms the commitment to the previous NHS Net Zero targets.

1.2.4. Our previous STW ICB 2022-2025 system action plan has been refreshed in line with refreshed statutory Guidance. The 2025-2028 plan briefly reflects on achievements since 2022 and looks forward to our shared collaborative ambitions for 2025-2028.

1.2.5. Provider Trusts within the ICB system, in line with Health and Care Act 2022 requirements, have also refreshed their organisational level Green Plan, with their own focused Action Plans. The provider plans reflect the measurable targets for each organisation based on the nature of their operations and the work to date to achieve the NHS net Zero ambitions, however as per the refreshed guidance they are all in line with the areas of focus in this system plan.

1.2.6. The seven key areas of focus for the plan are detailed below:

Workforce and Leadership:

- Embed sustainability in staff training and appraisals.
- Develop a clinical network for net zero transformation.
- Ensure the prominence of action on climate change through Board level leads

Net Zero Clinical Transformation:

- Focus on reducing emissions in clinical pathways (e.g., diabetes, cardiovascular care) and across pathways such as work to deliver the 10-year plan
- Promote reusable medical items and greener practices.

Digital Transformation:

- Expand digital care while minimising overall impact of digital delivery on our carbon footprint through greener digital procurement and reuse of IT equipment.
- Actively address digital inclusion in partnership with local authorities and our community partners.

Medicines:

- Reduce emissions from inhalers and nitrous oxide.
- Promote greener prescribing and recycling schemes.

Travel and Transport:

- Decarbonise NHS fleets and promote sustainable travel.
- Collaborate with local authorities on transport infrastructure.

Estates and Facilities:

- Continue decarbonising buildings and infrastructure.
- Support primary care in adopting greener practices.

Supply Chain and Procurement:

- Ensure suppliers align with net zero targets as specified within Net Zero Supplier Road Map
- Promote local and sustainable procurement practices.

Adaptation:

- Develop long-term climate adaptation plans in addition to shorter term business continuity planning
- Enhance resilience to extreme weather and vector-borne diseases.

1.2.7 The plan concludes with a System Action plan for each of these areas. This system action plan is in line with the requirements of the refreshed

Green Plan Guidance. It has been developed with Provider leads and shared through the Climate Change Group.

1.2.8 The responsibility for oversight of Plan delivery currently sits with the Health Inequalities team within the ICB. This will be reviewed in line with the Model ICB Blueprint and the Government reset Programme over the initial 6 months of the plan.

1.3. Recommendations

1.3.1. To approve the Shropshire Telford and Wrekin ICB Green Plan 2025-2026

1.4. Conflicts of Interest

1.4.1. No conflicts of interests have been identified.

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1. **Strategic Risk No.3 -** The impact of Climate Change will be experienced most by those in society who already experience health inequalities due to living with various vulnerability factors including socio-economic disadvantages. The focus on reducing carbon emissions within this plan will assist in reducing health inequalities and provides additional focus to the work underway with local authorities to address the wider determinants of health.

1.6. Alignment to Integrated Care Board

1.6.1 Improve outcomes in population health and healthcare

The delivery of the Net Zero ambitions within the Green Plan will improve overall population health. The adoption of greener design principles in healthcare transformation will improve quality outcomes through effective and efficient delivery of care.

1.6.2. Tackle inequalities in outcomes, experience, and access

The impacts of carbon emissions contributing to climate change are felt disproportionately across our population with those living in poorer socio-economic conditions experiencing a higher burden of disease. Tackling Climate Change will contribute to a reduction in healthcare inequalities.

1.6.3. Enhance productivity and value for money

The green plan will contribute to the delivery of more sustainable services through demand and cost reduction.

1.6.4. Help the NHS support broader social economic development

The plan supports our Anchor Institution role through broader social and economic development delivered through increased social value from procurement and across our supply chains

1.7. Key Considerations

1.7.1. **Quality and Safety:** The plan details that greener care can improve safety and clinical quality through greener/ net zero clinical transformation.

1.7.2. **Financial Implications:** The financial implications of the programmes within the plan will require business cases or bidding for external sources which are expected to be announced in the Autumn Budget statement.

1.7.3. **Workforce Implications:** Section 4.1 is focused on workforce and leadership details the expectations and implications for workforce including the potential for greater system collaboration in operational delivery of the plan.

1.7.4. **Risks and Mitigations:**

Risk: Capacity within the system to operationally deliver the green plan especially in the context of the Government NHS Reset Programme

Mitigation: Undertake an analysis of operational support for delivery of this green plan and to future proof for devolving Green Plan to providers as per for ICB model blueprint.

Risk: Deprioiritsation of Greener NHS/ Sustainability initiatives due to current financial recovery position.

Mitigation Board level leads to champion and assure consideration of sustainability impacts on resource allocation decisions supplemented by a requirement to complete sustainability impact assessment as part of Integrated Impact Assessments for all business cases considered by the ICB.

1.7.5. **Engagement:** Section 7 of the System Green Plan details the high-level communication and engagement plans which will be developed system wide for individual elements of the plan as required.

1.7.6. **Supporting Data and Analysis:** NHSE have developed a Greener NHS dashboard and the requirement to complete quarterly returns is part to the System Action plan.

1.7.7. **Legal, Regulatory, and Equality:** This plan has clearly identified the positive impact on reducing health inequalities that achieving net zero will deliver. During the preparation and implementation of specific programmes of change related to the initiatives described within this plan, Shropshire, Telford, and Wrekin ICB are committed to taking appropriate steps to prevent discrimination based on sex, racial or ethnic origin, religion or belief, disability, age, or sexual orientation. Accessibility for people with disabilities will be considered during the development and implementation of the Green Plan. All projects will show via integrated impact assessments that they have examined the impact of funded activities on groups with protected characteristics under the Equalities Act 2010 and under the duties to reduce Health Inequalities as National Health Services Act 2006 and amended by the Health and Care Act 2022

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** No

1.8.2. **Has an Integrated Impact Assessment been undertaken?** Refer to Equality Statement Above

1.9. Attachments

1.9.1. Appendix 1 – System Green Plan

1. ICB 25-09.210 - Shropshire Integrated Place Partnership Briefing Report - meeting held in July 2025

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Andy Begley, Shropshire Council, Chief Executive
Report Approved by: Andy Begley, Shropshire Council, Chief Executive
Report Prepared by: Rachel Robinson, Shropshire Council, Executive Director, Public Health
Action Required: For Noting and Approval

1.1. Summary of Key Discussions and Decisions

1.1.1. ShIPP meets Bi-monthly, with the last meeting on the 16th July. The meeting focused on the ShIPP Accelerator Group particularly on the governance arrangement & ToR update. The group also reviewed the ShIPP Terms of Reference & approval of ShIPP Annual Report to ICB 2024-25. The main discussion items focused around the Energize STW - Place Universal Bid and ShIPP Prevention Funding Update, both funding for Shropshire to take forward key priorities. In addition, there was a STW GP Board introduction and "Think twice, order right" ICB Medicine Wasters Campaign.

1.1.2. The meeting was quorate.

1.1.3. No conflict of interests declared.

1.1.4. The meeting was well attended.

1.2. Recommendations to the Board

1.2.1. **Note** the following briefing report from the Shropshire Integrated Place Partnership Committee.

1.2.2. **Approve** the updated committee terms of reference.

1.3. Key Risks and Mitigations

1.3.1. There were no risks raised at this meeting.

1.4. Performance and Assurance

1.4.1. **Assure** - positive assurances and highlights of note:

- **ShIPP Accelerator Group – Governance arrangement proposal & ToR update**: The committee approved the amendments to the ShIPP Accelerator Group's governance and ToR.
- **ShIPP Terms of Reference update (following ICB additions) & approval of ShIPP Annual Report to ICB 2024-25:** the committee approved the amendments to the ToR suggested by the ICB and the ShIPP Annual Report to the ICB 2024-25. It was suggested that the ToR

also be put out for review in the light of the NHS 10-Year plan and development of neighbourhood health implementation, results will be reported back to a later meeting

- **Energize STW - Place Universal Bid:** the committee agreed that ShIPP become part of the governance, development & reporting process for the Place Universal bid. It was also agreed that links would be explored to other projects and funding streams that could compliment the place-based investment. Members of the committee stepped up to be part of the ongoing bid process, starting with an initial stakeholder meeting on 4th August.
- **ShIPP Prevention Funding Update:** the prevention funding process is progressing with the application deadline being moved to the 1st August. Bids will be bought to the October ShIPP meeting for discussion. The committee supported the virtual sign off of Social Prescribing and VCSE Capacity Support bids already discussed.
- **STW GP Board introduction:** the committee was introduced to the STW GP Board. There was discussion around representation, scope of the board and links with community pharmacy.
- **"Think twice, order right" ICB Medicine Wasters Campaign**: a presentation was given regarding the comms campaign aimed reducing medication waste from unnecessary repeat prescriptions. This was endorsed by the committee.
- **Any other Business:**
    - **Vaccination Improvement Action Plan:** the vaccination improvement plan was submitted to NHS England and will be updated iteratively. A task and finish group will be set up to continue the work, members were invited to attend.
    - **Frailty Strategy Listening Event:** the second listening event will be held at Guildhall on 2nd October.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1 The committee's discussion directly aligns with the Joint Forward Plan's key elements of:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighborhoods, supporting our citizens and providing care closer to home, where possible.
- ShIPP is a crucial part of the development and delivery of the Joint Forward Plan and ShIPP's new strategy & priorities have been developed with the ICB Strategy Team and our other partners.

1.6. Next Steps & Forward Plan

1.6.1. **The ShIPP ToR** will be put out for review in the light of the NHS 10-Year plan and development of neighbourhood health implementation, results will be reported back to a later meeting.

- **Energize STW – Place Universal Bid**: members are asked to join the stakeholder meeting on 4th August.
- **Vaccination Improvement Action Plan**: members were offered the opportunity to be part of the working group
- **Frailty Strategy Listening Event**: members were asked to attend the second listening event if appropriate, to be held in Guildhall, Shrewsbury on 2nd October.

1.7. Attachments

1.7.1. Appendix 1 - ShIPP minutes 16.07.25

1.7.2. Appendix 2 - ShIPP ToR Version 1.6 - July 2025

1. ICB 25-09.211 – Telford & Wrekin Integrated Place Partnership Briefing Report - July – August 2025 update

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: David Sidaway, Telford & Wrekin Council, Chief Executive
Report Approved by: David Sidaway, Telford & Wrekin Council, Chief Executive
Report Prepared by: Louise Mills, Telford & Wrekin Council, Service Delivery Manager Health Improvement & Prevention and Telford and Wrekin Place Lead
Action Required: For Noting.

1.1. Summary of Key Discussions and Decisions

1.1.1. This report provides an update on the work of the Telford & Wrekin Integrated Place Partnership (TWIPP) Committee.

1.1.2. The group meets bi-monthly, with the next meeting scheduled for 11th September.

1.1.3. The TWIPP meeting scheduled for 10th July was cancelled due to several factors, including the JTAI inspection announcement and availability of key officers, and challenges related to the ICB procurement timescale for the BeeU service and the scheduling of the priority workshop session on Children and Young People's Mental Health.

1.1.4. A number of key discussions and developments have taken place outside of the formal Committee meeting during the Summer. The Accelerator Group and Neighbourhood Steering Groups have continued to meet regularly, ensuring momentum is maintained and progress is made against the work programme.

1.2. Recommendations to the Board

1.2.1. The Board is asked to **note** the contents of the report:

- ongoing development of neighbourhood health approach in Telford & Wrekin, which is being aligned to the expectations in the new NHS E Maturity Matrix.
- TWIPP and ICB submission of an Expression of Interest for a place on the National Neighbourhood Health Implementation Programme.
- allocation of ICB prevention funding to a range of neighbourhood projects, aligned to TWIPP and HWBB priorities.

- launch of the new Healthy Conversations (Making Every Contact Count) communication and engagement campaign, being co-ordinated across a range of TWIPP partners from September 2025, focussing on winter vaccinations as the first topic.

1.3. Key Risks and Mitigations

1.3.1. The TWIPP Declaration of Interest Register is in place and is utilised as appropriate.

1.4. Performance and Assurance

1.4.1. Alert – Matters of concern, gaps in assurance or key risks to escalate:

- An additional risk was added to the Committee's risk register to reflect the NHS England devolution and ICB re-modelling.

1.4.2. Assure – positive assurances and highlights of note:

- July marked a period of transition, with the **Place Lead role** transferring from Sarah Downes to Louise Mills, following Sarah's successful secondment to a new role within Adult Social Care. Louise has been actively involved in TWIPP since its inception, having led the Accelerator Group and played a key role in establishing the PCN-led Neighbourhood Steering Groups. Her deep understanding of the programme and strong relationships with partners have enabled a smooth and seamless transition into the Place Lead role.

- TWIPP, with support from all system partners, has submitted an Expression of Interest for Telford & Wrekin to be among the first 42 areas selected for the new **Neighbourhood Health Implementation Programme.** Successful applicants will be announced on 5th September. While no additional funding is guaranteed at this stage, pioneer sites will benefit from access to a national coach and a peer learning approach, supporting the development and delivery of neighbourhood-level health improvement.

- Partnership achievements in neighbourhood working were shared with Dr Claire Fuller, **National NHSE Co-Medical Director** (with a focus on community and primary care), during her recent first visit to Shropshire, Telford & Wrekin. The feedback received was incredibly positive, highlighting our strong partnership working and our commitment to placing local residents at the heart of everything we do.

- TWIPP has received a **devolved prevention budget** of £333,000 from the ICB for 2025/26. Partners were invited to submit proposals, which were reviewed by the TWIPP Committee. Funding has now been approved for the delivery of seven **neighbourhood health prevention and inequalities initiatives.** These initiatives include both

borough-wide programmes and targeted interventions in deprived neighbourhoods:

  - Live Well Hub Roll-out
  - Making Every Contact Count – Healthy Conversations Campaigns
  - Calm Cafés Expansion
  - Care Navigators for autistic people and individuals with learning disabilities
  - Wellness Activities
  - Group Lifestyle Clinics within Primary Care
  - Healthy Hearts Community Outreach

- These initiatives reflect TWIPP's commitment to reducing health inequalities and improving access to prevention and wellbeing support across Telford & Wrekin.

- The strong collaborative efforts on neighbourhood health in South East Telford were shared at the Vision 2032 workshop in June. Telford & Wrekin Vision 2032, local strategic partnership, is well supported by NHS organisations aligns closely to the TWIPP agenda as one of the ambitions is "inclusive, healthy independent lives". The Vision partnership's South Telford focus, has facilitated expanded collaboration, beyond existing ICS partnerships, for example between Telford College, DWP and Shropshire Fire and Rescue Service.
- The **Accelerator Group and Neighbourhood Steering Groups** have continued to meet regularly, maintaining momentum on local health improvement initiatives. **MDTs** have now been established for Newport & Central, and SET PCNs, supporting more integrated and collaborative care.
- Work is progressing with partners to extend the **Live Well Hub model** to Wellington and Donnington, building on existing successes. The **TELDOC Neighbourhood Steering Group** has been formally established, with Malinslee identified as a priority ward. Key focus areas include women's health and mental health. A successful ward walk was held with support from the local ward councillor and partners to better understand the area and identify community assets. Productive discussions have taken place with **Wrekin PCN** to formalise partnership arrangements and agree on local neighbourhood health priorities.
- Following Committee discussions, the launch of the **Making Every Contact Count 'Healthy Conversations'** campaign was moved to August to align with upcoming flu and COVID-19 vaccination clinics. It launched over the August bank holiday, with designs shared for feedback among TWIPP partners and NHS communications. Responses were largely positive, emphasizing clear messaging around self-protection through vaccination. The campaign runs until December. At the midpoint, Lauren Tye will update TWIPP and ask the Board to select the next two themes to support planning and delivery.

1.4.3. Advise – areas that continue to be reported on and/or where some assurance has been noted/further assurance sought:

- At the September meeting it has been agreed that the focus will be on TWIPP's Children and Young People's Emotional Health and Wellbeing priority. Discussion on this priority has been delayed during the year, due to the extension of the procurement timescale for the re-commission.

1.5. Sharing of Learning

1.5.1. Not applicable

1.6. Actions to be considered follow up actions or actions you require colleague support

1.6.1 If we are selected for the National Neighbourhood Health Implementation Programme, this will need to become a key area of focus moving forward.

1. ICB 25-09.213 Proposal to request formal exit from Recovery Support Programme for NHS STW (ICB).

Meeting Name: Integrated Care Boad
Meeting Date: 24 September 2025
Report Presented by: Julie Garside, NHSSTW, Director of Planning, Performance, BI and Analytics
Report Approved by: Claire Skidmore, NHSSTW, Chief Finance Officer
Report Prepared by: Angie Parkes, NHSSTW, Deputy Director of Planning and Performance
Action Required: For approval

1.1. Purpose

The report is being submitted to request that the Board supports a proposal to submit a request to NHSE for approval for NHSSTW to formally exit the Recovery Support Programme.

1.2. Executive Summary

1.2.1. Key points:

- The ICB has been in the Recovery Support Programme since 13 July 2021 and has an agreed improvement plan in place
- A robust monthly monitoring process has been implemented
- A robust quarterly evidence review process has been implemented
- Significant improvement has been shown with over 80% of actions forecast for completion by the end of Q2
- The ICB will continue to benefit from the support received from RSP used to develop an OD programme to enhance leadership capacity and capability locally as the ICB goes into new clustering arrangements with SSOT
- A detailed self-assessment has been undertaken to show progress and improvement to support the proposal to request formal exit from RSP
- There is outline agreement to continue ICB monitoring for the remainder of 25/26
- There remains progress to be made in UEC which will be overseen by the system UEC delivery group of which the ICB continues to be a core member
- The ICB had its formal undertakings removed in July 2025 and as a result received its compliance certificate.

1.2.2. The ICB is therefore requesting support to submit a proposal to NHSE to request formal exit from RSP.

1.3. Recommendations

1.3.1. The Board is asked to:

- **Support the request to submit a proposal to NHSE** requesting formal exit from the Recovery Support Programme.

1.4. Conflicts of Interest

1.4.1. None identified

1.5. Links to the System Board Assurance Framework (SBAF)

1.5.1 Delivery of the leadership transition criteria demonstrates progress in our collaborative working and the progress of a framework of provider collaboratives across the system should contribute to a reduction in Strategic Risk no.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated care priorities

1.5.2 Delivery of the finance transition criteria demonstrates progress in reducing our Strategic Risk No.2a: Risk of not achieving underlying financial balance (ICB and System).

1.6. Alignment to Integrated Care Board Objectives and Core Functions

1.6.1. The content of the report aligns to the ICB goal to enhance productivity. Exit from the RSP will reduce reporting burden and free up resources.

1.6.2. There will be a reputational benefit to the ICB if it exits RSP.

1.7. Key Considerations

1.7.1. **Quality and Safety:** No direct implications

1.7.2. **Financial Implications:** The ICB will no longer have access to recovery support funding. There is an additional indirect implication in relation to reducing the reporting burden.

1.7.3. **Workforce Implications:** Coming out of RSP may improve the ICB's ability to attract and retain staff in the future, with additional indirect implications in relation to reducing the reporting burden.

1.7.4. **Risks and Mitigations:** There is a risk that that the improvement delivered by the system is not sustained. This is mitigated by a combination of a system PMO, targeted dashboard and internal governance arrangements outlined in the self-assessment which will oversee the delivery of the remaining actions/impact and continuous improvement going forwards. The specific risks to delivery of the remaining actions within each criteria area are outlined in Appendix A.

1.7.5. **Engagement:** System partners are regularly briefed on our progress through our system governance.

1.7.6. **Supporting Data and Analysis:** Data taken from the ICB's SIIP Dashboard

1.7.7. **Legal, Regulatory, and Equality:** The ICB had its formal undertakings removed in July 2025 and as a result received its compliance certificate.

1.8. Impact Assessments

1.8.1. **Has a Data Protection Impact Assessment been undertaken?** N/A

1.8.2. **Has an Integrated Impact Assessment been undertaken?** N/A

1.9. Attachments

1.9.1. Appendix A: Self-assessment for RSP exit

2. Main Report

2.1. Introduction

This report seeks Board support for a proposal to submit a formal request to NHS England (NHSE) to exit the Recovery Support Programme (RSP).

The report outlines how the ICB entered the RSP, the current position of the ICB, the process undertaken to date, the agreed process for exiting RSP and progress to date.

2.2. Background

The NHS Oversight Framework describes NHSE's approach to oversight for ICBs and Trusts. In July 2021 the ICB was assessed as segment 4 requiring mandated intensive support. This support was through the nationally co-ordinated Recovery Support Programme. As part of the RSP a system integrated improvement plan was developed by the ICB in conjunction with system colleagues and signed off by NHSE. The improvement plan was developed across five transition criteria: Finance, Workforce, UEC, Governance and Leadership. The ICB has reported progress against the improvement plan to NHSE on a regular basis.

2.3. System Integrated Improvement Plan – delivery and oversight Process to date

2.3.1 The ICB has responsibility to deliver the requirements outlined in the plan and to provide updates for assurance to the system and NHSE. The ICB introduced an intensive monthly review and reporting process to ensure delivery of the required improvement. As well as reporting progress, the ICB has ensured that evidence is collected to enable the system to highlight achievement of the agreed standards and provide assurance to NHSE that the tasks can be closed. The monthly process includes:

- Impact metrics for each criteria area
- Highlight reports for each criteria area
- Monthly progress against deliverables
- Risks, issues and mitigations
- Review of evidence.

The ICB has coordinated the collection of evidence for all provider partners as part of this process.

The governance process includes:

- Monthly report to Quality and Performance Committee (QPC)
- Monthly report to Finance Committee (FC)
- Monthly report to Strategic Transformation and Digital Group (STDG)
- Monthly summary report to System Delivery Meeting (SDM) chaired by NHSE

This process has led to significant improvement in delivery of the plan in the last 12 months and provided greater assurance to both the ICB and NHSE that the improvement plan is being delivered and is having the desired impact. The ICB has been working closely with the regional team at NHSE to evidence our progress against the five transition criteria areas and has received support to submit a request to the national team to exit RSP.

Request to exit RSP

The ICB has agreed a process with the regional team at NHSE to enable a proposal to exit RSP to be submitted to the national team. The report will be subject to the following formal governance process:

- Submission to ICB Board on 24 September 2025 for approval to proceed with request to formally exit RSP
- Submission to Regional Support Group, the regional NHSE meeting, on 25 September 2025 for agreement to support the ICBs request to formally exit RSP
- Submission to Executive Performance and Quality Delivery Group, the national meeting, on 26 September 2025 for approval for the ICB to formally exit RSP.

The regional team are assured that the process includes everything that would be required to recommend RSP exit. The process agreed is a self-assessment that includes:

- The current position at time of report for each criteria area including progress summary, key evidence sources and BRAG rating
- A forecast of the expected position at the end of quarter two
- An outline of the remaining tasks for quarter three and four
- Risks and mitigating actions.

Alongside the self-assessment it was agreed that the ICB would outline the process proposed for monitoring delivery of the outstanding actions for the remainder of the year if exit from RSP is agreed. This is to provide assurance that the ICB has built into its 'business-as-usual' systems and processes effective oversight of the continued delivery of our ongoing improvement. The proposed process for monitoring is outlined below:

- Monthly review of impact metrics
- Monthly review of tasks and collection of evidence
- Monthly highlight reports to QPC and STDG
- Quarterly review of evidence to agree task closure

Self-assessment overview

The full self-assessment can be found in Appendix A. Table one shows the number of tasks that are forecast to be completed by the end of Q2 and the number of remaining tasks expected for the remainder of 25/26. This shows that excluding those actions that are being mapped to SaTH and the newly updated provider collaborative actions, almost 80% of the actions are forecast to be completed by the end of Q2.

Table 1: Quarter two forecast position for all tasks by criteria area

Criteria area	Q2 Forecast complete tasks	Q3 / Q4 tasks	Comment
Finance	61	11	All on track for completion during 25/26
Workforce	32	6	All on track for completion during 25/26
UEC	54	19	All on track for completion during 25/26
Governance	24	7	All on track for completion during 25/26
Leadership	21	8	Tasks relating to provider collaborative revised due to changing landscape and now due during Q3 and Q4.

The impact metrics are shown in table two with over 57% rated as green (on plan), 10.6% rated as amber (within 10% of plan) and 13.6% rated as red (10% or more away from plan). The metrics rated red fall across three transition criteria; Workforce, UEC and Leadership.

Within workforce the red rated metrics relate to bank usage and the overperformance has been mitigated by substantive and agency being below plan. The red rated metrics in UEC relate to ambulance handovers, 4-hour performance and 12-hour breaches. The UEC improvement plan has focused actions to improve performance in these metrics.

There remains progress to be made in UEC which will be overseen by the system UEC delivery group of which the ICB continues to be a core member and vice-chair. SaTH have several additional actions within their improvement plan which will deliver further benefit in the coming months.

The ICB is seeking exit from RSP based on the improvement delivered in 24/25 e.g. STW were in the top five most improved systems for the Cat 2 response times and ongoing improvement in 25/26 in reducing average ambulance handover times. There is further improvement expected in 4hr and patients >12hrs in ED later in Q2/Q3. The ICB will continue to support SaTH and SCHT as they develop their group model and remain a key system partner in the ongoing improvement in our UEC.

Table 2: Summary of impact measures by criteria (as at end of July)

	Total measures	Rated Green (On plan)	Rated Amber (Within 10% of plan)	Rated Red (10% away from plan)	Not rated
Finance	15	15	0	0	0
Workforce	13	10	1	2	0
UEC	27	4	5	6	12
Governance	2	2	0	0	0
Leadership	9	7	1	1	0
Total	66	38	7	9	12

NB, some measures are unrated as they are not yet due.

The delivery of these remaining actions will be monitored through the ICB's usual governance structure, the detail of which, by transition criteria, is detailed with the self-assessment document, Appendix A.

The ICB will continue to support SaTH with the delivery of its integrated improvement plan and will provide any assistance required with that, including attending any evidence review panels chaired by NHSE & RSP colleagues.

Finally, the ICB will continue to benefit from some of the support received from RSP which had been used to develop an OD programme to enhance leadership capacity and capability locally as the ICB moves into new clustering arrangements with SSOT. This is because the original programme was paused in March when the NHSE reset was announced and RSP have agreed that it can be restarted and used for the new Cluster leadership team as part of the ongoing leadership development programme sponsored by RSP.

2.4. Conclusion

2.4.1 The ICB has demonstrated substantial and sustained progress across all five transition criteria outlined in the Recovery Support Programme (RSP). Through a rigorous governance and monitoring framework, the ICB has delivered the majority of its improvement plan, with nearly 80% of actions forecast for completion by the end of Q2 and the remainder on track for delivery within 2025/26.

The self-assessment provides clear evidence of impact, supported by performance metrics and assurance processes. While some challenges remain—particularly within urgent and emergency care (UEC)—the ICB has embedded robust oversight mechanisms and continues to work collaboratively with system partners to drive further improvement.

The removal of formal undertakings and the receipt of a compliance certificate in July 2025 further validate the ICB's readiness to exit the RSP. Continued support from NHSE and the RSP team for leadership development through the OD programme will ensure the ICB remains well-positioned to lead within the new cluster arrangements.

Given the progress made, the strength of the governance in place, and the ongoing commitment to improvement, the ICB is confident in its ability to sustain delivery and recommends submitting a formal request to NHS England to exit the Recovery Support Programme.

2.5. Recommendation

The Board is asked to:

- **Support the request to submit a proposal to NHSE** requesting formal exit from the Recovery Support Programme.

1. ICB 25-09.214 – LeDeR Annual Report 2024-25

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Approved by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Prepared by: Jen Morris, Learning Disability & Autism Quality Lead, NHS STW and Tracey Slater, Head of Quality, NHS STW
Action Required: For Approval

1.1. Purpose

1.1.1. The ICB Board are asked to approve the Learning form Lives and Deaths of people of learning disability and autism (LeDeR) annual report for 2024-25 for submission to NHS England and publication on STW ICB website.

1.2. Executive Summary

1.2.1. The LeDeR programme was established in 2017, is a national service improvement initiative aimed at enhancing care and reducing health inequalities for people with a learning disability and autistic people. Its core objectives are to:

- Improve care quality for people with a learning disability and autistic people.
- Reduce health inequalities.
- Prevent premature deaths.

1.2.2. Throughout 2024–25, NHS STW has actively collaborated with system partners to deliver the LeDeR programme across the system. This has involved:

- Conducting reviews following the death of individuals with a learning disability and/or autistic people.
- Using insights from these reviews to inform and drive improvements in care delivery.

1.2.3. There continues to be co-production with partners to respond to review findings and develop recommendations to the system. Ongoing implementation of the Clive Treacey recommendations through a systemwide action plan. Governance has been strengthened with the re-establishment of the LD/ND Partnership Meeting Forum to escalate and address significant gaps.

1.2.4. NHS STW remains committed to learning from LeDeR reviews and implementing meaningful changes. The programme continues to be a vital tool in addressing health inequalities and improving outcomes for people with a learning disability and autistic people.

1.3 Conflicts of Interest

1.3.1 None.

1.4 Links to the System Board Assurance Framework (SBAF)

1.4.1 No link to SBAF

1.5 Alignment to Integrated Care Board

1.5.1 Reducing health inequalities for people with learning disabilities and autistic people.

1.5.2 Improving quality and safety of care through learning from deaths and driving service improvements.

1.5.3 Promoting integrated working across health and social care partners.

1.5.4 Supporting population health management with data-driven insights.

1.5.5 Embedding systemwide learning to inform policy and practice.

1.6 Key Considerations

1.6.1 **Quality and Safety:** N/A

1.6.2 **Financial Implications:** N/A

1.6.3 **Workforce Implications:** N/A

1.6.4 **Risks and Mitigations:** N/A

1.6.5 **Engagement:** The annual report has been reviewed by LeDeR panel members with lived experience

1.6.6 **Supporting Data and Analysis:** N/A

1.6.7 **Legal, Regulatory, and Equality:** N/A

1.7 Impact Assessments

1.7.1 **Has a Data Protection Impact Assessment been undertaken?** No

1.7.2 **Has an Integrated Impact Assessment been undertaken?** No

1.8 Attachments

1.8.1 Appendix 1 - LeDeR Annual Report 2024-25

2. Main Report

2.1. Introduction

2.1.1. The learning from deaths – people with a learning disability and autistic people (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and autistic people and reduce health inequalities.

2.2. LeDeR Annual Report

2.2.1. By finding out more about why people died we can understand what needs to be changed to make a difference to people's lives. The report includes the following sections:

- About the people
- Demographic and Statistical data
- Findings and Outcomes
- Learning and Themes
- Clive Treacey
- Oliver McGowan
- LeDeR Priorities
- STW Improvements and Accomplishments
- STW Concerns and Challenges
- STW Recommendations and Next Steps

2.2.2 Each LeDeR review is focused on key life and death episodes to identify challenges in access, provision, and delivery of care. Reviewers engaged with families and carers to understand lived experiences, ensuring a person-centred approach.

2.2.3 There were 28 adult deaths reported to the LeDeR programme in 2024-25, 29 reviews were progressed with a median age of death of 59 years, an improvement from 2023–24. Aspiration pneumonia was the leading cause of death, accounting for 17% of deaths. This year all individuals reviewed were white British. There was an increase in notifications compared to the previous year, though referrals remain non-mandatory and data should be interpreted with caution as we cannot confirm this is a complete data set and numbers remain small.

2.3. Conclusion

2.3.1. The LeDeR programme in Shropshire Telford and Wrekin has seen strong engagement with stakeholders across the system who are committed to achieve the aims and objectives of the LeDeR programme. We have identified several areas where there are opportunities for quality improvement, and we continue to see examples of good practice within our reviews which demonstrate positive learning and our drive to improve at all times.

2.3.2. This year has seen the age of death increase, but we must remember that this is based only on the notifications received. Previous years have been comparable to nationally published data; however, this year there has been a delay in receiving the national data. We will commit to driving up the profile of LeDeR to get as many notifications as possible to strengthen our data and drive our improvements.

2.3 Recommendation

2.3.2 The ICB Board are asked to approve the LeDeR annual report for 2024-25 for submission to NHS England and publication on STW ICB website.

1. ICB 25-09.216 – Quality and Performance Committee Briefing Report

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Approved by: Vanessa Whatley, Chief Nursing Officer, NHS STW
Report Prepared by: Vanessa Whatley, Chief Nursing Officer, NHS STW, and Julie Garside Director of Performance, Planning BI and analytics, NHS STW
Action Required: For Noting and Approval

1.1. Committee/Group Meeting Details

1.1.1. Committee/Group Meeting Dates of the 26th June 2025 and 31st July 2025.

1.2. Recommendations to the Board

1.2.1. **Note** the contents of the report.
1.2.2. **Approve** the updated committee terms of reference.
1.2.3. **Note** the committee annual report.

1.3. Key Risks and Mitigations

1.3.1. The System Operational Risk Register (SORR) is discussed at each meeting. The quality and performance risks are discussed in detail including the effectiveness of mitigations. The System Board Assurance Framework (SBAF) is received by the Committee quarterly for information and discussion. Key risk updates are below:

- Urgent and emergency (UEC) care performance and the impact on quality of care remains a high risk, there is noted improvement in some UEC metrics, however, the number of Type 1 attendances, where the patient was waiting over 12 hours in A&E remains high. The value reported for June 25 was 22.4%. for Type 1 patients over 12 hours despite a 1.5% improvement from May 25. Type 1 4hr performance did achieve plan in June with a >3% improvement over May. Overall 4hr performance however remains off plan. The system UEC improvement plan remains in progress.
- Diabetes and the impact on the population due to variability in services to support coordinated diabetes pathways, leading to poorer outcomes. Quality Improvement projects have commenced to address areas of concern however the risk remains unchanged due to lack of system wide impact. The QPC has requested the addition of regular quality metrics.
- *Clostridioides difficile* infection continue to be above trajectory with these are being addressed by providers through action plans and by primary care prescribers of high-risk medication. However, there is currently no change to the number of health care associated

acquisitions and the system remains off monthly trajectory with a total of 25 cases in month 1 and 2 against a trajectory of 22.

- Adult attention deficit hyperactivity disorder (ADHD) referrals continue to cause concern due to high number of referrals and high number of patients the waiting list in however there has now been 5 months of continuous reduction in the waiting list due to increased activity, new providers are also expected to commence in quarter 3. The prescription of medication requiring prescribing under shared care agreements is putting additional pressure on specialist and primary care services.
- The TB risk remains at 16 due to a fragile service which is not currently commissioned in line with the national service specification. A business case has now been received by the ICB, and the TB team are delivering essential patient care. The risk of the service needing to further apply business continuity has been further discussed at QPC.

1.4. Performance and Assurance

1.4.1. Approved on behalf of the board were:

- LeDeR annual report
- Quality & Performance Committee Annual Report for 2025/2026
- NHS Shropshire Telford and Wrekin Child Death Service Policy
- School Asthma Advisory Policy Guidance
- NHS STW Complaints and Compliments Policy
- NHS STW Accessible Information Policy

1.4.2. Issues requiring escalation.

- The Committee remains concerned on the system response to the Diabetes risk, the system remains an outlier on diabetic outcome indicators, and a collective response is proposed. All partners in the system are required to participate in system coordination and transformation of this pathway in a timely manner.
- TB is a fragile service which is not currently commissioned in line with the national service specification. A business case has been received by the ICB from SaTH and the TB team are delivering essential patient care.

1.4.3. Items for noting - The below were approved by the committee

- The LeDeR annual report which is required for final approval by the Board in September 2025
- The System Quality & Performance Committee Annual Report for 2025/2026

1.4.4. Harm reviews are in place for patient ambulance offload delays of more than 8 hours have been reducing in number from 132 in December 2024 to 29 in June 2025, system partners continue to look for every opportunity to reduce these further there are no new themes to report, with potential for alternatives to attendance remains the most common. Ambulance handover performance showed continued improvement again in July after a brief set back in June and Cat 2 response time triggered improving variation with its June reporting.

1.4.5. Continued improvement in cancer and reduction in long waits, especially at SaTH. The small but persistent number of longer waits (>78wks) at RJAH remains cause for concern and all efforts including mutual aid are being made to improve this position.

1.4.6. Talking Therapies performance of first seen within 18 weeks is now meeting its target of 95% for the first time. Expanding the choice to patients of appointments places and times has supported the improvement of this.

1.4.7. The Committee increased the number of monthly metrics relating to maternity and neonatal care it reviewed in July 2025. There is positive assurance that Maternity Booking before 10 weeks is improving, now at 57% meaning earlier screening, this continues to be an area of focus for the local maternity and neonatal system (LMNS) working towards the target of 75%.The maternity metrics are now reported monthly, where available, as part of the overall quality and performance report in place of a dedicated quarterly report direct from the LMNS.

1.4.8. A maternity and Neonatal Voices Partnership workplan has been formally agreed via the LMNS Programme Board to ensure a diverse range of voices are heard to influence pathways and quality of care in this area.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. The Quality and Performance Committee assures the ICB Board that regulatory elements of quality are being met as set out in the Health and Care Act 2022 and in line with The National Quality Board (NQB) Shared Commitment to Quality https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/. It assures the ICB that our services are safe, effective, caring, well-led, sustainable, and equitable and in line with STW Pledge 1 – Improving Quality.

1.5.2. The Quality and Performance Committee assures the ICB that all system providers have oversight of their key performance indicators and / or oversight frameworks and are reporting to the required national standards and that where national standards/local targets are not being met there are effective recovery plans in place with associated trajectories for achievement of those standards/ targets.

1.5.3. The Committee provides the ICB with assurance that our system providers are utilising performance reporting for the purposes of quality improvement (QI) and provides assurance that performance risks are recognised, controlled, mitigated, and escalated as appropriate.

1.5.4. In line with the ICB aims it particularly:

- Improves outcomes in population health and healthcare
- Tackles inequalities in outcomes, experience, and access
- Enhances productivity and value for money

1.6. Next Steps and Forward Plan

1.6.1. The Committee has the following spotlight reports plans for the next period

- September 25- Planned Care including Cancer Screening & Diagnostics (c/f from July 25)
- September 25 – primary care
- September 25 – winter planning and assurance
- September - Diabetes
- October 25 – Infection Prevention and Control

1.7. Attachments

1.7.1. Appendix 1 - Approved minutes of QPC - May 29th 2025
1.7.2. Appendix 2 - Approved minutes of QPC - June 26th 2025
1.7.3. Appendix 3 – Committee Terms of Reference for Board Approval
1.7.4. Appendix 4 – Committee Annual Report

1. ICB 25-09.217 - Finance Committee Briefing Report (meetings held on 27th May and 24th June 2025)

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee
Report Approved by: Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee
Report Prepared by: Claire Skidmore, NHS STW CFO
Action Required: For Noting and Approval

1.1. Summary of Key Discussions and Decisions

1.1.1. Both the May and June (27th May and 24th June 2025) meetings were quorate.

1.1.2. No formal reports were produced for capital or revenue at month 1 though the May Committee did discuss headlines from the revenue position and noted that all system partners had delivered to plan at month 1. The Committee discussed the risks associated with delivery of the 25/26 finance plan and sought assurance that mitigations were being actively sought.

1.1.3. At the June meeting, the Committee received a report that described the revenue position remaining on track at month 2. All System partners presented their view of risks to the position and described the mitigating actions that were either underway or planned. The Committee noted the strong early start to delivery of the finance plan and in particular, efforts to strengthen the efficiency delivery programme were commended.

1.1.4. In May the Committee discussed non clinical pay reductions in both the ICB and providers and plans for securing the reductions required by the Government Reform announcements. It was acknowledged that information would need to be brought back later in the year once more was known about the ICB and provider plans for cost reduction.

1.1.5. At the Committee held in May, the System's capital spend plan for 25/26 was signed off for publication on the ICB's website. This sets out the capital plan already supported by this Committee and approved by the Board.

1.1.6. No concerns regarding capital were raised at the June meeting.

1.1.7. The June meeting received a report on the "Triple Lock Process" that had been in operation for just over 12 months and noted the impact of that work. Whilst the ICB CFO and Regional DoF had agreed to stand down the process, internal controls are expected to remain strong and if there is concern that this is not the case, the controls could be re-introduced,

1.1.8. The June Committee also received a presentation on the newly introduced System Programme governance and oversight structure. Significant assurance was taken on the robustness and impact of the process and controls in place.

1.1.9. Both meetings received a report on progress against the finance actions in the System Integrated Improvement Plan (SIIP). There were no material items of concern raised at the meetings and it was reported that work continues to deliver the action plan.

1.1.10. At the June meeting, the Committee received and reviewed final drafts of the System Finance Strategy and Medium-Term Financial plan (MTFP) after these had been shared with System partner Finance Committees (or equivalent). The Committee gave its support for the strategy and recovery trajectories and these were subsequently shared with the Board for sign off.

1.1.11. At the July meeting (minutes yet to be signed off), the Committee received a further update to its Terms of Reference (TOR) and endorsed the additional content added to align all Board Sub Committee TORs. Through this report, the Committee is seeking sign off from the Integrated Care Board.

1.2. Recommendations to the Board

1.2.1. **Note** the content of this paper.

1.2.2. **Approve** the updated Committee TOR as endorsed by the Finance Committee.

1.3. Key Risks and Mitigations

1.3.1. The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.

1.3.2. The SBAF and SORR were reviewed at both the May and June meetings and the Committee acknowledged that the principal risks to the ICS of not achieving the strategic and operational priorities had been accurately identified and that appropriate actions are being taken to manage them.

1.3.3. Of note was discussion at the June meeting where Committee members considered the interdependence between delivery of performance and finance targets and the potential trade offs required between the two. For example, if performance drifts off plan, any recovery actions may attract costs and impact on the finance plan. It was agreed that this should be reported more explicitly in future reports.

1.3.4. There is a significant task ahead to deliver a challenging but achievable finance plan for 2025/26 (and the medium term to deliver breakeven for the System). Risks to addressing the underlying financial deficit of the system feature in the Board Assurance Framework and through that are reported to the Board.

1.4. Performance and Assurance

1.4.1. See commentary above.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. The work of this committee supports the four core aims of the ICB as follows:

1.5.1.1. **improve outcomes in population health and healthcare**
The Committee ensures that strategic finance risks (including risks to the delivery of value for money) and the consequential impact to health outcomes and care quality are effectively highlighted and considered, enabling the ICS to focus on improving the health and healthcare services delivered to the population.

1.5.1.2. **tackle inequalities in outcomes, experience and access**
There is regular committee oversight of financial performance which includes reviewing and addressing finance risk and the consequential impact. This impact may sometimes be related to access and equity. This supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities. Population Health Management and Health Inequalities data is used to inform changes to services to improve outcomes, experience and access and is linked to use of resources

1.5.1.3. **enhance productivity and value for money**
System Finance is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.

1.5.1.4. **help the NHS support broader social and economic development**
Collaborative working with the Local Authorities through the Better Care Fund, CHC and joint procurement may support broader economic development.

1.6. Next Steps and Forward Plan

1.6.1. N/A

1.7. Attachments

1.7.1. Appendix 1 - Minutes for the meetings held on 27th May and 24th June 2025 are provided for information.

1.7.2. Appendix 2 - Updated Committee Terms of Reference for Board Approval

1. ICB 25-09.218 - People Culture and Inclusion Committee Briefing Report - meeting held on 18.06.25

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Stacey Keegan, Chief Executive Officer, RJAH
Report Approved by: Martin Evans, Non-Executive Director, RJAH
Report Prepared by: Ellen Shaw, Strategic Lead Workforce, MLCSU
Action Required: For Noting and Approval

1.1. Summary of Key Discussions and Decisions

1.1.1. Please note that as the meeting was not Quorate no formal decisions were taken within the meeting.

1.1.2. Following the meeting the below items were approved via email correspondence with named members to avoid delay in onward ratification by the Board. The items that have therefore been approved are:

- PCIC 18-06.015 - SBAR and SORR updates to risks
- PCIC 18-06.022 - System PCIC Revision to ToR
- PCIC 18-06.024 - Annual Cycle of Business 2526

1.1.3. Positive progress on the delivery of the workforce aspects of the operational plan was shared, with feedback from NHSE noted and risks highlighted alongside mitigations.

1.1.4. The Committee received a progress update on delivery of the Workforce plan, and it was noted that there was a need to potentially accelerate the shared services programme as we need that to deliver some of the corporate cost reductions.

1.1.5. The recommendations from the Hunter Healthcare HR Review were shared, alongside progress of delivery to date and plans for integration of recommendations into wider activities where still relevant, recognising the review was completed prior to ICB reform announcements.

1.1.6. The discussion on the Model ICB Blueprint was useful with all partners engaging in terms of shared support offers and new ways of working to be considered for future models to maximise impact and collaboration. It was agreed some of the themes would be picked up through working groups and People Collaborative to keep the conversation live and relevant.

1.1.7. The Committee received two updates around EDI recognising the progress in this area and commending the 90day outcomes.

1.1.8. The System People Strategy was presented in its final form, with positive feedback and a commitment agreed to develop a KPI impact tracker to ensure impact and benefits are tracked.

1.2. Recommendations to the Board

1.2.1. **Note** the contents of the report.
1.2.2. **Approve** the updated committee terms of reference.

1.3. Key Risks and Mitigations

1.3.1. Updated risks within SBAF and SORR were discussed with general agreement they are improving but require further work and reflection of the changing external context. Agreement to align to wider approach on risk reflection in relation to ICB reform and bring back for further discussion at the next meeting.

1.4. Performance and Assurance

1.4.1. Assurance was provided to the Committee on the successful delivery of the first month of the operational plan, implementation of relevant recommendations from the Hunter Healthcare Review and completion of the Committee Annual Report.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. The PCIC supports the delivery of the ICB's statutory duties, as well as the 10 People Outcomes, People Plan and People Promise. It provides oversight and assurance to the delivery of workforce aspects of the operational plan as well as progress and risks around tackling inequalities.

1.6. Next Steps and Forward Plan

1.6.1. The PCIC meets bi-monthly, with People Collaborative taking place to progress the people agenda on intermediate months.

1.7. Attachments

1.7.1. Appendix 1 - Minutes of the meeting.
1.7.2. Appendix 2 – Updated Committee Terms of Reference for Approval.

1. ICB 25-09.219 – NHS Shropshire, Telford and Wrekin Remuneration Committee Briefing Report for Board

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Professor, Trevor McMillan, Non-Executive Director
Report Approved by: Professor, Trevor McMillan, Non-Executive Director
Report Prepared by: Angie Porter, Governance Manager, NHS STW
Action Required: For noting and approval

1.1. Committee/Group Meeting Details

1.1.1. This report relates to Remuneration Committee meetings that took place on 30th June 2025 and 14th August 2025.

1.2. Summary of Key Discussions and Decisions

1.2.1. 30th June 2025 – The remuneration committee were asked to approve the refreshed terms of reference and the annual report. There were 2 further items brought to this meeting, one relating to Very Senior Manager (VSM) pay and the other around voluntary redundancy. However, this meeting was not quorate and therefore no decisions were made.

1.2.2. 14th August 2025 – The remuneration committee approved the updated terms of reference and an increase in Very Senior Manager (VSM2) pay was approved. A brief discussion also took place around the upcoming changes within the NHS, following the government announces around the model blueprint and ensuring guidance is followed around this.

1.3. Recommendations to the Board

1.3.1. The Board are asked to **NOTE** that the 30th June 2025 meeting was not quorate and to **NOTE** the decisions that were made at the meeting on 14th August 2025.

1.3.2. The Board are asked to **APPROVE** the updated committee terms of reference.

1.3.3. The Board are asked to **NOTE** the committees annual report.

1.4. Key Risks and Mitigations

1.4.1. Risks around the NHS model blueprint and the impact that upcoming changes will have on staff were considered. Risks around this have been added to both the system and ICB Strategic Risk Registers.

1.5. Performance and Assurance

1.5.1. Supports leadership stability and workforce planning.

1.5.2. Reinforces governance and financial oversight.

1.5.3. Proactive risk management enhances assurance.

1.6. Alignment to ICB Objectives and Core Functions

1.6.1. The Remuneration Committee's discussions and decisions align with the ICB's core functions by supporting strategic workforce planning through the approval of senior leadership pay, strengthening governance via updated Terms of Reference, and proactively addressing system transformation risks linked to the NHS Model Blueprint. These actions contribute to organisational stability, compliance, and readiness for national change, reinforcing the ICB's commitment to effective leadership, risk management, and system-wide improvement.

1.7. Next Steps and Forward Plan

1.7.1. An action was agreed for Ms Kelly, Senior Human Resources Business Partner to forward to the CEO and Chair recent guidance that she has received around the NHS Model Blueprint.

1.8. Attachments

1.8.1. Appendix 1 - Remuneration Committee Terms of Reference.

1. ICB 25-09.220 - Audit Committee Briefing Report - meeting held on 18th June 2025

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Trevor McMillan, Non-Executive Director, NHS STW
Report Approved by: Trevor McMillan, Non-Executive Director, NHS STW
Report Prepared by: Angie Porter, NHS STW, Governance Manager
Action Required: For Noting and Approval.

1.1. Summary of Key Discussions and Decisions

1.1.1. This meeting was not quorate. The decision was taken to continue with the meeting, as the majority of the agenda items were for noting. It was agreed with the Chair that any items that required approval would be sent to members via email for approval outside of the meeting, as per paragraph 5.4.4 in the Audit Committee terms of reference:

'Decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.'

1.1.2. **Internal Audit**
Internal auditors shared outcomes of audits, as outlined below.

- **Fit and Proper Person Test (FPPT)** - significant assurance with low-risk actions.
- **Conflicts of Interest (COI)** - significant assurance - one medium risk around training compliance.
- **System Board Assurance Framework (SBAF)** - significant assurance, it was noted that this was a problematic area previously. Some benchmarking has been highlighted.
- **Risk Management** – moderate assurance, there was a mixed picture in relation to management of this area within committees. People Culture and Inclusion Committee was specifically highlighted.
- **Committee Structure Implementation** – moderate assurance, once again mixed picture in relation to individual committees.

Head of Internal Audit Opinion – Overall moderate assurance was provided, highlighting an improving picture on previous years. It was highlighted that several recommendations from the audits have already been implemented, which is positive. Audit committee will receive ongoing reports to monitor progress.

1.1.3. **External Audit**

External auditors highlighted that overall, the audit had gone well. Opinion work is substantially complete. It was noted that an unqualified opinion has been provided, which is being taken to Board on 20th June 2025 for sign off. No significant weaknesses were identified within arrangements.

High risk areas were around management override control, fraud in revenue expenditure and elevated risk on specialist commissioning. There have been no significant findings on work in these areas. Work on Specialised Commissioning, has been relatively unproblematic.

It was noted that no audit adjustments were necessary. There were 2 unadjusted mis-statements: one around GP prescribing and the other around inability to tie up on dental community provision in respect of previous agreements. There is no expectation that these will be adjusted, but these will need to be referenced in the letter of representation.

Recommendations - the main theme was relating to contracts and ensuring all are signed and up to date.

Value For Money – It was highlighted that in the previous year there had been significant weakness in relation to financial sustainability. In 24/25 whilst there was still a risk, mitigations are in place to change the risk level. It was highlighted that this was an improving picture. The ICB has achieved planned efficiency targets and progressing with plans for 25/26. The significant challenges that exist to achieve break even for March 2028 were recognised.

1.1.4. **Annual Report and Accounts**

Annual accounts and report were shared. The Auditors' view was that recommendations have been transferred into the report. No concerns or issues were raised in relation to accuracy or content of report. The Annual Report and Accounts will be taken to Board for approval on 20th June 2025.

1.1.5. **Information Governance**

- **Data Protections and Security Toolkit (DSPT) Closure Report –** The DSPT must be completed annually to provide assurance around Information Governance arrangements within ICBs. The DSPT has changed fundamentally this year to incorporate the Cyber Assurance Framework (CAF). This is the first year with this new toolkit. NHS STW has taken internal audit advice to ensure that the ICBs self-assessment is based on sufficient evidence. There are a significant number of objectives/principles where there is still work in progress to ensure evidence can be provided, several of which are Information Technology (IT) related. It is likely that the ICB will have to submit a standard not met submission. This will be done with an improvement plan in place, which NHS England will need to sign off and the ICB's submission can be amended to 'approaching standards met'. Once the improvements

have then been completed, the ICB can then be moved to 'standards met'.

- **IG Sub-Committee Chairs report –** The IG Sub-Committee Chair's report was shared for assurance purposes. No questions or concerns were raised.
- **IG Strategic Direction –** A summary was shared around the ICBs IG Strategic Direction and comments were sought in relation to any amendments. This will be presented at Board on 25th June 2025 for approval.

1.1.6. **Counter Fraud Annual Report**
The Counter Fraud Report was shared. 4 new risks were recorded on the System Operational Risk Register around this during 24/25. An exercise was completed around PHBs, following this one action is outstanding, which is due to be completed by 1st July. 2 cases of alleged fraud have been reported in year with investigation findings shared with Audit Committee

1.1.7. **Freedom to Speak Up Guardian - Annual Report**
A report completed by NHS STW Freedom to Speak Up Guardians was shared. It was noted that there is an internal audit review taking place around this area during quarter 1. The committee were asked to approve a proposal to introduce freedom to speak up awareness training for staff. As the meeting was not quorate this will need to be agreed via email with members outside of the meeting. This was agreed outside of the meeting via email, in line with the Audit Committee Terms of reference.

1.1.8. **Audit Committee Annual Report**
The Audit Committee Annual Report was shared for 24/25. It was noted that the effectiveness toolkit had been completed and the proposed work plan for 25/26 was shared. There were no questions or concerns raised around any of these documents. As this will need approval by Audit Committee it is likely that this will be presented at the next Board meeting.

1.1.9. **Audit Committee Terms of Reference**
Updated terms of reference were shared for approval. Several amendments are being proposed following internal audit recommendations. This was agreed outside of the meeting via email, in line with the Audit Committee Terms of reference.

1.1.10. **Losses and Special Payments**
There was one waiver to report related to Midlands Finance Academy, which is paid for on behalf of the system. There were no losses or special payments.

1.1.11. **Register of Interests, Gifts, Hospitality, Sponsorship and Procurement Decisions**
Approval was requested in relation to minor amendments to the Gifts, Hospitality and Sponsorship Policy. This was agreed outside of the meeting via email, in line with the Audit Committee Terms of reference.

Links to the registers of interest on NHS STW website were shared for information to provide assurance that these are being kept updated appropriately.

1.1.12. **Use of ICB Seal**
Information was shared around use of the ICB seal for assurance.

1.1.13. **Review of Risks**
Links to System Board Assurance Framework and Strategic Operational Risk Registers were shared. It was noted that actions outlined in the last Audit Committee meeting in April requesting that risks linked to system and ICB workforce were reviewed had been updated.

1.2. Recommendations to the Board

1.2.1. **Note** the content of this report.
1.2.2. **Note** the Freedom to Speak Up Annual Report.
1.2.3. **Note** the Committee Annual Report.
1.2.4. **Approve** the updated Committee Terms of Reference.

1.3. Key Risks and Mitigations

1.3.1. There were no risks or mitigations identified.

1.4. Performance and Assurance

1.4.1. Financial Performance: As outlined above, the annual accounts and report were shared for audit committee oversight.

1.5. Alignment to ICB Objectives and Core Functions

1.5.1. **Improve Outcomes in Population Health and Healthcare –** none specifically
1.5.2. **Tackle Inequalities in Outcomes, Experience and Access** – none specifically
1.5.3. **Enhance Productivity and Value for Money –** Internal and External Audit Reports, along with the annual accounts and report, highlight productivity and value for money.
1.5.4. **Support Broader Social and Economic Development –** None specifically
1.5.5. **Foster Integrated, Person-Centred Care -** Freedom to Speak Up Guardian Report promotes a culture of openness and staff engagement, which are essential for integrated, compassionate care.

1.6. Next Steps and Forward Plan

1.6.1 The forward plan for 2025/2026 was shared at the meeting but requires approval by the Audit Committee before it can be shared with Board.

1.7. Attachments

1.7.1. Appendix 1 - Freedom to Speak Up Annual Report
1.7.2. Appendix 2 – Committee Annual Report
1.7.3. Appendix 3 – Updated Committee Terms of Reference for Board Approval

1. ICB 25-09.221 - Strategic Commissioning and Productivity Committee Briefing Report (meeting held on 24th June, 29th July, Extraordinary meeting 27th August)

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September
Report Presented by: Ian Green OBE, NHS STW, Chair
Report Approved by: Lorna Clarson, NHS STW, Chief Medical Officer
Report Prepared by: Lorna Clarson, NHS STW, Chief Medical Officer
Action Required: For Noting and Approval

1.1. Summary of Key Discussions and Decisions

1.1.1. 24th June

- Equality and Involvement Report - noted
- People Forum Update - noted
- Monthly Finance Review and Efficiency Update - noted
- Monthly Finance Capital Update - noted
- SIIP Finance Delivery Action Update - noted
- Finance Deep Dive – ICB Triple Lock Process - noted
- CAMHS Procurement – service model and specification, procurement approach and mobilisation of procurement approved
- Amendments to the IG Consent Policy & Privacy Notice - approved
- HR Policy – Sexual Misconduct Policy - approved
- EPRR and Business Continuity Policy - approved
- Communications Incident Plan - approved
- Amendments to the Joiners, Movers and Leavers Policy - approved

1.1.2. 29th July

- Decommissioning of the Prescription Ordering Direct Service - approved
- Mental Health Inpatient Quality Transformation 1 Year Review - noted
- Hard Decisions – initial outputs from the Hard Decision process approved
- Terms of Reference – ToR for the new committee approved
- Monthly Financial Performance Report
  - Capital Prioritisation Oversight Group Monthly Update - noted
  - Revenue & Efficiency Report - noted

- SIIP update - noted
- NHS National Oversight Framework for 25/26 - noted
- HR Policies
  - Apprenticeship Policy – amendments approved
  - Bullying and Harassment Policy – amendments approved
  - Volunteer Policy – amendments approved
  - National Mandatory Learning Policy – implementation approved
- Health and Safety Update
  - Amendments to 11 Health and Safety policies approved
- Fire Drill Debrief - noted
- Updated Fire Evacuation Procedure - approved
- Updated Subject Access Request Standard Operating Process - approved
- CWG Chairs Report - noted
- People Forum Report - noted

1.1.3. **27th August (Extra-ordinary Meeting)**

- Annual EPRR Report
  - Outcome of the 2024 EPRR Assurance process – improvement from non-complaint in 2023 to partially compliant in 2024 noted
  - System Incident Response Plan - approved
  - ICB On-Call Policy - approved
- NHS STW SIIP Assessment – recommendation to submit proposal to NHSE to exit RSP approved
- Commissioning Working Group Chairs Report

1.2. Key Risks and Mitigations

1.2.1. The System Operational Risk Register (SORR) and System Board Assurance Framework (SBAF) are discussed at each meeting. Relevant risks, particularly SORR risk 29 where the risks and mitigations to delivery of the ICB financial plan in 2025/26 are detailed, and the newly added SORR risk 30 which reflects the potential impact of government reform (ICB cost reductions) on delivery of the plan, are discussed in detail including the effectiveness of mitigations.

1.3. Performance and Assurance

1.3.1. ICB related financial performance was reviewed with the following key assurances received:

- The MTFP/ LTFP and updated System Finance Strategy was approved by the ICB Board on the 25 June 2025.
- Month 3 financial performance, overall system favourable variance to plan of £2.1m including deficit support, ICB £2.1m favourable variance, all providers on plan
- Month 3 efficiencies - £28.5m against £21.7m target, £6.9m ahead of plan due to the earlier securing of CHC efficiency.
- ICS Capital Plan published on the website ahead of the 30/06/25 deadline
- Capital spend ahead of plan by £1m YTD to Month 3 – HTP ahead of plan - FOT expected to fall in line with plan.

Key risks highlighted included:

- Slippage from June to July on completion of 4 actions – hard decisions, efficiency de-risking and 2 x demand and capacity model.
- Slippage from June to September on the completion of the EQIAs for the System

1.3.2. Performance against the System Integrated Performance Plan (SIIP) was also reviewed with the following assurances received: *Workforce* – WTE and pay spend below plan, shared services workstream underway; workforce efficiency schemes in delivery; proposal developed for AI and automation projects

UEC – Maximising UEC pathways menu of options developed; nurse led offload to assess embedded; winter planning return completed for NHSE Midlands

1.4 Alignment to ICB Objectives and Core Functions

1.4.1 The work of the committee supports the ICB's core functions and overarching goals in the following ways:

Improve outcomes in population health and healthcare – The committee oversees commissioning decisions, ensuring prioritisation of investment and delivery of value for money, both of which are linked to improved outcomes and population health. The system integrated improvement plan will deliver improvements in urgent and emergency care, workforce, culture and leadership.

Tackle inequalities in outcomes, experience, and access – The committee discusses Population Health Management and Health inequalities data, as well as EQIAs as part of decisions relating to commissioning of services to ensure targeted improvement in outcomes, experience and access.

Enhance productivity and value for money - Productivity improvements and delivering value for money inform the financial improvement programme and ensure that resources are targeted to best effect for the population of STW

Help the NHS support broader social economic development - The SIIP sets out improvements in workforce and partnership working which will support broader social and economic development.

1.4.2 Outline actions agreed upon by the committee, timelines, and any plans for future meetings or reviews.

1.5 Next Steps and Forward Plan

1.5.1 The committee will continue to meet on a monthly basis

1.6 Attachments

1.6.1 Appendix 1 - Terms of Reference for the Committee
1.6.2 Appendix 2 – EPRR Annual Report
1.6.3 Appendix 3 – EPRR and Business Continuity Policy

1. ICB 25-09.222 – NHS Shropshire, Telford and Wrekin Transition Committee Briefing Report for Board

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24 September 2024
Report Presented by: Ian Green OBE, Chair, NHS STW
Report Approved by: Ian Green, OBE, Chair, NHS STW
Report Prepared by: Alison Smith, Chief Business Officer, NHS STW and Claire Turner, Chair & CEO Executive Assistant, NHS STW
Action Required: For Noting

1.1. Committee/Group Meeting Details

1.1.1. This report relates to the Transition Committee meetings that took place on Tuesday 1st July, 29th July, 12th August and 26 August 2025.

1.2. Summary of Key Discussions and Decisions

1.2.1. The Transition Committee receives reports from the Programme Group which has been created between NHS STW and NHS SSoT to provide management oversight to the creation of a clustering arrangement between the two ICBs. To date these reports have been largely focussed on the creation and development of a programme structure to ensure that the transition to a cluster arrangement is managed efficiently and effectively in line with the ICB Blue Print document.

1.2.2. The Transition Committee discussed risks around the transition to a clustering arrangement between NHS Shropshire, Telford and Wrekin (STW) and NHS Staffordshire and Stoke on Trent (SSOT) and ensured that the Strategic Operational Risk Registers and Programme Risk Log were updated to reflect this.

1.2.3. The Transition Committee discussed the existing national guidance in respect of the NHS Reset Programme to support delivery of the NHS 10 Year Plan, acknowledging that more guidance on specific areas of ICB functions are due to be released but no specific timings have been provided.

1.3. Recommendations to the Board

1.3.1. The Board are asked to **NOTE** that Transition Committee is being held on a fortnightly basis to provide oversight on behalf of the Board of a programme of work between NHS STW and NHS SSoT regarding the NHS Reset Programme.

1.4. Key Risks and Mitigations

1.4.1. Risks around the NHS model blueprint and the impact that upcoming changes will have on staff were considered. Risks around this are being added to both the Strategic Operational Risk Registers and Programme Risk Log.

1.5. Performance and Assurance

1.5.1. Supports leadership stability and workforce planning.
1.5.2. Reinforces governance and financial oversight.
1.5.3. Proactive risk management enhances assurance.

1.6. Alignment to ICB Objectives and Core Functions

1.6.1. The Transition Committee's discussions and decisions align with the Integrated Care Board's (ICBs) core functions as they are proactively addressing system transformation risks linked to the NHS Model Blueprint. These actions contribute to organisational stability, compliance, and readiness for national change, reinforcing the ICB's commitment to effective leadership, risk management, and system-wide improvement.

1.7. Next Steps and Forward Plan

1.7.1. Meetings continue to be held on a fortnightly basis.

1.8. Attachments

1.8.1. None

1. ICB 25-09. 223 - System Transformation and Digital Group Briefing Report

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board Meeting
Meeting Date: Wednesday 24th September 2025
Report Presented by: Andrew Morgan Committee Chair and Chair in Common Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust
Report Approved by: Ian Bett, NHS STW, Chief Delivery Officer
Report Prepared by: Ian Bett, NHS STW, Chief Delivery Officer
Action Required: For Noting and Approval

1.1. Committee/Group Meeting Details

1.1.1. System Transformation and Digital Group Meeting held on 30 July 2025.

1.2. Summary of Key Discussions and Decisions

1.2.1. **Neighbourhood Health Maturity Self-Assessment**

- The self-assessment was completed and submitted, covering 10 workstreams: 6 core components and 4 enablers.
- Maturity levels assessed: 2 achieving, 5 progressing, 3 starting.
- Key strengths: Clinical and professional leadership, population health management.
- Areas needing development: Integrated neighbourhood teams, standardising community services, workforce.

1.2.2. **National Neighbourhood Health Implementation Programme.**

- Applications due by 8 August (plan to submit on the 7 August)
- 42 programme slots available nationally; STW submitting two place-based applications.
- Applications must align with local authority boundaries.
- Applications are at place level, not neighbourhood level.
- Ensure all partners (PCNs, VCSE, Trusts) are signed up and supportive.
- Outcome Notification: expected by 5 September.

1.2.3. **UEC Transformation – inc. Winter Plan**

- UEC delivery group meeting held the previous day.
- Implementation of UCR service to midnight and expansion of care transfer hub underway.
- R&R wards to close; resources redirected to community services.

- Domiciliary care access improvements proposed.
- Winter plan evolving; elective escalation preferred over medical escalation.
- Focus on maintaining elective activity during winter through effective use of RJAH site.
- Primary care involvement significantly improved, weekly task and finish group in place.
- Mental health winter pressures and discharge delays raised; further focus requested.
- Aim to maintain elective activity over Christmas; RJAH to support elective escalation.
- Implementation of the first meeting tomorrow on GP out of hours moving to the new provider, all partners represented. Date for transition is 1 October 2025

1.2.4. **System Improvement Plan**

- The ICB has been released from legal undertakings related to urgent and emergency care and finance.
- Evidence is being prepared for a change in national oversight framework ICB status, with board submission planned for September and national review in October.

1.2.5. **Shared Services**

- Governance structure developed and to be appended to September's highlight report.
- Three workstreams (workforce, finance, digital) progressing; estates and facilities workstream launching.
- Procurement opportunities for general practice highlighted.
- Engagement with GP provider consortiums remains limited; further outreach planned.
- Coordination with MARS schemes and workforce planning discussed.
- Steering group held its first meeting on 7 July
- Agreed terms of reference and a shared data sharing agreement across the wider consortium is up and running, including SSOT providers within that work stream.
- Potential ask for further PMO support in the near future.
- Dr Charlotte Hart to encourage more practices to join joint procurement. Dr Hart to discuss at next PCN development meeting. Email has been circulated to all practices.
- Dr Hart also mentioned that there was a keenness to be kept informed around estates and neighbourhood health centres
- Tracey Cotterill offered to attend a PCN meeting to give updates and offer support.
- Partners asked not to commit to large contracts without consulting the shared services group.
- Schedule has been circulated with smaller pathways included i.e Comms and EPRR

1.2.6. **Health and Care Models**

- Group renamed to Neighbourhood Health Implementation Group to reflect alignment with the 10-year plan.

- Workshops held in 3 of 9 neighbourhoods; focus on integrated teams and risk stratification.

1.2.7. **Clinical Programmes:**

- Diabetes: Peer support groups, public awareness, community hubs in planning.
- CVD: Prevention strategy in development; focus on hypertension, AF, heart failure.
- Frailty: Strategy development progressing.
- Asthma (CYP): Diagnostics in CDCs, school policy rollout.
- Dementia: Concerns raised about shared care and capacity; further discussion required.

1.2.8. **Elective Reform & MSK Transformation**

- Performance metrics reviewed; improvements in RTT, diagnostics, cancer waits.
- Digital transformation discussed, including AI and automation.
- Empowering Patients workstream progressing with agreed priorities.
- MSK programme refining trajectory and aligning with spinal pathway development.
- Joint posts for Telford and RJAH approved; trauma workshop planned for September
- Align MSK developments with HTP and trauma planning.

1.2.9. **Mental Health LD&A Programme**

- Performance issues noted: out-of-area placements, dementia diagnosis rates, CYP access.
- PICU business case development progressing.
- ADHD taskforce recommendations under review.
- Crisis mental health mapping completed; business case to follow.
- Suicide prevention event planned for September around the Orange Button scheme.
- Concerns raised about dementia shared care arrangements and capacity.

1.3. Recommendations to the Board

1.3.1. To **note** the contents of the report.
1.3.2. To **approve** the updated committee terms of reference.

1.4. Key Risks and Mitigations

1.4.1. No risks identified

1.5. Performance and Assurance

1.6. Alignment to ICB Objectives and Core Functions

1.7. Next Steps and Forward Plan

1.7.1. Highlight reports to reflect digital contributions more clearly.

1.8. Attachments

1.8.1. Appendix 1 – Committee Terms of Reference

1. ICB 25-09.224 – System Strategy and Prevention Committee Briefing Report – Meeting held on 9th July 2025

Meeting Name: NHS Shropshire, Telford and Wrekin Integrated Care Board
Meeting Date: Wednesday 24th September 2025
Report Presented by: Cathy Purt, Non-executive, SCHT (Committee Chair)
Report Approved by: Cathy Purt, Non-executive, SCHT (Committee Chair)
Report Prepared by: Nigel Lee, Chief Strategy Officer, NHS STW
Action Required: For Noting and Approval

1.1. Committee/Group Meeting Details

1.1.1. Committee/Group Meeting Date(s): Committee established April 25 and will meet quarterly.

1.2. Summary of Key Discussions and Decisions

1.2.1. Review of the ICB BAF and SORR with noting of relevant risks to the Committee. Updated TORs in line with standardised format. Detailed forward planner/cycle of business. All approved.

1.2.2. Brief overview of NHS 10 Year plan and what this means for STW. Noted changes to Integrated Care Partnership, albeit reinforces the committee's objective to ensure close alignment with our 2 Health & Wellbeing Boards (HWBBs). Report on engagement work done as part of the 'Change the NHS' national exercise; some useful themes and analysis, which will be used in next phases of work across the ICS.

1.2.3. Committee supported having standing item to receive any feedback from the HWBBs; agreed to share agendas, minutes and any useful documents.

1.2.4. CMO presented paper on Risk Stratification approach and plans for STW. This will provide an important tool for the neighbourhoods in prioritising the patient groups for care. Also provides a consistent system-wide methodology. Following paper reported the latest Healthy Ageing and Frailty Strategy, which aligns fully with the risk stratification work.

1.2.5. Report on the current NHS funded prevention activity with overview of spend. This provides a baseline to build upon alongside Local Authority activities, including supporting prioritisation and VFM approaches. The work is aligned to the ICB Medium term financial strategy, and a core part of the NHS 10 Year Plan. Risk remains in ongoing resource to deliver prevention activity alongside other priorities.

1.2.6. The Committee continues to work closely with the System Transformation & Digital Committee (with Chair of STDG attending SPC).

1.3. Recommendations to the Board

1.3.1. To **note** the report, recognising the priorities set out in the NHS 10 year plan.

1.3.2. To **note** the importance that the Committee continues to place on Prevention activity.

1.3.3. To **note** the strong relationship between the Strategy & Prevention Committee and the 2 HWBBs.

1.3.4. To **approve** the updated committee terms of reference.

1.4. Key Risks and Mitigations

1.4.1. STW ICB has a clear view on prevention activity and spend but risk remains for continued resourcing for prevention given multiple priorities. Mitigated by continuing to raise the profile on prevention work, value for money and importance of prevention in linger term sustainability.

1.5. Performance and Assurance

1.5.1. Health Inequalities annual report (shared at recent ICB Board) presented and discussed.

1.6. Alignment to ICB Objectives and Core Functions

1.6.1. The Committee is focused on a strong whole-system approach to developing and implementing the Integrated Care strategy, and over next few months to ensure alignment to the NHS 10 Year Plan. Promoting integration across partners, with senior Local Authority representation) supports a consistent population health approach and a strong focus on health inequalities. In parallel, the Strategy and Prevention Committee recognises the importance of working with other Committees (of the ICB and of Local Authorities) to coordinate delivery.

1.7. Next Steps and Forward Plan

1.7.1. Maintain pan-system approach, based on local and national strategic objectives. System review of strategy and JFP based on published 10 Year Plan.

1.8. Attachments

1.8.1. Appendix 1 – Updated Committee Terms of Reference for Board Approval.