NHS Shropshire, Telford and Wrekin ICB Data and Analytics Strategy 2025–2030

Executive Summary

The NHS Shropshire, Telford and Wrekin Integrated Care Board (ICB) presents this five-year Data and Analytics Strategy for 2025–2030.

This high-level plan outlines how we will harness data to improve health and care outcomes across our Integrated Care System (ICS) in a safe, transparent, and collaborative way, whilst embedding population health management principles and a focus on health inequalities, enabling data-driven decision-making that proactively identifies and addresses the varying needs of our communities, including those who are most at risk and vulnerable.

Aligning with national initiatives like *Data Saves Lives* – gov.uk, our strategy focuses on better use of data to benefit patients, support clinicians, and help system leaders make informed decisions.

It builds on local successes (such as the use of Risk stratification data for secondary use and One Health and Care shared care record for direct patient care) and anticipates future innovations (such as the **NHS Federated Data Platform**).

Key elements of the strategy include:

A clear vision and strategic goals: We will foster a data-driven culture, integrate our data systems (in line with the upcoming Federated Data Platform and use of shared care record approaches), ensure robust governance, and deliver insightful evidence-based intelligence and analytics to support care improvements. These goals directly support our ICS mission of joined-up, preventive care and are shaped by national recommendations for NHS data use in line with the developing strategic ICB functions.

Integration with national and regional platforms: Implementing a local data platform to enable system-wide access, ensuring seamless integration and utilisation of future general practice data flows. This initiative supports the delivery of a population health-driven approach, enhancing intelligence and analytics capabilities.

We will play a pivotal role in harnessing the capabilities of the new Federated Data Platform, enabling more timely, secure, and joined-up data access across the NHS. By leveraging this platform, BI teams will support integrated care systems in delivering data-driven insights for population health management, tackling health inequalities, and improving operational and clinical outcomes at both local and national levels.

Any new data system we implement will align with these platforms to avoid duplication and maximise interoperability.

Risk stratification is a critical component in our data-driven approach to population health management. By using robust analytics and linked datasets, we can proactively identify individuals and cohorts at varying levels of risk for adverse health outcomes. This enables the ICB to target interventions more effectively, prioritise resources, and support personalised care planning. Our strategy includes developing and refining risk stratification models that are transparent, clinically validated, and tailored to the needs of our local population. The development and access to General practice data flows will support primary and secondary care providers in early identification, prevention, and improved care coordination - ultimately reducing health inequalities and improving patient outcomes
To ensure these insights are accurate and actionable, we are embedding data quality improvement plans across our system. These plans aim to standardise coding, reduce data gaps, and enhance the timeliness and completeness of data across primary, secondary, and community care.

Benefits for patients, clinicians and leaders: By 2030, better use of data will mean patients experience more coordinated care, faster diagnoses, and improved health outcomes. Clinicians will have quick access to complete information and analytical insights at the point of care, reducing administrative burden. System leaders will be equipped with timely population health data to plan services and reduce health inequalities. In short, **data saves lives** – it improves care, speeds up diagnosis, and helps plan services while saving time and money that can be reinvested in patient care transform.england.nhs.uk.

Strong governance and collaboration: We will establish robust data governance structures to oversee this strategy's delivery, ensuring privacy, security and ethics are at the forefront. A multi-sector Data & Analytics Steering Group will include NHS providers, primary care, local authorities, and CSU colleagues to guide our initiatives. We will work in close

partnership with regional ICS partners and adhere to national data standards and safeguards.

Phased implementation with agility: The strategy will be implemented in phases from 2025 through 2030, with clear milestones each year. Given the evolving landscape of the NHS and potential ICB/ICS reconfigurations, we explicitly commit to a formal review and refresh of this strategy during 2026. This will allow us to adapt to any structural changes or new national policies, ensuring the strategy remains relevant and effective.

Overall, this Data and Analytics Strategy provides a roadmap for transforming how we collect, share, and use health data in Shropshire, Telford and Wrekin. It is designed for a public audience, reflecting our commitment to transparency and community benefit. By investing in data and working together across organisations, we aim to deliver safer, more proactive and equitable care – improving health and wellbeing for all our residents over the next five years and beyond.

Introduction and Context

Shropshire, Telford and Wrekin's Integrated Care System (ICS) brings together local NHS organisations, councils, and voluntary sectors with a shared mission: to help people live healthy, happy lives with accessible, high-quality care. Achieving this vision in today's world requires making the best use of data. Every interaction in health and social care generates valuable information – from hospital records to GP notes to social care reports. When combined and analysed, this data can **inform better decisions, target resources where they are needed most, and ultimately save lives** transform.england.nhs.uk.

National strategic direction strongly supports this focus on data. The Department of Health and Social Care's *"Data Saves Lives"* strategy (2022) sets out an ambitious plan to harness the power of data to improve health and care while maintaining the highest standards of privacy gov.uk.

It provides an overarching vision of a health system underpinned by high-quality, readily available data for the benefit of patients and service users. Likewise, NHS England guidance for ICSs emphasises using *population health data* to plan services, linking data across partners, and developing unified analytics platforms that serve the whole system. An independent review of ICSs (the Hewitt Review, 2023) further highlighted the need to share data more effectively, deploy smart analytics, and upskill staff in data and digital skills.

Together, these national plans form a clear mandate: **we must transform our use of data to drive better care and outcomes**.

At the local level, the implementation of general practice data flows to support population health management is already underway and will continue to develop throughout 2025/26. This progression is being driven in collaboration with our practices and Primary Care Network (PCN) clinical leads, ensuring that the integration of data enhances our ability to deliver proactive, data-informed healthcare solutions. By refining these data flows, we aim to strengthen population health initiatives, enabling better insights, informed decision-making, and improved patient outcomes across the system.

This approach will further support the evidence provided to general practices utilising the One Health and Care shared care record platform for direct patient care meaning doctors, nurses and other clinical staff will be able to see a patient's important health and care information in one place, enabling safer and more coordinated care.

Additionally, our ICS partners have their own digital and data initiatives – for example, hospital trusts improving electronic records and the council developing data insights for social care. This strategy seeks to **bring these efforts together**, creating a unified approach across Shropshire, Telford and Wrekin utilising the shared local data platform.

It is important to note that this strategy is **high-level and strategic** in nature. It does not delve into technical IT architectures or specific software solutions. Instead, it charts the *direction* and *principles* for how we will manage and use data as a system. A more detailed delivery plan will support this strategy, outlining specific projects, timelines and resources. We will ensure alignment with related strategies, such as our ICS Digital Strategy (covering digital infrastructure and tools) and our forthcoming Population Health Management plan. In fact, innovation and data integration are already identified as priorities in our system's broader strategic vision – we are committed to exploring new technologies, improving data integration, and supporting our workforce with the training and tools needed for exceptional care shropshiretelfordandwrekin.nhs.uk.

Furthermore, the Business Intelligence function will fulfil the delivery of ICB statutory duties by providing robust, timely, and actionable insights to inform strategic planning, resource allocation, and performance management, ensuring the ICB delivers value for money, promotes integration across

health and care systems and working in partnership with local authorities, providers, and communities to deliver a sustainable, equitable, and high-quality health and care system. This will be underpinned in the use of contract and performance business intelligence to support evidence-based commissioning and system oversight. This includes the development of robust data pipelines and analytical tools that provide real-time insights into provider performance, contract compliance, and service delivery outcomes. By aligning business intelligence functions with the ICB's operational and strategic planning cycles, the ICB will ensure timely intervention, informed decision-making, and enhanced accountability across the system. Integration with national datasets and regional intelligence networks will further support benchmarking, risk stratification, and the proactive management of variation in care.

Finally, we recognise that the environment we operate in is **dynamic**. NHS structures may evolve (for instance, the government may adjust ICS boundaries or functions in coming years), and new technologies will emerge. This five-year strategy provides a guiding framework from 2025 to 2030, but it is not static. We will remain flexible and responsive to change. Specifically, we plan to conduct a **formal review in 2026** to refresh the strategy in light of any significant changes, ensuring continuous alignment with both national policy and local needs. Our commitment is that this strategy will *grow and adapt* along with our system, always keeping its core aim in sight – using data to improve the health and care of our population.

Vision and Strategic Goals

Our **vision** is to become a data-driven integrated care system by 2030, where secure and smart use of data drives better outcomes, experiences, and value. In this vision, clinicians and care teams have the right data at the right time to make faster, safer decisions. Patients and citizens trust the way their data is used and benefit from more coordinated, personalised care. And system leaders use real-time insights to target interventions, reduce health inequalities and plan for the future of our communities.

To achieve this vision, we have identified several **strategic goals** for 2025–2030. These goals will guide our investments and initiatives in data and analytics across the ICS:

1. **Cultivate a Data-Driven Culture and Workforce:** Build skills and confidence in data use across all partners. We will invest in training, leadership, and career development for data and analytics, so that staff at all levels can use data in their day-to-day work. From the

analyst teams to frontline clinicians, we want to foster a culture where decisions are guided by evidence and insights. We will celebrate and spread best practices, encourage innovation, and ensure staff have the tools (and support) to turn data into action. Empowered teams make better, safer decisions for patients, and a confident workforce helps to drive sustainable change.

2. **Establish a Unified Data Platform and Integration:** Develop an ICS-wide data platform that brings together key data from NHS and care systems and general practice into a secure, accessible repository. This will involve connecting our local systems to the national **Federated Data Platform (FDP)** as it rolls out and fully leveraging **our local data platform**. The goal is to eliminate data silos – integrating health and social care data (and eventually wider determinants of health data) so we have a single source of truth for planning and analytics. This platform will support reporting, population health management, research, and innovation, while aligning to national standards and ensuring only appropriate, de-identified data is used for each purpose.

3. **Deliver Timely Analytics and Insights for Care Improvement:** Provide clinicians, managers, and partners with user-friendly tools and dashboards to get insights when they need them. We will develop reporting solutions (e.g. self-service analytics, dashboards) that draw on the unified data platform to inform decision-making at every level – from a GP identifying at-risk patients, to support hospital planning capacity, to the ICB allocating resources. We aim to shift from retrospective reporting to **predictive analytics** and proactive interventions. This includes using population health analytics to identify health inequalities and target preventative care. By 2030, data-driven insight should be embedded in routine practice, supporting continuous improvement and innovation in patient care. Insights delivered at the point of care support earlier interventions, improved outcomes, and reduced variation in quality and access.

4. **Ensure Robust Data Governance, Privacy and Security:** Maintain the highest standards of data governance to build public trust and meet all legal requirements. We will strengthen our information governance (IG) processes and policies across the system, ensuring compliance with the Data Protection Act, NHS confidentiality guidelines, and any future data regulations. We will be transparent about how data is used for the public good and uphold patient privacy (for example, by using de-identified data for system planning whenever possible).

Clear governance structures will be in place to oversee data sharing agreements, approvals for new uses of data, and cybersecurity measures. By treating data as a precious asset and safeguarding it, we will maintain public confidence that their data is used lawfully, ethically, and securely.

5. **Collaborate Across Sectors and Boundaries:** Work in partnership across all organisations in our ICS and beyond to achieve these goals. No single organisation can realise the full potential of data alone – it requires **cross-sector collaboration**. We will bring together NHS trusts, primary care, mental health, community services, local councils (public health and social care), and voluntary sector partners to share data appropriately and learn from each other. We will also collaborate with neighbouring ICSs to align data initiatives regionally. Partnerships with academic institutions and industry will be pursued to bring in expertise and innovation (for example, exploring academic collaborations for advanced analytics or participating in national pilots for new data tools). This collaborative approach will ensure that our data strategy benefits from diverse insights and serves the whole health and care ecosystem. Allowing for a care system that will continuously evolve, adapt and improve, using data as a foundation for safe, equitable and person-centred care.

These strategic goals are interconnected and mutually reinforcing. For instance, a unified data platform (Goal 2) is of little use without a skilled workforce and data culture to exploit it (Goal 1), and neither will succeed without proper governance (Goal 4) or the buy-in of all partners (Goal 5). Together, they lay the foundation for a **learning health and care system** – one that continuously uses data to learn, improve, and innovate for the benefit of our population.

Implementation Timeline (2025–2030 Roadmap)

Implementing this strategy will be an iterative journey over five years. We have outlined a high-level timeline with key milestones and focus areas for each year. This phased approach allows us to build momentum early, deliver incremental benefits, and adapt as needed. **Table 1** below summarises the timeline from 2025 through 2030:

2025 – Foundation Building: To effectively deliver the duties of the Integrated Care Board (ICB) and provide robust strategic direction, we will leverage the expertise of our Analytics, Intelligence, and Data (AID) group. This team will play a pivotal role in generating insights, guiding decision-

making, reviewing and implementing governance framework and ensuring that our strategies are data-driven and aligned with our overarching objectives Complete an ICS-wide data maturity assessment and identify gaps.

Begin workforce training programs in data literacy for staff. Initial development of an ICS data warehouse or repository that aggregates data from major partners (acute hospital, community, mental health, GP, social care) in alignment with the emerging **Federated Data Platform (FDP)** requirements. Communication and engagement with the public about this strategy begins, emphasising transparency and benefits.

2026 – Integration and Strategy Refresh: By mid-2026, we expect the national **FDP** to be in its initial deployment stage. We will connect our local data systems to the FDP as one of the early adopters, allowing us to securely share data with other NHS systems and access broader datasets.

We will also expand the ICS local data platform to include more datasets (such as social care assessments, community services data, and relevant population data like demographics and health determinants). In 2026 we will **review and update this strategy** – a planned refresh to account for any ICB reconfiguration or policy changes after one year. This updated 2026 version will refine targets for 2027–2030 if needed. Throughout 2026, we'll continue rolling out analytics tools (for example, introducing self-service BI tools to partner organisations) and use data to support the ICS's Joint Forward Plan priorities (such as mental health or primary care improvements).

2027 – Advanced Analytics and Linked Data Platform: By 2027, we aim to have a fully operational **linked data platform** for the ICS, functioning as a "single source of truth" for agreed datasets. All major health and care partners will be regularly submitting data into this shared platform (or via the FDP federation approach) with robust data quality controls. We will introduce more advanced analytics capabilities this year. This includes predictive modelling pilots (for example, predicting individuals at risk of hospital admission or identifying unwarranted variations in care), and exploring the use of artificial intelligence (AI) and machine learning in areas like diagnostics or resource planning. We will ensure that any such advanced tools align with national best practices and ethical guidelines. By end of 2027, development of current and comprehensive set of new dashboards and reports should be available to system leaders, covering areas like population health outcomes, health inequalities, operational

performance, and statutory duty-based indicators all drawing from consistent ICS-wide data.

2028 – Empowering Users and Enhancing Access: In 2028, the focus will shift to **empowering end-users** of data at all levels. We will evaluate and improve the user-friendliness of our analytics tools based on feedback from clinicians, managers, and partners. More front-line staff (e.g. GPs, community nurses, social workers) will be equipped with accessible data insights as part of their workflow – for example, a GP could use an electronic dashboard to see preventative care gaps for patients in their practice. We also plan to extend access to data insights to **patients and the public** where appropriate.

We will also strengthen data linkage with wider determinants of health (working with local councils to include data on housing, education, etc., in anonymised form) to enrich our population health analysis. Cross-ICS collaboration is expected to deepen by this time, possibly sharing comparative analytics or solutions with neighbouring systems.

2029 – Evaluation and Innovation: As we near the end of the five-year period, 2029 will be a year of evaluating impact and driving further innovation. We will measure the outcomes of our data initiatives – for example, have we reduced emergency hospital admissions through better preventive targeting? Are health inequalities in our patch narrower due to data-informed interventions? These evaluations will be published for transparency. Where progress is lagging, we will implement improvement plans. We will also look to innovate by adopting any new national programs or technologies that have emerged (for instance, if NHS England releases new tools through the FDP or if new data standards are introduced). By 2029, our workforce development efforts should yield a larger cohort of data professionals and "data champions" within the ICS organisations. This network will continue to lead cultural change and ensure the sustainability of our data-driven approach.

2030 – Strategy Culmination and Transition: In 2030, we expect to realise the full vision of this strategy – an ICS that uses data as a routine part of how we deliver care and improve health. The federated data infrastructure, combined with a skilled workforce and strong governance, will be embedded into "business as usual." We anticipate having demonstrable improvements in patient outcomes and operational efficiency attributable in part to better use of data (for example, faster treatment times, more personalised care plans, and efficient service delivery in areas like elective care due to data-driven planning). In 2030, we will develop the next **five-year strategy** (2031

onwards) building on the success and lessons of the past years. This next strategy will consider the landscape at that time and likely set even more ambitious goals for digital innovation, research, and perhaps greater patient empowerment with data. In essence, 2030 will not be an end, but a milestone where we consolidate gains and set a new horizon for the future.

Throughout this timeline, our approach remains **iterative, and user focused**. We will continuously engage with stakeholders – front-line staff, patients, and partners – to adjust our plans. Rather than a one-time "big bang" implementation of new systems, we favour a phased rollout that can be tested and refined via our analytics intelligence and data group as first point of review.

This ensures we manage risks carefully and deliver tangible benefits at each stage. By planning over five years but also committing to an update in 2026, we balance a long-term vision with short-term adaptability in the face of change.

Key Challenges and Risks

Delivering this data and analytics strategy will not be without challenges. We are candid about the obstacles we must navigate, and we have plans to address them. The major challenges and risks include:

Data Sharing and Privacy Concerns: Integrating data across multiple organisations raises important questions about information governance and privacy. Health and care data is highly sensitive, and there are strict laws and rules (such as GDPR/Data Protection Act and Caldicott principles) governing its use. We must ensure that any data sharing is done lawfully, with robust patient consent or opt-out mechanisms where required, and that identifiable information is only accessed by those with a legitimate need. To manage this, we will put clear data sharing agreements in place between all partners and involve our Information Governance (IG) experts at every step. We will maintain **public assurance** that personal data is handled safely and ethically – being transparent about uses of data and providing easy-to-understand privacy information to the public. This challenge is significant, but by making *public trust and confidentiality* a top priority, we will mitigate the risk (we will also leverage guidance from the National Data Guardian and best practices from other ICSs on this front).

Technical Integration and Data Quality: Bringing together data from many sources (NHS trusts, GP practices, council systems, etc.) is technically complex. These systems were not originally designed to talk to each other,

leading to issues in matching records for the same person, differing data formats, and variable data quality. We recognise this challenge and will address it by adopting **national interoperability standards** (like NHS data models, coding standards, open APIs) wherever possible

Our approach with the Federated Data Platform means we won't necessarily centralise all data physically, but we will ensure systems can connect and share data as needed working with the chief analytic network on the partial adoption model. We will create a dedicated data engineering team to work on data linkage and quality improvement, ensuring that the information feeding our analytics is accurate, timely, and comprehensive. Additionally, we'll phase the integration – starting with high-value datasets and expanding as we resolve technical issues – to reduce risk of system overload.

Workforce and Cultural Change: A major potential obstacle is ensuring that our workforce embraces the change. Some staff may be hesitant to rely on data or lack confidence in using new tools, while others (like our analyst teams) may be stretched thin by the demands of building new systems. To mitigate this, we are investing in **training, engagement, and support** as central parts of the strategy (Goal 1). We will roll out data literacy programs and create communities of practice where staff can share skills and learn from each other. We will also aim to **recruit and retain** skilled data professionals, possibly through partnerships with academic institutions or creating new joint roles. By aligning with national frameworks for analytics as a profession, we can offer clear career development for analysts in our system. Managing cultural change also means communicating early and often about the benefits – showing clinicians and managers how data can make their jobs easier and improve patient care. Executive leadership will champion this cultural shift, signalling that data-driven decision-making is valued and here to stay.

Resource and Funding Constraints: Implementing advanced data infrastructure and analytics capabilities requires investment – in technology, in people, and in process changes. We must be mindful of budget constraints in the NHS and ensure that our plans are cost-effective, delivering a strong return on investment (ROI). There is a risk that funding for certain projects (like the national FDP or local system upgrades) could be delayed or reduced, which would impact our timeline. Where future opportunities present, we will seek **joint funding opportunities** (for example, national digital transformation funds, research grants, or co-investment with partner organisations and apprenticeships). We will also prioritise projects that offer the most benefit relative to cost.

ICB/ICS Structural Changes: As mentioned, the policy environment may change. If the government or NHS England decides to reconfigure ICS boundaries, merge ICBs, or change statutory duties, our strategy may need to adapt. For instance, if our ICS were to merge with a neighbour or if responsibilities shift, the scope of our data platform might expand, or our governance structures might need alteration. We consider this an uncertainty risk. To mitigate it, we have built in a **strategy review in 2026** explicitly to adjust course if needed. Our governance arrangements (see next section) are being designed to be flexible and to include all relevant partners, so even if organisational forms change, the collaborative relationships and principles can continue. In essence, by fostering a strong collaborative culture around data now, we create resilience against structural upheavals. We will stay closely engaged with regional and national bodies to anticipate changes and ensure our local strategy complements the broader NHS data strategy landscape.

Cybersecurity Threats: With greater aggregation of data and more digital tools, the risk of cyber-attacks (e.g., ransomware, data breaches) increases. Protecting our data systems against unauthorised access or attacks is paramount. We will work closely with our IT security teams and follow NHS cybersecurity best practices (such as the Data Security and Protection Toolkit standards). Use of the cloud-based FDP may help, as it will come with robust security and monitoring measures at a national level. However, we cannot be complacent – continuous security assessments, staff training on data security (e.g., avoiding phishing), and having incident response plans will be part of our governance. We treat cybersecurity as an integral part of data governance rather than a separate IT issue.

By anticipating these challenges, we can take proactive steps to reduce risks. We will maintain a *risk register* (Via CoreStream) for the Data and Analytics Strategy implementation, regularly reviewed by the governance board. Each risk will have an owner and mitigation plan. Through diligent management, we are confident we can overcome these hurdles and deliver on our strategic aims.

Expected Benefits for Patients, Clinicians, and System Leaders

A successful data and analytics strategy is not an end in itself – it is a means to achieve better outcomes and experiences. Ultimately, we measure success by the **benefits delivered to our population and those who serve them**. This section outlines the key expected benefits, grouped by who will experience the improvement.

Benefits for Patients and the Public

Faster and More Accurate Diagnosis and Treatment: Harnessing data will help identify health issues earlier and get patients to the right care faster. For instance, predictive analytics might flag a pattern in a patient's data indicating they are at risk for a complication, enabling preventive action. Or data dashboards might highlight patients who haven't had certain checks (like blood pressure or cancer screenings), prompting outreach. For the patient, this means conditions caught sooner and treated before they become serious. In emergencies, having immediate access to a patient's history via the shared record can be lifesaving. Overall, timely data means timely care, which leads to better outcomes and potentially *lives saved*.

Personalised and Proactive Care: As we analyse population health data, the ICS can design more proactive care programs that benefit patients. For example, if data shows a certain community has high diabetes rates, targeted prevention and education campaigns can be launched there. Patients with chronic conditions may receive more tailored interventions – data might help care teams predict who is likely to benefit from extra support (like a home visit or a medication review) and offer it proactively. Over five years, this shift to data-informed proactive care should help people stay healthier and more independent. Patients will feel that the system is *anticipating their needs* rather than only reacting when things go wrong.

Empowered Patients and Carers: Through greater transparency and possibly access to their own data, patients and their families can be more empowered in managing health. We plan to share useful information back to individuals – for instance, through the NHS App or other patient portals, people could view parts of their health record, test results, or care plans. They might also receive personalised health recommendations derived from analytics (for example, reminders for preventive care or alerts about local health programs that match their conditions). When people have more information, they can make informed choices and engage as partners in their care. This also helps build trust: when the public sees data being used responsibly and beneficially, their confidence in the health system grows.

Benefits for Clinicians and Care Teams

Quick Access to Comprehensive Information: By using direct patient care tools such as One Health, Care Clinicians (doctors, nurses, allied health professionals) will save time and avoid frustration by having a more complete picture of their patient readily available. This comprehensive view

supports better clinical decision-making. For example, a GP seeing a patient after a hospital visit can see the hospital discharge summary and follow-up instructions, ensuring continuity of care. This not only improves care quality but reduces duplication (no need to re-order a test that was done recently elsewhere).

Reduced Administrative Burden: Currently, clinicians and managers spend considerable time on administrative data tasks – filling forms, compiling reports, responding to data requests. A robust data system can automate and simplify much of this. For example, required performance reports or quality audits can be generated automatically from the data platform, rather than each team manually collecting data. Data sharing agreements and a common platform also mean fewer ad-hoc requests between organisations for information. This will be supported by further development of a self-serve analytical dashboard platform. When a single source of truth exists for key metrics, it reduces the "reporting burden" on each provider in the ICS.

Learning and Professional Development: With a culture of data, staff will have more opportunities to learn and improve. Teams can review data on their own performance or outcomes to self-reflect and identify areas for improvement. For instance, Staff can look at patient outcomes versus elsewhere (with anonymised benchmarking) and learn from peers. Through our partnerships with academic centres, staff might participate in research projects using our ICS data, contributing to medical knowledge. These opportunities make our system a more engaging and dynamic place to work, which helps with staff satisfaction and retention.

Benefits for System Leaders and the Health and Care System

Informed Planning and Resource Allocation: ICS and ICB leaders, including commissioners and service planners, will have much better insight into the health needs of our population. By linking data across primary care, hospitals, social care, and public health, we can see the *bigger picture*. This enables evidence-based planning – for example, identifying that a particular locality has an aging population with rising frailty, and therefore investing in community geriatric services to prevent hospital admissions. We can forecast demand more accurately using trends and predictive models (for instance, using urgent care data trends to plan winter pressures management). When making tough decisions about where to allocate limited resources, having solid data ensures those decisions are fair and likely to yield impact. Ultimately, this means the system's resources (money, workforce, facilities) are used more efficiently and effectively for the community's benefit.

Population Health and Reduced Inequalities: Our system will be able to monitor health outcomes and inequalities in line with the legally mandated statement of information. System leaders will benefit from population health analytics that show how different groups are faring – by geography, ethnicity, socioeconomic status, etc. This is crucial for our statutory goal of reducing health inequalities. If the data shows, for example, that one town has much higher rates of cardiovascular disease, or that certain communities are not accessing preventive services, we can target interventions to those areas. Over five years, we expect to see measurable improvements in key population health indicators (like smoking rates, obesity, or vaccination uptake) as data-driven initiatives take effect. The benefit is a healthier population and a fairer system where fewer people are left behind due to lack of information or insight.

System-wide Performance Improvement: An integrated data approach allows for system-wide performance monitoring and improvement in a way that siloed data could not. Leaders will have access to dashboards that show not just one organisation's performance, but the whole urgent care pathway or the entire elective backlog across the system. This promotes a *"one system"* view – if one part of the system is under strain, it will be visible to all, and partners can rally to support. It also allows identification of best practices: if one hospital department has excellent outcomes, data can highlight that success so it can be replicated elsewhere. Having shared metrics and transparency can even foster a healthy sense of collective accountability and competition, driving all parts of the system to improve. Over time, patients should see the benefit in terms of shorter wait times, higher quality care, and a more responsive system, because the leadership is continually monitoring and optimising the system guided by data.

Innovation, Research and Economic Benefits: With a rich and well-governed dataset covering our ICS population, we open the door to research and innovation that can put our region on the map. We can collaborate in data driven research studies that use anonymised patient data to discover new insights or treatments (with appropriate approvals). There may also be opportunities to pilot new technologies (like AI algorithms for detecting diseases) in our area, attracting funding and expertise. Beyond health outcomes, there is an economic benefit: a more efficient health and care system can reinvest savings into frontline services or new programs. Additionally, by working with local universities or companies on data projects, we stimulate a knowledge economy locally, potentially creating jobs or skills development in health informatics. In summary, harnessing

data not only improves services but can also spur innovation that benefits the wider society.

In conclusion, these benefits underscore **why** we are undertaking this strategy. It is not about technology for technology's sake; it is about making a positive difference to people – whether it's a patient getting better care, saving time on paperwork, or a community enjoying better health. We will continually track these benefits throughout the implementation, using specific indicators (for example, patient satisfaction measures, outcomes data, efficiency metrics) to ensure we are on track. Where benefits are realised, we will publicise and celebrate them, to maintain momentum and trust with our public stakeholders.

Governance and Collaboration Framework

To deliver this strategy successfully, we must have strong governance and work collaboratively across all parts of our local system. This section outlines how we will organise ourselves to oversee the strategy, make decisions, and engage partners and the public in our data journey.

Governance Structure:

We will establish a clear governance framework under the ICB to steer data and analytics initiatives. The Digital Delivery Group will be expanded to provide strategic oversight of the delivery of the strategy and become the Digitial and Data Delivery Group. This group will report into the Strategic Transformation and Digital Committee which is a subgroup of the Integrated Care Board. The Clinical Informatons Officers within this group will also provide the clinical oversight to the delivery of the strategy.

To support reporting to that committee, we will utilise our **Analytics Intelligence and Data Group** comprised of key stakeholders from across the ICS:

- Senior data leaders from each NHS provider (acute hospital, mental health trust, community health trust and CSU).
- Representatives from primary care (for example, PCN digital transformation leads).
- Representatives from local authorities (covering public health and social care data interests).
- Our ICS Head of Business Intelligence and Analytics, will coordinate the overall effort.

- Information Governance leads and the respective organisations Caldicott Guardian will be consulted and invited to the group at the relevant points of delivery.

This steering group will meet fortnightly with every 3rd session dedicated to PHM and HI, to drive implementation of the strategy. It will serve as a forum to review progress, resolve issues, and agree on data standards and policies. Importantly, it will also ensure that digital and data programs are working in concert rather than isolation – for example, aligning the development of the data platform with the rollout of digital patient records system-wide.

We will also utilise existing ICS governance where possible. Additionally, we expect each organisation in the ICS to maintain its own data/digital governance (for internal data issues), but the ICS-level bodies will coordinate and unify these efforts through a "federated governance" approach.

Roles and Responsibilities:

Clear roles will be defined within the governance structure. The ICB will ultimately be accountable for delivery of this strategy. The Senior Responsible Officer (SRO) for the strategy, the ICB's Chief Finance Officer, will champion the cause and report into the ICB as needed. Each major program under the strategy (e.g. Data Platform development, Workforce development, Analytics tools rollout) will have a program lead responsible for day-to-day delivery. We will also identify "Data Champions" in different departments and localities – these are individuals who can liaise between front-line teams and the steering group, helping to drive adoption and gather feedback.

Information Governance and Ethics:

As part of governance, we will strengthen our **Information Governance (IG)** processes in a unified way. This includes:

- Developing a common ICS data sharing framework that all partners sign up to, covering the legal bases for sharing, handling of identifiable vs. de-identified data, and protocols for access. We will ensure it aligns with national guidance and the NHS's federated data agreements.
- Regularly auditing and monitoring data use to ensure compliance and to prevent misuse. For example, ensuring that access logs to shared data are reviewed and any suspicious access is flagged.

- Maintaining an ICS-wide **Data Protection Impact Assessment (DPIA)** for major data projects like the unified data platform, which is reviewed by all organisations' Caldicott Guardians or Data Protection Officers.
- Complying with all national opt-out policies – for instance, respecting patients' National Data Opt-out choices in any secondary use of data for planning or research.

By having strong IG governance, we aim to maintain and build public trust as **custodians of their data**. Local people can be reassured that their data is used lawfully, with respect, and only for agreed purposes that benefit care We will be open about our data activities, publishing information on our website about what data we collect and how it's used, in plain language.

Cross-Sector Collaboration:
Collaboration is at the heart of an ICS, and it is equally crucial for data. We plan specific measures to ensure cross-sector involvement:

Joint Projects and Data Sharing with Local Authorities: We will work closely with Shropshire Council and Telford & Wrekin Council to integrate health and social care data. Joint analytics projects (for example, linking hospital and social care records to identify patients who need enhanced discharge support) will be a priority. The councils will be partners in our data platform efforts, contributing and accessing data as appropriate. Public health teams in the councils will be key users of the population health data and will help shape requirements for analytics on determinants of health. This is optimised by the joint roles within the PHM analytics team with our local authority's insight functions.

Voluntary, Community and Social Enterprise (VCSE) Sector: Many charities and community organisations contribute to care (e.g., providing hospice care, mental health support, etc.). We will explore ways to include relevant data from these services (with consent and proper IG) to get a fuller picture of patient journeys. Additionally, we may share certain aggregated data with VCSE partners to help them align their services to community needs. The VCSE will have representation (perhaps via an umbrella group or Healthwatch) in our data conversations to voice the community perspective.

Regional and National Collaboration: We will coordinate with neighbouring ICSs, especially those that share systems or patient flows with us (for example, patients who use specialist hospitals outside our area).

We will leverage this collaboration by sharing lessons and even infrastructure where it makes sense. On the national front, we will actively engage with NHS England's Transformation Directorate on programs like the Federated Data Platform development – possibly volunteering as a pilot site or testbed. By staying aligned nationally, we can influence and adopt solutions early, benefiting our population.

Academic and Industry Partnerships: We will collaborate with academic institutions such as local universities or the Academic Health Science Network (AHSN) to support our analytics work. They can provide expertise on advanced analytics, evaluation of interventions, and training for staff.

Accountability and Measuring Progress: Good governance means we hold ourselves accountable. We will define a set of key performance indicators (KPIs) or success measures for this strategy. Progress will be reported to the Chief Medical Officer and the Senior Responsible Officer and shared wider to the ICB Senior leader team and made public through annual updates or an online dashboard for transparency. If something isn't working, the governance structure gives us a mechanism to spot it, and course correct. We will also align our progress reporting with the **Joint Forward Plan** and other statutory reporting, so that data transformation is seen as part of our core system development.

In summary, our governance and collaboration approach is designed to **bring everyone along on the journey**. Data is a shared asset, and so its governance must be shared. By involving multiple stakeholders, we ensure diverse needs are met and build system-wide ownership of the solutions. Through strong governance we will manage risks and uphold values, and through collaboration we will unlock the true power of integrated data. This twin focus will greatly increase our chances of success in delivering the strategy's vision.

Conclusion and Next Steps

This 2025–2030 Data and Analytics Strategy sets a bold direction for NHS Shropshire, Telford and Wrekin ICB and its partners. Over the next five years, we will transform the way we use information, moving from siloed and retrospective data use to a joined-up, proactive and insight-driven approach. By doing so, we aim to improve health outcomes, enhance patient and staff experience, and make our health and care system more sustainable for the future.

To recap, our strategy is built on fostering a strong data culture, creating a unified data platform (aligned with the national **Federated Data Platform** delivering actionable insights for care, and upholding the highest standards of governance and collaboration. It is firmly aligned with national policy – embodying the principles of *Data Saves Lives* and aligning with our Statutory duties and with our ICS's vision of integrated, person-centred care.

We have outlined clear goals, a timeline with phased milestones, and a realistic acknowledgement of the challenges we must manage. The benefits of this strategy will be significant: for patients, more joined-up and effective care; for clinicians, better tools and reduced burden; for system leaders, the ability to plan and improve services with confidence. In essence, we will use data to make better decisions and provide better care. Or simply put – using data to save lives and improve lives.

Our commitment to transparency means we will keep the public informed of our progress. We will provide an annual progress report on this strategy's implementation, highlighting achievements and explaining any changes or updates. We also invite ongoing staff engagement that will help us understand how our data initiatives are perceived and where we can do better in communicating or delivering.

Next Steps: With the publication of this strategy in 2025, the immediate next step is to kick-start the implementation governance. Within the first quarter we will launch out data strategy via the STW analytics intelligence and data group to finalise the detailed delivery plan (with specific projects, timelines and owners for Year 1). Key early actions will include engaging all partner organisations to formalise data sharing agreements for the ICS data platform. We will also work with NHS England to align our plans with the Federated Data Platform rollout schedule, so that Shropshire, Telford and Wrekin can be a frontrunner in connecting to that ecosystem.

By mid-2026, as noted, we will conduct a strategy review. This will be a checkpoint where we assess whether any course correction is needed. If, for example, national policy has shifted or our ICS configuration is altered, we will update our strategy accordingly and re-publish a refreshed document. This flexibility ensures that our strategy remains a living *document*, not a static plan on a shelf. We believe this adaptive approach is vital in the fast-changing landscape of health and technology.

In closing, we want to reiterate our unwavering focus on the core purpose behind all the technical work: **improving the health and care of our population**. Data and analytics are powerful tools to that end, but they are

tools, nonetheless. It will take strong leadership, partnership, and engagement to use them well. We are confident that in Shropshire, Telford and Wrekin, we have the commitment and collaborative spirit to realise the vision laid out here. By 2030, we expect our ICS to be exemplifying how *data,* used wisely, can truly save lives and create healthier communities.

We invite all stakeholders – our staff, our patients, our partners, and the public – to join us in this journey. Together, we will unlock the insights in our data to shape a healthier future for everyone in Shropshire, Telford and Wrekin.

References

- Department of Health and Social Care. *Data saves lives: reshaping health and social care with data* (June 2022) – National data strategy highlighting vision for data use in health and care gov.uk.

- NHS Transformation Directorate. "Why health and care data matters" – Explanation of how data improves care and saves time/money in the NHS transform.england.nhs.uk.

- NHS Shropshire, Telford and Wrekin. *Our Strategies* webpage (2025) – Outlines local commitment to innovation, digital solutions, data integration, and workforce support shropshiretelfordandwrekin.nhs.uk.

- Shropshire, Telford and Wrekin ICB. *One Health and Care* information – Describes the shared care record bringing together information from different organisations to enable better, safer care shropshiretelfordandwrekin.nhs.uk.