

# NHS STW Integrated Care Board - Part 1 - Agenda Papers

MEETING  
30 April 2025 14:00 BST

PUBLISHED  
24 April 2025

# Contents

	Item	Page
1	Agenda	3
2	Apologies	-
3	Declarations o Interest	-
4	Minutes of the previous meeting held on Wednesday 26 March 2025	6
5	Matters arising and action list from previous meetings	18
6	Questions from Members of the Public	-
7	Resident's Experience - Frailty	-
8	Chair's Report	20
9	Chief Executive Officer (CEO) Report	23
10	System Board Assurance Framework (SBAF & SORR)	26
11	Shropshire Integrated Place Partnership Committee Chair's Report	29
12	Telford and Wrekin Integrated Place Partnership Committee Chair's Report	32
13	The Neighbourhood Approach	36
14	Shropshire, Telford and Wrekin System Accountability and Performance Framework	54
15	Winter Delivery and UEC Improvements Update	57
16	Quality and Performance Committee Chair's Report	68
17	Finance Committee Chair's Report	71
18	System Transformation Group Committee Chair's Report	74
19	Strategic Commissioning Committee Chair's Report	77
20	Review and reflection of new or amended risks following discussions at Board meeting	-
21	Any other business	-

## Agenda

**Meeting title:** Integrated Care Board

**Date:** 30 April 2025

**Time:** 14:00

**Location:** Room 1, Wellington Civic Centre

**Chair:** Roger Dunshea

**Secretary:** Claire Colcombe

## Welcome and Opening Remarks

### Agenda items:

Duration: approximately 10 minutes, 2.00pm-2.10pm

**ICB 30-04.148** – Apologies – for information - verbal

Presenter: Roger Dunshea

**ICB 30-04.149** – Declarations of Interest – for assurance - verbal

Presenter: Roger Dunshea

*Register of Board member's interests can be found at:*

[Register of Interests - NHS Shropshire Telford and Wrekin](#)

**ICB 30-04.150** – Minutes of the previous meeting held on Wednesday 26 March 2025 – for approval - enclosure

Presenter: Roger Dunshea

**ICB 30-04.151** – Matters arising and action list from previous meetings – for approval – enclosure

Presenter: Roger Dunshea

**ICB 30-04.152** – Questions from Members of the Public – for information - verbal

Presenter: Roger Dunshea

*Guidelines on submitting questions can be found at: [Submitting Public Questions - NHS Shropshire Telford and Wrekin](#)*

## Resident's Experience

### Agenda items:

Duration: approximately 20 minutes, 2.10pm – 2.30pm

**ICB 30-04.153** – Resident's Experience - Frailty – for discussion - presentation

Presenter: Jo Williams. In Attendance: Angela Raynor (via teams)

## Strategic System Oversight

### Agenda items:

Duration: approximately 15 minutes, 2.30pm – 2.45pm



**Ambition**



**Compassion**



**Optimism**



**Focus**

**ICB 30-04.154** – Chair’s Report – for information - enclosure

Presenter: Roger Dunshea

Duration: approximately 5 minutes, 2.30pm – 2.35pm

**ICB 30-04.155** – Chief Executive Officer (CEO) Report – for information - enclosure

Presenter: Simon Whitehouse

Duration: approximately 5 minutes, 2.35pm – 2.40pm

**ICB 30-04.156** – System Board Assurance Framework (SBAF & SORR) – for assurance – enclosure

Presenter: Simon Whitehouse

Duration: approximately 5 minutes, 2.40pm – 2.45pm

## System Integration

### Agenda items:

Duration: approximately 30 minutes, 2.45pm – 3.15pm

**ICB 30-04.157** – Shropshire Integrated Place Partnership Committee Chair’s Report, for assurance – enclosure

Presenter: Andy Begley

Duration: approximately 5 minutes, 2.45pm-2.50pm

**ICB 30-04.158** – Telford and Wrekin Integrated Place Partnership Committee Chair’s Report, for assurance – enclosure

Presenter: David Sidaway

Duration: approximately 5 minutes, 2.50pm – 2.55pm

**ICB 30-04.159** – The Neighbourhood Approach – for approval – enclosure

Presenter: Nigel Lee

Duration: approximately 20 minutes, 2.55pm – 3.15pm

## System Governance and Performance

### Agenda items:

Duration: approximately 20 minutes, 3.15pm – 3.35pm

**ICB 30-04.160** – Shropshire, Telford and Wrekin System Accountability and Performance Framework – for approval – enclosure (ETA – COP 10<sup>th</sup> April)

Presenter: Claire Skidmore, Attending: Julie Garside

Duration: approximately 10 minutes, 3.15pm – 3.25pm

**ICB 30-04.161** – Winter Delivery and UEC Improvements Update – for assurance – enclosure

Presenter: Ian Bett

Duration: approximately 10 minutes, 3.25pm – 3.35pm

## Board Committee Reports

### Agenda items:

Duration: approximately 5 minutes, 3.35pm – 3.40pm



Ambition



Compassion



Optimism



Focus

## Assurance

**ICB 30-04.162** – Quality and Performance Committee Chair’s Report – for assurance – enclosure

Presenter: Meredith Vivian

**ICB 30-04.163** – Finance Committee Chair’s Report – for assurance – enclosure

Presenter: David Bennett

## Strategy

**ICB 30-04.164** – System Transformation Group Committee Chair’s Report – for assurance - enclosure

Presenter: Andrew Morgan

**ICB 30-04.165** – Strategic Commissioning Committee Chair’s Report – for assurance – enclosure

Presenter: Cathy Purt

## Assurance – Review of Risks

### Agenda items:

Duration: approximately 5 minutes, 3.40pm – 3.45pm

**ICB 30-04.166** – Review and reflection of new or amended risks following discussions at Board meeting – for assurance - verbal

Presenter: Roger Dunshea

## Any Other Business

Duration: approximately 5 minutes, 3.45pm – 3.50pm

**ICB 30-04.167** – Any Other Business – for Discussion - Verbal

Presenter: Roger Dunshea

## Next Meeting Details

**Date:** Wednesday 25<sup>th</sup> June 2025

**Time:** 14:00

**Location:** Meeting Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

***NHS Shropshire, Telford and Wrekin Board RESOLVED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)***

*RH Dunshea*

*[Signature]*

Mr Roger Dunshea  
Acting Chair  
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse  
Chief Executive  
NHS Shropshire, Telford and Wrekin



Ambition



Compassion



Optimism



Focus

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

Wednesday, 26 March 2025 at 14:00pm  
Room 2, Wellington Civic Centre, Larkin Way, Wellington, Telford, TF1 1LX

### Present:

Roger Dunshea	Acting Chair, NHS Shropshire, Telford and Wrekin (STW)
Simon Whitehouse	Chief Executive Officer, NHS STW
Claire Skidmore	Deputy Chief Executive and Chief Finance Officer, NHS STW
Trevor McMillan	Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS ST
Niti Pall	Non-Executive Director, NHS STW
Vanessa Whatley	Chief Nursing Officer, NHS STW
Ian Bett	Chief Delivery Officer, NHS STW
Andy Begley	Chief Executive Officer, Shropshire Council
David Sidaway	Chief Executive Officer, Telford and Wrekin Council
Joanne Williams	Chief Executive Officer, The Shrewsbury and Telford Hospital NHS Trust
Stacey Keegan	Chief Executive Officer, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Dr Deborah Shepherd	GP Partner member

### In Attendance:

Nigel Lee	Chief Strategy Officer, NHS STW
Dave Bennet	Associate Non-Executive Director, NHS STW
Andrew Morgan	Chair in Common, Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust
Cllr Lezley Picton	Leader, Shropshire Council
Cllr Kelly Middleton	Cabinet Member for Public Health and Healthier Communities, Telford and Wrekin Council
Sarah Dixon	Improvement Director, NHS England
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Bethan Emberton	Head of Governance and Corporate Affairs, NHS STW
Pete Ezard	Joint Chair, Voluntary & Community Sector Assembly (VCSA)
Jan Suckling	Lead Engagement Officer, Healthwatch Telford & Wrekin



**Ambition**



**Compassion**



**Optimism**



**Focus**

### Apologies:

Dr. Lorna Clarson	Chief Medical Officer, NHS STW
Alison Smith	Chief Business Officer, NHS STW
Patricia Davies	Chief Executive, Shropshire Community Health NHS Trust
Neil Carr	Chief Executive Officer, Midlands Partnership University NHS Foundation Trust
Ian Chan	GP Partner member
Harry Turner	Chair, The Robert Jones and Agnes Hunt Orthopaedic Hospital
Claire Colcombe	Board Secretary, NHS STW

### Minute No. ICB-26-03.101 – Welcome & Apologies

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

### Minute No. ICB-26-03.102 – Members' Declarations of Interests

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

[Register of Interests - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

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

### Minute No. ICB-26.03.103 – Minutes from the previous meeting

103.1 The Board were asked to approve the minutes of the previous meeting held on Wednesday, 29 January 2025.

103.2 No issues were raised around the minutes.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- **APPROVED** the minutes of the previous meeting held on Wednesday, 29 January 2025.

### Minute No. ICB-26.03.104 – Matters arising and action list from previous meetings

104.1 The Board were asked to note the updated action list.

104.2 Ms. Vanessa Whatley, Chief Nursing Officer of NHS Shropshire, Telford and Wrekin highlighted that the intensive and assertive community mental health care action plan was in progress.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:



- NOTED the updated action list.

#### Minute No.ICB-26.03.105 – Questions from Members of the Public

105.1 The Acting Chair asked the Board to note that questions had been received from members of the public and that these would be responded to in line with NHS Shropshire, Telford and Wrekin's guidance on submitting questions to the Board.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- NOTED that questions had been received from members of the public and these would be responded to in line with NHS Shropshire, Telford and Wrekin's guidance on submitting questions to the Board.

#### Minute No.ICB-26.03.106 – Resident's Story

106.1 Ms. Vanessa Whatley, Chief Nursing Officer of NHS Shropshire, Telford and Wrekin, introduced Professor Derek Willis, Medical Director at Severn Hospice, who joined the meeting to discuss his collaborative work on neuromuscular disease. Professor Willis had been working closely with the NHS Shropshire, Telford and Wrekin Communications Team to produce a video that provided an overview of this internationally recognised work.

106.2 Professor Willis detailed the partnership between Severn Hospice, and Robert Jones and Agnes Hunt Orthopaedic Hospital, in developing the "Oswestry Model" of palliative care for adults with neuromuscular conditions. Professor Willis shared the journey of addressing stigma around hospice care being "just about death" and repositioning it as symptom control and quality of life support. Professor Willis explained the North Star project (focused on adults with Duchenne Muscular Dystrophy) and the development of disease-specific traffic light systems for symptom monitoring.

106.3 Professor Willis discussed the national impact on how guidance and models developed locally are influencing UK policy and now extending to European partnerships. Professor Willis noted that the upcoming international representation included Amsterdam (neuromuscular care planning) and Vienna (World Muscle Society).

106.4 Professor Willis emphasised the real patient impact including improved symptom control, pain management, and enabling dignified end-of-life care at home.

106.5 The Board thanked Professor Willis and welcomed this example of local expertise driving national and international change and emphasised the need to ensure equitable access to such palliative services across the country.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- NOTED the presentation and commended the positive work in this area.



Ambition



Compassion



Optimism



Focus



### [Minute No.ICB-26.03.107 – Chair’s Report](#)

- 107.1 Mr. Roger Dunshea, Acting Chair of NHS Shropshire, Telford and Wrekin presented the report and took it as read.
- 107.2 The NHS Shropshire, Telford, and Wrekin Integrated Care Board was asked to note updates on the end-of-year financial position, a visit to the Robert Jones and Agnes Hunt Hospital, and the Integrated Care System (ICS) plans for 2025/26. Additionally, updates were provided on accountability, programme management and delivery, and primary care services.

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

- NOTED the updates in relation to:
  - End of year financial position
  - Visit to Robert Jones and Agnes Hunt hospital
  - ICS plans for 2025-26
  - Accountability, Programme Management and Delivery
  - Primary care services

### [Minute No.ICB-26-03.108 – Chief Executive Officer \(CEO\) Report](#)

- 108.1 Mr. Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.
- 108.2 Mr. Whitehouse reflected on the system's growing maturity, improved integration, and strengthened collaborative working, particularly throughout the planning period. He emphasised the importance of retaining key staff during upcoming system changes, acknowledging the risk of losing experienced individuals, as past reorganisations resulted in the loss of up to 20% of critical talent. He reiterated that, regardless of any potential structural changes, the core mission of NHS Shropshire, Telford, and Wrekin, along with its system partners, remains focused on improving patient care and outcomes. This required all partners to fully commit and focus on the delivery of the 25/26 Operational and Financial system plan.
- 108.3 NHS Shropshire, Telford, and Wrekin (STW) Integrated Care Board (ICB) was asked to note updates on several key areas, including Planning Guidance, Joint Forward Plan (JFP) Guidance for 2025/26, and the Change NHS Update. Additionally, updates were provided on the Annual Assessment of Integrated Care Boards for 2023/24, the System People Plan, the significant improvement in the ICB 2024 Staff Survey Results, and the NHS Government Reset Programme.
- 108.4 Mr. Meredith Vivian, Non-Executive Director of NHS Shropshire, Telford and Wrekin sought clarification on "lower value" activity referenced within the Chief Executive Officer's report and called for public and patient involvement, particularly in defining what "low value" means, recognising that this is subjective.



Ambition



Compassion



Optimism



Focus

108.5 Mr. Whitehouse responded by clarifying that "lower value" refers to clinical and population health impact, not purely financial, and committed to continuous community engagement, ensuring difficult decisions are evidence-based and co-produced with the public.

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

- NOTED the updates in relation to:
  - Planning Guidance
  - Joint Forward Plan (JFP) Guidance 2025/26
  - Change NHS Update
  - Annual Assessment of Integrated Care Boards 2023/24
  - System People Plan
  - Staff Survey Results 2024
  - NHS Government Reset Programme

**Minute No.ICB-26-03.109 – System Board Assurance Framework (SBAF) and Strategic Operational Risk Register (SORR)**

109.1 Mr. Simon Whitehouse, Chief Executive Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

109.2 The NHS Shropshire, Telford, and Wrekin Integrated Care Board was asked to review the current content and identify any additional assurances needed or risks not yet reflected in the System Board Assurance Framework (SBAF) or the System Operational Risk Register (SORR). Additionally, the Board was asked to ensure that the SBAF and SORR provide effective oversight of the strategic risks to the Integrated Care System (ICS) in achieving its strategic objectives.

109.3 It was acknowledged by the Board that some risks may have worsened due to recent announcements and therefore suggested that a recalibration of risks may be required to take place over the next few months.

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

- NOTED the report and accompanying appendices.
- REVIEWED the current System Board Assurance Framework (SBAF) and risks from the SORR that score above 15 for severity and likelihood and consider:
  - If the risks to the system's strategic objectives, are being properly managed;
  - If there are any additional assurances are necessary; and
  - if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- Were ASSURED that the SBAF and SORR provided oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives



Ambition



Compassion



Optimism



Focus

### Minute No.ICB-26-03.110 – Refreshed Joint Forward Plan

- 110.1 Mr. Nigel Lee, Chief Strategy Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.
- 110.2 Mr. Lee highlighted that the plan aligns with integrated care system strategy and reflects prevention, neighbourhood care, and data-driven health improvements, and recognised need to prioritise digital foundations before complex digital innovations.
- 110.3 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to approve the Joint Forward Plan for 2025-2030 with the expectation that a revision will be required once the 10-year NHS plan was published later in 2025. The Board noted that this was a 'light touch' refresh on that basis.
- 110.4 Concerns were raised about the importance of clinical leadership input to support delivery of the plan, especially in diabetes and cardiovascular services. The Board agreed that clinical leadership is essential in all aspects of our work and that there should be a renewed focus on strong clinical and professional leadership in all areas, but with an immediate/urgent focus on the two areas highlighted in the paper.
- 110.5 Concerns were raised on the mechanisms and agreements on data sharing between partners. Emphasis was placed on the importance of early involvement from Information Governance teams to address these issues. It was agreed that a detailed update on data-sharing blockers and enablers would be brought forward in the future.

**ACTION:** A detailed update on data-sharing blockers and enablers to be brought forward in future.

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

- **APPROVED** the Joint Forward Plan for 2025-2030 with the expectation that a revision will be required once the 10-year NHS plan was published.

### Minute No.ICB-26-03.111 – Shropshire Integrated Place Partnership Committee Chair's Report

- 111.1 Mr. Andy Begley, Chief Executive Officer of Shropshire Council, presented the report and took it as read.
- 111.2 The NHS Shropshire, Telford, and Wrekin Integrated Care Board was asked to note the briefing report from the Shropshire Integrated Place Partnership. Members were also invited to provide comments on the continued progress of Neighbourhood Working, which aligns with the first shift of the developing 10-year NHS plan to move more care from hospitals into communities. Additionally, the



Ambition



Compassion



Optimism



Focus

Board was asked to adopt the recommendations within the School-Aged Chapter of the Children and Young People Joint Strategic Needs Assessment (JSNA), which are based on the identified Areas of Need. Lastly, the Board was requested to review and adopt the Shropshire Youth Strategy, reaffirming its commitment to improving the lives of young people in Shropshire while acknowledging the engagement work completed to date.

- 111.3 Mr Whitehouse commented on the improved alignment between the Health and Wellbeing Board strategic intent and the integrated system delivery.

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

- NOTED the briefing report from Shropshire Integrated Place Partnership
- NOTED and provided comment on the continued progress of Neighbourhood Working aligned to the new developing 10-year NHS plan shift 1 moving more care from hospitals to communities
- NOTED and adopted the recommendations within the School Aged Chapter of the Children and Young People JSNA that are based on the Areas of Need highlighted.
- REVIEWED and adopted the Shropshire Youth Strategy with its continued commitment to improving the lives of young people in Shropshire, noting the engagement work to date.

**[Minute No.ICB-26-03.112 – Telford & Wrekin Integrated Place Partnership Committee – Chair’s Report](#)**

- 112.1 Mr. David Sidaway, Chief Executive Officer of Telford and Wrekin Council, presented the report and took it as read.
- 112.2 Mr. Sidaway highlighted progress made on prevention initiatives including community blood pressure programme identifying undiagnosed hypertension, potential £2 million Sport England investment to promote physical activity, and the expansion of "Live Well" and family hub models.
- 112.3 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the developing areas of focus for the Telford & Wrekin Integrated Place Partnership’s priorities for 2024-2026, along with its requests of the Integrated Care Board programmes. The Board was also asked to commit to an enhanced prevention offer, which includes reviewing available resources and making prevention a shared responsibility, as it is crucial for the delivery of services and addressing both current and future demands on health and care services. Additionally, the Board was asked to approve the actions identified by the Telford & Wrekin Integrated Place Partnership.
- 112.4 Mr. Pete Ezard, Chief Executive Officer of Energise updated that the collaborative approach with local authorities and NHS is progressing well, and that a similar proposal for Shropshire Council is forthcoming.

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

- NOTED the developing areas of focus for the Telford & Wrekin Integrated Place Partnership Priorities for 2024-2026 and its asks of the Integrated Care Board programmes.
- COMMITTED to an enhanced prevention offer (including reviewing resources available) and making it everyone's business as it is key to the delivery of services and tackling current and future demand on health and care services taking into account actions in the forthcoming NHS 10-year plan.
- APPROVED the actions that TWIPP have identified within the report.

#### [Minute No.ICB-26-03.113 – Integrated Care System Performance Report](#)

113.1 Mrs. Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

113.2 Mrs. Skidmore highlighted improvements in dementia diagnosis, severe mental illness (SMI) health checks, and waiting lists, as well as progress in diagnostics and the reduction of cancer 62-day backlogs. However, Mrs. Skidmore acknowledged ongoing challenges, including difficulties in meeting faster cancer diagnosis standards, high numbers of adults with learning disabilities or autism in inpatient settings, and non-Referral to Treatment (RTT) community long waits. Regarding the workforce, Mrs. Skidmore reported a reduction in agency usage, along with improvements in sickness and turnover rates. Mrs. Skidmore also noted a year-end forecast deficit of £12 million post the application of national deficit funding.

113.3 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to receive assurance and discuss the contents of the report.

113.4 Board members expressed concern over quality measures, particularly regarding the variation in general practice quality. They requested a deeper understanding of how patient feedback is triangulated with quality improvement efforts. It was agreed to schedule a quality deep dive, with a particular focus on primary care.

**ACTION:** Schedule a quality deep dive, with a particular focus on primary care.

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

- Received ASSURANCE and DISCUSSED the contents of the report.

#### [Minute No.ICB-26-03.114 – Delegated Specialised Commissioning](#)

114.1 Mrs. Claire Skidmore, Chief Finance Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.



Ambition



Compassion



Optimism



Focus



114.2 The NHS Shropshire, Telford, and Wrekin Integrated Care Board was asked to note the details outlined in the paper regarding the services to be delegated, as well as the associated financial and governance arrangements. Additionally, the Board was asked to approve the Collaboration Agreement for Specialised Services, the Delegation Agreement for Specialised Services, and the Data Protection Impact Assessment (DPIA) for the delegation of these services.

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

- NOTED the detail within the paper regarding the services to be delegated, financial arrangements and governance arrangements
- APPROVED the:
  - Collaboration Agreement for Specialised Services
  - Delegation Agreement for Specialised Services
  - DPIA for the delegation of Specialised Services

**Minute No.ICB-26-03.115 – System Equality, Diversity and Inclusion (EDI) Update**

115.1 Ms. Vanessa Whatley, Chief Nursing Officer of NHS Shropshire, Telford and Wrekin presented the report and took it as read.

115.2 NHS Shropshire, Telford, and Wrekin Integrated Care Board was asked to agree on strategic objectives for Equality, Diversity, and Inclusion (EDI) as part of its future strategy. Members were also invited to provide any further feedback on the ICB Board development event and support the two projects identified from the workshop analysis. Additionally, the Board was asked to support events and demonstrate its commitment to ensuring the successful delivery of cultural awareness initiatives, in alignment with the outcomes of the Board development event and discussions at the EDI Steering Group. It was recognised that the EDI agenda is a broad one and that there needs to be work across all aspects of this agenda. However, there was an initial focus on a smaller number of the protected characteristics. A further, more detailed, update on progress is scheduled to be received at the June 2025 Board.

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

- AGREED strategic objectives for EDI as part of future strategy.
- DISCUSSED further feedback from members regarding the ICB Board development event and support the two projects identified from the analysis of the workshop.
- Gave SUPPORT to events, and its commitment enable the successful delivery of cultural awareness in line with the outcome of the Board development event and discussions at the EDI Steering Group.
- AGREED to receive a further update on progress in June 2025.



Ambition



Compassion



Optimism



Focus

### Minute No.ICB-26-03.116 – Quality and Performance Committee Chair’s Report

- 116.1 Mr. Meredith Vivian, Non-Executive Director of NHS Shropshire, Telford and Wrekin presented the report and took it as read.
- 116.2 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to approve the updated Quality and Performance Committee (QPC) Terms of reference.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- **APPROVED** the updated Quality and Performance Committee (QPC) Terms of reference.

### Minute No.ICB-26-03.117 – Finance Committee Chair’s Report

- 117.1 Mr Dave Bennet, Associate Non-Executive Director of NHS Shropshire, Telford and Wrekin presented the report and took it as read.
- 117.2 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the areas highlighted in the report.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- **NOTED** the areas highlighted in the report.

### Minute No.ICB-26-03.118 – Remuneration Committee Chair’s Report

- 118.1 Mr Meredith Vivian, Non-Executive Director of NHS Shropshire, Telford and Wrekin presented the report and took it as read.
- 118.2 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the areas highlighted in the report.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- **NOTED** the areas highlighted in the report.

### Minute No.ICB-26-03.119 – System Transformation Group Chair’s Report

- 119.1 Mr. Andrew Morgan, Chair of The Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust presented the report and took it as read.
- 119.2 The NHS Shropshire, Telford, and Wrekin Integrated Care Board was asked to note several key updates. Andrew Morgan assumed the Chair position in March, marking a leadership change. A new reporting framework, known as the Impact Dashboard, would be developed to help members identify key areas of focus for transformation. Workforce integration remained a priority, with the People Committee still in development and a need to align workforce planning with transformation priorities. Additionally, there had been notable improvements in



Ambition



Compassion



Optimism



Focus



Tier 1 performance within Urgent and Emergency Care (UEC), though further work is required to enhance ambulance handover processes.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- NOTED the Leadership Change: Andrew Morgan will assume the Chair Position in March.
- NOTED the Impact Dashboard: A new reporting framework will be developed to help members identify key areas of focus for transformation.
- NOTED the Workforce Integration: The People Committee is still in development, and there is a need to align workforce planning with transformation priorities.
- NOTED the UEC Improvements: Notable progress in Tier 1 performance, though further work is needed on ambulance handover processes.

**Minute No.ICB-26-03.120 – People Culture and Inclusion Committee Chair’s Report**

120.1 Mrs. Stacey Keegan, Chief Executive Officer of The Robert Jones and Agnes Hunt Orthopaedic Hospital presented the report and took it as read.

120.2 The NHS Shropshire, Telford and Wrekin Integrated Care Board was asked to note the Chairs report and approve the amended People, Culture and Inclusion Committee Terms of Reference, noting that standard sections on conflicts of interest and quorum have been added to align with other Board committee terms of reference.

**RESOLVED:** NHS Shropshire, Telford and Wrekin Integrated Care Board:

- NOTED the Chairs report
- APPROVED the amended People, Culture and Inclusion Committee Terms of Reference, noting that standard sections on conflicts of interest and quorum have been added to align with other Board committee terms of reference.

**Minute No.ICB-26-03.121 – Review and reflection of new or amended risks following discussions at Board Meeting**

121.1 The Acting Chair reflected that the biggest risk following discussions held during the meeting remain clarity and timing of NHS England guidance on any system changes.

**Minute No. ICB-26-03.122 – Any Other Business**

122.1 There were no further matters to report.

**3:58pm – Meeting Closed**



Ambition



Compassion



Optimism



Focus

### Date and Time of Next Meeting

Wednesday, 30 April 2025 – 2.00pm, venue and modality of the meeting to be confirmed nearer the time.

***NHS Shropshire, Telford and Wrekin Board RESOLVED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)***

## NHS Shropshire Telford and Wrekin Integrated Care Board

### Actions Arising from the Board Meetings

**Agenda item:** Minute No. ICB 27-11.085 Intensive and Assertive Community Mental Health Care Action Plan

**Action Required:** The Chair commented that this is a high-risk area that requires a lot of cooperation and communication across the piece; and that an update should be brought to a future Board meeting.

**Owner:** Gemma Smith

**By When:**

**Update/Date Complete:** 29/01/25 – The Chair noted the following update: The ICB are awaiting the summary report from NHSE following the submission of the analysis template by all ICB's. The intention of NHSE was to gather key themes and trends and to also consider the investment returns made by systems in addressing the gaps and actions required to meet the requirements for Assertive and Intensive Outreach. There is a programme group in place across Shropshire, Telford and Wrekin with oversight of the action plan. Consideration of the utilisation of SDF funds which are mandated for mental health have also been put forwards to pump prime the model and will be considered at the Strategic Commissioning Committee Part B in February.

---

**Agenda item:** Minute No. ICB 29-01.113 Winter Delivery Update

**Action Required:** Update to be reported to Board in a couple of months

**Owner:** Ian Bett

**By When:** **ON APRIL AGENDA**

**Update/Date Complete:** Presentation to be provided to Board on April agenda with representation from all providers looking back over previous 12 months and aims for coming 12 months

---

**Agenda item:** Minute No. ICB-26-03.110 Refreshed Joint Forward Plan

**Action Required:** A detailed update on 'data-sharing' blockers and enablers to be brought forward in future.

**Owner:** Lorna Clarson

**By When:**

**Update/Date Complete:**

---



Ambition



Compassion



Optimism



Focus

**Agenda item:** Minute No.ICB-26-03.113 Integrated Care System Performance Report

**Action Required:** Schedule a quality deep dive, with a particular focus on primary care.

**Owner:** Vanessa Whatley

**By When:** ON SEPTEMBER AGENDA

**Update/Date Complete:**

---

## 1. ICB 30-04.154 - Chairs Report

**Meeting Name:** Integrated Care Board

**Meeting Date:** 30 April 2025

**Report Presented by:** Roger Dunshea, NHS STW, Acting Chair

**Report Approved by:** Roger Dunshea, NHS STW, Acting Chair

**Report Prepared by:** Roger Dunshea, NHS STW, Acting Chair

**Action Required:** For noting and assurance

### 1.1. Purpose

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

### 1.2. Recommendations

- 1.2.1. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to note the updates in relation to:

- Welcome to Dr Jess Harvey and Dr Charlotte Hart
- NHSE guidance on the changes to ICBs
- Visit to community hospital

### 1.3. Conflicts of Interest

- 1.3.1. No conflicts of interest related to this report.

### 1.4. Alignment to Integrated Care Board

- 1.4.1. This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core aims.

### 1.5. Key Considerations

- 1.5.1. **Quality and Safety:** The report identifies opportunities to improve patient care quality and safety in community services.
- 1.5.2. **Financial Implications:** The report emphasises improving productivity, accountability and financial performance. The focus on programme management approaches aims to improve operational efficiency and deliver better care within existing financial constraints.
- 1.5.3. **Workforce Implications:** None.
- 1.5.4. **Risks and Mitigations:** None.
- 1.5.5. **Engagement:** None.



Ambition



Compassion



Optimism



Focus

1.5.6. **Supporting Data and Analysis:** None.

1.5.7. **Legal, Regulatory, and Equality:** None.

## 1.6. Impact Assessments

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

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

## 2. Main Report

### 2.1. Introduction

2.1.1. Welcome to Dr Jess Harvey and Dr Charlotte Hart who have both been recently appointed as the new joint chairs of the GP Board. They replace Dr Julian Povey who has taken up a position with the LMC.

2.1.2. The Chair Designate is still awaiting formal Ministerial approval before they can be announced or confirmed. It is hoped that this process will be completed shortly. Until that is confirmed NHSE have asked that I extend my role as Acting Chair for a further one month. I have agreed to this short extension. We have also recently completed the NED recruitment to replace Meredith Vivien. This was a successful process and, subject to the completion of the recruitment position, the successful candidate will be announced shortly.

2.1.3. Thank you to all ICS partners in completing the reporting year 2024-25. We look forward to demonstrating our performance and accountability in our annual reports due over the summer.

2.1.4. This will be the last meeting for Meredith Vivien as NED for our Board. Many of you will have known and worked with Meredith for much longer than I have and will have your own stories to tell and thanks to offer. However, throughout my time on the ICB Board Meredith has continually strived to ensure that the quality and safety agenda is front and centre in all our business. Equally, he has been a strong advocate for the voice of local people and to ensure that they always remain at the centre of our work. I would like to take this opportunity, on behalf of the Board, to thank Meredith for his service and his commitment to improving health and care for the residents of Shropshire, Telford and Wrekin.

### 2.2. NHS Guidance on the changes to ICBs

2.2.1. I attended the ICB Senior Leadership Team (SLT) meeting on 8 April as an observer. The key issue on the agenda was the reduction in ICB running costs as announced at the Chairs and CEOs meeting in London on the 12<sup>th</sup> March 2025. The SLT, led by the ICB executive, are commended on the measured and professional approach taken in:

2.1.1.1. Assessing the options to meet the government's target,



Ambition



Compassion



Optimism



Focus

2.1.1.2. Identification of risks to statutory and core functions,

2.1.1.3. Impact assessment on the ICS delivery priorities 2025-26 and finances.

2.1.1.4. There is an unremitting focus on ensuring that the delivery of the operational and financial plans for 25/26 are delivered and that any changes do not become a distraction.

## 2.3. Visits to Community Hospitals and other ICS services

2.3.1. In the coming weeks I am looking forward to visiting and learning about the services provided at Bishop's Castle and Ludlow Community hospitals. I am also keen to visit primary care and social services in the coming weeks.

## 2.4. Recommendation

2.4.1. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to **NOTE** the updates in relation to:

- Welcome to Dr Jess Harvey and Dr Charlotte Hart
- Thank our NED and colleague Meredith Vivien as he steps down from the Board.
- Note the focus on the delivery of the 25/26 operational and financial plan whilst responding to the changes to ICBs
- Note my upcoming visit to two of our local community hospitals



Ambition



Compassion



Optimism



Focus



## 1. ICB 30-04.155 – Chief Executive Officer Report

**Meeting Name:** ICB Board

**Meeting Date:** 30 April 2025

**Report Presented by:** Simon Whitehouse, Chief Executive Officer, NHS STW

**Report Approved by:** Simon Whitehouse, Chief Executive Officer, NHS STW

**Report Prepared by:** Bethan Emberton, Head of Governance and Corporate Affairs, NHS STW, Tracy Eggby-Jones, Corporate Affairs Manager, NHS STW

**Action Required:** For noting and assurance

### 1.1. Purpose

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

### 1.2. Recommendations

- 1.2.1. NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to note the updates in relation to:

- Foundations for Reform
- Emergency preparedness, resilience and response (EPRR) - Exercise Tangra – Tuesday 8 April 2025
- GP Practice Visits

### 1.3. Conflicts of Interest

- 1.3.1. No conflicts of interest related to this report.

### 1.4. Alignment to Integrated Care Board

- 1.4.1. This report supports transparency and probity of decision making by the ICB which contributes to the ICB's core aims.

### 1.5. Key Considerations

- 1.5.1. **Quality and Safety:** The report identifies opportunities to improve patient care quality and safety.
- 1.5.2. **Financial Implications:** Streamlining operations through improved oversight and planning ensures efficient resource utilisation.
- 1.5.3. **Workforce Implications:** The refreshed Workforce Strategy has clear objectives to address local and national priorities for workforce, remaining aligned to the national people plan and people promise.
- 1.5.4. **Risks and Mitigations:** None.
- 1.5.5. **Engagement:** Engaging communities and stakeholders via initiatives like "Change NHS" strengthens NHS alignment with societal needs.
- 1.5.6. **Supporting Data and Analysis:** None.
- 1.5.7. **Legal, Regulatory, and Equality:** Utilising the Public Sector Equality Duty to address disparities fosters inclusivity and equitable care.



Ambition



Compassion



Optimism



Focus

## 1.6. Impact Assessments

- 1.6.1. Has a Data Protection Impact Assessment been undertaken? N/A
- 1.6.2. Has an Integrated Impact Assessment been undertaken? N/A

## 2. Main Report

### 2.1. Introduction

- 2.1.1. The paper provides a generic update on activities at both a national and local level.

### 2.2. Foundations for Reform

- 2.2.1. The latest correspondence from NHS England [NHS England » Working together in 2025/26 to lay the foundations for reform](#) highlights the collective progress in improving the financial position for 2025/26, with a significant reduction in the overall deficit and an unrelenting focus on improvements across key operational and constitutional standards. While financial and operational improvement remains the main priority, there is also a shift towards a more transparent and devolved leadership model, empowering Integrated Care Boards (ICBs) as strategic commissioners. The upcoming 10 Year NHS Plan and the Comprehensive Spending Review will provide a foundation for a more streamlined, rules-based approach to planning and delivery, fostering long-term sustainability of a health system.
- 2.2.2. ICBs are expected to play a central role in this transition, managing efficiencies while maintaining essential services and investing in strategic commissioning capabilities. The directive to reduce ICB running costs presents a significant challenge but is seen as necessary to reinforce the focus on frontline delivery of care and the building of public confidence in the NHS. Additionally, there is an imperative for NHS providers to cut corporate costs, with the savings redirected towards service improvements. Collaboration across systems and greater autonomy at the local level will be essential in meeting these targets while continuing to deliver high-quality care.

### 2.3. Emergency preparedness, resilience and response (EPRR) - Exercise Tangra - Tuesday 8 April 2025

- 2.3.1. On 8 April, a group of 31 staff from across our System took part in a tabletop Exercise, simultaneously with the other 10 Systems in the NHS Midlands Region. The aim was to exercise the local and regional health response to pandemics; as part of an NHS EPRR exercise programme that will build to a national Exercise in September. There was a wide spread of representation from the ICB, SaTH, SCHAT, RJA, both of our Local Authorities and the UK Health Security Agency (UKHSA). It was an insightful and productive day, which reaffirmed the strength of our willingness and ability to work as partners to tackle issues together, no matter how complex.
- 2.3.2. All 11 Systems from across the Midlands Region, came together for a debrief and sharing of learning on 10 April, facilitated by UKHSA and NHS England



Ambition



Compassion



Optimism



Focus

(Midlands) colleagues. Learning points identified by our team were commonly experienced by other Systems. Notably, the importance of clarity in command & control, and the roles and responsibilities of each agency that plays a part. Equally, the need to have sufficient staff trained and equipped for what would be expected of them. Organisational memory is still strong from our experience in the Covid pandemic, but there is much to be worked through to make sure we are as well placed as we can be to respond appropriately to the unforeseen.

## 2.4. GP Practice Visits

- 2.4.1. I wanted to share a brief update on an important initiative that our Chief Medical Officer and I have recently embarked upon. Over the past few weeks, we have begun a series of visits to GP practices across Shropshire, Telford and Wrekin.
- 2.4.2. These visits have already proven to be incredibly insightful. By spending time on the ground, engaging directly with frontline teams, we're gaining a deeper understanding of the day-to-day challenges and opportunities within primary care. The conversations have been candid, constructive, and invaluable in helping us shape a more informed perspective on the support needs of our local practices.
- 2.4.3. Our intention is that these visits will help strengthen relationships, build trust, and ultimately inform how we can better align our strategic priorities to the realities of frontline delivery. We are also identifying areas of innovation and best practice that we believe can be shared more widely across the system.
- 2.4.4. We look forward to continuing these visits and sharing further reflections in due course.

## 2.5. Recommendation

- 2.5.1. NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB) is asked to note the updates in relation to:
  - Foundations for Reform
  - Emergency preparedness, resilience and response (EPRR) - Exercise Tangra – Tuesday 8 April 2025
  - GP Practice Visits

Simon Whitehouse  
Chief Executive Officer  
April 2025



## 1. ICB 30-04.156 - System Board Assurance Framework (SBAF) and Strategic Risk Register (SORR)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30<sup>th</sup> April 2025

**Report Presented by:** Simon Whitehouse, NHS STW, Chief Executive Officer

**Report Approved by:** Bethan Emberton, NHS STW, Head of Governance and Corporate Affairs

**Report Prepared by:** Angela Porter, NHS STW, Governance Manager

**Action Required:** Approval and Assurance

### 1.1. Purpose

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

### 1.2. Executive Summary

- 1.2.1. The Board is asked to note the following appendices:
- Appendix A - System Board Assurance Framework (SBAF)
  - Appendix B - Strategic Operational Risk Register (SORR) for the System showing risks of 15 or over
  - Appendix C - Strategic Operational Risk Register (SORR) for the ICB as a corporate body showing risks of 15 or over
  - Appendix D - risk scoring matrix
- 1.2.2. There have been no changes to the SBAF and SORR since the Board meeting on 26<sup>th</sup> March 2025. The full SORR is scheduled to be presented with the SBAF to the Audit Committee at its April 2025 meeting for oversight. The Board Committees provide oversight of the respective risks on the SBAF and the SORR, which have been allocated to them in the Risk Management Policy.
- 1.2.3. The Board is asked to review the current content and identify any additional assurances required or additional risks that are not currently reflected on the SBAF or SORR and to be assured that the SBAF and SORR provides oversight of the strategic risks to the ICS meeting the strategic objectives.

### 1.3. Recommendations

- 1.3.1. NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:



Ambition



Compassion



Optimism



Focus

- NOTE the report and accompanying appendices.
- REVIEW the current System Board Assurance Framework (SBAF) and risks from the SORR that score above 15 for severity and likelihood and consider:
  - If the risks to the system's strategic objectives, are being properly managed;
  - If there are any additional assurances are necessary; and
  - if any additional risks or amendments to risks are required following discussions in this Board meeting or in other forums i.e. recent committee or group meetings.
- Be ASSURED that the SBAF and SORR provide oversight of the strategic risks to the Integrated Care System (ICS) meeting the strategic objectives

## 1.4. Conflicts of Interest

1.4.1. None.

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

1.5.1. Risks are outlined within the SBAF and SORR.

## 1.6. Alignment to Integrated Care Board

- **Improve outcomes in population health and healthcare**  
The SBAF and SORR ensure that strategic risks related to health outcomes and care quality are effectively managed, enabling the ICS to focus on improving the health and healthcare services delivered to the population.
- **Tackle inequalities in outcomes, experience, and access**  
By reviewing and addressing risks related to access and equity through regular committee oversight, the SBAF and SORR supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities.
- **Enhance productivity and value for money**  
The SBAF and SORR is scrutinised by the Finance Committee to ensure that financial risks are mitigated, allowing the ICS to enhance efficiency, optimise resource use, and achieve better value for money in delivering health services.
- **Help the NHS support broader social economic development**  
By managing risks related to workforce, culture, and strategic commissioning, the SBAF aligns with the ICS's goal of contributing to the broader social and economic development of the local area, fostering collaboration across public services and improving community wellbeing.

## 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The SBAF and SORR serve as core tools for identifying and mitigating risks that could compromise service quality and patient safety. For example, any strategic risks relating to workforce shortages, service disruptions, or access challenges can have knock-on effects on care quality.
- 1.7.2. **Financial Implications:** The SBAF and SORR are reviewed by the Finance Committee, meaning they are actively used to track and manage financial risks. There is specific reference to the Medium-Term Financial Plan, show



Ambition



Compassion



Optimism



Focus

- that financial planning is a key area of concern. These frameworks help the ICB monitor financial performance, to prevent overspend, and support efficient use of resources, which is essential for maintaining service delivery.
- 1.7.3. **Workforce Implications:** The SBAF includes workforce risks as part of its broader remit (as noted in the alignment with ICB objectives on social and economic development). Strategic risks related to recruitment, retention, and culture are typically part of ICB-level risks. They impact service continuity and quality.
  - 1.7.4. **Risks and Mitigations:** Management of risk is the primary function of SBAF and SORR. The report highlights that risks are regularly reviewed, updated, and linked across system partners, which suggests a robust approach to managing and mitigating risks. Notably, risks have been updated or amended, and one risk is recommended for removal, reflecting dynamic management and governance oversight.
  - 1.7.5. **Engagement:** Updates across system partners and alignment with strategic objectives require ongoing dialogue and consultation with stakeholders (NHS England, local providers, communities).
  - 1.7.6. **Supporting Data and Analysis:** The SBAF and SORR themselves are forms of structured analysis, especially with the included risk scoring matrix and performance highlights.
  - 1.7.7. **Legal, Regulatory, and Equality:** The frameworks contribute to equality monitoring by addressing strategic risks around inequalities in outcomes, access, and experience (as noted under alignment with ICB goals).

## 1.8. Attachments

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

## 1.9. Impact Assessments

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



Ambition



Compassion



Optimism



Focus



## 1. ICB 30-04.157 - Shropshire Integrated Place Partnership Briefing Report (meeting held on 20<sup>th</sup> March 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30<sup>th</sup> April 2025

**Report Presented by:** Andy Begley, Shropshire Council, Chief Executive

**Report Approved by:** Andy Begley, Shropshire Council, Chief Executive

**Report Prepared by:** Rachel Robinson, Shropshire Council, Executive Director, Public Health

**Action Required:** For noting and assurance

### 1.1. Summary of Key Discussions and Decisions

1.1.1. ShIPP meets Bi-monthly

1.1.2. ShIPP Agenda 20<sup>th</sup> March meeting

- ShIPP Priority Update and 2025/26 Strategic Plan, following development session in February - Naomi Roche/Carla Bickley
- Dementia MDT – Jess Harvey
- STW Diabetes Programme update – Fiona Smith
- Neighbourhood working & Hub Subgroup update – Carla Bickley

1.1.3. The meeting was quorate

1.1.4. There were no conflict of interests declared

1.1.5. The meeting was well attended

### 1.2. Recommendations to the Board

1.2.1. The Board is asked to:

- Note the briefing report from the Shropshire Integrated Place Partnership.
- The ICB Board to note that the ShIPP 2025/26 Strategic Plan has been accepted by the committee.
- Note that the presentation on Dementia MDT raised an issue for escalation regarding data protection and sharing agreements. The Chair asked that the ICB provide guidance and resolution on this issue. The Board is also asked to note the support from ShIPP regarding the multi-disciplinary working method.
- Note ShIPP's support for the STW Diabetes Programme update and the committee's feedback regarding a focus on prevention and the discrepancies between funding for weight management services between Shropshire and Telford & Wrekin.
- Note progress in the ShIPP Neighbourhood working & Hub Subgroup; the change of Chair to Carla Bickley and the introduction of a project management approach to the work with formation of further subgroups to feedback on workstreams.



Ambition



Compassion



Optimism



Focus



### 1.3. Key Risks and Mitigations

- 1.3.1 The Committee noted risks around data protection and data sharing issues to the development of multi-disciplinary working across the system.
- 1.3.2 The ICB Board is asked to seek a resolution for the sharing of data across organisations, a memorandum of understanding was suggested.

### 1.4. Performance and Assurance

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

- ShIPP Priority Update and 2025/26 Strategic Plan: following a development session in February, the priorities and strategic plan was presented, with deliverables for the first year
- Dementia Multi-Disciplinary Teams: Dementia MDT's are part of ShIPP's priorities under Integrated Practitioner Teams. A pilot project has been under development in the South East of Shropshire and shows positive feedback and improved outcomes for all parties. Staff across partnership agencies, people living with dementia and their carers, find the integrated approach more helpful and efficient. The approach was commended for further roll out.
- STW Diabetes Programme: links with ShIPP's Prevention priority. The update included an emphasis on prevention, care optimization and community engagement.
- Neighbourhood working & Hub Subgroup: the group's new chair (Carla Bickley) outlined the adoption of the PMO process to manage workstreams and plans to initially convene a governance, reporting, planning and alignment working group to address initial aspects of development.

### 1.5. Alignment to ICB Objectives and Core Functions

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

### 1.6. Next Steps & Forward Plan

- 1.6.1 ShIPP 2025/26 Strategic Plan was approved by the committee with the caveat that key performance indicators and impact were clearly defined.
- 1.6.2 The Dementia MDT update highlighted significant challenges around data sharing and protection, this requires a system wide resolution.



Ambition



Compassion



Optimism



Focus

1.6.3 The STW Diabetes update provoked discussion on the difference in funding of commissioned weight management services across Shropshire Telford & Wrekin. Also the impact that the introduction of weight loss drugs will have on general practice and pharmacy.

1.6.4 Any other business:

- New GP Board Co-Chairs: Charlotte Hart and Jess Harvey announced their appointment as the new co-chairs of the GP Board, emphasising their commitment to collaborative working and strengthening relationships.
- Deborah Shepherd announced that she will be leaving her role as PCN Clinical Director in May but will continue to attend meetings as the GP Partner Member of the ICB board.

## 1.7. Attachments

1.7.1. Appendix 1 - ShIPP Strategic Plan for 2025-27  
(The full neighbourhood approach is included in the appendix pack under "The Neighbourhood Approach - Appendix.1 - STW Neighbourhood Working Strategy summary document v1.2a SPC 9 Apr 25)



Ambition



Compassion



Optimism



Focus

## 1. ICB 30-04.158 – Telford & Wrekin Integrated Place Partnership Briefing Report (meeting held on 19 March 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30th April 2025

**Report Presented by:** David Sidaway, Telford & Wrekin Council, Chief Executive

**Report Approved by:** David Sidaway, Telford & Wrekin Council, Chief Executive

**Report Prepared by:** Sarah Downes, Telford & Wrekin Council, Assurance and Integration Programme Manager and Telford and Wrekin Place Lead

**Action Required:** For assurance

### 1.1. Summary of Key Discussions and Decisions

- 1.1.1. This report provides an update on the Telford & Wrekin Integrated Place Partnership (TWIPP) Committee.
- 1.1.2. The group meets bi-monthly, next meeting scheduled for 15 May 2025.
- 1.1.3. The agenda for the meeting is attached as Appendix A.
- 1.1.4. The meeting was quorate.

### 1.2. Recommendations to the Board

- 1.2.1. The Board is asked to:
  - Endorse the proposed making every contact count communications campaign which will be co-ordinated across a range of TWIPP partners during 2025/26.
  - Note the continued developing areas of focus for the Telford & Wrekin Integrated Place Partnership Priorities for 2024-2026 and its asks of the Integrated Care Board programmes. In particular, the ask of the ICS Digital Group in relation to sharing good practice around use of artificial intelligence and potential efficiencies across the system.
  - Note the developing Neighbourhood Working Approach and in particular the Sport England Place Expansion proposal work.
  - Support the Committee in ensuring that all partners are able to prioritise their attendance and engagement in the committee and its work.

### 1.3. Key Risks and Mitigations

- 1.3.1. The TWIPP Declaration of Interest Register is in place and is utilised as appropriate. Note 1.4.3.

### 1.4. Performance and Assurance

- 1.4.1. Alert – Matters of concern, gaps in assurance or key risks to escalate:
  - The involvement of all partners is key to ensuring the development, and subsequent delivery, of the new TWIPP strategic plan. Whilst quoracy has continued to be achieved in the meetings, further work continues to



Ambition



Compassion



Optimism



Focus

ensure that all key partners are represented at every meeting.

1.4.2. Assure – positive assurances and highlights of note:

- Following the Committee’s unanimous support for Energize Shropshire, Telford and Wrekin’s proposal to develop a bid for Sport England Place Expansion that would focus on Telford and Wrekin in January 2025, the March TWIPP meeting was utilised to help shape this submission. The key principle of this primary prevention proposal is to address and tackle inequalities using movement / physical activity as the vehicle.
- The Committee was fully engaged in this workshop session and the outcomes of which are shaping the bid that will be submitted to Sport England in May 2025. The themes arising through this proposal include:
  - Voluntary, Community and Social Enterprise Infrastructure and Resilience
  - System Level Culture Change
  - Data sharing across the system
  - Primary Care Network mobilisation
  - Acute Settings and Adult Social Care
  - Children and Young People
  - Continued focus on the Donnington Place project that started in June 2024
  - Workforce – the working population
  - Green assets and activation

The Committee were keen to ensure that the approach utilised the data and intelligence available to target the areas that need the intervention the most, rather than a borough wide approach.

- The Committee identified a wide range of connections and support that would strengthen the impact of this programme of work that links closely with the Neighbourhood Working approach in Telford and Wrekin.
- The proposal will continue to be developed by a stakeholder group, led by Energize Shropshire, Telford and Wrekin and updates provided regularly to the Committee. In addition, the TWIPP Neighbourhood Accelerator Group has regular updates to ensure it links with existing neighbourhood work and with the relevant stakeholders.
- The Committee also received a Priority Action Update Report which detailed the progress made against the actions identified against both the “Supporting General Practice” and “Healthy Ageing” priorities. The following areas in particular were noted:
  - The work of the ICS’s Frailty and Healthy Ageing system wide group and the areas in particular that would deliver TWIPP’s actions:
    - System wide single point of information and advice for residents and professionals on healthy ageing / frailty
    - Falls prevention focus
  - The first Neighbourhood Webinar for people working in South East Telford was scheduled for 25 March 2025. The purpose of the webinar was to provide neighbourhood intelligence and data, what the TWIPP priorities were and starting to enable people working in the area to re-create their network. Over 130 people had subscribed to the webinar from a wide range of stakeholders across the neighbourhood (including NHS Providers, Local Authority, VCFSE, Housing, Commissioning, Healthwatch, Parish and Town Councils and Shropshire Fire and Rescue). The next step in this programme is a

face-



Ambition



Compassion



Optimism



Focus

to-face workshop to explore what can be done differently in the area, utilising the 'Teams of Teams' neighbourhood approach. The Committee noted that the Newport and Central Neighbourhood will be the next neighbourhood to follow this approach.

- The role of volunteers in neighbourhood working and building off already existing work and approaches was discussed. The Committee noted that work was underway to identify additional funding for several schemes as funding is due to end at the end of Quarter 1 for 2025/26.
- The use of Artificial Intelligence (AI) to support frontline workers and reduce their time spend on administrative tasks enabling better conversations with residents and better outcomes was shared. This approach had been trailed in Adult Social Care and due to its success, investment has been agreed to roll out further within the Local Authority. The Committee noted that many organisations were utilising similar technologies and identified that there could be further join up, and efficiencies, across the system by sharing what is happening. It was suggested that this should happen through the ICS Digital Group.
- The Committee discussed and agreed the key areas of focus for the Making Every Contact Themed approach for 2025/26:
  - Vaccinations
  - Pharmacy First
  - Know your Numbers
  - Nutrition
  - Cancer Screening
  - Quit Smoking
  - Talking Therapies
  - Support available for carers of all ages

The purpose of this approach is to utilise the workforce, along with community informers, to share one key message when they meet with residents during a set period. Building on the principle that it takes 7 encounters for residents to decide about engaging with the information this approach is being trailed in 2025/26 and the outcomes used to inform communication and engagement methods moving forward.

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

- Due to the current ongoing commissioning process for the Children and Young People's Emotional Health and Wellbeing Service / Children and Adolescent Mental Health Service (CAMHS), and the significant conflicts of interest due to this process, the Committee have not been able to discuss and identify the actions required within the "improving mental health services and support for children, young people and adults" priority. Discussion between the ICB and TWIPP leads are in progress to identify a way forward.

## 1.5. Sharing of Learning

1.5.1. Throughout the meeting learning was shared about other Sport England place expansion pilots and what has worked in those areas. The information and videos of these examples have been shared with all members.



Ambition



Compassion



Optimism



Focus

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

1.6.1. As per the above the priority actions are being tracked and reported back to the Committee at every meeting.

1.7. Attachments

- None.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
...



## 1. ICB 30-04.159 - Neighbourhood Health approach and System Prevention Framework

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30<sup>th</sup> April 2025

**Report Presented by:** Nigel Lee, NHS STW, Chief Strategy Officer

**Report Approved by:** Nigel Lee, NHS STW, Chief Strategy Officer

**Report Prepared by:** Claire Parker, NHS STW, Director of Strategy and Development

**Action Required:** For Noting and Discussion

### 1.1 Purpose

- 1.1.1 This paper is presented to the Board to inform of the strategic intent and the associated work being delivered in neighbourhoods currently, how the work is underpinned by prevention and the system prevention framework, and the next steps in the work to deliver needs-based services for our Shropshire, Telford and Wrekin (STW) population.

### 1.2 Executive Summary

- 1.2.1 The presentation details the neighbourhood approach for our system. Including the context with relation to our places, our strategies, our clinical pathways and links to the hospital transformation plan and our collaboration across stakeholders, including providers, wider primary care, local authority services and voluntary and charitable sector services. The presentation also refers to the Neighbourhood health planning guidance and how the guidance supports the work we are delivering and designing as a system. The prevention work and system prevention framework is also detailed within the pack.

### 1.3 Recommendations

- 1.3.1 The Board are asked to note and discuss the contents within the presentation. The approach is being shared to raise awareness, gain feedback and insight and garner support for the approach.

### 1.4 Conflicts of Interest

- 1.4.1 There are no specific pecuniary conflicts of interest, but all stakeholders will have an interest in the neighbourhood approach indirectly or directly as providers of services within neighbourhoods and communities.

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

- 1.5.1 Delivery of integrated services in neighbourhoods will mitigate across a number of BAF risks including Urgent and Emergency Care.



Ambition



Compassion



Optimism



Focus



## 1.6 Alignment to Integrated Care Board

- 1.6.1 This work supports the ICB's statutory duty for integration and reducing health inequalities. It delivers priorities within the Joint Forward Plan and the annual operational plan for 25/26.

## 1.7 Key Considerations

- 1.7.1 **Quality and Safety:** Impact on patient outcomes and person-centred care.
- 1.7.2 **Financial Implications:** Current delivery has been within existing resources; prevention offers a well evidenced model of cost effective and outcome-based delivery.
- 1.7.3 **Workforce Implications:** Workforce planning needs to be aligned to neighbourhood working
- 1.7.4 **Risks and Mitigations:** Neighbourhood working and prevention offers mitigation to a number of demand risks, but lack of investment in prevention will affect future demand.
- 1.7.5 **Engagement:** Previous engagement includes @Big Conversation' and JSNA engagement. Future engagement and communication will be necessary to continue to co-produce services.
- 1.7.6 **Supporting Data and Analysis:** Prevention metrics, health inequalities dashboard, PHM data and JSNA.
- 1.7.7 **Legal, Regulatory, and Equality:** Delivery of services to support those with protected characteristics.

## 1.8 Attachments

- 1.8.1 Appendix - Presentation

## 1.9 Impact Assessments

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



Ambition



Compassion



Optimism



Focus



# Integrated Care System

Shropshire, Telford and Wrekin

**Shropshire, Telford & Wrekin (STW)  
Draft Neighbourhood Working Strategy and Prevention  
Framework**

**Key overview slides (for full pack see appendices)**

1
2
3
4
5
6
7
8
9
10
11
...

# What is neighbourhood working?

Neighbourhood working is not new, it is something that has existed for many years both locally, regionally and nationally.

There is no single or accepted blueprint for a Neighbourhood, but some definitions/descriptions include:

- An approach that strengthens and re-designs community services to meet local needs, to include better coordination and communication locally.
- An approach that supports teams and services to work in a more integrated way across health, local authorities, VCSE and the community.
- Level of locality or Neighbourhood that tends to be between 30,000 - 50,000 people



## Why is this approach needed? – NHS Neighbourhood Health Guidelines 2025.26

“There is an urgent need to transform the health and care system. We need to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people’s access, experience and outcomes, and ensure the sustainability of health and social care delivery. More people are living with multiple and more complex problems, and as highlighted by Lord Darzi, the absolute and relative proportion of our lives spent in ill-health has increased.

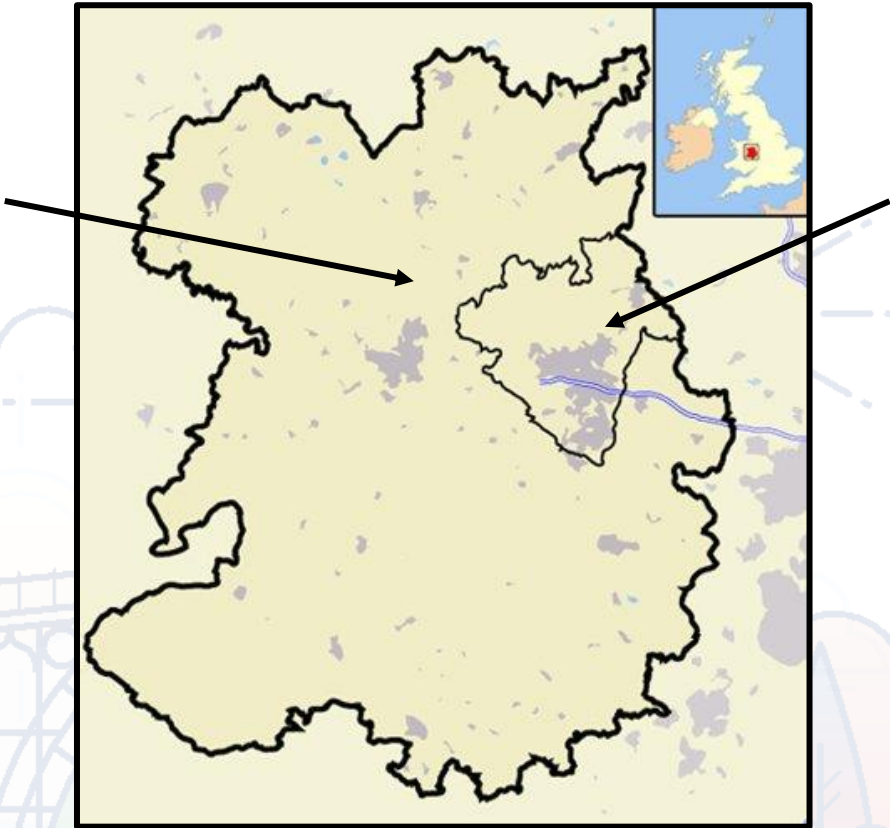
Addressing these issues requires an integrated response from all parts of the health and care system. Currently, too many people experience fragmentation, poor communication and siloed working, resulting in delays, duplication, waste and suboptimal care. It is also frustrating for people working in health and social care.”

# Shropshire, Telford & Wrekin Place Context

In STW there are 2 Place Areas – 1. Shropshire and 2.Telford & Wrekin (coterminous with local authority administrative boundaries), with Neighbourhoods aligned currently to 9 Primary Care Networks. TW and Shropshire also have place plan or neighbourhood areas as defined by local communities 18 in Shropshire and similar in TW. The role of Place in this context, delivered through the two Place Boards which are sub-committees of the ICB, is:

## Shropshire Integrated Place Partnership (ShIPP)

- Work with the ICB on developing governance, which is moving toward delegation of decision and finance to place and Neighbourhood.
- Work with partners to align strategic priorities with need through strategic plans and actions
- Increase focus on integration, prevention, inequalities and improvement of population health and wellbeing
- Ensure that the voluntary and community sector play a central role in the health and wellbeing of local populations
- Ensure that local voices, (people, elected members, local services, primary care), are championed and part of developments and decision making
- Understand, influence and develop local implementation of strategy and transformation programs, that takes into account need and local voices
- Assess need and develop ongoing needs assessments , Joint Strategic Needs Assessments (JSNAs) and regular feedback loops)



## Telford Wrekin Integrated Place Partnership (TWIPP)

- Agree and drive the delivery of proactive, preventative, high quality community centered health and care integration at place.
- Have a key focus upon reducing health inequalities, improving place-based proactive prevention and delivering seamless, accessible, safe, high quality community centered health and care services for all residents.
- Understand how effectively the improvements in quality and safety are being driven forward. This is aligned to the quality statements set out by the Health and Care Act in 2022 and outlined in the Care Quality Commission Integrated Care System Assessment process.
- TWIPP is authorised by the ICB Board to:
  - Oversee the delivery of key priorities of thematic partnership boards
  - Agree key priorities for community centered health and care in Telford and Wrekin
  - Create task and finish groups or working groups to develop and deliver action plans to deliver the agreed priorities for community centered health and care in Telford and Wrekin

# NHSE guidance next steps for Neighbourhood health

- Whilst we await the 10 Year Plan **STW will continue to build on and strengthen the existing foundations and maintain the current momentum** for a neighbourhood health approach by making further progress to **standardise the 6 nationally defined core components of existing practice** listed below to achieve greater consistency of approach:-
  1. Population Health Management
  2. Modern General Practice
  3. Standardising community health services
  4. Neighbourhood multi-disciplinary teams (MDTs) including a nationally defined INT model for CYP
  5. Neighbourhood intermediate care with a 'Home First' approach
  6. Urgent neighbourhood services

The specific details related to each of the above 6 core components are set out in Appendix 1.

- As a minimum impacts to be achieved in 2025/26 are **improving timely access** to general practice and urgent and emergency care, **preventing long and costly admissions** to hospital and **preventing avoidable long-term admissions** to residential or nursing care homes.



1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
...	
41	

# Shropshire, Telford & Wrekin Principles for Neighbourhood Working

Population Health Management	Person Centred Approach	Learning and Evidence	Integration	Time	Leadership
<ul style="list-style-type: none"><li>•Working in a proactive, preventative, assets based, population health way that maximises health, wellbeing, independence, and self-care in or as close to peoples homes as possible, in order to reduce their need for health and care services.</li></ul>	<ul style="list-style-type: none"><li>•Ensuring that we take a person-centred approach, putting people at the centre of what we do.</li></ul>	<ul style="list-style-type: none"><li>• Building on what works and using learning and evidence, to develop a more comprehensive community based prevention offer which includes universal, early help, targeted and specialist system services.</li></ul>	<ul style="list-style-type: none"><li>•Working across service areas, integrating where possible, embracing partnership and collaborative working, creating a culture of working jointly across professions, organisations and teams for the benefit of our communities.</li></ul>	<ul style="list-style-type: none"><li>•Adopting a test and learn approach allowing projects time to evolve and deliver outcomes, embedding evaluation in all development programmes from the start.</li></ul>	<ul style="list-style-type: none"><li>•Collaborative local leadership with a shared vision, culture and values to support transformation.</li></ul>





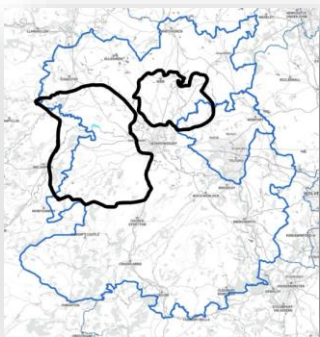
# Four Phases of Integrated Neighbourhood Working Development



# Shropshire Neighbourhoods

Total registered patients – 318,279 (April 2024)

## Rural Alliance



Population – 26,312

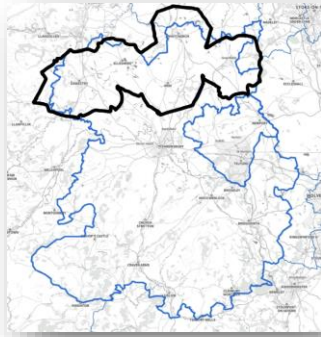
### Community Hubs

Links with North, Shrewsbury and Southwest

### GP Practices

Clive, Knockin, Shawbury , Pontesbury & Worthen, Westbury

## North



Population – 91,434

### Community Hubs - NE & NW

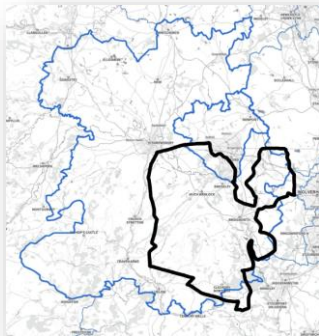
NE - Raven House

NW – Oswestry Library

### GP Practices

Churchmere Medical Group, Market Drayton, Plas Ffynnon, The Caxton Surgery, Wem & Prees, Cambrian Hodnet Medical Practice (LCS)\*

## South East



Population – 59,605

### Community Hub

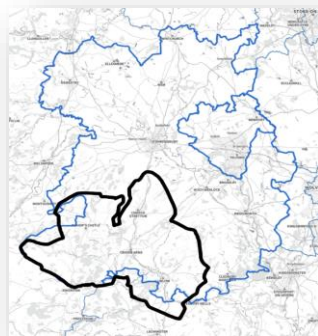
Bridgnorth Library

Highley Health & Well-being Centre

### GP Practices

Albrighton, Alveley, Bridgnorth, Brown Cleve, Cleobury Mortimer , Much Wenlock & Cressage, Broseley, Ironbridge

## South West



Population – 36,571

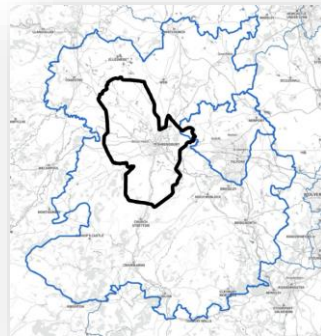
### Community Hub

Ludlow Youth Centre

### GP Practices

Bishops Castle, Church Stretton Craven Arms, Portcullis Surgery Station Drive Surgery, The Meadows

## Shrewsbury



Population 104,357

### Community Hub

Sunflower House

### GP Practices

Belvidere, Marden, Marysville Riverside, Severn Fields, South Hermitage Surgery, Radbrook Green Surgery, Mytton Oak, Claremont Bank Surgery, The Beeches, Prescott Surgery



**Partners involved in Neighbourhood Care** – Local Authority, Voluntary Community and Social Enterprises (VCSE), Community Trusts; Midlands Partnership MHS Foundation Trust (MPFT), Shropshire Community Health Trust (SCHT)

# Services Provided at Neighbourhood Level

## Shropshire

### Rural Alliance

Services are linked with North, Shrewsbury and South-West.

### Shrewsbury

N1  
N2  
N3  
N4  
N5  
N6  
N8  
N9  
N11  
N12  
N14  
N15  
N17

### South-West

N1  
N2  
N3  
N4  
N6  
N7  
N8  
N9  
N11  
N12  
N13  
N14  
N15  
N17  
N20

### South- East

N1  
N2  
N3  
N4  
N6  
N8  
N11  
N12  
N14  
N15  
N16  
N17  
N18  
N19

### North

N1  
N3  
N3  
N4  
N5  
N6  
N7  
N8  
N9  
N14  
N15  
N16  
N17

## System Level Services

System Level acute care services, e.g. Trauma, Orthopedic, Elective Care, Vascular, Cancer.

## Place Level Services

Rapid Response , District Nursing, Women's Health & Well-being Hubs, Community & Family Hubs, Health & Well-being Hubs, Education Hubs

## Neighbourhood Services (N)

1. Integration.
2. Family Hub Drop-ins (0-19)
3. Health Visiting Open Access Clinics
4. Parenting Support –virtual, phone line and monthly f2f
5. Breast Feeding Network
6. Shropshire Domestic Abuse Drop-in and Virtual
7. Support into Work (DWP/Enable)
8. Let's Talk Local – Adult Social Care (ASC )
9. Family learning Courses
10. Enable – developing a county wider virtual offer
11. Housing Support – county wider – virtual offer
12. Warm Space
13. Armes Forces Outreach
14. Stop Smoking Clinics
15. Blood pressure checks
16. Pilot of an all-age autism Hub
17. Shropshire recovery partnership – Youth Drug and Alcohol Outreach Team in all hubs once a month.
18. Dementia Multidisciplinary Team (MDT)
19. Heart Failure at home Multidisciplinary Team (MDT)
20. Proactive Care Multidisciplinary Team (MDT)

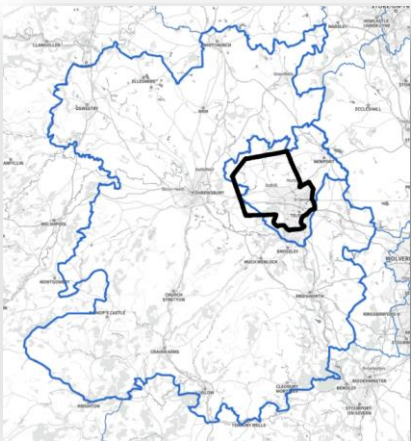




# Telford & Wrekin Neighbourhoods

## Total Registered patients – 196,605 (April 2024)

### Wrekin



Population – 32,725

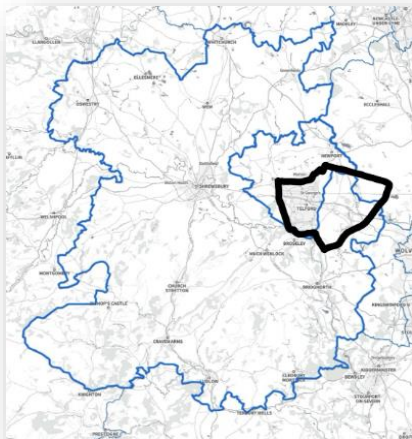
#### Community Hubs

Evergreen Family Hub

#### GP Practices

Hollinswood & Priorslee  
Surgery , Wellington,  
Dawley

### TELDOC



Population – 65,151

#### Community Hubs

Oak Family Hub  
Cherry Blossom Family Hub  
Hazel Family Hub

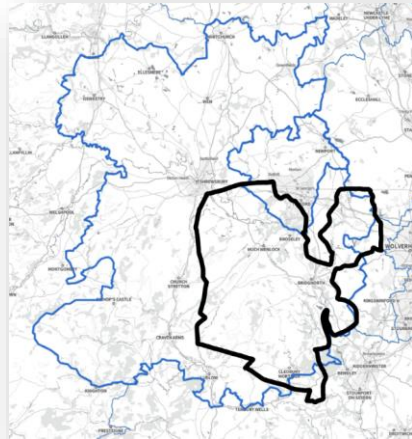
#### GP Practices

TELDOC is a Medical Practice  
that operates out of 6 sites  
across Telford and Wrekin:

- Malinslee
- Lawley
- Oakengates
- Madeley
- Hadley
- Leegomery

Shifnal & Priorslee Medical  
Practice (chosen to be part of Telford  
PCN)

### South-East Telford



Population – 38, 675

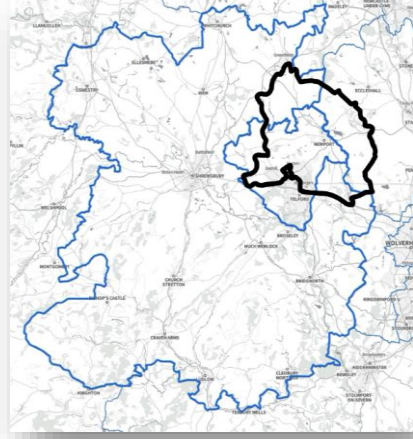
#### Community Hubs

Live Well Hub Madeley  
Walnut Family Hub  
Silver Birch Family Hub

#### GP Practices

Court Street, Stirchley  
Woodside, Ironbridge (part  
of South-East Shropshire PCN)

### Newport and Central



Population – 60, 054

#### Community Hubs

Coming soon – Live  
Well/Family Hub

#### GP Practices

Wellington Road Surgery  
Linden Hall Surgery  
Shawburch, Donnington  
Charlton Medical Practice  
(not part of PCN)

**Partners involved in Neighbourhood Care** – Local Authority, Voluntary Community  
and Social Enterprises (VCSE), Community Trusts; Midlands Partnership MHS  
Foundation Trust (MPFT), Shropshire Community Health Trust (SCHT)



# Services Provided at Neighbourhood Level

## Telford & Wrekin Place Level

### Wrekin

N1
N3
N6
N7
N8
N9
N11
N12
N13
N15

### TELDOC

N1
N3
N4
N5
N6
N7
N8
N9
N12
N13
N14
N15

### South East

N1
N2
N3
N6
N8
N9
N11
N12
N13
N15

### Newport and Central

N1
N5
N6
N8
N9
N10
N11
N12
N13
N14 (coming soon)
N15



A range of Voluntary, Community and Social Enterprise Groups can be found across all neighbourhoods. To view specific services within those neighbourhoods please refer to [Live Well Telford](#).

## System Level Services

System level acute care service e.g., trauma, Orthopedic, Elective Care, Vascular, Cancer.  
Same day urgent care services.

## Place Level Services

Live Well Telford All Age Online Community Directory, Family Connect, Safeguarding (children and adults), Early Help and Support (CYP), Children in Care, Adult Social Care, Discharge Pathways, Rapid Response, Virtual Ward, Sexual Health Services, District Nursing, Community Therapy, Women's Health & Well-being, Domestic Abuse Service, Support into Work, Learn Telford, Housing Services, Healthy Lifestyles, Citizens Advice, Drug and Alcohol Services, Community Mental Health, antenatal and post-natal care, Hospice Care

## Neighbourhood Services (N)

(i.e., only delivered in the Neighbourhood)

1. Primary Care – GP, Pharmacy, Dentistry, Optometry
2. Live Well Hubs
3. Family Hubs
4. Independent Living Centre
5. Digital Inclusion Drop Ins
6. Calm Cafes
7. All-Age Autism Hub
8. Welcoming Spaces & Warm Places
9. Adult Social Care Bookable Appointments / Pop-Ups
10. Energize Place Project
11. Armed Forces Community Cafes and Drop-Ins
12. Health Promotion and Prevention (e.g., blood pressure checks, vaccinations....etc.)
13. Social Prescribing and Care Navigation
14. Proactive Care Multi-Disciplinary Team
15. Libraries and Council First Point

Illustrative examples of services provided at this footprint

# System Roles and Responsibilities in Place and Neighbourhood Development

ICB	Local Authorities	System Partners
<ul style="list-style-type: none"><li>• <b>Strategic Commissioner</b> with the ambition of starting to delegate tactical commissioning and transformation based on delivering specific outcomes to Place and Provider Collaboratives as our key delivery vehicles over a period of time.</li><li>• <b>Development and Redesign skills and capacity</b> – the ICB Strategy and Development Team has a jointly funded Place leadership post with the Council and has aligned some of its project management resources to support the development of Neighbourhoods</li></ul>	<ul style="list-style-type: none"><li>• <b>Senior Responsible Officers (SRO)</b> – The Local Authority Chief Executives are the SROs for Place. As SROs they have overall accountability for the delivery of the Place programme of work and its associated outcomes accountable to the ICB Board and Health and Wellbeing Boards. They are the Chairs of the Place Based Boards.</li><li>• <b>Chair of the Place Based Boards, SHIPP and TWIPP to ensure:-</b><ul style="list-style-type: none"><li>• agree, direct, drive and assure delivery of community centred health and care integration at Place.</li><li>• key focus on reducing health inequalities, improving proactive prevention and delivering seamless, accessible,</li><li>• safe, high quality community centred health and care services for all their respective residents.</li></ul></li><li>• <b>JSNA and Customer Programme/Adult and Children Transformation</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Proactively engage with the Place Based Boards and Neighbourhood Development Groups</b></li><li>• <b>Influential role in developing local delivery solutions</b> with other partners, reducing duplication and joining up services where it makes sense to do so</li><li>• <b>Commitment to integrated and collaborative work</b>, enabling better use of resources and quality improvement, leading to more effective and efficient services.</li><li>• <b>Commitment to align provider service capacity and resources to agreed Place and Neighbourhood models</b></li><li>• <b>Partners include:</b> Shrewsbury and Telford Hospitals NHS Trust - SaTH (Acute Trust), Voluntary, Community, and Social Enterprise sector (VCSE), Shropshire Community Health NHS Trust (Shropcom), Midlands Partnership Foundation NHS Trust (MPFT), Primary Care Services (General Practice, Primary Care Networks (PCNs), Pharmacy, Optometry and Dentistry), Robert Jones and Agnes Hunt NHS Trust (RJAH)</li></ul>





# Integrated Care System

Shropshire, Telford and Wrekin

## Prevention Framework and Priorities (Draft V1.0)

February 2025

1
2
3
4
5
6
7
8
9
10
11
...

# Prevention as a Priority

- Prevention and the shift to prevention has been a consistent theme in the Strategic Direction across STW
- At the October 2025 ICP meeting – the Partnership agreed to :
  - Take a public health approach/population health including prevention to the development/revision of strategies such as CVD, frailty, cancer
  - Continue to develop and explore a systemwide framework approach to prevention through the prevention and inequalities group
  - Map current prevention investment (across all types of intervention) to track the left shift to increase investment and the commitment to prevention across the system (as outlined in the ICP Strategy).
  - Track the Return on Investment for Prevention in STW
- This aligns to the NHS shift to prevention. Sharing the draft framework today



1
2
3
4
5
6
7
8
9
10
11
...
50

# Integrated Care Strategy Commitment & Priorities

## Population Health Priorities

- Best start in life
- Healthy weight
- Mental wellbeing & Mental Health
- Reducing impact of drugs, alcohol and domestic abuse

## Health Inequalities priorities

- Wider determinants:
  - homelessness
  - cost of living
- Inequity of access to preventative health care:
  - cancer
  - heart disease
  - diabetes
  - Health Checks for SMI & LDA
  - vaccinations
  - preventative maternity care

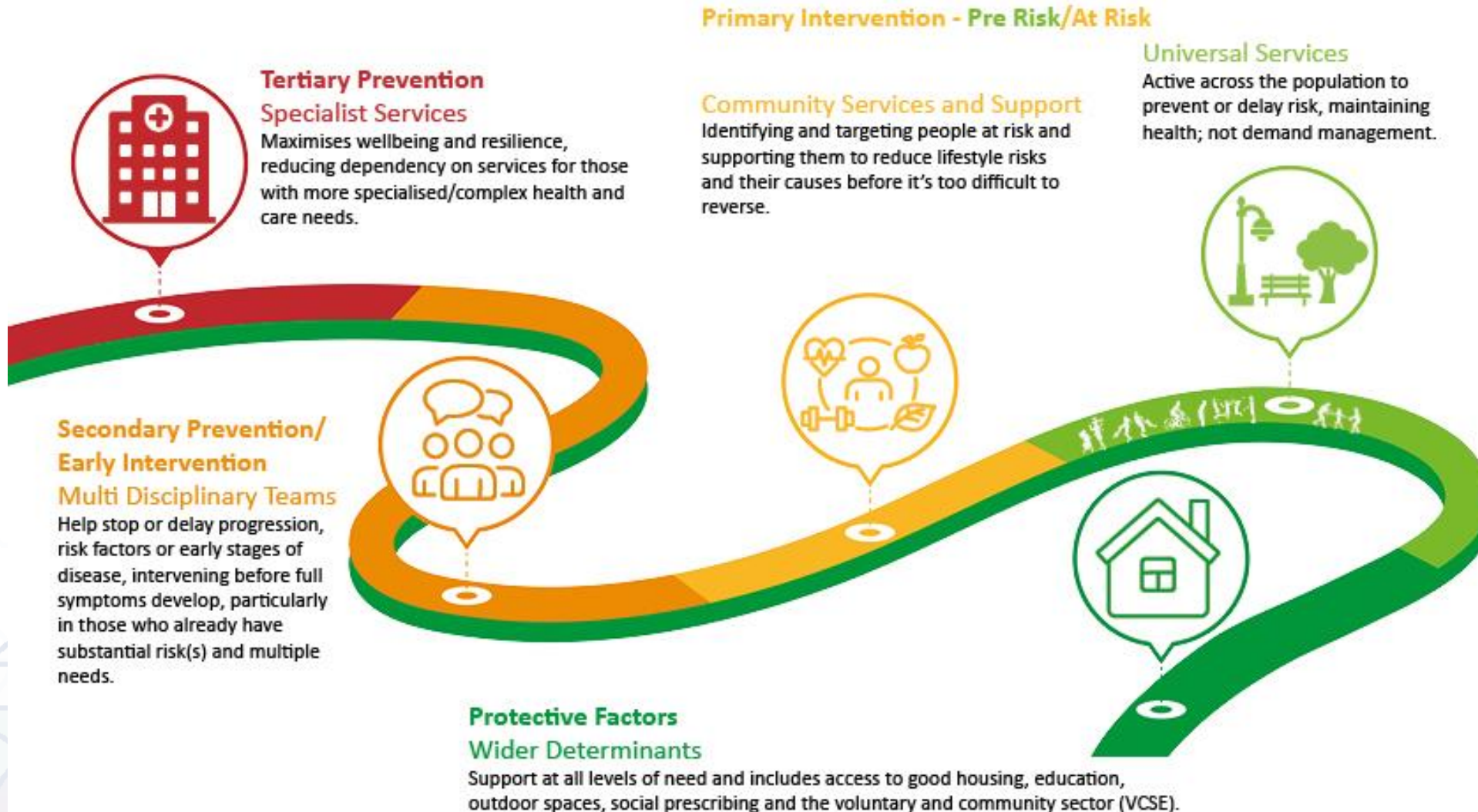
## Healthcare priorities

- Person –centred integrated within communities
- Best start to end of life (life course)
- Mental, physical and social needs supported holistically
- People empowered to live well in their communities
- Primary care access
- Urgent and Emergency care access
- Orthopaedics

A greater emphasis on prevention is crucial, to improve the quality of people's lives and the time they spend in good health. We recognise that not everyone has an equal chance of a happy, healthy long life and therefore we need to do more to tackle all inequalities.

# What is prevention and how can services support this?

People being as healthy and well as possible at all stages of life; all services can help with this



## Our Vision

*Focus on developing strong communities where we can reduce inequalities, build the resilience of vulnerable people and families, and concentrate on driving system change so that every area has joined up, efficient local services which are able to identify people and families in need and provide the right support at the right time.*

# Prevention Metrics

## Overall track the increase in the proportion of System Budget Allocated to Prevention Activities ~ (Primary, Secondary and Tertiary)

1. We will increase the number of people who successfully stop smoking with a particular focus on smoking in pregnancy, manual workers and people with learning disabilities and mental illness.
2. We will decrease the number of people drinking to harmful and hazardous levels by improved identification and access to brief interventions and treatment, support and recovery
3. We will improve the identification and management of hypertension optimising clinical and non-clinical prevention treatment pathways. We will aim to increase the number of people identified with hypertension (BP>140/90) and the percentage of these who are treated to target.
4. We will improve respiratory outcomes by increasing uptake of flu vaccination with a particular focus on older people and adults with a pre-existing health conditions.
5. We will prioritise access to and quality of LDA and SMI Health-checks.
6. We will accelerate plans to tackle adverse infant outcomes by focusing on women with existing health conditions ensuring that there is good access to pre-conception advice and early booking.
7. We will accelerate the take up of all childhood immunisations including MMR
8. We will take steps to improve the oral health of children by maximising public health interventions and access to NHS dentistry
9. We will review our systems approach to child and adult obesity including community level interventions, NHS programmes and new pharmaceutical interventions
10. We will improve early diagnosis of cancer; we will commission a deep dive on local cancer screening uptake and performance as well as reviewing diagnosis with symptoms. This will set system baselines prior to any delegation of screening responsibilities
11. We will ensure early help for those with mental health conditions by improving access to talking therapies and CYP tier1 and 2 services.
12. We will reduce drug related death by optimising access to and benefit from treatment and recovery



1
2
3
4
5
6
7
8
9
10
11
...
53



## 1. ICB 30-04.160 - System Accountability & Performance Framework.

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30th April 2025

**Report Presented by:** Claire Skidmore, NHS STW, Chief Finance Officer & Julie Garside, NHS STW, Director of Planning, Performance, BI & Analytics

**Report Approved by:** Claire Skidmore, NHS STW, Chief Finance Officer

**Report Prepared by:** Julie Garside, NHS STW, Director of Planning, Performance, BI & Analytics

**Action Required:** For approval.

### 1.1. Purpose

- 1.1.1. The development of a Shropshire Telford & Wrekin System Accountability & Performance Framework is an action within the System Integrated Improvement Plan, under the Governance Transition Criteria. The framework has been reviewed and approved by the three Provider Boards within the STW system and is now coming to the Integrated Care Board for final approval.

### 1.2. Executive Summary

- 1.2.1. Under the Governance Transition Criteria of the STW System Integrated Improvement Plan, there was an action to design and implement an accountability and performance framework for the system. The ICB Director of Planning & Performance took the existing provider frameworks and used those as the basis for the system approach. The Governance and Performance leads of all the providers and ICB then worked together to develop the System Accountability & Performance Framework (SAPF) attached as Appendix 1. The draft framework has also been reviewed and had input from the NHSE regional system oversight team.
- 1.2.2. The SAPF sets out the systems and processes through which the system will support organisations / teams and manage the delivery of our strategic and operational goals, as well as ensuring that the regulatory and statutory requirements that apply to the system and its Trusts are met (including those outlined in the NHS Constitution).
- 1.2.3. The SAPF will also drive the implementation of best practice performance assurance processes throughout the system, aligned to organisational and Integrated Care Board committees.
- 1.2.4. It includes a system wide performance management matrix of accountabilities & responsibilities based on existing organisational and system governance structures (Appendix 1 slide 10).



Ambition



Compassion



Optimism



Focus



- 1.2.5. It clarifies the roles and responsibilities of individual organisations and the collective responsibilities we have to each other to ensure delivery as part of an ICS. The distinction between delivery accountability (slides 13/4) and assurance (slides 18/19) is also described in the framework alongside the role of our regulator NHSE, including the National Oversight Framework and Tier 1 processes.
- 1.2.6. Recent announcements regarding the future of the NHSE and Department of Health & Care and the associated regulatory functions including performance assurance do mean that this framework will be time limited but it was felt important as part of the system's work to exit NOF 4, that a framework was agreed and implemented in the short term. This can, of course, be amended to reflect the new regulatory arrangements when they are published.
- 1.2.7. The Provider boards have all approved the framework in principle recognising that the landscape for NHS performance oversight is currently under review. The board discussions noted the complexity of the document but recognised that navigation of the process would become easier over time as it is put into practice.

### 1.3. Recommendations

- 1.3.1. The Board is asked to **approve** the attached framework and **confirm** that the ICB, SaTH, RJA and SCHA will implement it from May 25 onwards.

### 1.4. Conflicts of Interest

- 1.4.1. None.

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

- 1.5.1. The Framework sets out the systems and processes through which the system will support its organisations / teams to manage the delivery of all our strategic and operational goals.

### 1.6. Alignment to Integrated Care Board - core aims/objectives

- 1.6.1. **Improve outcomes in population health and healthcare** - the framework underpins how the system will deliver improvement in the standards of care and outcomes for our local population.
- 1.6.2. **Tackle inequalities in outcomes, experience, and access** - the framework will help all system partners deliver improvement in key performance and quality metrics including those related to access, outcomes and ultimately patient experience.
- 1.6.3. **Enhance productivity and value for money** - the framework will help align our accountability/ performance reporting, delivery and assurance as a system which will reduce duplication and contribute to increased productivity and efficiency.



Ambition



Compassion



Optimism



Focus

## 1.7. Key Considerations

- 1.7.1. **Quality and Safety:** The framework underpins the delivery of our constitutional standards and supports the principle of continuous improvement to deliver good patient care and outcomes.
- 1.7.2. **Financial Implications:** The framework itself has no financial implications but improvement in the delivery of our performance and regulatory requirements will support improvement in efficiency and productivity.
- 1.7.3. **Workforce Implications:** None
- 1.7.4. **Risks and Mitigations:** The main risk to this framework as it stands is the current changes announced for NHSE, ICBs and corporate functions within providers. This will be kept under regular review and the framework can be adapted to reflect the new arrangements once they are known.
- 1.7.5. **Engagement:** All local STW ICS providers have worked together on the development and design of this framework
- 1.7.6. **Supporting Data and Analysis:** None
- 1.7.7. **Legal, Regulatory, and Equality:** None

## 1.8. Impact Assessments

- 1.8.1. **Has a Data Protection Impact Assessment been undertaken?** N/A
- 1.8.2. **Has an Integrated Impact Assessment been undertaken?** N/A

## 1.9. Attachments

- 1.9.1. Appendix - System Accountability & Performance Framework
- 1.9.2. Appendix - Recovery/Improvement Plan template



## 1. ICB 30-04.161 – Winter Delivery and UEC Improvements Update

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30th April 2025

**Report Presented by:** Ian Bett, NHS STW, Chief Delivery Officer

**Report Approved by:** Ian Bett, NHS STW, Chief Delivery Officer

**Report Prepared by:** Gareth Wright, NHS STW, Head of Clinical Operations UEC & EPRR

**Action Required:** For assurance

### 1.1. Purpose

1.1.1 The purpose of this report is twofold.

- To update the Board on Winter Delivery, further to the Winter Plan approved at the 27 Nov 24 meeting and the update noted at the 29 Jan 25 meeting.
- To reflect upon achievements in UEC Improvement during 2024/25; appraising the Board of our intended approach for 2025/26, having learned from the experience of last year.

1.1.2 The report comprises a short presentation that will be delivered at the meeting by Ian Bett, supported by key staff from provider organisations.

### 1.2. Executive Summary

1.2.1 **Learning from 2024/25.** The Board as routinely received updates in relation to the System UEC Improvement Plan 2024/25, including the additional actions to mitigate the predicted increase demands during the winter months. This report summarises the learning and what we intend to do differently in the 2025/26 Programme to maximise actions and interventions for the benefits of our patients.

1.2.2 **25/26 UEC Improvement.** The presentation identifies the key objectives for 25/26 in relation to UEC improvement from across the system, with a focus on care coordination and the need to further bolster our community service provision to provide improved services for our population. It identifies the governance structure in place with lines of agreed accountability which will be overseen by the UEC Delivery Group.

### 1.3. Recommendations

1.3.1 The Board is invited to note the update and intended approach to achieving Improvement on our System UEC pathway in 2025/26, including winter preparedness.

### 1.4. Conflicts of Interest

1.4.1. No conflicts of interest related to this report.



Ambition



Compassion



Optimism



Focus

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

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

## 1.6. Alignment to Integrated Care Board

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

## 1.7. Key Considerations

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

## 1.8. Impact Assessments

- 1.8.1. Has a Data Protection Impact Assessment been undertaken? No
- 1.8.2. Has an Integrated Impact Assessment been undertaken? No

## 1.9. Attachments

- 1.9.1. None



Ambition



Compassion



Optimism



Focus

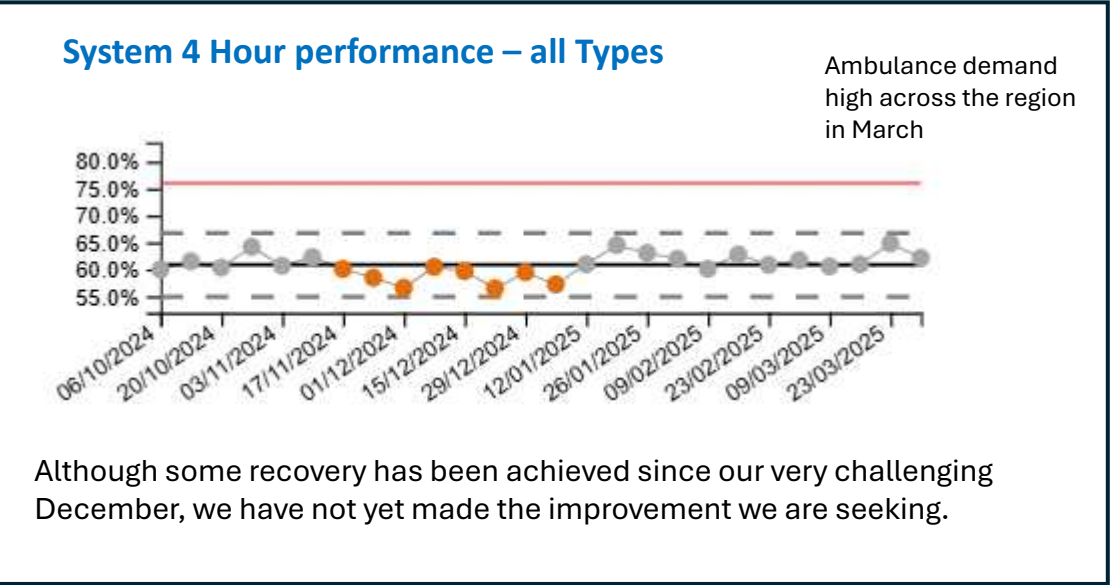
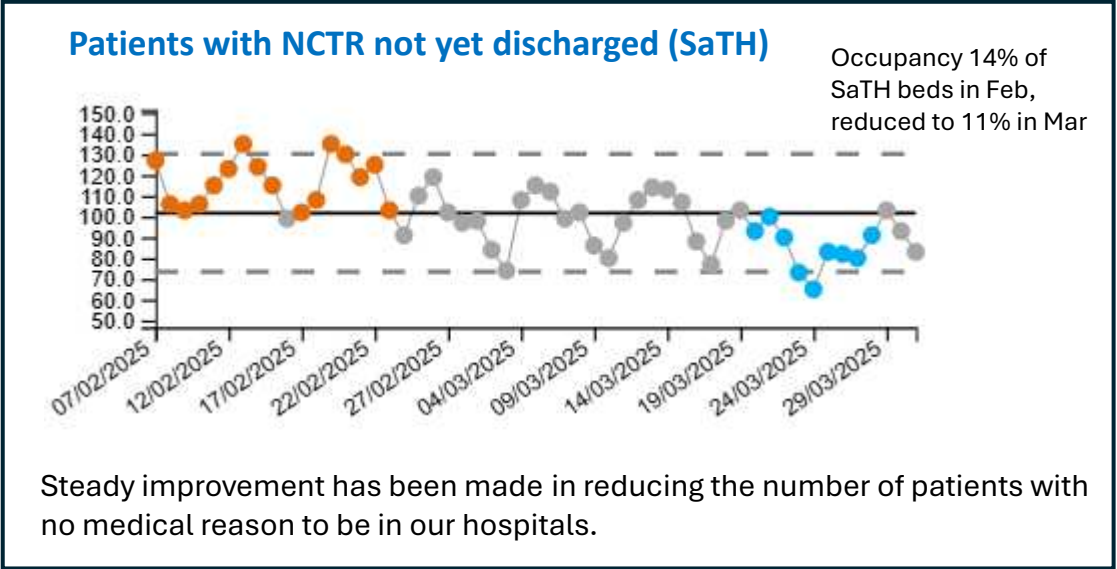
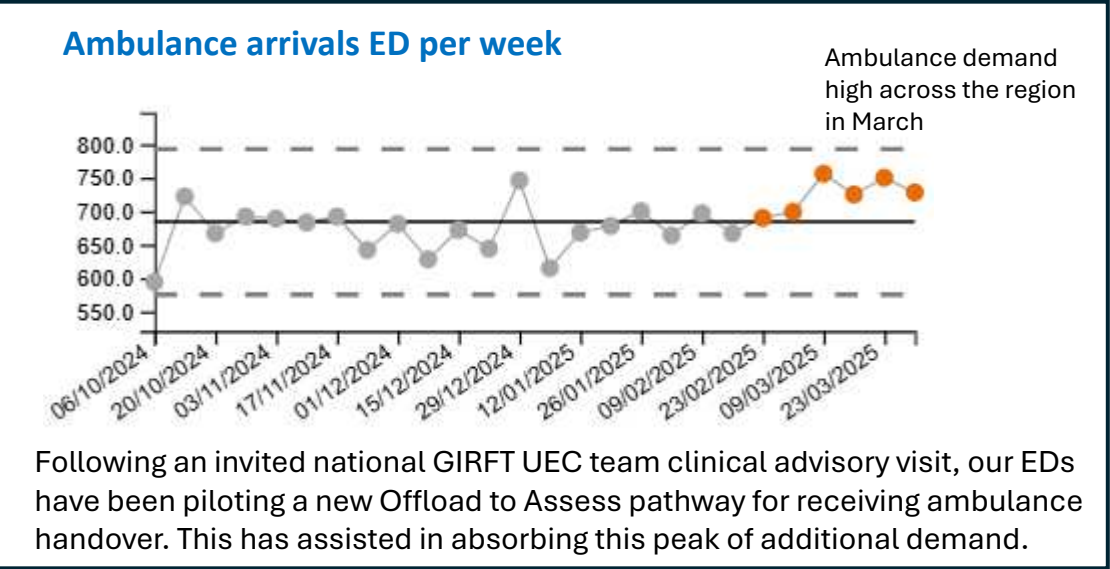
# Winter Delivery & UEC Improvements Update

## NHS STW Integrated Care Board

30 April 2025

1
2
3
4
5
6
7
8
9
10
11
...

# Winter delivery update



- Since the Board was last updated on 29 Jan 25 we have implemented recovery actions following the System Critical Incident 3-5 Jan 25.
- March was a second period of significant pressure across the Region, which we absorbed, albeit with some highly challenging days.
- Key learning from our winter experience is that we should not expect additional funding again this year; and we are planning now to address long lead-time issues.





# Transition to Year 2 of our Improvement programme

## Learning from 2024/25

- ☐ Time is not in our favour
- ☐ We need to be ambitious but also realistic
- ☐ A clearer line of sight from activity to benefits is required
- ☐ We cannot expect to improve during winter
- ☐ We need one plan, with continuity

**Therefore, we need to...** do fewer, but more impactful interventions, pragmatic but ambitious and sustain our gains through winter

## Approach for 2025/26

- **Achieve agreed objectives by Nov 25**, so we are as well placed as we can be ahead of winter.
- This is not an all-new plan; it is **Year 2** building on what we have achieved this year.
- More **emphasis on delivery**, with streamlined tighter PMO control.
- Clear line of sight to performance and quality **benefits**, living within our financial means.
- More proactive inclusion of **all system partner** opportunities



# UEC: Providing safe and sustainable care for our patients who need urgent and emergency services in 2025/26

By 3<sup>rd</sup> November 2025 following objectives are to be achieved:

## Key enablers to delivering our objectives include:

- Using existing monies with the system differently to deliver improved care across the whole UEC pathway
- Utilising a simulation data-based approach to ensure we are doing the right things for our patients. In place by 1<sup>st</sup> Sept.
- The System PMO will be at the centre to drive our improvement



Working with primary care to provide a more appropriate service offer to patients other than the emergency Department

Neighbourhood Teams

Review MIU capacity to meet the needs of our population and having a proposal to be implemented in 2026. Pilot a conversion of MIU to UTC this year to ascertain benefits to our patients.



Prompt and safe handover of our ambulances within 45 minutes



Increase streamlining of patients to our SDEC to enable a 0-day length of stay (increase by 5%)



Maximising the expertise of the UTCs to support an increase to 25% of patients attending ED



Supporting patients on the inpatient wards to return to their original place of residency (delivering a discharge ratio of 75/22/3%)

Reducing the number of NCTR patients in the hospital wards to below <10% of the bed base.



Ensuring all patients can be discharged the same day they are identified as pathway 1



## Care Coordination

Through expansion and improved coordination between our GPOOH and SPA we will support a further increase in the number of patients (>5%) to access the appropriate care outside the hospital setting 24/7.

Review and expand as appropriate our Care Transfer Hub to enable improved discharge coordination

We will extend our rapid response offer to patients to 24/7

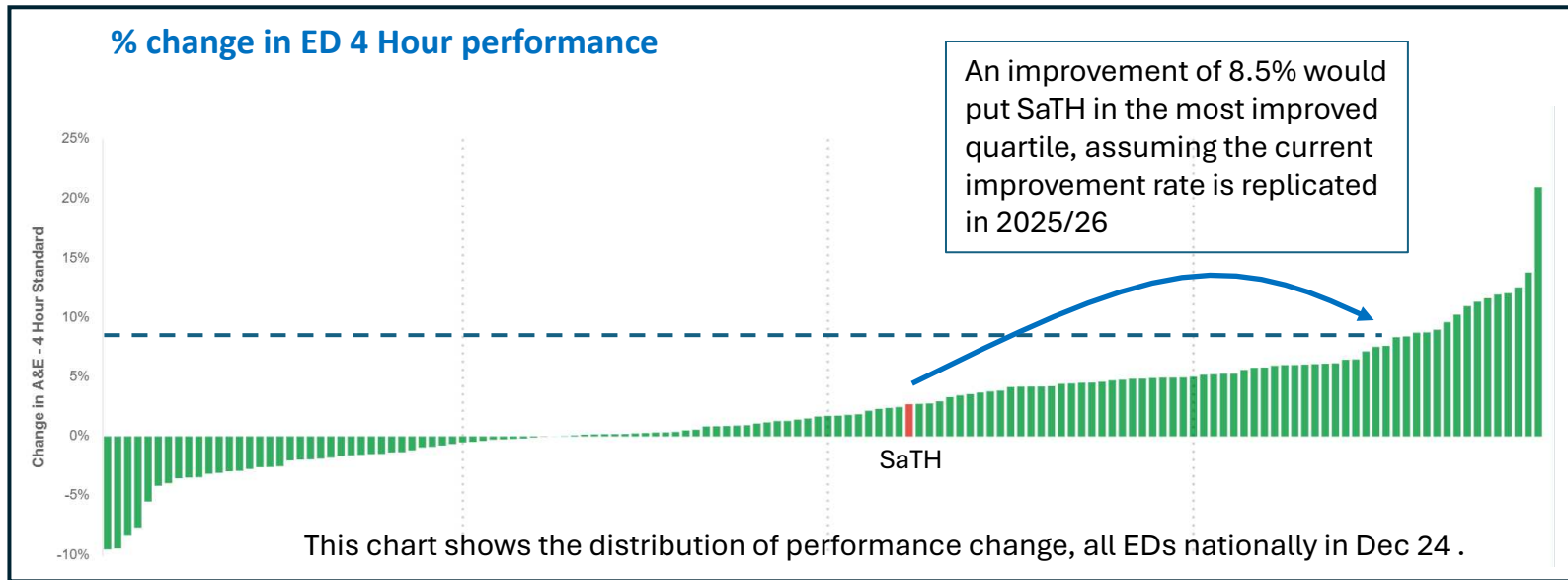


We will maximise the effectiveness of Virtual ward provision



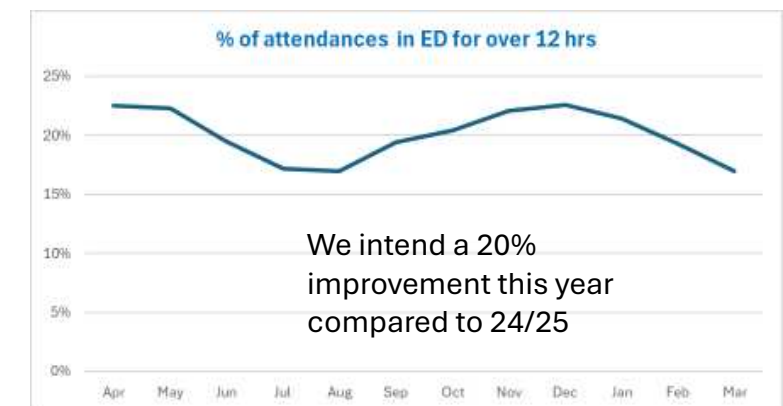
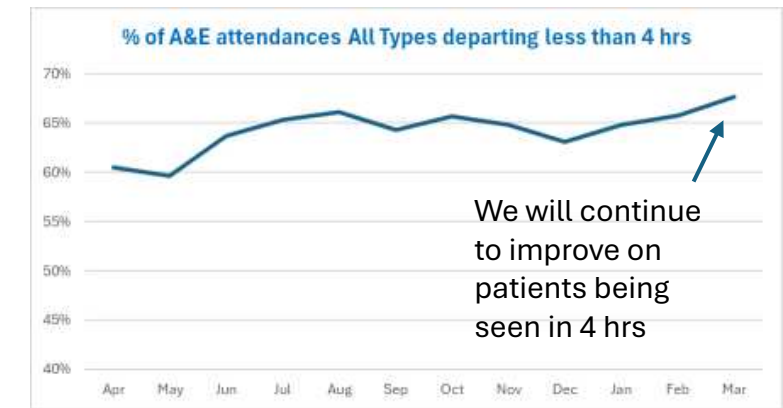
Reviewing our community bed capacity to ensure it meets the needs of our population and having a proposal to be implemented in 2026

# Improvement trajectories for 2025/26



## Ambition for 2025/26

- Having stabilised our baseline performance, we will deliver an ambitious and achievable level of improvement.
- Our trajectories recognise the seasonal impact upon demand for our services and we are planning now to mitigate.



# Improvement in maximising use of Community Pathways

## Achievements during 2024/25

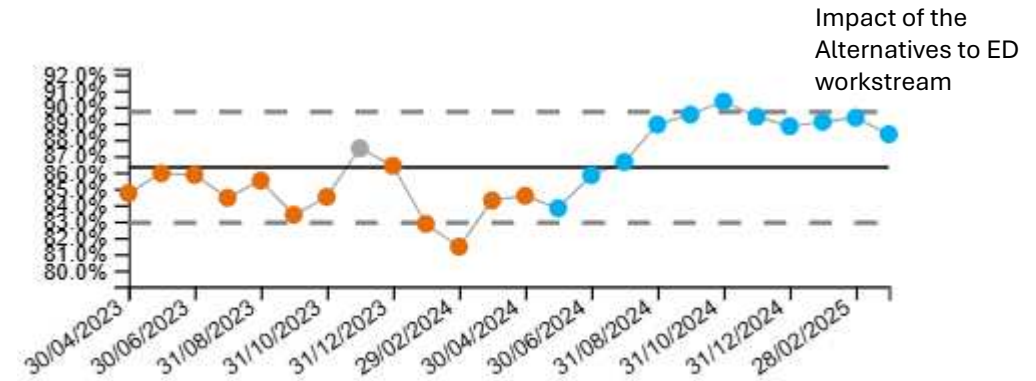
- ✓ Care Coordination Centre enhanced by multi-agency teamwork, finding alternatives to attending our EDs for many more patients
- ✓ Increased hospital discharge to our Virtual Ward; and Urgent Community Response team activity

**But we need to...** further improve our use of urgent alternative community UEC pathways

## Ambition for 2025/26

- Fewer patients attending our EDs who could be safely be treated within community settings
- A more appropriate service offer to our patients, working more closely with primary care

### Care Coordination % directed to Other than ED



Our Care Coordination Centre handled on average 1,528 each month in 2024/25, a 38% increase compared to the previous year.

*Care Coordination has signposted many more patients to more appropriate care settings as an alternative to Emergency Departments.*

*This will be a central principle of our Improvement programme for 2025/26.*





# Improvement in Acute patient flow

## Achievements during 2024/25

- ✓ Ambulance handover improvements
- ✓ Long length of stay over 21 days reduced
- ✓ Held our performance steady where others in the region have deteriorated

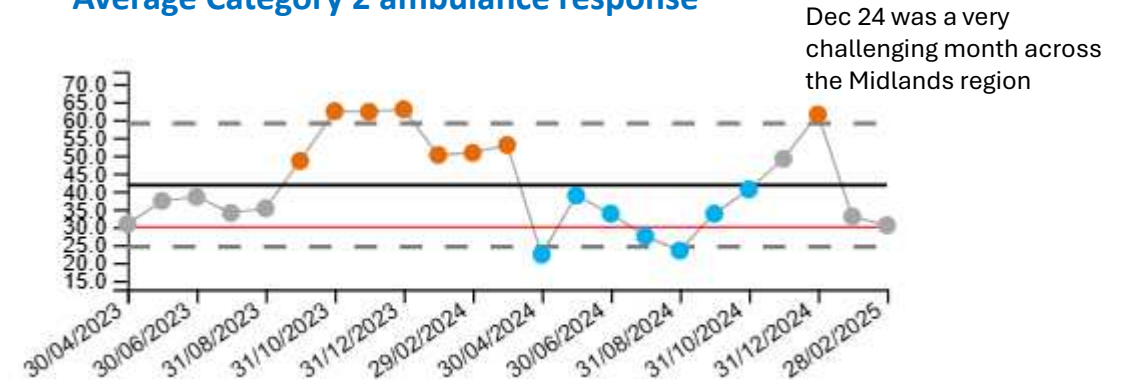
**But we need to...** do more to reduce the time our patients spend in our Emergency Departments

## Ambition for 2025/26

- Decompress occupancy in our Emergency Departments by optimising patient flow
- Significantly reduce the use of corridor care in our hospitals



### Average Category 2 ambulance response



Sustained improvements in handover have released crews to respond to new calls in a timelier manner.

*We are on track to be in the top 5 Systems nationally for improvement in Category 2 ambulance response throughout 2024/25 compared to the previous year*

# Improvement in System Discharge

## Achievements during 2024/25

- ✓ Established our Care Transfer Hub to facilitate complex discharges
- ✓ Reduced the time to discharge for those that are medically fit to leave our hospitals

**But we need to...** enable more patients to go home rather than to another care setting

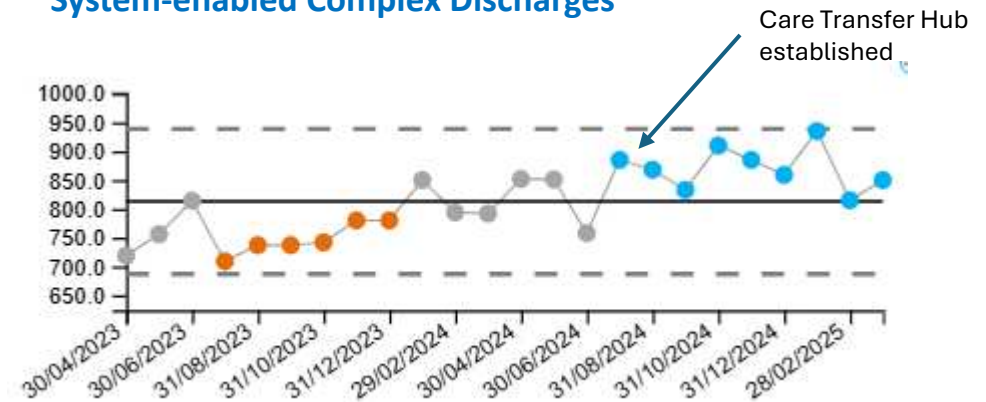
## Ambition for 2025/26

- Maximise patients returning to their original place of residence, in a timelier manner
- Increase the proportion of patients being discharged to less complex pathways



*A step change has been achieved in coordination of patients requiring more support on leaving hospital, by establishing our multi-agency Care Transfer Hub in the autumn of 2024. Proactive planning across Inpatient settings with Adult Social Care, Intermediate and Community Health Services.*

### System-enabled Complex Discharges



'Complex' discharges are those patients that need extra care at home or further treatment in a care setting like a community hospital or care home.



*"I think the whole idea of the MDT approach is what is going to win the day for us. This is exactly what we needed. We've been siloed for far too long and now it feels like we're working a lot more collaboratively. We're already starting to see the cultural change. We need to keep encouraging all these workers as we're working towards something really important. This is about getting people home quickly, on the right pathway."*

- Inpatient Therapy Manager



# UEC Programme Objectives 25-26

## Care Coordination

### Objectives:

1. Working with primary care to provide a more appropriate service offer to patients other than the ED
2. Through expansion and improved coordination between our GPOOH and SPA we will support a further increase in the number of patients (>5%) to access the appropriate care outside the hospital setting 24/7.
3. Review MIU capacity to meet the needs of our population and having a proposal to be implemented in 2026. Pilot a conversion of MIU to UTC this year to ascertain benefits to our patients.
4. We will extend our rapid response offer to patients to 24/7
5. We will maximise the effectiveness of our Virtual ward provision

**SRO:** Director of Ops, SCHT  
**Working Group:** System partners, ECIST  
GIRFT, WMAS

## Acute Flow

### Objectives:

1. Prompt and safe handover of our ambulances within 45 minutes
2. Increase streamlining of patients to our SDEC to enable a 0-day length of stay (increase by 5%)
3. Maximising the expertise of the UTCs to support an increase to 25% of patients attending ED
4. Providing additional Acute bed capacity to provide decant cleaning capacity and reduced need for unconventional care spaces

**SRO:** Chief Operating Officer, SATH  
**Working Group:** System partners, ECIST GIRFT, WMAS

## System Discharge

### Objectives:

1. Review and expand as appropriate our Care Transfer Hub to enable improved discharge coordination
2. Supporting patients on the inpatient wards to return to their original place of residency (delivering a discharge ratio of 75/22/3%)
3. Reducing the number of patients in the hospital wards to below <10% of the bed base.
4. Ensuring all patients can be discharged the same day they are identified as pathway 1
5. Reviewing our community bed capacity to ensure it meets the needs of our population and having a proposal to be implemented in 2026

**SRO:** Service Manager, Shropshire Council  
**Working Group:** System Partners supported by Newton Europe

## Winter Planning

### Objective:

1. Ensure the system is prepared for increased demand during winter challenging months by 1<sup>st</sup> August 2025.

**SRO:** ICB Head of Ops UEC  
**Working Group:** System Partners

*Ensuring we focus and support our patients with frailty as part of the wider system improvement*

System PMO and Improvement Support: NHS STW Director of UEC Improvement

Financial and Commissioning Support: NHS STW

BI & System UEC Simulation Support: NHS STW

## 1. ICB 30-04.162 - System Quality and Performance Committee Briefing Report (27<sup>th</sup> March 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30th April 2025

**Report Presented by:** Meredith Vivian, Non-Executive Director NHS STW and Chair of the System Quality and Performance Committee.

**Report Approved by:** Meredith Vivian, Non-Executive Director NHS STW and Chair of the System Quality and Performance Committee.

**Report Prepared by:** Vanessa Whatley, Chief Nursing Officer, NHS STW/Julie Garside Director of Planning, Performance, BI & Analytics

**Action Required:** For noting.

### 1.1. Summary of Key Discussions and Decisions

1.1.1 Spotlight reports in the period reported were received on the below

- LMNS Programme Board
- NHSE Governance Review Action Plan which was approved as completed.

### 1.2. Recommendations to the Board

1.2.1 Items for noting.

### 1.3. Key Risks and Mitigations

- 1.3.1 Risks currently on the risk register remain unchanged in month, however progress was noted in the paediatric acute services which is due to be reviewed in detail at SQG in April and then brought back to April's QPC for consideration for de-escalation.
- 1.3.2 There is continued concern re the 4hr A&E performance which remains ~52% at SaTH and ~60% system level. The % patients waiting over 12hrs has reduced slightly but remains one of the highest in the region. Both these measures show planned improvement in 25/26 as part of the UEC improvement plan.
- 1.3.3 The Dementia Diagnosis rate performance whilst steadily improving to 62.3% remains below the 66.7% target.
- 1.3.4 The Cancer 62-day standard remains a concern but the backlog >62-days at SaTH is coming down and the operational plan for 25/26 does show a stepped improvement in the 62-day standard and will deliver the faster diagnosis standard target of 80% by March 26.



Ambition



Compassion



Optimism



Focus

- 1.3.5 High demand continues to put pressure on waiting lists for assessment for ASD, ADHD or both, as demand is outstripping capacity in all areas. The ICB is exploring an all-age ND pathway for longer term planning.
- 1.3.6 The committee were asked to note the emerging risk that could result from General Practice handing back non contracted activity following the resolution of the national contract negotiations with NHSE. This situation will continue to be closely monitored.

## 1.4. Performance and Assurance

- 1.4.1 There has been a reduction in ambulance offload delays over 8 hours in February from 105 to 12 recorded by SaTH. This has contributed to a much-improved Cat 2 ambulance response time across STW. The system is the 4<sup>th</sup> most improved system in the country for its Cat2 response times in 24/25.
- 1.4.2 The ICB is on track to achieve the national target for the delivery of SMI health checks and health checks for those with Learning Disabilities by the year end.
- 1.4.3 The system has seen continued reductions in the number of patients waiting >65wks and >52wks.
- 1.4.4 Diagnostics waits have also improved at SaTH with ~71% of patients at SaTH having their test within 6wks. Further improvement is expected in March and during 25/26.
- 1.4.5 The Committee reviewed the actions relating to the NHSE Quality Governance Review supported the recommendation to close the actions plan as all actions have been completed.
- 1.4.6 Of the 210 Ockenden actions 200 actions have been enacted with evidence to support 194. 10 actions remain in progress, some of these sits outside of the Trust's responsibility.
- 1.4.7 An Early Bird clinics pilot is helping improve the rate of women booking on or before 10 weeks of pregnancy, SaTH have 62% booked before 10 weeks, above the national expectation of 50%.
- 1.4.8 Antenatal education is a key area of focus for the Local Maternity and Neonatal System (LMNS). LMNS have funded universal antenatal classes, provided by SaTH, will commence in April 2025 and SCHT have commenced targeted antenatal education programme to start in March.

## 1.5. Alignment to ICB Objectives and Core Functions

- 1.5.1 **Improve outcomes in population health and healthcare** - This Committee provides assurance of quality and performance risks escalated to the sub-committee of the Board.
- 1.5.2 **Tackle inequalities in outcomes, experience, and access** - This Committee provides oversight of key quality and performance issues.



Ambition



Compassion



Optimism



Focus

1.5.3 **Enhance productivity and value for money** - This Committee provides insight on areas where quality and performance are assured and enhanced productivity and value for money.

1.6. Next Steps and Forward Plan

1.6.1 The Committee meetings 10 times per year and continues to review risks and key areas of performance by spotlights on subjects including elective care and winter planning.

1.7. Attachments

1.7.1. None.



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
...

## 1. ICB 30-04.163 - Finance Committee Briefing Report (meeting held on 27<sup>th</sup> February 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30<sup>th</sup> April 2025

**Report Presented by:** Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee

**Report Approved by:** Dave Bennett, NHS STW Associate Non-Executive Director, & interim Chair of the Finance Committee

**Report Prepared by:** Claire Skidmore, NHS STW, Chief Finance Officer

**Action Required:** For noting

### 1.1. Summary of Key Discussions and Decisions

- 1.1.1. Both the Section 1 (ICB) and Section 2 (System) meetings were quorate.
- 1.1.2. The month 10 capital position was reported to both Sections. There were no material issues raised, and all partners reported remaining on track to deliver their capital plans.
- 1.1.3. The month 10 revenue position was also reported and discussed. At the time of the meeting, the System had identified a reforecast position of £25m but this was yet to be signed off as accepted by NHSE.
- 1.1.4. In the Section 1 meeting for the ICB, it was noted that there was good news insofar as the position was forecast to be slightly better than plan and that efficiency targets were going to be exceeded.
- 1.1.5. In the Section 2 meeting, the Chair noted the progress made by partners to stabilise the position, though pointed out that efforts must continue in order to have the best trajectory into 2025/26.
- 1.1.6. Both meetings received a report on progress against the finance actions in the System Integrated Improvement Plan (SIIP). A significant number of actions were noted as complete or on track. For the small number that were off track, the committee discussed the reasons for this, and any actions being taken to complete the actions. It was noted that System partners are working with NHSE colleagues to review and agree revised deadlines.
- 1.1.7. The Section 1 meeting also received briefing notes on CHC, and prescribing/medicines optimisation. These gave an outline of work being done in these areas; the opportunities set out in the national productivity packs and ICB actions to improve productivity. These were noted as helpful documents and Heads of Department were acknowledged for their hard work in these areas.



Ambition



Compassion



Optimism



Focus

## 1.2. Recommendations to the Board

- 1.2.1. The Board is asked to note the content of this paper.

## 1.3. Key Risks and Mitigations

- 1.3.1. The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.
- 1.3.2. Both meetings reviewed the SBAF and SORR and an amendment to incorporate a SORR item for critical estates infrastructure risk was agreed. A risk in the SORR relating to ICB finance capacity was agreed to be closed as the team is now fully recruited to. It was also agreed to close the risk to SaTH's income due to data warehouse issues as a payment variation had been agreed by NHSE.
- 1.3.3. There is a significant task ahead to deliver a challenging but achievable finance plan for 2025/26 (and the medium term) to deliver breakeven for the System. The underlying financial deficit of the system features in the Board Assurance Framework and through this it is reported to the Board.

## 1.4. Performance and Assurance

- 1.4.1. Of note in discussion in the Section 2 meeting was a reflection on the need for all System partners to continue to support SaTH to remove capacity in escalation areas. This will support improvement in quality of care and in patient flow which will then be reflected in some of the key performance metrics for Urgent and Emergency Care. This should also unlock financial savings.

## 1.5. Alignment to ICB Objectives and Core Functions

- 1.5.1. The work of this committee supports the four core aims of the ICB as follows:
- 1.5.1.1. **Improve outcomes in population health and healthcare**  
The Committee ensures that strategic finance risks (including risks to the delivery of value for money) and the consequential impact to health outcomes and care quality are effectively highlighted and considered, enabling the ICS to focus on improving the health and healthcare services delivered to the population.
- 1.5.1.2. **Tackle inequalities in outcomes, experience and access**  
There is regular committee oversight of financial performance which includes reviewing and addressing finance risk and the consequential impact. This impact may sometimes be related to access and equity. This supports the ICS's aim of reducing health inequalities and ensuring fair access to services for all communities. Population Health Management and Health inequalities data is used to inform changes to services to improve outcomes, experience and access and is linked to use of resources.
- 1.5.1.3. **Enhance productivity and value for money**



Ambition



Compassion



Optimism



Focus



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

- 1.5.1.4. **Help the NHS support broader social and economic development**  
Collaborative working with the Local Authorities through the Better Care Fund, CHC and joint procurement may support broader economic development.

1.6. Next Steps and Forward Plan

- 1.6.1. It was noted at both of the meetings that further sessions would be scheduled (to meet in a confidential setting), to review progress with the 2025/26 plan.

1.7. Attachments

- 1.7.1. None.



Ambition



Compassion



Optimism



Focus

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
...

## 1. ICB 30-04.164 - System Transformation Group Committee Meeting Briefing Report (meeting held on 26<sup>th</sup> February 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30<sup>th</sup> April 2025

**Report Presented by:** Andrew Morgan, Non-Executive Director

**Report Approved by:** Ian Bett, NHS STW, Chief Delivery Officer

**Report Prepared by:** Kate Owen, NHS STW, Head of PMO

**Action Required:** For noting

### 1.1. Summary of Key Discussions and Decisions

- 1.1.1. The Chair welcomed members to the System Transformation and Digital meeting and commented that this was his first meeting as Chair of the Committee.
- 1.1.2. The Chair emphasised the need for transformation across the system and alignment with local and national plans, including improved involvement of Primary Care and voluntary sector representatives.
- 1.1.3. Members discussed the importance of provider leadership in transformation, planning and delivery.
- 1.1.4. Discussions focused on shifting healthcare delivery closer to home and ensuring adequate capacity, structures, and public engagement.
- 1.1.5. The Committee noted ongoing progress in the System Improvement Plan and agreed on aligning it with transformation efforts.
- 1.1.6. Updates on Elective Reform, MSK Transformation, Mental Health & Learning Disabilities, Urgent & Emergency Care (UEC) Transformation, and the Hospital Transformation Programme were noted
- 1.1.7. Approval was granted for trailing the System Accountability and Performance Framework to ensure it supports transformation goals.

### 1.2. Recommendations to the Board

Items for noting.

- 1.2.1. The Committee supported the trial of the System Accountability and Performance Framework.
- 1.2.2. The Committee endorsed efforts to integrate local authority-led place-based initiatives with clinical pathway improvements
- 1.2.3. Acknowledge and support the Shared Services Group to drive improved provider collaboration.



Ambition



Compassion



Optimism



Focus

- 1.2.4. Recognise the need for further engagement with Primary Care and voluntary sector representatives.

### 1.3. Key Risks and Mitigations

- 1.3.1 **Risk:** Capacity constraints may impact the ability to drive transformation alongside daily operations. →  
**Mitigation:** Evaluate and optimise structures, priorities and resources including System PMO Capabilities.
- 1.3.2 **Risk:** Lack of clear governance in the transition from NOF 3 to NOF 4. →  
**Mitigation:** Implement the System Accountability and Performance Framework to strengthen governance.
- 1.3.3 **Risk:** Financial constraints on shared service initiatives.  
**Mitigation** → Seek external support and collaboration to optimise resource allocation.

### 1.4. Performance and Assurance:

#### 1.4.1 Quality and Safety:

- **Urgent and Emergency Care (UEC):** A recent workshop focused on improving discharge pathways, care coordination and optimising urgent treatment centre capacity to reduce emergent department pressures.
- **Mental Health & Dementia Services:** Efforts to reduce long waits for neurodivergent assessments with the recruitment of a new consultant. Improved dementia care strategies focusing on early assessment and intervention, repatriation efforts for out of area mental health patients.
- **Musculoskeletal (MSK) Transformation:** Aiming to reduce MSK-related conditions through preventative care and improved service accessibility. Investing in digital technologies to enhance patient management and outcomes.
- **Elective Reform:** Strengthened clinical engagement to improve pathways and reduce waiting times. Positive feedback from the recent GIRFT (Getting It Right First Time) review, indicating progress in elective care delivery.
- **Shared Services Initiative:** Concerns raised over financial constraints affecting system-wide collaboration; external support and careful resource allocation will be required.

#### 1.4.2. Operational Performance:

- **System Improvement Plan** now being aligned with transformation objectives to ensure tangible progress. Each organisation is accountable for progressing its respective actions through governance structures.
- **The System Accountability and Performance Framework** has been approved for trial implementation to strengthen oversight.

### 1.5. Alignment to ICB Objectives and Core Functions

- 1.5.1 The committee's discussions align with the ICB's key objectives in the following ways:



- **System Integration:** Ensuring clear collaboration between ICP, H&W Being Boards, and ICB.
- **Financial Sustainability:** Strengthening financial oversight and ensuring alignment with system priorities.
- **Workforce Development:** Establishing leadership structures and aligning workforce efforts with transformation goals.
- **Performance & Assurance:** Tracking UEC improvements, elective care transformation, and overall system efficiency.
- **Governance & Decision-Making:** Strengthening reporting mechanisms to support informed decision-making.

## 1.6. Next Steps and Forward Plan

- 1.6.1. Refine the purpose of the System Transformation Group and develop a revised escalation process to improve oversight and strategic alignment.
- 1.6.2. Provide an enhanced focus on transformation projects, ensuring clinical and community engagement.
- 1.6.3. Provider Collaborative Shared Services Group to be established and formalised to oversee shared services, with a focus on service integration.
- 1.6.4. Primary Care Integration: Efforts will be made to better integrate Primary Care within system-wide meetings and transformation discussions.
- 1.6.5. Digital overview slides and strategic estates group update to be presented in upcoming meeting.
- 1.6.6. Implementation of the System Accountability and Performance Framework with a trial period

Next meeting scheduled for 26<sup>th</sup> March 2025, with updates expected on governance redesign, workforce integration, and system

## 1.7. Attachments

- 1.7.1. None.

## 1. ICB 30-04.154 - Strategic Commissioning Committee Briefing Report (meeting held on 12 March 2025)

**Meeting Name:** NHS Shropshire, Telford and Wrekin Integrated Care Board

**Meeting Date:** Wednesday 30<sup>th</sup> April 2025

**Report Presented by:** Niti Pall, NHS STW, Non-Executive Director

**Report Approved by:** Nigel Lee, NHS STW, Chief Strategy Officer

**Report Prepared by:** Nigel Lee, NHS STW, Chief Strategy Officer

**Action Required:** For noting

### 1.1. Summary of Key Discussions and Decisions

#### 1.1.1. Key topics discussed included:

- Report from ICS Population Health Management Group given the significant work in this area, and the opportunity to utilise the data as effectively as possible
- Health Inequalities update – showing progress during Q3
- Final draft of the Joint Forward Plan – recommended for ICB Board approval (submitted for Board at end of March 25)
- Neighbourhood working approach – draft approach developed through our 2 Place Partnership Boards and plan to discuss with all partners during late March and April.
- Noted that this was the final Strategic Commissioning Committee, with plan to introduce the Strategy & Prevention Committee and Strategic Commissioning and Productivity committee from 1 April 25.

### 1.2. Recommendations to the Board

1.2.1. To note the report, including to note that this was the final Strategic Commissioning Committee.

1.2.2. To note that this committee recommended the Joint Forward Plan to the ICB for approval

### 1.3. Key Risks and Mitigations

#### 1.3.1. Key risks were discussed - included:

- National announcements re-funding for ICBs in 2025/26 and the need to make decisions in key areas of strategic development and prevention.
- The importance of digital and technology enabled solutions for clinical and non-clinical transformation.

### 1.4. Performance and Assurance

1.4.1. A range of health inequalities performance data (relevant to 2024/25 performance) were presented.



Ambition



Compassion



Optimism



Focus

## 1.5. Alignment to ICB Objectives and Core Functions

- 1.5.1. The Committee focused on the multi-partner and strategic changes necessary for delivery of the Joint Forward Plan, which is the formal system plan for delivery of the ICS core aims. It is acknowledged that Population health management underpins the systems' approach to sustainability and improvement in outcomes, and the importance of a neighbourhood approach (as defined in the latest NHS England guidelines) is recognised by all partners. Iain how the committee's discussions and actions align with the ICB's core functions and overarching goals.

## 1.6. Next Steps and Forward Plan

- 1.6.1. Discussion on the planned introduction of new ICB committee structures, and future agenda items.

## 1.7. Attachments

None.



Ambition



Compassion



Optimism



Focus