Healthcare Inequalities Highlight Report

Report details:

Report Period: January – March 2025 (Quarter 4)
Date: 16th May 2025

Progress Summary (Year to Date)

Programme	Lead	Status
KLOE 1: Inclusive Recovery		
Elective Recovery	Maureen Wain	No deliverables identified in-year
Waiting Well	Mike Carr/Steph Wilson	5/5 deliverables completed = 100%
Urgent & Emergency Care	Gareth Wright	5/9 deliverables completed = 56%
KLOE 2: Mitigating Digital Exclusion		
Digital Transformation	David Maruta	3/6 deliverables completed = 50%
KLOE 3: Complete & Timely Datasets		
Collective Intelligence and Population Health Management Programme	Alexander Neale	4/5 deliverables completed = 80%
KLOE 4: Accelerating Preventative Programmes		
A System Approach to Smoke-free	Lorna Watkins	5/7 deliverables completed = 71%
Weight Management	Marlene Goncalves	24/25 deliverables completed = 96%
Drug and Alcohol	Claire Eagleton	5/7 deliverables completed = 71%
Learning Disability Annual Health Checks	Rachel Rogers	7/7 deliverables completed = 100%
Maternity & Neonatal Services	Sue Bull	14/19 deliverables completed = 74%
Severe Mental Illness (SMI) Physical Health Checks	Claire Parrish	6/6 deliverables completed = 100%
System Vaccinations	Stuart McClymont/ Wayne Jones	8/8 deliverables completed = 100%
Cancer Improvement	Imogen Darbhanga/ Sophie Yeomans	10/11 deliverables completed = 91%
Cardiovascular (CVD) Prevention	Lorna Watkins	7/9 deliverables completed = 78%
Children & Young People's (CYP) Asthma	Helen White	6/9 deliverables completed = 67%
Children & Young People's (CYP) Epilepsy	Helen White	6/10 deliverables completed = 60%
Children & Young People's (CYP) Diabetes	Marlene Goncalves	3/4 deliverables completed = 75%
Children & Young People's (CYP) Oral Health	Anna Hunt	9/12 deliverables completed = 75%
Children & Young People's (CYP) Mental Health	Barrie Reis-Seymour/ Anna Deacon	4/6 deliverables completed = 67%
KLOE 5: Leadership & Accountability		
Leadership Programme	Tracey Jones/Alex Mace	26/34 deliverables completed = 74%

Health Inequalities Group Highlight Report

KLOE 1: Inclusive Recovery
Using data to understand and address unwarranted variation in referral rates and NHS waiting lists and supporting people to wait well.

Elective Recovery Programme

Programme	Elective Recovery Improvement Programme	Lead/s	Maureen Wain, Director of Elective Care, Cancer and Diagnostics and Head of Service Improvement, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	• Use waiting list data (pre and during pandemic), including for clinically prioritised cohorts, to identify disparities in relation to the bottom 20% by Index of Multiple Deprivation (IMD) and black and minority ethnic populations • Prioritise service delivery by taking account of the bottom 20% by IMD and black and minority ethnic populations for patients on the waiting list and not on the waiting list, including through proactive case finding • Use system performance frameworks to measure access, experience and outcomes for black and minority ethnic populations and those in the bottom 20% of IMD scores • Evaluate the impact of elective recovery plans on addressing pre-pandemic and pandemic-related disparities in waiting lists, including for clinically prioritised cohorts	Responsible committee	Planned Care Delivery Group (PCDG)

Brief Summary and Highlights

- Led by the ICB, a System Reforming Elective Care Group is being established with key stakeholders to oversee delivery of key actions being identified to enact the national Reforming Elective Care for Patients guidance released in January 2025. The following four working groups are also being established, which will report into the System Reforming Elective Care Group:
  - Empowering Patients
  - Care in the Right Place
  - Recovery and Delivery
  - Enablers

  A key focus of the guidance is around Health Inequalities improvement, setting out that delivering the 18 week standard and reforming elective care must be done equitably and inclusively. Although discussions around reducing Healthcare Inequalities will be part of the discussions for each group, the Empowering Patients Group will be the key vehicle to addressing healthcare inequalities in elective care. This working group, when established, will set a clear local vision for how health inequalities will be reduced as part of elective care reform, and ensure interventions are in place to reduce disparities for groups who face additional waiting list challenges. The group will also focus on patient awareness and communication, ensuring that patients and their carers are aware of their right to choose their care.

Discussions are ongoing with system providers and a workshop is being held on 15th May 2025 to further discuss the matrix for the working groups, with the potential for separate Recovery and Delivery groups to be undertaken internally within the individual Trusts.

- It has been agreed via Planned Care Working Group that system providers will share delineated performance reports and waiting lists split by ethnicity and IMD decile. On further discussion, it has been agreed by the group Chair that this information will firstly be taken to the Reforming Elective Care Group, with data packs then shared to Planned Care Delivery Board as part of the governance process. Receipt of this information will support standardising and receiving assurance on the disaggregation of elective waiting lists across all Trusts and will facilitate local discussions on waiting list prioritisation.

- Work is being undertaken with the Referral Management Centre to introduce a text messaging system for patients. Discussions are being held with the Healthcare Inequalities Team as part of the Integrated Impact Assessment (IIA) process to ensure equitable access for those without access to a mobile phone, or who struggle to engage with digital technology.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
No deliverables planned for this reporting period.				

Waiting Well Programme

Programme	Waiting Well	Lead/s	Mike Carr, COO & Deputy CEO, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) Steph Wilson, Performance Insight and Improvement Manager, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
Key/statutory health inequality targets	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people		
		Responsible committee	MSK Health Inequalities Group Reporting into the Planned Care Delivery Group (PCDG)
Brief Summary and Highlights			

- Local Authority colleagues from Shropshire and Telford have been in attendance of the RJAH-led Health Inequalities working group as part of discussions and action to signpost to available lifestyle services i.e. smoking cessation and weight management. This work will further evolve as part of ongoing transformation to improve the pre-operative pathway for patients into 2025/26.

- A roadmap for Health Inequalities continued focus at RJAH was shared with the system in April 2025. Waiting well clinical priorities will be part of pre-operative pathway transformation during 2025/26.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Established STW MSK Health Inequalities Group	Q2	Yes		
STW MSK Health Inequalities Group Terms of Reference	Q2	Yes		
Lifestyle services embedded within Trust sites	Q4	Yes		
Lifestyle signposting embedded in MSK pathways	Q4	Yes		
Proposal taken to System Prevention and Health Inequalities Group for waiting well clinical priorities in 2025/26	Q4	Yes		

Urgent and Emergency Care Transformation Programme

Programme	Urgent and Emergency Care Transformation	Lead/s	Gareth Wright, Head of Clinical Operations (UEC), NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	• Expand coverage of high intensity use services as a cost-effective intervention to both manage A&E demand and address health inequalities. • Reduce admitted and non-admitted time in emergency departments, in particular arranging appropriate services for mental health patients requiring urgent care • Address inequalities in A&E using other initiatives to deliver on the Core20PLUS5 approach, as the most frequent users are highly likely to be from the Core20PLUS populations.	Responsible committee	System Urgent and Emergency Care (UEC) Delivery Group

Brief Summary and Highlights

- Data sharing arrangements recommenced between SaTH and British Red Cross in March 2025. This has enabled a new patient cohort to be identified for the Positive Lives Service leads to support.

  Information is presented quarterly by the British Red Cross on patients supported, which identifies any individuals specifically from Core20PLUS groups. Discussions will take place with British Red Cross around increasing their focus on support for those from Core20PLUS groups as part of the 2025/26 STW Healthcare Inequalities Implementation Plan. This will enable the recommended data sharing process with SaTH to be embedded.

- Work relating to the introduction of an equitable approach to offering free, non-emergency patient transportation NEPTs) has experienced some challenges in that there is currently no national policy available linked to prioritisation. This has impacted on conversations being taken forward and has therefore

caused delays. Discussions continue to take place with the national team as a national policy, however, if no national guidance becomes available, a local policy will be considered.

An Audit has been undertaken in the meantime, led by the Quality Team, around the application of the eligibility criteria for NEPTs following concern that a standardised process is not in place within the hospital setting supporting discharges. The outcome of this audit will support the Team in progressing the new eligibility criteria which will consider inequalities.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Positive Lives (High Intensity User Services)				
Outcomes of discussions around HIU service and access to data	Q2	Yes		
Increase activity within the Positive Lives initiative in partnership with the British Red Cross.	Q3	No	Following known difficulties in re-establishing the data flow with SaTH, which was exacerbated by SaTH's Data Warehouse challenges, the data sharing to British Red Cross recommenced in March 2025. Further time needs to be allowed to embed the new process. The aim is to hold discussions with the British Red Cross around focusing their cohort on the Core20PLUS populations as part of the 2025/26 STW Healthcare Inequalities Implementation Plan.	UEC Delivery Group has been kept updated on the position. No escalation required at this stage as deliverables will be set and tracked as part of 2025/26 UEC Improvement and Healthcare Inequalities Implementation Plans.
Supporting people with Mental Health in the Emergency Department				
Initial receipt/awareness of information on new ED Policy for mental health patients.	Q2	Yes		
New NHSE Midlands policy on escalation of long waits for MH patients implemented.	Q3	Yes		
COPD Targeted Winter Support				
Patients identified from Shrewsbury PCN for COPD support in Q3	Q2	Yes		
A new COPD focus of winter illness clinics delivered by primary care.	Q4	No	This project was unfortunately delayed due to national	UEC Delivery Group has been kept updated on the position. No

			funding being withdrawn. Extensive discussions have taken place with the ICB Health Inequalities Team and it has been agreed that this project will be revisited as part of plans for UEC improvement in 2025/26 and that it will form one of three priority projects in the 2025/26 STW Healthcare Inequalities Implementation Plan, with a targeted focus on patients living in the 20% most deprived areas across Shropshire and Telford & Wrekin.	escalation is required as clear milestones, actions and deliverables will be set and monitored as part of the 2025/26 STW Healthcare Inequalities Implementation Plan.

Equitable Approaches to Patient Transportation

Agreed local NEPT eligibility criteria which takes into account inequalities.	Q3	No	This area has experienced challenges in that there is currently no national policy available linked to prioritisation, which has caused a delay in conversations being taken forward. This is being raised continuously via the national team. Work will continue to take place into 2025/26 to explore the possibility of a national or local policy and this will be monitored outside of the quarterly healthcare inequalities implementation plan monitoring process due to other priority projects being allocated for monitoring in the 2025/26 plan.	Regular updates are shared to the Sustainability Working Group due to the financial savings required within the ICB efficiency programme. Actions are in place to continue progressing this area and therefore no escalation is required at this stage.
Project Plan for implementing a local reimbursement scheme for travel to appointments.	Q4	No	The project has been unable to be realised due to challenges linked to the national initiative for reimbursement for renal	Regular updates shared to the Sustainability Working Group due to the financial savings required within the ICB efficiency programme.

		RED	patients. Moving into 2025/26, any work relating to the removal of barriers relating to travel to appointments will be undertaken as part of Elective Reform and based on qualitative and quantitative findings.	
Equitable Approaches to Patient Transportation				
Delivered phase of Think Which Service Campaign which includes material accessible to Core20PLUS populations.	Q3	Yes		

KLOE 2: Mitigating Digital Inclusion

Ensuring face-to-face care is available for those who cannot access digital/remote services and implementing action to support populations to become digitally enabled.

Digital Transformation Programme

Programme	Digital Transformation Programme	Lead/s	David Maruta, Head of Digital, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	• Providers offer face-to-face care to patients who cannot use remote services • More complete data collection is carried out, to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups • Systems take account of their assessment of the impact of digital consultation channels on patient access. • Implementing the framework for NHS action on digital inclusion		Alexandra Mace, Healthcare Inequalities Partnership Lead Shropshire, Telford & Wrekin ICB
		Responsible committee	Digital Delivery Group
Brief Summary and Highlights			

- **Digital Inclusion Initiatives:** A set of strategic pillars and programmes have been agreed across the system linked to the System's Digital Strategy, aligned with national priorities. An ICS Digital proposal to address digital inclusion has been discussed and reviewed with system partners. Whilst this had initially intended to identify a series of digital inclusion design principals, this has instead focused on tangible improvement initiatives with a view to embedding digital inclusion more firmly in systematic design processes as part of 2025/26 improvement plans. As a result, several digital inclusion initiatives were been identified, with confirmed funding. The initiatives include:
  - NHSApp Adoption

- o Patient Engagement Portals - Wayfinder
- o Reasonable Adjustment Digital Flag
- o Workforce Digital Skills*
- o Resident's Digital Skills and Access

These initiatives will be mapped against the NHSE Digital Inclusion Framework to ensure they align with national standards and contribute effectively to improving digital access across the system. This will be incorporated into discussions with the ICB's Health Inequalities Team.

Work has taken place with the ICB Health Inequalities Team to bring together system partners and identify key priority improvement areas for 2025/26. This is with the aim of co-developing a 2-year Digital Inclusion Plan which will identify specifically improvement initiatives focused solely on mitigating against digital exclusion, taking into account how the system will ensure mitigations are in place to reduce the risk of excluding communities who are not digitally enabled amidst the increasing shift to digitally provided services. In aid of this work, two workshops were held in February and April 2025 with partners from across Local Authority, ICB, Trusts and Primary Care to understand:
- o Work that is currently taking place to mitigate against digital exclusion.
- o Opportunities for improvement and where partners felt we could collectively do more to improve outcomes for our digitally excluded communities.

The outputs of this work to date have led to a series of identified themes for improvement. These themes have since been used to generate ideas on tangible actions which could realistically be delivered by partners over the next two years. These project areas are currently being discussed and shared with broader stakeholders, such as the Voluntary and Community Sector, however, key areas of focus are likely to include:

- o **Access to Digital Services**: Tracking the number of individuals and communities accessing digital health services, broken down by key demographic groups and health inequalities factors, as well as empowering people to use digital services through the use of targeted initiatives such as expanding on existing Digital Champion schemes and offers of free devices and data.
- o **Digital Engagement**: Measuring patient engagement with digital tools, such as the NHSApp and patient portals, and identifying barriers to usage for those facing digital exclusion.
- o **Digital Skills Gap Assessments**: Evaluating the digital skills gap across the workforce and local communities, with a particular focus on under-served populations (Core20PLUS) and those in need of digital skills training to engage effectively and benefit from the use of digital health services.
- o **Impact on Health and Healthcare Inequalities**: In collaboration with the Business Intelligence (BI) and Performance teams, defining how to measure digital inclusion and exclusion, as well as the direct impact of digital inclusion efforts on reducing health inequalities. This will involve developing metrics to assess whether digital initiatives are helping to address disparities in access to care and health outcomes.

- ***Funding for Initiatives:** The establishment of a Digital Skills Network has been included within the ICBs Hard Decisions Framework and process due to the financial requirements and limited funding available. The paper was presented to the Hard Decisions Committee along with other ICB initiatives requiring funding. It is awaiting a decision once the committee has completed its scoring by the end of Quarter 1 2025/26.

- **System-Wide Digital Inclusion Group:** It has been agreed that a system-wide Digital Inclusion Stakeholder Group will be established to oversee and coordinate digital inclusion efforts across the ICS. This group will ensure alignment, share best practice, and monitor the progress of all initiatives agreed further to the Digital Inclusion Plan engagement and development work led by the ICB Health Inequalities Team. Membership and dates are being agreed, with a proposal to hold the initial meeting in June 2025.

- **Identified Digital Inclusion Measures**: It has been agreed to postpone work to identify digital inclusion measures until the establishment of the Digital Inclusion Steering Group. This is to ensure that the identification and agreement of measures for digital inclusion and exclusion are unanimously agreed with all key system partners for consistency.

- **Digital Accessibility Policy**: The Digital Accessibility Policy, written by the Communications Team, was reviewed at the Commissioning Working Group in April 2025. This policy aims to ensure that all digital services are accessible to everyone, particularly those facing digital exclusion. Feedback from the group is being considered to strengthen the policy, with input and support from the STW ICB Quality and Health Inequalities Teams to ensure a strong focus on Accessible Information Standards (AIS) and Health Literacy.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Digital Inclusion as a Priority				
ICS Digital position paper describing the need for Digital Inclusion as a priority is agreed by ICB SLT	Q3	Yes		
Digital Inclusion is a key strand throughout System Digital Strategy	Q3	Yes		
Digital exclusion is incorporated into STW Integrated Impact assessment documentation	Q4	No	This work is now being taken forward by the ICB Quality and Health Inequalities Teams who are developing a new, user-friendly EQIA template alongside supportive guidance. This guidance will highlight digital exclusion, ensuring that the impact of digital access on different groups is considered in all relevant projects.	Not escalated as actions are in progress.
Digital Inclusion Campaigns, Awareness and Upskilling				
Paper approved by SLT on the establishment of a Digital Skills Network for staff across the system.	Q4	No	The establishment of a Digital Skills Network has been included within the ICBs Hard Decisions Framework and process due to the financial requirements and limited funding available. The paper was presented to the Hard Decisions Committee along with other ICB initiatives requiring funding. It is awaiting a decision once the committee has completed its scoring by the end of Quarter 1 2025/26.	Not escalated as actions are in progress.
Digital Inclusion Measures				
Agreed core 'digital inclusion measures' for measuring impact throughout 2025/26.	Q4	No	This work has been intentionally delayed so as to form part of the newly established Digital Inclusion Steering Group, with all key and relevant	Not escalated as actions are in progress.

			stakeholders involved in identifying and agreeing how the system will consistently measure digital inclusion and exclusion. This work has been in an early engagement phase, working with leads to identify core priority projects for 2025/26. This includes the identification and agreement of measures and methods/tools to monitor them.	
System-wide Design Principles for Digital Enabled Health and Care Services				
An ICS Digital proposal for ICS-wide digital inclusion design principles using the NHSE Digital Inclusion Framework	Q4	Yes		

KLOE 3: Complete and Timely Datasets

Improving our collection of ethnicity data across primary care, outpatient, A&E, mental health and community services to enable proactive population health management approaches using locally developed data dashboards and tools.

Collective Intelligence, KPIs and PHM

Programme	Collective Intelligence, Key Performance Indicators (KPIs) and Population Health Management (PHM)	**Lead/s**	Alex Neale, Senior Strategic Analytics Lead, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people	**Responsible committee**	Analytics, Intelligence and Data Group reporting into the Population Health Management Group
Brief Summary and Highlights			

- The Population Health Management/Health Inequalities Dashboard developed by the ICB's Business and Intelligence Team was launched in Quarter 4. Further updates are due to be made in May 2025 following feedback from User Testing. Information in the Dashboard aligns particularly to the mandated metrics included in the national Statement of Information on Health Inequalities. A key benefit of the Dashboard is that it supports visibility of any change in metrics over time. There has been praise for the ICB's Dashboard from the Regional NHS England Team.

  NHS England has commissioned NHS Midlands & Lancashire CSU to develop a national Health Inequalities Dashboard. This is being progressed and should be made available to ICBs in Quarter 1, 2025/26. This will complement the local Health Inequalities Dashboard, particularly by enabling access to benchmarking against comparable ICBs, and further support reporting against the Statement of Information metrics. On release, the focus of the ICB's local Dashboard can transition to be used primarily to inform and target service improvements at a local level.

- The Team continues to engage with System Trust providers around improved demographic data capture linked to health inequalities, particularly for their waiting lists. This information will subsequently be used to map to wider determinants of health inequalities.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Improvement in Ethnicity Recording				
Agreed ethnicity recording Data Quality Improvement Plan (DQIP) in Provider Contracts.	Q2	Yes		
Provider ethnicity capture actions plans for improvement agreed.	Q2	Yes		
Providers held to account by ethnicity recording Data Quality Improvement Plan.	Q3	Yes		
Development of Tools and Dashboards				
Create a PHM/HI based Dashboard aligned to the national statement metrics, to support the standardised benchmarking approach being delivered by the MLCSU team.	Q3	Yes		
Implementation of Cross-system Data-sharing Platforms				
To allow the hosting of system partner data platforms and provide accessibility for self-serve analytics.	Q4	No	The ICB environment, the "White Label" System, has been created by the BI Team, but is still in the design and development phase. Once all data has been added, interoperability and access for system partners will be explored. Timescales now proposed are after mid-June, to enable SaTH's 2024/25 data once submitted to be incorporated. This will inform the future programme of work.	Regular updates are shared via the System Analyst, Intelligence Data Group and the System Digital Group. No escalation is required at this stage as plan to progress this piece of work will be revisited and refreshed following successful submission of SaTH's 2024/25 data.

KLOE 4: Accelerating Preventative Programmes

Driving forward preventative programmes aligned to the NHS Long Term Plan Prevention Priorities and Core20PLUS5 for Adults and Children & Young People.

A System Approach to Smoke-free

Programme	A System Approach to Smoke-free	Lead/s	Lorna Watkins, Strategy Development Manager, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people (Smoking Cessation)	Responsible committee	System Tobacco Dependency Steering Group

Brief Summary and Highlights

- Meeting held with the Tobacco Dependency Manager at SaTH to start the process to initiate an engagement survey for staff. The survey aims to determine how many workers are dependent on tobacco and assess the potential benefits of regular Stop Smoking Clinics at the Trust's sites. Additionally, the possibility is being explored of incorporating questions about smoking habits into the onboarding process for new starters, with referrals to support services if needed.

- In Telford & Wrekin, although there are seven registered community pharmacies offering stop smoking services, only one is active in Donnington. Currently, consultations in Donnington are only available face-to-face. To address this, collaboration is taking place with the ICB Medicines Management Team to increase uptake and interest amongst additional community pharmacies to actively offer Stop Smoking Services, the plan is to target resource particularly for gaps in Core20 areas. The feasibility of initial telephone consultations is also being considered. Furthermore, discussions are taking place with the ICB Medicines Management Team around the potential for mailing Nicotine Replacement Therapy (NRT) to individuals who face accessibility challenges.

- For maternity services, SaTH's Smoking at the Time of Delivery (SATOD) figure for 2024/25 was 6.7%, which is 0.7% away from national target, this is a 2% improvement on last year. The figure is being reviewed by the Team to understand exact uptake from Core20PLUS communities. Key barriers to sustain quits and engagement identified by the service are mental health and social issues (for instance, anxiety). There is specific challenge to quit if family members are also smokers and for 2025/26 SaTH will be looking to target smokers in the household, as well as the expectant mother.

- Due to the increased volume of footfall in people accessing the service, sessions have increased at the Sunflower House in Shrewsbury to 2 days a week.

- The Mapping exercise of current smoking cessation support was completed in May 2025. This is due to be reviewed further at the Tobacco Steering Group in July 2025 to agree and take forward actions.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?

Proposal for the establishment of a new system-wide smoke-free steering group	Q2	Yes		
Draft group purpose and terms of reference	Q2	Yes		
Established System Approach to Smoke-free Steering Group	Q3	Yes		
Agreed meeting terms of reference and scope	Q3	Yes		
Mapping exercise of current smoking cessation/support	Q3	Yes		
Agree priorities to progress within workstream	Q3	No	To be developed from the outcomes from the Mapping exercise. Completed mapping exercise is due to be reviewed further at the Tobacco Steering Group in July.	Not required - will be an outcome from the mapping exercise and the recruitment of the Clinical Advisor. Outcomes to be picked up as part of 2025/26 plans.
Targeting efforts towards most deprived areas using Core20PLUS5 to increase referrals into community pharmacies	Q4	No	To be developed from the outcomes from the Mapping exercise. Completed mapping exercise is due to be reviewed further at the Tobacco Steering Group in July.	Not required - will be an outcome from the mapping exercise. Outcomes to be picked up as part of 2025/26 plans.

Weight Management Programme

Programme	Weight Management Programme	Lead/s	Marlene Goncalves, System Development and Service Re-design Manager, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people • DWMP: 2,000 eligible referrals • T2DR: 250 Annual Referral cap	Responsible committee	Type 2 Diabetes Remission Steering Group NDPP Steering Group
Brief Summary and Highlights			

- A diabetes listening event, with a quality improvement lens, was conducted with the participation of partners across STW, where data regarding the population, demographics and deprivation was shared. In this event, different views were shared on how to evolve the diabetes service in STW, utilising the services already delivered by system partners. The attendance was varied including colleagues from community, primary and secondary care. Feedback was collated from this event, with a call-to-action approach used to establish new connections with those willing to contribute, therefore, taking the first steps in changing diabetes care across STW to ensure the 8 care processes are available and 3 treatment targets are met.

- A diabetes related survey is being conducted across STW giving the population a chance to have their say in diabetes care. A similar survey was conducted in 2023; however, the results did not provide a true reflection of the population. In the current survey, a new approach was adopted ensuring the survey is accessible to a larger number of people, with an aim to engage with under-served communities. This included providing a land line number for those who are not digitally enabled, ensuring the reading age of the survey reflected the national average, and promotion across secondary and primary care, community centres and community teams, schools, places of faith, cultural centres, etc. The survey will conclude on the 15th of May 2025, and so far, the pool of responses shows a wider range of aspects not captured in the previous survey.

- Although referrals remain slightly below the national target for the NHS Digital Weight Management Programme, the percentage of eligible referrals is high and is meeting target. A percentage breakdown between deciles, to include any changes between quarters, is being explored.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Receipt and analysis of referral data from all tier 2 weight management programmes to enable inequalities-based analytics and targeting.	Q2	Yes		
GP Forum Session delivered to promote local tier 2 weight management services and encouraging improvements with a Core20PLUS lens.	Q3	Yes		
Digital Weight Management				
Communications to practices, particularly those serving CORE20 populations, with reasons for ineligible programme referrals.	Q2	Yes		
Primary care team confirmed access to the DWMP online dashboard.	Q2	Yes		
Identified list of priority practices where referrals for Core20PLUS is low.	Q2	Yes		
Communication sent to practices in core20 areas	Q3	Yes		
Unused referral allocations re-distributed to Core20 based practice areas	Q3	Partially	Due to capacity constraints within the Primary Care Team, redistribution of allocations has been based on which Practices have requested additional allocations. This has been with the caveat that any additional allocation is used to target populations of highest need.	
Communication sent to practices in Core20 areas	Q4	Yes		
National Diabetes Prevention				

Dedicated Type 2 diabetes clinic launched - small numbers of young people <10	Q1	Yes	
Information shared and know your risk score evaluations at events in target communities e.g. Wellington Diabetes Bus	Q2	Yes	
Inequalities-Specific Communications issued - including targeted materials in multiple languages (Arabic, Farsi, Polish, etc.) and digital access to NDPP in 20+ languages via the Liva platform.	Q2	Yes	
Increased support offer for individuals with LDA e.g. support for face-to-face group settings and opportunities for participants to attend with carers/family members.	Q2	Yes	
Referral data analysed for target populations, with intelligence shared to inform plans.	Q2	Yes	
Actions identified for increasing uptake and support for individuals with LD	Q3	Yes	
Inequalities data first presented by provider at steering group by end of Q3	Q3	Yes	
Low referring GP's in core 20 communities issued with communications / contact to encourage uptake.	Q3	Yes	
Evaluation of Diabetes community bus event complete	Q4	Yes	
Partnerships established to support increase of referrals	Q4	Yes	
Collaborative projects initiated to support increase of referrals	Q4	Yes	

Type 2 Diabetes Path to Remission			
Target areas identified and plans informed through intelligence.	Q2	Yes	
Exploration of targeting pharmacies in CORE20 areas first for dissemination of information.	Q2	Yes	
Initial discussions had with Social prescribing/behaviour change service and actions determined	Q2	Yes	
Initial tailored communication material (posters, leaflets and videos) developed and published via VCSE with the intent of reaching Core20 communities	Q3	Yes	
Actions taken forward from pharmacy explorative work e.g. follow up directly with some CORE20 plus pharmacies	Q3	Yes	
Gap in resources (such as materials required in other languages or formats) identified with plans drafted to address	Q3	Yes	
Development of content that resonates with different cultural groups and addresses barriers to understanding diabetes care	Q4	Yes	

Drug and Alcohol

Programme	Long Term Plan (LTP) Prevention – Alcohol	Lead/s	Claire Eagleton, Lead Nurse for EDI, Shrewsbury and Telford Hospital NHS Trust
Key/statutory health inequality targets	Fully establish an Alcohol Care Team in an acute setting based on national criteria for implementation.	Responsible committee	Alcohol Care Team Steering Group Reporting into SaTH's Quality Oversight Committee

Brief Summary and Highlights

- A 7 day Alcohol Care Team (ACT) service at the Princess Royal Hospital is now in place. The service has 1 band 7 nurse, 1 band 6 nurse, 2 band 4 alcohol practitioners and an admin support.

- Service activity is disaggregated by demographic and further work has been undertaken to review and analyse local data to identify impact and potential inequality in access.

- There has been excellent joint working with community services to provide seamless support to individuals once discharged from acute services.

- A business case to sustain and expand the service across both hospital sites from 2025/26 was developed and submitted through relevant governance with a view to seeking a decision in Quarter 4. A decision is however still awaited.

- Targeted communications to promote ACT amongst the Emergency Department and medicine wards was undertaken in Quarter 3. This included distribution of information posters with team details, and members of the ACT attending departmental meetings. ACT are planned to feature in "Stronger Together" communications to highlight their impact on admission avoidance and appropriate specialist care.

- The ACT is now included in one of the workstreams of the Urgent and Emergency Care Transformation Programme which will assist in further strengthening pathways and referral processes within the Emergency Department and acute medicine. A task and finish group commenced in December 2024.

- Meetings have been set up with relevant stakeholders to progress the pilot project implementing the 'Blue Light Approach' for resistant to change drinkers. This included a meeting held with representatives from the High Intensity Service User (HISU) service, 'Positive Lives', to understand the support they offer for resistant to change drinkers within their current service.

Planned deliverables (During the reporting period)	Due	Delivered? (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Alcohol Care Teams				
7-Day service	Q1	Yes		

0.2PA Clinical Lead in-post	Q1	No	Not yet in post but interested party currently being recruited via an expression of interest. Aim for May 2025 start date - outcome of business case may affect this process.	Yes
Service activity data available broken down by demographics e.g. deprivation, ethnicity, Age	Q2	Yes		
Business case taken to system panel	Q3	Yes		
Business case approved	Q4	No	Decision not yet received. Current funding due to end at end of June 2025.	Escalated via all available channels.
Targeted comms distributed to ED and acute medicine wards to increase referrals.	Q4	Yes		
Comms distributed to all staff within acute settings to strengthen referral pathways for community services.	Q4	Yes		

Learning Disability and Autism (LDA) Improvement Programme

Programme	Learning Disability and Autism (LDA) Improvement Programme	Lead/s	Rachel Rogers, Primary Care Support Specialist, NHS Shropshire, Telford & Wrekin ICB (for Annual Health Checks project only)
Key/statutory health inequality targets	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025	Responsible committee	LDA Health Checks Working Group
Brief Summary and Highlights			

- At the end of March 2025, 85.6% had been achieved for Learning Disability Annual Health Checks (LDAHCs) undertaken for those on Learning Disability registers aged 14 or over. This was against the national 75% target, showing STW well achieved this. This is a circa 35% increase on Quarter 3 figures.

- To support improved quality of Annual Health Checks (AHCs), a revised AHC audit form was trialled in January 2025. This is now being used.

- Quality visits/audits to four practices were undertaken in Quarter 4.

- The sharing of learning continues through the one-minute briefs to Primary Care.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Annual Health Checks for People with a Learning Disability				
Agreed baseline and target trajectory is set for 2024/25 AHC's	Q1	Yes		
GP Resource Pack to support LDAHCs updated and re-launched	Q1	Yes		
Comms. to General Practice to encourage capture of ethnicity for patients on LD registers	Q2	Yes		
GP websites updated in line with national accessibility guidance	Q3	Yes		
Delivery of LD awareness training to practices	Q3	Yes		
GP Practices requiring additional training and support identified	Q4	Yes		
Priority audits undertaken with learning shared across practices to improve quality of LDAHCs.	Q4	Yes		

Core20PLUS5 for Adults

Maternity & Neonatal Services

Programme	Maternity and Neonatal Services	Lead/s	Sue Bull, Senior LMNS Programme Lead, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.	Responsible committee	LMNS Programme Board
Brief Summary and Highlights			

- A funding application was successfully submitted and approved by The Burdett Nursing Trust to support a 12-month pilot programme, to co-develop a nurse-led preconception education program. This will focus on training the workforce to improve reproductive health and reduce disparities across Shropshire, Telford, and Wrekin. The project will be in partnership with Shropshire Telford and Wrekin LMNS (including Shropshire Council and Telford and Wrekin Council) and Balance Fertility.

  Having **trusted professionals** deliver preconception education can make a **significant impact** by:
  o **Increasing Credibility and Trust** – People are more likely to engage with and act on advice from professionals they trust, such as midwives, nurses, and healthcare workers.

- o **Providing Personalised, Evidence-Based Guidance** – Professionals can tailor education to individual needs, addressing risk factors, lifestyle changes, signposting to services and medical history for better preconception health.
  - o **Improving Health Outcomes** – Early intervention and informed decision-making can lead to **healthier pregnancies, reduced child mortality, better birth outcomes** and general health outcomes.
  - o **Engaging Fathers and Partners** – Trusted professionals can ensure that fathers and partners are included, improving **male fertility and shared responsibility** for reproductive health.
  - o **Reducing Health Inequalities** – Targeted education can support **vulnerable or underserved communities who generally experience worse health outcomes,** ensuring everyone has access to the knowledge and care they need.

  The contract is awaiting sign off by the ICB Finance Team, the project is being drawn up and it is anticipated this can begin by the end of Quarter 1. The plan is:
  - o **Months 1-6: Development:** Stakeholder engagement, tailored curriculum (led by Balance fertility), define pilot group for training and training delivery, define the pilot targeted group (i.e. age range, location etc).
  - o **Months 6-7: Logistics**: Agree logistics i.e. venues, comms etc. for education delivery.
  - o **Months 7-12: Education sessions, evaluation:** delivery to pilot targeted groups, evaluation, and ongoing monitoring.

- A new contract to continue Baby First Aid and Baby Proofing Classes has been negotiated with Mini First Aid Limited during this quarter. This will cover the period from 1st April 2025 to 31st March 2026 and the scope of classes now also covers Shropshire residents. The number of classes has been increased to six sessions per month and these are to be delivered within Core20 areas within Telford and Wrekin and Shropshire. Some classes will also be provided in rural areas. Targeted delivery groups are Core20PLUS, rural communities, fathers, care leavers and teenage parents. Reporting is being developed to capture attendee demographics, particularly to monitor uptake from Core20PLUS communities.

- The Regional LMNS Data dashboard is now live, which includes regional data and comparisons.

- The EDI Midwife has commenced in post at SaTH.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
LMNS Equity and Equality Action Plan (aligning to CORE20PLUS5)				
NHS EDI Midwife post out to advert	Q2	Yes		
Established LNMS Dashboard to support the future analytical work	Q2	Yes		
Refreshed LMNS Equity and Equality plan	Q3	No	Data is awaited to produce the perinatal equity analysis which will inform system priorities and the action plan. The timeline for the perinatal	Yes

		 	equity audit report now due Quarter 2, 2025/26, in line with LMNS workplan. A task and finish group has been set up to bring system partners together to share data.	
NHS EDI Midwife in post	Q4	Yes		
Smoke-free Pregnancy Incentive scheme				
Submission of expressions of interest	Q2	Yes		
Antenatal Education to women, birthing people, and families to support healthier pregnancies and best start in life				
Presentation of the 23/24 Baby First-aid quality improvement project to the Equality and Involvement Committee	Q1	Yes		
Booklet project approved by the system	Q2	Yes		
Provide antenatal education to women, birthing people, and families to support healthier pregnancies and best start in life	Q4	No	Antenatal classes are starting end of April 2025.	Yes
NSPCC parent's guide booklet developed.	Q4	No	Awaiting Purchase Order number to enable contract to be signed. Roll out of booklet now due end of Quarter 1, 2025/26, as per LMNS workplan.	Yes
To engage with and listen to women, birthing people and families from seldom heard groups about their experience of maternity and/or neonatal care				
Quarterly report on feedback and provider actions in response produced	Q2	Yes		
Co-produced digital MNVP service user feedback survey for each pathway developed.	Q3	Yes		
Fully funded MNVP workplan signed off by ICB which includes working with VCSE to reach out to seldom heard groups.	Q3	Yes		
MNVP lead to engage with local VCSEs and community groups to develop a network of volunteers from seldom heard groups to gain feedback using surveys.	Q3	Yes		
Annual MNVP communications and engagement plan agreed by LMNS.	Q4	No	Delays to recruitment however the MNVP lead now in post and is leading on this work – to be completed by end of Quarter 1, 2025/26	Yes
Midwife continuity of carer				

Appointment of new continuity of carer lead	Q2	Yes		
Explore with SaTH how to take forward continuity of carer	Q4	No	A quality insight visit took place on 24th April 2025 with a focus on Enhanced Continuity of carer. This is an ongoing action. Commissioning Enhanced Continuity of Carer is also part of the 'difficult decisions' conversation. A draft report on the quality insight visit will be taken to LMNS board. This will provide clarity on targeted work and personalised care provided by SaTH and then next steps can be agreed. Due date now Quarter 1, 2025/26, to reflect the above.	Yes
Baby First Aid				
Additional funding acquired for the continuation of Baby First Aid Classes.	Q3	Yes		
Baby first-aid classes will be offered universally across Telford and Wrekin (start for life funding), and will also include targeted groups – teenage parents, parents leaving the care system and the BAME community.	Q4	Yes		
Identifying the gaps to enable targeted approach				
Delivery of the Regional Data Dashboard project	Q4	Yes		

Physical Health Checks for Severe Mental Illness (SMI)

Programme Key/statutory health inequality targets	Severe Mental Illness (SMI) Physical Health Checks Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	Lead/s	Claire Parrish, Service Manager, Midlands Partnership University Foundation Trust (MPUFT)
		Responsible committee	SMI Operational Group

Brief Summary and Highlights

- A focus has been on increasing the Team's ability to provide outreach to patients that Do Not Attend, those in nursing homes, and housebound patients.

- The SMI Team has been expanded to include an Advanced Pharmacist and a Sessional Psychiatrist. Part of their roles will be to support the MDT process for shared care agreements. These requests are usually for patients who have remained mentally well for a lengthy period, are able to manage their illness well and do not want to return to secondary services. Reducing individuals attending secondary care for advice which can be offered through primary care or in the community helps empower patients and enables secondary care appointments to be prioritised. The Pharmacist will also be able to support SMI nurses on medication queries and work with GPs and patients to support de-prescribing, where appropriate. This role will also enable foster close working relationships with GP Practices and their pharmacists.

- A support worker in Shropshire has set up football sessions at Shrewsbury Town for anyone with an SMI. However, there is a cost attached for the Service User of £4 per session. Work has been undertaken with both Local Authorities and Energize to build on fitness activity and seek opportunities for further grant funding which will offer free activities. Grants have been submitted for increased activities in both local authority areas, including football, cricket and gardening sessions.

- The tennis sessions have been extended for another year. Fiona Jones, the previous Chair and now Shropshire's representative on the LTA's Tennis Council stated *"That is terrific news. I went to the session on Wednesday, and it was really uplifting to see how much enjoyment and benefit the participants were getting from the session. It was one of the best things I have seen for a long time - thank you so much Claire for making this happen."*

- Despite staff sickness in the SMI Team and 2 staff leaving the Physical Health Checks Clinic in Telford, the Team have worked together to ensure this has not impacted on patients. Clinics have continued to run with SMI supporting additional GP practices.

- Good news story received from Lifestyle Coaches in Telford: A young man who was not ready for the Stop Smoking Programme when they were in the clinic has since contacted them himself and, despite finding it challenging, he has completed the 12 week course.

- The Team are trying to improve referrals to social prescribing and have met with Shropshire Council to look at how this can be done in secondary SMI Physical Health Checks.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Achieving SMI Physical Health Check Targets				
Improved quality of health checks	Q1	Yes		
Increasing take-up of checks for individuals with SMI	Q1	Yes		
Development and delivery of opportunities working with partners e.g. public health on inequalities-based and lifestyle initiatives	Q1	Yes		

Outreach model implemented to support those who can't leave the house etc.	Q2	Yes		
Medication reviews supported by advanced pharmacist	Q3	Yes		
Rough Sleepers Mental/Physical Health Checks				
Increased clinic appointments/activity meaning reduced admissions to 136 suite, AandE and Redwoods – Rough sleepers	Q2	Yes		

System Vaccinations Programme

Programme	System Vaccination Programme	Lead/s	Stuart McClymont, SVOC/SPOC Manager, Shropshire Community Health NHS Trust
Key/statutory health inequality targets	• A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations. • Put plans in place to maximise uptake of childhood vaccinations, including reducing inequalities. Increase vaccination uptake for children and young people year on year towards WHO recommended levels.		Wayne Jones, Environmental Health Officer, Telford & Wrekin Council
		Responsible committee	Health Protection Quality Assurance (HPQA) Group

Brief Summary and Highlights

COVID-19 Vaccination Project

- The Team has continued to build on the relationships with patient groups to promote uptake, answer questions and myth bust. Different communication methods have been utilised for the continued messaging, including translated materials also shared with system partners to help engage those whose first language is not English and identify trusted voices. The Team has promoted uptake with easy to read materials, as well as a British Sign Language (BSL) video. They have also facilitated quiet spaces for vaccination at SCHT clinics for those who require a quieter setting.

- Additional COVID-19 vaccination capacity has been identified utilising MSOA, local and regional data, which included Ethnicity and IMD deciles, to ensure the anticipated demand could be met. This helped to ensure access to vaccination sites was as convenient as possible, looking to minimise travel times and distances for deprived, Ethnic and rural communities. Walk-in community-based vaccination clinics have been organised in several areas of high socio-deprivation with low uptake, locations included The Anstice in Madeley, Hub on the Hill, Park Lane Centre in Woodside, and Brookside. The Team have also linked in with the Council's Healthy Lives Team and attended events to promote COVID-19 vaccinations and offer vaccinations where suitable.

- Discussion has taken place with Maternity leads around vaccinations. Due to concern that this could impact sites being seen as a safe space for mothers, the leads are not willing to allow vaccinations or the Team to attend on site. However, they are having conversations with patients regarding vaccinations and have been provided with resources, which they are displaying.

- Respiratory nurses have conversations with patients on the benefits of vaccination at their clinics for those with chronic respiratory illnesses. The Team has attended several clinics for those with chronic respiratory illnesses to offer COVID-19 vaccinations.

- Support for PLUS Groups:

  o **People experiencing homelessness** - The Ark in Shrewsbury is an independent charity dedicated Daycentre for Homeless and vulnerable and has been visited and vaccinations offered. Establishing links with other Homeless organisations within STW is being looked into.

  o **People with a Learning Disability** – All Learning Disability homes and schools have been contacted to offer vaccinations on site and have been provided with information leaflets and posters.

  o **Prison populations** – The Team have worked closely with the local Prison to ensure eligible patients are offered a Covid-19 Vaccination. This was facilitated through the Lead Pharmacist for Vaccination Services who works closely with the site.

  o **Refugees** – Vaccinations have been offered to refugees who are eligible for a COVID-19 vaccination, to include a visit to the Nesscliffe site. Translated materials have been shared for display and to enable conversations on vaccinations to take place on the Nesscliffe base. Links are also being established with Shropshire Supports Refugees Charity to support and offer vaccinations to those who are eligible.

  o **Migrant workers** – Engagement has been undertaken with factories with large migrant workforces to display translated materials, recognising a sensitive approach is needed as not all those working in the factories are eligible for the vaccination.

  o **Gypsy, Roma or traveller communities** – The Team has contacted local Councils to assist and form part of initiatives within these communities. They have visited traveller sites to offer vaccinations and address any vaccine hesitancy.

HPV/MMR Vaccination Project

- Settings for interventions have been identified using data on vaccine uptake, deprivation data and published research on low-uptake groups.

- Educators in both Local Authorities have been delivering education sessions in schools, ahead of the year 9 booster programme, where additional resources have been made available to offer HPV and MMR mop-ups to Year 9 students and above.

- Additional clinics have been delivered in the community and in schools alongside the Year 9 booster programme, using communications developed by the Local Authorities. For example, one community clinic at the Interfaith Council Centre in Telford delivered 40 vaccines to 17 separate children at a Saturday clinic, which was heavily promoted by the Telford & Wrekin Health Protection Hub. Educative work is continuing through a variety of community groups, to include youth clubs.

- Educators have been providing training to key staff in schools and other settings to enable them to provide accurate information on the vaccines in the future, giving the project some longevity. They have also delivered some educative assemblies for Year 8 students ahead of this year's routine HPV programme

- The project has enabled closer working between the Local Authorities, the ICB, SAIS and the schools and other settings. In addition, the educators have built relationships which will prove useful for other health promotion work, and vaccination teams have used Local Authority contacts to gain greater access to the Electively Home Educated.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Covid-19 Vaccination service				
Equity Audit Report	Q2	Yes		
Developed plan and approach for improving uptake in PLUS communities	Q2	Yes		
Clinics are offered 7 days a week including evenings and weekends to support access	Q3	Yes		
Utilising national comms. material tailored including in other languages and easy-read	Q3	Yes		
Offering clinics via bookings but also walk-in to suit flexibility for local communities	Q3	Yes		
CYP Vaccination Pilot-bid for HPV and MMR vaccines.				
Finalised bid submitted to NHS England for CYP MMR and HPV Vaccination Pilot	Q2	Yes		
Outcome notification of bidding application for CYP MMR and HPV Vaccination Pilot	Q2	Yes		
Project Plan developed with clear deliverables for the forthcoming delivery period	Q3	Yes		

System-wide Cancer Programme (Early Cancer Diagnosis)

Programme	Cancer Improvement Programme	Lead/s	Imogen Darbhanga, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	75% of cases diagnosed at stage 1 or 2 by 2028.		Sophie Yeomans, Cancer Transformation Partner, NHS Shropshire, Telford & Wrekin ICB
		Responsible committee	Cancer Programme Oversight Group (CPOG)
Brief Summary and Highlights			

- During Quarter 4, the Cancer Programme Team continued to work with STW Cancer Champions (a Wave 1 NHSE Core Connectors Pilot Project) to progress work around engaging with the community and understanding insights. This will be utilised specifically in relation to work around Early Cancer Diagnosis.

STW Cancer Champions continue to raise awareness of cancer signs and symptoms and local screening services across STWs most under-represented and under-served communities. As of 17th March 2025, over 431 Champions have been provided with training including cancer signs and symptoms, risk and how to have a lifesaving conversation. The initiative is well known across the county and has received national and regional recognition. Delivery Partners have participated in numerous learning events and have extended the scope of focus to target Inclusion Health Groups, such as people in contact with the justice system and training members of organisations supporting people experiencing homelessness.

- Between January and March 2025, a pilot was undertaken by Woodside Medical Practice using a Smear Concern Checklist. This was linked to findings from Cancer Champions that the Checklist, previously created by Jo's Trust, has the potential to help people who are fearful of having a cervical screening test and can provide them with reassurance. Those that booked an appointment were sent an adapted version of the Smear Concern Checklist by the Practice. The Medical Practice found a 35% uptake of the survey and 10 people completed the evaluation form on the checklist. Findings from the evaluation showed that 100% of people found it useful to complete the pre-smear questionnaire, and positive feedback was received from patients around their interactions with nurses. The checklist will continue to be offered by the Practice.

- Screening assets, developed by the Cancer Programme Team and the ICB Communications Team, with the support of the Lingen Davies Centre, have been shared with local foodbanks. In addition to promoting screening opportunities, resources promote symptom awareness and adopting healthier lifestyles, to the more deprived communities.

- The Cancer Programme Team has continued to liaise with colleagues in the ICB BI Team around resources. This includes development of the Cancer Population Health Management Dashboard which is now readily available. This dashboard provides an overview of the demographics of patients diagnosed within STW and will support targeting work around health inequalities. The ICB BI Team are also developing a Cancer Referrals Dashboard which will provide an overview of referrals received into the secondary care provider (by tumour site), with a demographic break down of patients being referred onto these pathways.

- In Quarter 4, the Cancer Programme Team has engaged with health inequalities leads in the secondary care provider. These audits looks at the volume of patients accessing pathways, outcomes will be utilised in the upcoming Early Cancer Diagnosis Working Group, to influence programmes of work which will focus on health inequalities in cancer screening programmes.

- Throughout 2024/25 a range of education sessions focusing on individual tumour sites were delivered to primary care providers to enhance their knowledge of cancer. This included a GP focused face to face training session held in Quarter 3 and a face-to-face GP Education Event. At the event, secondary care consultants from across the Midlands provided cancer specific education on HPB Cancers, Haematological Cancers, Gynaecological Cancers and Sarcoma. These interventions will broaden the knowledge of clinicians within primary care settings and equip them to identify and diagnose cancers earlier. Education events to help raise GP awareness on differences in identifying symptoms and prevalence between patient groups will be considered by the Team for the 2025/26 plan.

- The Cancer Programme Team has developed a dedicated space on the already established Learning Management System (LMS) for cancer. A range of resources have been made available via the LMS, including links to accredited free training, guides shared by secondary care consultants and any locally

developed resources. Discussion will take place via the Early Cancer Diagnosis Group around developing specific resources linked to Core20PLUS communities, as part of 2025/26 plan.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Foster collaboration with System Partners and STW Cancer services				
Established partnerships with local health and community organisations to ensure collaborative and collegiate working, reaching seldom heard communities.	Q1/2	Yes		
Improving cancer diagnostic pathways				
Improve earlier diagnosis and FDS in cancer pathways by focusing on interface between primary and secondary care.	Q4	No	Due to validated data not yet being available in terms of staging and Faster Diagnosis Standard (FDS), the Cancer Programme Team are not able to commit to an improvement in these areas. The Team have however focused their work particularly on the interface between primary and secondary care in line with WMCA planning guidance.	The Cancer Programme Oversight Group is aware of workstreams, held by The Cancer Programme Team and data is monitored in various platforms.
Improve uptake and access of cancer screening programmes across the Shropshire, Telford, and Wrekin				
Quality data for identifying Health Equity in all cancer tumour sites.	Q1/2	Yes		
PCN's have an overview of their cancer screening data, to enable and own identification of patient populations who may be at risk of a health inequalities.	Q1/2	Yes		
Promote Screening Programme in foodbanks.	Q3	Yes		
Work with the local Cancer Champions network (set up to support Core20Plus5) to gain insights into community cancer concerns and support to deliver a cancer awareness project.	Q3	Yes		
Increase patient education around cancer; self-awareness, Symptom and Prevention Awareness.				
A range of patient educational materials sourced and shared for Cancer Campaigns.	Q3	Yes		
Generalised and targeted digital assets to be shared in general practice and the wider public to highlight symptoms of specific cancers	Q3	Yes		

Awareness campaigns delivered by cancer champions in line with the national cancer awareness months And capitalised by CPT to enhance wider dissemination of awareness messaging	Q3	Yes		
Generalised & targeted symptom awareness assets website link to adopting a healthier lifestyle and any prevention opportunities that the patient can access, including HPV vaccinations and cancer screening programmes	Q3	Yes		
Professional education on cancer topics				
Strengthen education offer to enable health care professionals, to access education appropriate to their own learning needs and which meets the needs of their specific communities	Q4	Yes		

Cardiovascular Disease (CVD) Prevention

Programme	Cardiovascular Disease (CVD) Prevention Programme	**Lead/s**	Lorna Watkins, Strategy Development Manager, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	• Core20PLUS5: To allow for interventions to optimise management of blood pressure and lipids and minimise the risk of myocardial infarction and stroke. • Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025 • Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	**Responsible committee**	CVD Prevention Group *Reporting into the Health Inequalities and Prevention Group and Cardiology Transformation Group (currently stood down).*
Brief Summary and Highlights			

- An evaluation of reach for the Community Blood pressure project has been conducted and taken to the hard decisions group. The evaluation supported that this targeted initiative is dramatically increasing the number of blood pressure checks being undertaken, with just under 4,000 additional patients having been added to the hypertension register since the service was established.

  The evaluation report looked at the period up to December 2024. It outlined that in 2023/24:
    - 61% of events and pop ups were undertaken in Core20 areas, rising to 74% in 2024/25.
    - For Telford, between August and December 2024, 20% of residents attending were from the most deprived areas, and there 27% of engagement was from ethnic minority communities (Asian communities (11.22%), followed by individuals from our Black communities (6.32%), other Ethnic communities (4.98%), Chinese (2.71%), not stated (1%)).
    - Less than 7.5% of the population of Shropshire lives within IMD deciles 1-3, the project recorded 10.4% attendance from within that IMD profile. All the attendees recorded within IMD deciles 1-2 were from Urban City and Towns, which is representative of the population in Shropshire. 75%

of attendees were White British, much lower than the 95% of Shropshire population, attendees from Black communities was at 11%, then Mixed White background 7% and other ethnic groups combined at 2%.

Funding has been granted for the project to continue for Quarter 1 2025/26 only at this stage. An outcome is awaited on any extension of the project for the remainder of 2025/26 form the hard decisions group.

- A celebration event was hosted by Telford and Wrekin Council to showcase the work done within the blood pressure project over the last two years. This highlighted further how the project has reached the more deprived communities:
  - Overall, 52 champions have been trained, with 24 active Blood Pressure Checkers.
  - Approximately 1 in 4 people checked have been from a Black, Asian or Ethnic Community.
  - Over 13% of people had undetected hypertension.
  - 262 po-ups have been delivered across 98 locations. These include faith and community venues.
  - The volunteering scheme has enabled more healthy lifestyles conversations

- The Project continues to progress support for Core20PLUS groups, with the following updates being shared. Continued outreach is dependent on clarification of the funding:
  - The Small Grant Scheme has helped extend the project reach to local communities, to include organisations supporting Core20PLUS groups, such as Maninplace and CultureKind,
  - Teldoc has been supporting Oakengates Town Council with text messages to eligible residents to attend the drop-in sessions.
  - The Health Promotion Outreach Officer has attended Veteran and Calm cafes over the last year. Unfortunately, members have not been able attend training to enable them to offer checks themselves at their groups.
  - The Health Promotion Outreach Officer has been to the Traveller Community in Donnington on 2 occasions and remain part of a working group bringing services to that community and is looking to engage with Donnington Medical Practice.
  - Shropshire European Organisation are offering checks to the Polish Community. Further work is to be considered on how to increase this offer.
  - Work undertaken around targeting people who have experience Domestic Abuse has been slow. The Health Promotion Outreach Officer has links with Cranstoun to attend their survivors and perpetrators sessions. A date to attend is being confirmed, which hopefully will be before the end of June 2025.
  - Plan is to continue work with GPs and PCNs with established regular signposting opportunities and identify any further opportunities with PCNs.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Community blood pressure project				
Successfully obtain sustainability funding for local targeted inequalities community case-finding.	Q1	Yes		
Updated outreach pathway and model integrating use of community pharmacy in targeting Core20PLUS groups	Q3	Yes		
Evaluation of impact	Q4	Yes		

Hypertension & Lipid treatment to target				
Confirmed list of outlier GP Practices for hypertension and lipid treatment with high proportions of Core20PLUS patients.	Q2	Yes		
local best practice for improving hypertension treatment collated and shared across General Practice	Q2	Yes		
CVD and Inequalities PLT delivered	Q2	Yes		
Provisional list of opportunities to explore to further targeted inequalities work in the CVD Prevention Programme	Q2	Yes		
Explore opportunities for Hypertension treatment	Q4	No	Due to the vacant post of the clinical lead opportunities have not yet been identified. Recruitment of the CVD lead is with the hard decisions group. The delay in recruitment of the lead, due to funding, is causing delays within areas of the project that require clinical input.	Yes
Workforce				
Recruitment of CVD Clinical Lead	Q4	No	Recruitment of the CVD lead is with the hard decisions group. However, the opportunity via the Medicine Management team to recruit a Clinical Advisor has been progressed and the successful candidate is due to commence in post in June 2025. This post will contribute to the CVD Prevention programme. The delay in recruitment of the CVD lead, due to funding, is causing delays within areas of the project that require clinical input.	Yes

Core20PLUS5 for Children and Young People

Asthma

Programme	Children and Young People's (CYP) Asthma	Lead/s	Helen White, Development and Service Redesign Manager, NHS Shropshire, Telford & Wrekin ICB
	• Address over reliance on reliever medications; and		

Key/statutory health inequality targets	• Decrease the number of asthma attacks.	Responsible committee	Asthma Network Group

Brief Summary and Highlights

- A new CYP Asthma Clinical Lead is now in post and has been meeting with key stakeholders, including presenting at GP Informal Board and Nurse/GP Protected Learning Time (PLT) sessions. Funding has been extended for Quarter 1 2025/26 and currently sits within the Hard Decisions Process for future funding post Quarter 1.

- The CYP Asthma Clinical Network is established and has met twice. Three subgroups have been agreed to be set up, these being Clinical, Education and Health Inequalities. The Clinical and Education subgroups are underway. However, the Health Inequalities group is currently being scoped.

  The Clinical subgroup is focusing on improving the diagnosis pathway and the ICB has applied for funding to implement a CYP diagnostic pathway in the local Community Diagnostic Centre. The outcome of the application is expected mid-May. Ways to strengthen Primary Care are also being looked into, including how to explore a hybrid model across Primary Care, Community Diagnostic Centre and Secondary care.

- The Asthma Service has supported families from areas of deprivation and those with safeguarding concerns in a 'key worker' role with a targeted approach. The team has provided support to families; to attend appointments, provision of education regarding asthma treatment, clearly explained asthma management plans, advice regarding self-care/management and medication optimisation, remaining as a point of contact, ensuring equitable access to care, support with health literacy, acting as conduit between primary and secondary care. All of this is undertaken while liaising within the team around the child and information sharing across schools and services to safeguard CYP.

- Service users are signposted to Healthier Together website, which provides support and advice regarding access to services, health and support to stop smoking and improve air quality. The asthma service has uploaded videos regarding good asthma care, asthma management plans and inhaler techniques for easy access.

- GP practices in the following areas have been offered the opportunity to discuss/refer patients to the Community Children's Nurses (CCN) Asthma Service following the risk stratification process: Teldoc, Broseley Medical Centre, Craven Arms Medical Practice, Hollinswood & Priorslee Medical Practice, Ironbridge Medical Practice, Court Street Medical Practice, Marden Medical Practice, Plas Ffynnon Medical Centre, The Caxton Surgery, Severn Fields Medical Practice.

  These practices cover areas of deprivation across the county. Patients could be referred if they have received a recent review and do not meet the threshold for secondary care referral. Additionally, CCN asthma service accepts self-referrals from patients /carers and other professionals who have identified an unmet need for CYP in Shropshire, Telford and Wrekin.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Supporting Core20PLUS5 for CYP with Asthma				

Identification at risk patients (more than x6 inhalers in 12 month period)	Q2	Yes		
Clinical asthma Lead in post.	Q2	Yes		
Delivery of individualised care plan appointments.	Q3	Yes		
Implementation of school action plans supporting a reduction in inhaler use	Q3	No	Asthma audit completed in a school in North Shropshire successfully. Hoping to roll this out across more sites in Shropshire, Telford & Wrekin.	Yes
Re-establishment of Asthma Network Group with addressing inequalities discussed.	Q3	Yes	Asthma Clinical Network has been meeting quarterly and 3 subgroups have been established – Clinical, Education and Health inequalities.	Yes
Inequalities focused actions identified from the Network group	Q3	No	The network has agreed that a separate Health Inequalities subgroup is set up which is currently being scoped but will include agreed focused areas on smoking/vaping, housing and air quality.	
ED attendance data analysis of demographics e.g., deprivation & ethnicity complete	Q3	Yes		
Options identified following exploration of a business case to sustain resource	Q3	No	Funding has been agreed by the ICB for Quarter 1 – it is currently on the hard decision list and funding post Quarter 2 will be decided using this process - decision will be published by end of May 2025.	Escalated via all available routes and part of the hard decisions process
Explore development of a referral pathway into the community nurses for those GP who have the highest number of CYP attending acute care, with a focus on areas of deprivation	Q4	Yes		

Epilepsy

Programme	Children and Young People's Epilepsy	Lead/s	Helen White, Development and Service Redesign Manager, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.		
		Responsible committee	Currently under review

Brief Summary and Highlights

- The increase in Epilepsy Specialist Nurses (ESN) hours (band 8 - 0.2 WTE & band 6 - 0.2 WTE), enabled via ICB funding, alongside substantive Shrewsbury & Telford Hospital NHS Trust (SaTH) hours, has enabled increased patient access to ESN's.

  Enhanced psychological support has been arranged with the Paediatric Clinical Neuropsychologist currently available until June 2025 due to an extra 3 months' funding via Shropshire Community Health NHS Trust.

  Transition clinics to adult services continue alongside the Paediatric Consultant, Paediatric ESN and Adult ESN. Each of the 3 consultants undertakes up to 2 transition clinics per year. With additional funding, it is hoped that the Psychologist can also attend the transition clinics.

- Paediatric clinical neuropsychologist has been able to accept direct patient referrals from SaTH's Epilepsy service via ESN's. Eighteen referrals were received between May 2024 to November 2024, this included direct psychological intervention and/or neuropsychological assessment (including assessment of dyslexia as appropriate), signposting for further specialist neurodevelopmental assessment as needed, or other appropriate services. Routine outcome data has been collected, which has shown positive improvements in self-reported difficulties. There has been positive feedback from children/young people and their families.

- Collaborative working links continue between Paediatric ESN's and Adult ESN's. This includes linking in with Midlands Epilepsy forums and working groups in paediatric and adult epilepsy, as well as keeping knowledge up to date along with any changes within epilepsy treatments – such as new medication side effects identified in males using sodium valproate.

- "Me and Epilepsy" screening tool has been introduced for use in epilepsy clinics. Young people have been asked to complete the Tool before Consultant Clinic Appointments. The aim of this conversational tool is to facilitate conversations within clinic about emotional wellbeing and specific epilepsy related psychological need. This can be given to children over the age of 7 years and has been helpful to support further referrals to the Paediatric Psychologist. Of those who have completed the tool, 88% (n=51) reported that it was helpful. Reasons for not completing included: significant level of intellectual disability, no epilepsy diagnosis or they did not want to.

  New referrals are currently on pause due to patient capacity reached for Paediatric Clinical Neuropsychology Service. Screening may commence again once current patients have been discharged.

- The Team has worked to identify needs and making reasonable adjustments to try to enable successful clinic appointments or investigations for patients or their parents, examples include:
  - ESN's referring to the play therapist at SaTH for blood tests on children with LD.
  - A MRI head scan was required on child with severe autism. The ESN referred to the play therapist and the patient journey was adjusted to minimise time spent as inpatient for procedure, reducing stress to child with change of routine. Whilst the procedure was unsuccessful, the parent had a positive experience and maintained trust in the hospital that the child's needs were being taken care of.
  - Parent of patient being investigated for epilepsy, has Mental Health problems. This was impacting on the child not attending school daily, also reporting exclusion of child from activities such as trips and school disco. ESN liaised with school and parent to alleviate anxieties regarding possible seizure episodes. This enabled the child to continue with accessing school trips, extra-curricular activities and increased attendance at school.

- Epilepsy resources in other languages and easy read versions for LD patients have been identified and are being utilised.

- A Review Meeting has taken place which included a discussion around inequalities. The CYP Operational Group will be focusing on this area of work going forwards when the group is established.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Delivering the CORE20+ for CYP with Epilepsy				
Service extended to March 2025	Q2	Yes		
Service analysis of referral trends with demographic overlay (IMD and ethnicity)	Q3	No	Information to be gathered on demographic trends. To use Epilepsy12 audit information.	Yes
Themed discussion about inequalities held at review meeting.	Q3	No		
Outcomes / actions of exploration of business case.	Q3	Yes		
Exploring video platform options for sharing of patient videos to epilepsy service to aid quicker diagnosis and effective treatment for epilepsy	Q4	No	The decision regarding funding for the video platform by SaTH is still pending.	Yes
Enhanced MH Support for CYP with Epilepsy				
Enhanced psychological support within the service	Q2	Yes		
Me & My epilepsy screening tool introduced for use in epilepsy clinics	Q3	Yes		
Direct referral pathway commenced to Paediatric Clinical Neuropsychologist & Clinical Psychologist	Q4	Yes		

Delivery of PIEr workshops (psychology)	Q4	No	Recruitment of patient group to PIEr workshops has been challenging. These include concerns about missing school, examination period, parental anxiety around young people mixing with others in a group setting and parents taking time off work to take the young people to the venue. Team to explore if other options are available within a limited time frame due to availability of Paediatric Clinical Neuropsychologist/ESN's once 3 month funding ends June 2025. Consideration of hybrid approach (face-face and online).	Yes
Supporting transition to adult services				
Review undertaken of the transition process for CYP into Adult Epilepsy services.	Q3	Yes		

Diabetes

Programme	Children and Young People's (CYP) Diabetes	Lead/s	Marlene Goncalves, System Development and Service Re-design Manager, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	• Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and • Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.	Responsible committee	Currently under review
Brief Summary and Highlights			

- Outcome report from the GIRFT Deep Dive into CYP Diabetes services has been received and will inform future areas for prioritisation in the transformation programme. Key findings include:
  - STW has one of the highest proportions of CYP on Hybrid Closed Loops (HCL).
  - There is a lack of service provision for 18–25-year-olds.
  - Patient lists have been reviewed by ethnicity and deprivation deciles to enable a quality improvement approach to improving the number of children on insulin pump technology, aiming to identify and address inequalities. This good news story has previously been shared with members of the

Health Inequalities and Prevention Group, and was praised by NHS England when presented to the NHS England Health Inequalities Site Visit in January 2025.

- Proposal paper approved by Commissioning Working Group to ring fence the issue of Hybrid Closed Loops to 3 priority groups to include CYP for Quarter 1 2025/26 as a minimum whilst an affordable delivery plan is developed with SaTH for the remainder of the planned 4-year national implementation plan. SaTH have circa 70 patients on their waiting list, but these are not all CYP. Patients on the waiting list are actively risk stratified, the assessment criterion being applied includes date of birth and if the person is under-25 years of age. A working group is in place with ICB and SaTH colleagues to discuss and monitor the implementation of Hybrid Closed Loops, with input from Core20PLUS Ambassadors.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Delivering the CORE20+5 for CYP Diabetes Aim				
Analytical work to identify those young people in CORE20 for pump-start prioritisation	Q2	Yes		
Clinic slots for pump starts prioritised for young people in core 20.	Q3	Yes		
Barriers/concerns to pump therapy to be understood and actions to address identified	Q4	Partially	SaTH have developed a business case for additional workforce as they are at the limit of what they can deliver with current capacity. Status of the business case in SaTH/ICB approvals to be confirmed.	
Supporting CYP with Diabetes to access digital technology				
Outcomes/actions of exploring refurbished Trust laptops to support access to digital technologies	Q3	Yes		

Oral Health

Programme	Oral Health Improvement Programme	Lead/s	Anna Hunt, Consultant in Dental Public Health, NHS England - Midlands
Key/statutory health inequality targets	Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.	Responsible committee	Oral Health Network

Brief Summary and Highlights

- The government have announced a national supervised toothbrushing scheme which will enable expansion of current local schemes. This will specifically target provision to all children in IMD deciles 1 and 2. Local Authorities are working to implement the government's commitment. It is planned that progress will be monitored as part of 2025/26 STW Healthcare Inequalities Implementation Plan.

- As of the stocktake undertaken on 17th April 2025, in Telford & Wrekin, 53 settings were targeted and offered, but only 35 are currently participating, including one SEND school. In Shropshire, 36 settings were targeted and offered, but only 21 are currently participating. Settings have reported increasing number of children with additional needs or requiring 1-1 support, not school ready (i.e. not toilet trained) which makes supervised toothbrushing more difficult to implement. There can also be challenge in maintaining a setting's focus on supervised toothbrushing, particularly against conflicting priorities from Ofsted, or staffing issues.

- Several meetings have taken place with the 0-19 Service Lead to explore the challenges and barriers to distribution of the Brushing 4 Life packs in Telford and Wrekin. They reported that identifying the deprived families was proving one of the main challenges. Following the recent 5 year old data, Brushing 4 Life will be made a universal offer from Quarter 2.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Brushing 4 Life (provision of toothbrushes/toothpaste)				
Brushing 4 Life packs distributed by health visitors to CYP (0-24months) within most deprived areas Shropshire: pack 1s distributed per Q 89 pack 2s distributed per Q 178 Telford and Wrekin: pack 1s distributed per Q 214 pack 2s distributed per Q 428	Every Q	No	Quarter 4 data is not due to be reported until 20/05.	
Outcomes/actions from exploration of including distribution of packs into health visiting service contract.	Q4	TBC	To be confirmed. Same number of packs have been included for the target as the Local Authority have set for the 0-19 mandated visit KPIs.	
Annual 0-19 service oral health training delivered to all new HV & SN staff, include distribution of Brushing 4 Life	Q4	TBC	An oral health workforce training session for new staff was agreed. Annual update session for current staff planned for Quarter 4, information to be included in the Quarter 4 report.	
Oral Health Workforce Training				
Delivery of workforce training sessions to health visitors, school nurses, etc.,	Q1	Yes		
Brilliant Brushers (Supervised Toothbrushing)				

3 (Shropshire) & 3 SEND (Telford) new schools engaged with Brilliant brushers programme	Q3	Yes		
Exploratory work completed to understand barriers to settings participating in Brilliant Brushers	Q3	Yes		
Brilliant brushers – actions from exploratory work (barriers to participation) implemented	Q4	Yes		
Targeted Dental Activity				
Confirmed offer for target populations (additional dental activity)	Q2	Yes		
Inclusion groups withing locality identified for prioritisation (additional dental activity)	Q2	Yes		
Messaging shared within target communities	Q3	Yes		
Delivery of activity to CORE20 populations	Q3	Yes		
Social media marketing campaigns				
Delivery of a minimum of 2 campaigns and post weekly up-to-date oral health advice and information on social media platforms.	Q1	Yes		

Children and Young People's (CYP) Mental Health

Programme	Children and Young People's (CYP) Mental Health	Lead/s	Barrie Reis Seymour, Head of Commissioning, NHS Shropshire, Telford & Wrekin ICB Anna Deacon, Midlands Partnership University Foundation Trust (MPUFT)
Key/statutory health inequality targets	Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.		
		Responsible committee	Mental Health Board

Brief Summary and Highlights
• A considerable amount of professional and public engagement had been undertaken as part of previous work to review, redesign and inform the recommissioning of a new Children and Adolescent Mental Health Service (CAMHS). This included local needs assessments, professional and public engagement, review of public and population health data, inequalities data and national best practice. Between January and March 2025 this was developed further still with an additional round of extensive engagement undertaken, those engaged with included children and carer forums, schools, children's groups, the voluntary and care sector, religious groups. Targeted engagement was also undertaken within some under-served children's communities, many in Core20 areas. Methods included a range of workshops, surveys, face to face conversations and social media campaigns. In parallel, scoping and research has been expanded open, looking into best practice models of care linked to prevention and earlier intervention.

Community engagement supported capturing from key local groups what is working well, areas for improvement and recommendations on how future services could be improved. Key groups identified to support include Looked After Children (LAC), Children with Special Educational Needs and Disabilities (SEND), young people in contact with the criminal justice system (YOT), and those who have experienced or at risk of Child Sexual Exploitation (CSE). The Engagement Report has been finalised and has been published on the ICB's website: [Child and Adolescent Mental Health Services: Public Engagement Report of Findings](#)

Focus on how to reach Core20PLUS communities has been considered and factored into the review and development of the new service model, with an integrated impact assessment currently being finalised as part of the new service redesign and evidencing anticipated impact on those with protected characteristics and wider determinants of health, and is used to underpin a number of specific developments in the new service model that set out to mitigate any recognised inequalities. One of the major inequalities areas recognised in this work is that the greatest proportion of demand on CYP mental health services is from children living in deprived areas for a wide number of reasons including cost & affordability, transport and accessibility, behaviours and family support. Similarly, the greatest proportion of missed appointments, or appointments where the child is not brought to their appointment, is for children again in areas of deprivation and so requires a targeted approach in differentia delivery models that can ensure these individuals are reached and support provided. Not to the same degree, but some similar issues exist for those children living in remote and rural locations with challenges around transport and access, although some semi-urban areas now also have challenges around regular transport links. This works aims address access barriers for the Core20PLUS community in the new service.

All feedback and scoping work is being consolidated and will inform the new proposed service delivery model. Reporting metrics and Key Performance Indicators (KPIs) will be developed, which will be split by ethnic group and areas of deprivation, linking back to monitoring outcomes.

- Mental Health Support Teams (MHST) took on 6 attrition Education Mental Health Practitioner (EMHP) trainees alongside the 4 trainees for Wave 10. All 10 trainees qualified, with 8 remaining working within MHST. 2 Children Wellbeing Practitioners (CWP's) trained within the BeeU Core Service joined MHST in March 2025. A Band 7 Team Manager has been recruited, starting in June 2025, after a long period of a vacant Team Manager post. The group provision has been strengthened and developed with further training planned to deliver more variety in the group programme. MHST Consultation is now able to be accessed by any professional working with CYP within MHST schools. MHST's are now active in 12/15 mainstream secondary schools in Telford and 18/20 in Shropshire with the roll out of Wave 12. MHST are active in specialist settings Queensway North in Telford and Woodlands in Shropshire.

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Children and Adolescent Mental Health Service (CAMHS) Recommissioning				
Outcomes based commissioning around CORE20-5 is integrated into the service specification	Q3	Yes		
Pathway mapping and proposed model for new CAHMS service	Q4	Yes		
Mental Health Input for Family Hubs				
Agreed mental health input model for Family Hubs	Q3	No	This work is now being considered in conjunction with broadened exploration of VCSE involvement/offers. Work	Yes
Family hubs Mental Health input model implemented	Q4	No		

			continues to take place to review Mental Health input into community-based family hubs.	Completion will continue to be tracked outside quarterly reporting process.
Mental Health Support Teams (MHST) in Schools				
1 MHST training team due to be fully operational by January 2025.	Q4	Yes		
Wave 12 (4 trainee practitioners) to commence annual training	Q4	Yes		
Partnership for Inclusion of Neurodiversity in Schools (PINS)				
No deliverables planned for the reporting period.				

KLOE 5: Strengthening Leadership and Accountability

Embedding a culture of proactive commitment and accountability through designated responsible officers, robust governance, workforce training and awareness and supporting the NHS to positively impact on the broader social, economic and environmental determinants of health.

Leadership and Accountability Programme

Programme	Leadership and Accountability Programme	Lead/s	Tracey Jones, Head of Healthcare Inequalities and Alexandra Mace, Healthcare Inequalities Partnership Lead, NHS Shropshire, Telford & Wrekin ICB
Key/statutory health inequality targets	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people	Responsible committee	Health Inequalities and Prevention Group
Brief Summary and Highlights			

- A substantive Health Inequalities Team was developed as part of the new operating model through the ICB Management of Change in 2024 to provide dedicated expertise in this area to the system and drive forward the health inequalities agenda. The team recruited to the Healthcare Inequalities Manager role in February 2025 with the successful candidate commencing in post 17th March. Due to recent national announcements that Integrated Care Boards (ICBs) are required to reduce running costs by 50%, all recruitment has been paused. This includes recruitment to the roles of Healthcare Inequalities Specialist Support Officer and Healthcare Inequalities Administrator role. At present, the ICB Health Inequalities Team is working at reduced capacity with a 40% vacancy rate. Recruitment will remain under review until the new ICB model is developed.

- Schedule 2N (the schedule which identified actions for Trusts to undertaken which will support in tackling inequalities in access, experience and outcomes) has been refreshed and simplified for the 2025/26 contractual year. This has been completed to ensure the schedule identifies all core requirements in line with national objectives, whilst cross-referencing to existing governance and reporting requirements to avoid duplication.

- Health inequality awareness presentations have been delivered by the Health Inequalities Team to the Early Cancer Diagnosis Group, ICB Strategy and Development Team and Primary Care Network (PCN) Digital & Transformation Leads.

- Discussions continue to take place with Cohort 3 Core20PLUS5 Ambassadors to offer advice, peer support and solutions to barriers. This includes linking in Ambassadors with relevant system partners, such as local schools and primary care settings who will be able to offer support such as co-developing projects or identifying data-sharing solutions to enable targeted efforts for screening.

- Work is taking place with Health Inequalities, Quality, Communication and Engagement and PMO Teams as part of a task and finish group to review and revise the ICB Equality and Quality Impact Assessment (EQIA)/Integrated Impact Assessment (IIA) tools, templates and processes. The task and finish group has utilised feedback from staff to improve the assessment process, refine impact assessment questions and develop draft supporting guidance to aid staff in considering impact on inequality.

- As part of influencing local procurement and commissioning processes, members of the ICB Health Inequalities Team are part of core process to review and work with local Commissioners on commissioning proposals, procurement tenders and Equality and Inequality Impact Assessments (EQIAs). This is to ensure that adequate consideration is given to any potential risk of widening existing inequality and identify appropriate actions to mitigate that risk.

- Work has taken place to commence drafting a year-end high-level evaluation of 2024/25 activity. The report aims to understand:
  - Whether recommendations from the previous year have been embedded
  - Progress against agreed deliverables and any key challenges contributing towards any delays in-year
  - Progress in working towards the intended improvement in patient and population health outcomes
  - Key priority actions for 2025/26 based on learning and the year-end position

- Work has commenced to understand current service offers, convene stakeholders, scope best practice and share learning in relation to key priority areas already identified for implementation in 2025/26. This has included ICB Health Inequalities Team attendance at regional Health and Justice Summit, the implementation of a local network for improved health literacy and engaging in discussions with key stakeholders on joint approaches to supporting the health engagement of inclusion health groups, such as Gypsy, Roma and Traveller Communities.

- Green Plan refreshed guidance was released in February 2025 with a submission date for a new System Green Plan by October 2025. Work is currently taking place with Providers and ICB subject-experts to develop elements of the plan. This work is on track to deliver to the planned timescales and will continue to form part of Quarters 1 and 2 within the Healthcare Inequalities Implementation Plan.

Good News Stories
- On Monday 13th January 2025, Regional NHS England Leads for Health Inequalities and Public Health attended Shropshire, Telford & Wrekin as part of their summative assessment of ICB's systems delivery of the HealthCare Inequalities agenda. Shropshire Telford and Wrekin were the third ICB to have a visit. It is the first time these visits have been undertaken and they are intended to supplement the quarterly stocktake reports on the ICB's Healthcare Inequalities Plan in addition to any requests on themed areas throughout the year.

  A range of themed discussions and showcase presentations were arranged, featuring colleagues from across the system who are actively and positively contributing to the five Operational Planning Guidance healthcare inequality objectives and the Core20PLUS5. This included presentations from strategic, analytical, and clinical staff on areas such as improving access to diabetic technologies for children and young people, reducing disparities in hypertension

treatment across Core20PLUS populations and the progress made on leadership and governance.

The initial feedback from the Regional NHS England Team described the day as extremely positive, noting particularly the vast range of colleagues who attended the day to share and discuss their work and the enthusiasm felt by all to make a difference to under-served and under-represented communities in Shropshire, Telford & Wrekin.

- In Quarter 3, Shropshire, Telford & Wrekin were invited to participate in a piece of sustainability research. This work was based on the positive impacts of programmes such as Core20PLUS Connectors and was undertaken by The Health Creation Alliance and National Voices, on behalf of the national Health Inequalities Improvement Programme. A series of interviews took place with the ICB Head of Healthcare Inequalities, Healthcare Inequalities Partnership Lead, Public Health and VCSE delivery partners to seek insights relating to the successful implementation, delivery and sustainability of the Shropshire, Telford & Wrekin Core20PLUS Connector Project (known locally as Cancer Champions). These insights feature heavily throughout the Core20PLUS Connectors Programme Sustainability Leading to System Change Report and Resource Kit, which were published in March 2025.

  Core20PLUS Connectors Programme: Sustainability Leading to System Change Report (download)
  Core20PLUS Connectors Programme: Connecting for Funding and Sustainability Resource Kit (download)

Planned deliverables (During the reporting period)	Due	Delivered (Yes / No)	If not on-plan or not started, please reason why and what actions are being done to progress this?	If not on plan or not started, has this been escalated to the responsible committee?
Architecture of Successful Delivery				
Complete Evaluation Report on 2023-24	Q1	Yes		
Part-established ICB HI Team	Q1	Yes		
Agreed local objectives for focus/priority in 2024/25	Q1	Yes		
Ratified Strategic HI Plan for 2024-25	Q2	Yes		
Updated governance (reporting and monitoring framework) 2024-25	Q2	Yes		
HI Team representation on key programme groups aligned to enhanced support priorities within the HI Plan	Q2	Yes		
PHI Board dates confirmed for 2024-25	Q2	Yes		
Agreed Schedule 2N for 2024-25	Q2	Yes		
Fully established ICB HI Team	Q3	No	Recruitment to posts within the ICB have been paused due to national announcements for ICBs to reduce running costs by 50%. This has resulted in the pausing of recruitment to Support and Administrator posts within the	Yes – alerted in February 2025 in advance of the Quarter 4 report due to anticipated delays in completion of Quarter4 deliverables.

		 	ICB Health Inequalities Team. Recruitment to posts will be under review subject to developments relating to ICB cost reductions.	
Part-complete evaluation	Q4	Yes		
Agreed 2025/26 Schedule 2N in Provider Contracts	Q4	Yes		
Peer Support and Development				
Evaluation outcome report section on education needs of staff	Q1	Yes		
Delivered ICB Board Development Session	Q1	Yes		
Agreed list of workshops and board development sessions for 2024-25	Q2	Yes		
Local Ambassador promotional webinar	Q2	Yes		
Staff applications for Core20PLUS Ambassadors	Q2	Yes		
Shro and Tel intranet pages are live	Q2	Yes		
ICB Virtual Huddle Health Inequalities Session	Q3	Yes		
Confirmed Cohort 3 Ambassadors	Q3	Yes		
Staff Induction Video embedded within HR processes	Q4	No	Work paused due to changes in team capacity across the ICB amidst national announcements and recruitment delays/pauses. Conversations are taking place to explore alternative options to delivering this project or achieving the intending outcome in 2025/26.	Yes – alerted in February 2025 in advance of the Quarter 4 report due to anticipated delays in completion of Quarter 4 deliverables.
Board Development Sessions held for main Providers	Q4	Yes		
Delivery of bespoke HI sessions for ICB departments.	Q4	Yes		
Inclusion Health Lunch and Learn	Q4	No	Work paused due to changes in team capacity across the ICB amidst national announcements and recruitment delays/pauses. This work will feature in the 2025/26 plan as part of a priority series of Lunch and Learn sessions.	Yes – alerted in February 2025 in advance of the Quarter 4 report due to anticipated delays in completion of Quarter 4 deliverables.
Green Plan Lunch and Learn	Q4-2025/26	No		

Embedding Systematic Approaches to Assessing Impact				
Updated IIA supporting guidance/examples	Q4	**No**	This work is being led jointly by a group of key stakeholders. Progress was delayed to ensure new updates relating to governance were incorporated within the new guidance and process documents. To be completed in Quarter 1 of 2025/26.	Yes
Collection of best practice IIAs	Q4	**Yes**		
Staff training for IIA completion	Q4	**No**	Work delayed due to changes in team capacity across the ICB amidst national announcements and recruitment delays/pauses. This work will feature in the 2025/26 plan as part of the peer support and development offer.	Yes – alerted in February 2025 in advance of the Quarter 4 report due to anticipated delays in completion of Quarter 4 deliverables.
Building the Business Case for Health Inequalities				
Health Inequalities Team as a core member to procurement panels	Q2	**Yes**		
Head of Health Inequalities core member of service review/investment group	Q2	**Yes**		
Standardised list of core Health Inequalities Questions in ITT Evaluation Question Sets	Q2	**Yes**		
Anchor Collaborative Improvement				
Briefing to Health Inequality SROs	Q2	**Yes**		
System Anchor Impact Workshop	Q3	**No**	Work paused due to changes in team capacity and delays in recruitment amidst national announcements for ICBs to reduce running costs by 50%. This work will feature in the 2025/26 plan. The extent to which the actions feature will be subject to priorities identified as part of the 2024/25 evaluation, taking into consideration the reduced capacity of the team longer-term.	Yes – alerted in February 2025 in advance of the Quarter 4 report due to anticipated delays in completion of Quarter 4 deliverables.
Completed self-assessment across system main providers	Q3	**No**		
Drafted strategy and action plan for improving anchor impact	Q4	**No**		
Green Plan recommendations for 2025/26	Q4	**Yes**		

For any queries in relation to this report, please contact stw.icbhealthinequalities@nhs.net