NHS
Shropshire, Telford and Wrekin

Annual Report and Accounts

2023/24

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Performance Report

Statement from Simon Whitehouse

Chief Executive Officer of NHS Shropshire, Telford and Wrekin

As we reflect on the past year, NHS Shropshire Telford and Wrekin Integrated Care Board (ICB) has been integral to the health and social care system of our region.

Over the past year, our system has continued to face significant challenge and change. A combination of industrial action, system pressures, workforce challenges and demand for services has tested the resilience of the system repeatedly. At the same time the ICB has undertaken a significant change programme targeted at reducing the cost to run our organisation by 30% and ensuring that we are 'fit for purpose' to deliver the new system target operating model that the Board approved.

Despite these challenges, our team has continually demonstrated unwavering dedication, commitment, and innovation to ensure the safety and wellbeing of our communities. Working closely with colleagues in our NHS provider organisations, our local authority partners, local primary care services, and our communities, we have been able to navigate these challenges together. Our performance report provides a comprehensive overview of the pressures encountered and the collaborative responses undertaken by the ICB and our partners. I am proud of the way our teams collectively rose to the challenges presented.

The demand for health and care services has been steadily increasing due to factors such as an ageing population and a rise in individuals living with multiple long-term conditions. Consequently, the challenge to ensure that our services change and evolve to meet that demand is more important than ever. The challenges that we see for our local population are significant and of concern to all of us - wait times for some services are the longest they have been in 15 years, and the accessibility of essential services like primary care, children and young people's Mental Health Services, and urgent care falls short, at times of our expected standards. Despite this, we have seen improvements in some of our cancer services and our very longest waits have also reduced significantly over the past 12 months.

Despite encountering significant challenges during the 2023-2024 period, we have strengthened our partnerships with local stakeholders, enhancing collaborative efforts to address inequalities across our region and strive to deliver top-tier health and care services closer to our residents' homes.

It is important we involve and listen to our population to ensure we meet the need of the population. We have concluded 'The Big Health and Wellbeing Conversation' which was started last year, offering people across the county the opportunity to input into our future plans. The outcomes of the engagement activity have helped us to shape our Joint Forward Plan (JFP), and ensure we are following a person-centred approach to improving the health and wellbeing of local people.

Our JFP is an ambitious vision on how our system will work collaboratively to develop and review our system priorities, meet our distinct populations at ‘place’ and ‘neighbourhood’ localities and engage with our communities to ensure their needs are considered whilst understanding the systems challenges too.

As referenced earlier, we are particularly proud of our achievements to reduce wating times for elective and cancer care, but we know we have much more to do, and we will continue to focus our efforts on this with our provider collaborative.

Finally, I would like to thank our health and care staff across the system and our voluntary and community colleagues for their continued commitment and dedication. It remains our collective responsibility, as a partnership, to support our colleagues be the best that they can be, and to continually drive for improvements in outcomes for the population that we serve

Simon Whitehouse

Accountable Officer

26th June 2024

Performance Overview

Statement of purpose and activities of the ICB

This section of the Annual Report provides summary information on NHS Shropshire, Telford and Wrekin – its purpose, key risks to the achievement of the organisation's objectives and how the organisation has performed over the period 1st April 2023 to 31st March 2024.

About us

NHS Shropshire, Telford and Wrekin was created on 1st July 2022 and is responsible for planning and buying a wide range of health and care services for the whole of Shropshire, Telford and Wrekin. These include GP and primary care services such as optometry, pharmacy and dentistry, hospital care, community healthcare and mental health services. The principal location of the organisation during 2023/24 has been Halesfield 6, Telford, TF7 4BF but the Integrated Care Board relocated on 12th February 2024 to Wellington Civic Offices, Larkin Way, Wellington, Telford, Shropshire TF1 1LX.

An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area.

Nationally, the expectation is that an ICS will:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

We also have a duty to monitor these services to ensure they provide a high level of care and are value for money. We are clinically-led and work closely with the 51 GP practices across the county. This means we can have closer links to our patients so we can develop more personalised local health services.

A governance structure chart is included on page 114 of this report.

Our mission statement and priorities

What we want to achieve as an ICS:

Together as one, we want to transform health and care across Shropshire, Telford & Wrekin by:

- Providing a greater emphasis on prevention and self-care
- Helping people to stay at home with the right support with fewer people needing to go into hospital

- Giving people better health information and making sure everyone gets the same high-quality care
- Utilising developing technologies to fuel innovation, supporting people to stay independent and manage their conditions
- Attracting, developing, and retaining world class staff
- Involving and engaging our staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- Developing an environmentally friendly health and care system

NHS Shropshire, Telford and Wrekin has a Joint Forward Plan for the next five years based upon the Integrated Care Strategy, which will include its mission statement and strategic objectives. This Plan was published on 30th June 2023.

Population challenges

We work across the 1,347 square miles of Shropshire, Telford and Wrekin, serving around 520,000 people.

The NHS Shropshire, Telford and Wrekin is responsible for buying NHS services for local people. In our area, we have:

- Two acute hospitals, less than 20 miles apart in Telford and Shrewsbury. These are run by one acute trust, the Shrewsbury and Telford NHS Trust (SaTH)
- A specialist orthopaedic hospital, the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH), which provides elective orthopaedic surgery in the northwest of the county
- A community trust, the Shropshire Community Health Trust
- A mental health trust, Midlands Partnership University NHS Foundation Trust (who covers Shropshire and Staffordshire)
- An ambulance service, the West Midlands Ambulance Service University NHS Foundation Trust

Within our area, we have two unitary authorities – Shropshire Council and Telford & Wrekin Council. Shropshire Council covers 1,234 square miles, including 91.7% of the ceremonial county of Shropshire. This incorporates a number of towns, including Shrewsbury, Oswestry and Ludlow, but no major cities. The area covered by Shropshire Council has a population of around 320,000 people.

The rest of the area is covered by Telford & Wrekin Council. Around 185,000 live in this borough with around 165,000 living in Telford itself – making it the largest town that we cover.

Being on the Welsh-English border, we provide some hospital services for people from the Welsh health system who live outside of Shropshire or Telford and Wrekin. Some residents in mid-Wales rely on our services, particularly at our two acute hospitals and RJAH.

In Shropshire, Telford and Wrekin, there are particular population challenges in meeting the demand for health and social care services.

These include:

- Telford and Wrekin has a large, younger urban population with some rural areas. Telford is ranked among the 30% most deprived populations in England. Telford and Wrekin is home to around 185,000 people with the fastest growing population being aged 65+. This older group is growing at one of the fastest rates in the country.

- Shropshire covers a large rural population with problems of physical isolation and low population density (1.01 people per hectare compared to 4.34 in England) and has a mix of rural and urban aging populations. Shropshire has a population of approximately 320,000 people and a higher percentage of older people than the national average. (2021 Census).

- Shropshire, Telford & Wrekin has one of the least ethnically diverse populations in England: the lowest black and minority ethnic groups population levels across Midlands and East with 95.9% of the population identified as 'White British/Irish' (2011 Census).

- In Shropshire the population of people aged over 65 has increased by 25% in just 10 years. Over 44% of residents are over the age of 50 and around 23% of Shropshire's population are aged 65+, this compares with a West Midlands and England figure of 18% (2011 Census).

- The number of people with dementia or mobility issues which mean they are unable to manage at least one activity on their own is expected to rise significantly with the increase in the elderly population. Between 2017 and 2035 the number of people aged 65+ with dementia is expected to increase by 80%. Those people who are aged 65+ and unable to manage at least one activity on their own is projected to increase by 63%. Demand for services is shifting with greater need for services to support frailer people in the community with home-based health and wellbeing self-management and building resilience.

- Long-term conditions are on the rise due to changing lifestyles. This means we need to move the emphasis away from services that support short-term, episodic illness and infections towards earlier intervention to improve health and deliver sustained community based continued support.

- Along with an ageing population Shropshire, Telford & Wrekin has the third lowest fertility rates across Midlands and East (ONS Statistics: Gov.uk data June 2016).

Working with partners

NHS Shropshire, Telford and Wrekin forms part of the Shropshire, Telford and Wrekin Integrated Care System (ICS). An integrated care system (or ICS) is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Each ICS includes an integrated care board (as described above) and an integrated care partnership (as described below).

In its first two years of operation NHS Shropshire, Telford and Wrekin has been seeking to support the ICS to identify how partnership working will be further embedded across all partners and then to identify how the ICS needs to be structured and the ongoing support role the ICB will need to take to ensure that integration of services by all partners continues to be a key deliverable.

Shropshire, Telford and Wrekin ICS includes the following healthcare providers:

- The Shrewsbury and Telford Hospital NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Shropshire Community Health NHS Trust
- Midlands Partnership NHS Foundation Trust
- West Midlands Ambulance Service Foundation Trust
- 51 GP practices across eight Primary Care Networks.
- Community Pharmacy
- More recently, NHS Dentistry

There are also two local authorities within our ICS:

- Shropshire Council
- Telford & Wrekin Council

There is also involvement from our local voluntary community and social enterprise sector in Shropshire and Telford and Wrekin, along with both Healthwatch Telford and Wrekin and Healthwatch Shropshire.

You can find out more about the ICS here: Home - STWICS

An integrated care partnership (or ICP) is a statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

In our area our ICP is known as the Shropshire, Telford and Wrekin Integrated Care Partnership. You can find out more on the partnership's webpage:

Integrated Care Partnership (ICP) Meetings - STWICS

NHS Midlands and Lancashire Commissioning Support Unit

Midlands and Lancashire Commissioning Support Unit (MLCSU) provided a number of services through a contract ranging from financial management to human resources and information governance (IG). We continue to work with MLCSU in this period in terms of consistency of services provided.

2023/24 Financial Position & Financial Review

For 2023/24, the in-year reported financial outturn position is a deficit of £16.2m which is £16.0m adverse against the planned £0.2m deficit.

Late in the year, NHSE asked ICBs with historic system deficits to incorporate these into their reported position. For NHS STW this was a value of £65.2m. This is reported here but not included in the in-year position referenced in the table below, in line with NHSE reporting guidance.

	Year ended 31st March 2024		
	Budget £'000	Actual £'000	Variance £'000
In Year Allocation	1,216,769	1,216,769	0
Expenditure	(1,216,997)	(1,233,018)	(16,021)
Reported Deficit	(228)	(16,249)	(16,021)

There are a small number of key drivers of increased expenditure for the ICB which have continued throughout the year:

- Increases to independent sector ophthalmology activity driven through patient choice and long waiting times at our main provider.
- Continued expenditure with Local Authorities on additional discharge support that is no longer nationally funded through the Hospital Discharge Programme.
- Increased package prices in Individual Commissioning.
- Increased prescribing prices due to Category M (Cat M) and No Cheaper Stock Obtainable (NCSO) national adjustments.

Elective Recovery Funding has flowed into the System. Along with income for English patients, the ICB had included in its planning assumptions receipt of income for Welsh activity on behalf of the System providers. However, we were unable to attract any.

The ICB has been able to mitigate some of these overspends by offsetting benefits within Community, Running Costs and Pharmacy, Optometry and Dental (POD). In addition, efficiencies delivered in year exceeded the original plan value by £800k.

The full year financial position includes £26.8m of total efficiencies delivered in year, predominantly in Individual Commissioning and Medicines Management, of which £21.0m (78%) was recurrent.

Shropshire, Telford & Wrekin Integrated Care System (ICS)

The Shropshire, Telford and Wrekin Integrated Care System (ICS) is part of the National Recovery Support Programme – Level 4 of the NHS England and NHS Improvement (NHSEI) System Oversight Framework. The System and ICB is therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering a deteriorating financial position.

A system financial framework was therefore developed and agreed by all organisations and all system partners have worked closely together to develop a roadmap for financial recovery.

All organisations have agreed to:

- the approach of 'one model, one consistent set of assumptions' and recognise that the position of each organisation will evolve and change transparently
- mobilise and deliver the plan to enable the development and delivery of the financial strategy and Financial Improvement Framework as part of an Integrated System Strategy
- ensure the transparent and agile approach to financial planning and management continues across the system
- recognise the financial control totals in the Financial Improvement Framework with a commitment to agree organisational control totals once operational planning has commenced
- work together to use our resources flexibly and effectively, to deliver the system vision.

To ensure that all decision-making is open and that changes are understood and approved by all, the system has been operating under the 'triple-lock' process and the 'moving parts' principles. This means that decisions are made at local, ICS and regional level (triple lock) and that new expenditure can only be committed if it is backed by new income or efficiency ('moving parts'). The principles are designed to ensure decisions are owned by each organisation and at system level, overseen by NHS England as required whilst the system remains in the Recovery Support Programme.

Further to this, in-year we have deployed additional System-wide controls for both pay and non-pay expenditure as part of an enhanced Triple Lock Process with the introduction of a system vacancy control panel and weekly review of non-pay expenditure above £10k.

The system medium to long term financial plan will be updated during 2024/25 to reflect the System Financial Improvement Programme and the Hospital Transformation Programme. The roadmap to financial recovery and financial sustainability will contribute towards exiting Level 4 of the National Recovery Support Programme.

System Capital Resource

As part of the Health and Care Act 2022 (the 2006 Act), ICBs, partner NHS trusts and NHS foundation trusts are required to prepare joint capital resource use plans. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders, on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims. This aligns with ICBs' financial duty to ensure that their allocated capital is not overspent and their obligation to report annually on their use of resources.

2023/24 is the second of a three-year ICS capital allocation. This means that we have a shared ICS level capital funding envelope for the full twelve months in 2023/24 and a baseline

envelope for 2024/25. A STW Capital Prioritisation and Oversight Group is established as a subcommittee of the Finance Committee to monitor the system capital programme against the capital envelope, gain assurance that the estates and digital plans are built into system financial plans and to ensure effective oversight of future prioritisation and capital funding bids.

The System Capital Resource Plan can be viewed on the ICB website at:

Joint Resource Capital Plans - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

	CDEL	Plan 2023/24 £'000	Expenditure 2023/24 £'000	Narrative on the main categories of expenditure
Provider	Operational Capital	28,051	26,534	The 2023/24 operational capital programme for STW is comprised of essential Estates backlog, improvements in digital infrastructure and key developments including the RJAH theatres project and a new Linac bunker at SaTH.
ICB	Operational Capital	878	801	Investment in Primary Care
	Total Operational Capital	**28,929**	**27,335**	
Provider	Impact of IFRS 16	7,079	3,666	The adoption of IFRS 16 means that leases are now held on the balance sheet and are included within the CDEL limits.
ICB	Impact of IFRS 16	4,767	5,074	
Provider	Upgrades & NHP Programmes	29,900	18,850	This relates to expenditure required to deliver the Hospital Transformation Programme Full Business Case and the enabling works that were aprroved as part of the OBC.
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	21,934	53,124	This relates to national funding for the Elective Hub at PRH, the Community Diagnostic Centre at Telford and the additonal ward capacity at SATH. It also includes national digital funding to help the ICS reach the minimum digitial foundations standard.
Provider	Other (technical accounting)	-	-	
	Total system CDEL	**92,609**	**108,049**	

Adoption of going concern basis

The ICB's accounts have been prepared on a going concern basis.

In the year ended 31st March 2024 the ICB has reported a deficit of £16.2m. Late in the year, NHSE asked ICBs with historic system deficits to incorporate these into their reported position. For NHS STW this was a value of £65.2m. but this is not reported within the in-year position referenced, in line with NHSE reporting guidance.

The Shropshire, Telford and Wrekin System reported a £72.5m deficit in the year ended 31st March 2024 (excluding the historical deficit impact).

At the end of the financial period, it was judged that the going concern status of the organisation remained unchanged on the following basis:

- The ICB has taken steps to maintain business continuity for the finance function throughout the period in order that payments and collection of debt are not materially impacted. These steps include continuing with secure remote access to financial systems for all finance staff and budget holders, and working with our third party providers (Midlands & Lancashire CSU and Shared Business Services), to ensure transactional processing is not adversely affected. This is evidenced in the

low value of the ICB's aged debt and its continued high achievement against the Better Payment Practice Code.

- There is a presumption that ICBs are deemed to be a going concern because there is a statutory requirement to perform the commissioning function by a public body – and this determines the requirement to apply the going concern principle – not whether the specific ICB will be doing the function in future.

Although the financial position of the ICB and the issue of a Section 30 report by the Secretary of State for Health indicates some uncertainty over the ICB's ability to continue as a going concern, the Governing Body, having made appropriate enquiries, have reasonable expectations that the ICB will have adequate resources to continue in operational existence for the foreseeable future.

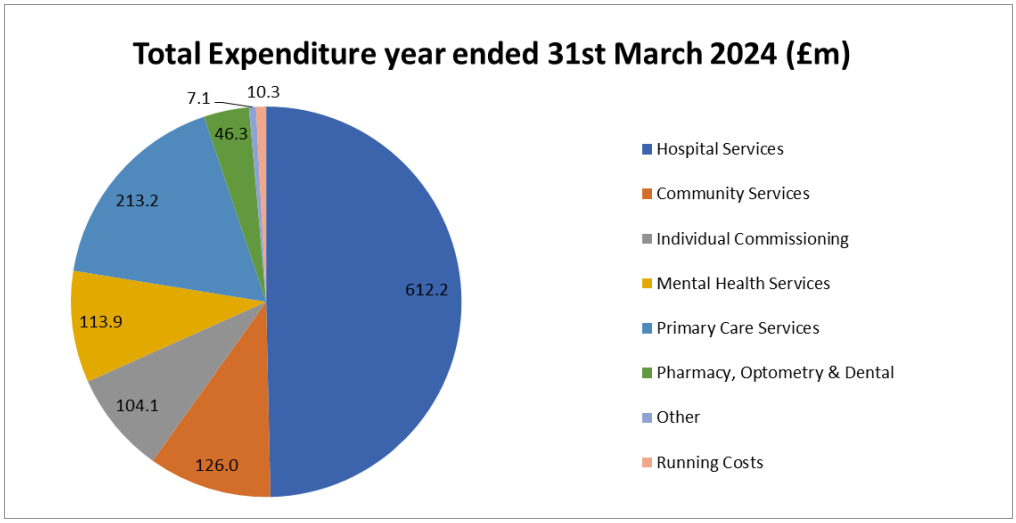
Further, the ICB submitted its 2024/25 financial plan covering the 12 month period for the ICB on 2nd May 2024 and also submitted a revision to this plan on the 12th June 2024 to reflect the agreed System financial plan value. This plan was based on the allocations notified by NHSE for the full financial year of 2024/25.

On this basis, the ICB has adopted the going concern basis for preparing the financial statements and has not included any adjustments that would result if it was unable to continue as a going concern.

Financial Review

In the year ended 31st March 2024 the ICB received a total allocation of £1,217 million to spend on the healthcare of its residents. The chart below shows a breakdown of the ICB's expenditure for the period by spend type totalling £1,233 million:

Expenditure year ended 31st March 2024 (£1,233 million)



Further analysis of expenditure, by type for the year ended 31st March 2024:

	Period ended 31st March 2024 Total £'000	Nine Months ended 31st March 2023 Total £'000
Pay	18,911	14,012
Purchase of goods and services		
Services from other ICBs and NHS England	3,948	5,239
Services from foundation trusts	180,122	124,713
Services from other NHS trusts	577,663	371,038
Purchase of healthcare from non-NHS bodies	206,629	116,570
General Dental services and personal dental services	28,727	
Prescribing costs	97,972	72,349
Pharmaceutical services	15,163	
General Ophthalmic services	6,642	655
GPMS/APMS and PCTMS	102,232	69,358
Supplies and services – clinical	2,012	1,349
Supplies and services – general	(2,463)	12,894
Consultancy services	511	296
Establishment	3,827	2,584
Transport	839	240
Premises	796	417
Audit fees	132	128
Other non statutory audit expenditure		
· Other services	24	18
Other professional fees	1,797	1,358
Legal fees	87	93
Education, training and conferences	547	712
Total Purchase of goods and services	**1,227,207**	**780,011**
Depreciation and impairment charges		
Depreciation	344	214
Total Depreciation and impairment charges	**344**	**214**
Provision expense		
Provisions	20	975
Total Provision expense	**20**	**975**
Other Operating Expenditure		
Chair and Non Executive Members	132	96
Grants to Other bodies	33	119
Expected credit loss on receivables	(44)	-
Other expenditure	9	-
Total Other Operating Expenditure	**130**	**215**
Total Expenditure	**1,246,612**	**795,427**

An analysis of the Statement of Financial Position, detailing assets and liability balances:

	31-Mar-24	31-Mar-23
	£'000	£'000
Total Non Current Assets	1,053	1,158
Current assets:		
Trade and other receivables	13,042	8,156
Cash and cash equivalents	518	286
Total current assets	**13,560**	**8,442**
Total assets	**14,613**	**9,600**
Current liabilities		
Trade and other payables	(85,720)	(61,001)
Lease liabilities	(1,073)	(913)
Provisions	(3,296)	(3,444)
Total current liabilities	**(90,089)**	**(65,358)**
Non-Current Assets plus/less Net Current Assets/Liabilities	**(75,476)**	**(55,758)**
Non Current Liabilities	-	-
Assets less Liabilities	**(75,476)**	**(55,758)**
Financed by Taxpayers' Equity		
General fund	(75,476)	(55,758)
Total taxpayers' equity:	**(75,476)**	**(55,758)**

Performance Analysis

Performance Dashboard

Key:
Better than Target
Within 10% of target
Greater than 10% off Target

Formatted against 23/24 planned trajectories

Key Performance Indicators 2023/24		National target	Local year-end target	Q1			Q2			Q3			Q4		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cancer Waiting Times	28 Faster Diagnosis Standard	75%		58.8%	61.4%	62.9%	67.6%	68.5%	72.7%	73.9%	75.3%	75.0%	70.5%	77.8%	74.8%
	<31 days to treatment from a decision to treat	96%		77.5%	80.8%	86.0%	88.8%	84.3%	82.4%	83.9%	88.5%	85.6%	85.4%	89.3%	89.0%
	Suspected lower GI cancer referrals with FIT result[1]	80%		55.8%	56.0%	64.0%	78.2%	74.1%	73.9%	79.8%	80.6%	80.6%	82.2%	84.7%	87.2%
	Referral to treatment within 62 days	85%		44.0%	51.5%	47.1%	51.5%	56.2%	54.9%	56.7%	44.5%	49.4%	49.4%	54.1%	58.7%
RTT and Diagnostic Waits	All diagnostics within 6 weeks	85%	82%	66.1%	66.0%	68.3%	68.4%	70.1%	71.2%	73.4%	74.1%	72.3%	75.5%	80.3%	76.1%
	All diagnostics at 13 weeks+		0	2070	2188	1828	1560	1258	1229	1050	917	932	962	782	713
	Referral to Treatment waits <18 weeks	92%		58.8%	59.2%	59.0%	57.0%	57.2%	56.4%	56.8%	55.6%	52.3%	51.6%	50.6%	50.6%
	Referral to treatment waits 52 weeks+		2218	3721	3780	3416	3339	3163	3091	3099	3051	3078	3389	3743	3974
	Referral to treatment waits 65 weeks+		1769	982	1047	921	709	617	587	648	569	663	730	718	563
	Referral to treatment waits 78 weeks+		0	106	121	13	11	8	14	12	17	23	17	7	7
	Referral to treatment waits 104 weeks+		0	0	2	1	2	0	0	0	0	1	0	0	0
Primary Care	General practice appointments			207626	236126	244819	232678	234673	257662	283415	257652	214482	276183	263026	247769
	GP app'ts same or next day	54%		52.6%	52.7%	52.6%	52.9%	52.9%	47.6%	48.5%	52.2%	55.5%	54.9%	52.8%	52.9%
	GP app'ts within 2 weeks	88%		82.8%	83.8%	84.4%	84.7%	83.3%	78.6%	81.1%	83.6%	84.7%	85.0%	84.5%	83.3%
Community	2-hour Urgent Community Response[6]	70%		93.0%	100.0%	94.0%	92.0%	95.0%	94.0%	77.0%	75.4%	78.5%	73.5%	77.6%	86.4%
Learning Disability and Autism (LDA)	LDA patients aged 14+ having annual health check, cumulative YTD[4]	75%		2.5%	5.7%	10.3%	13.6%	17.7%	23.5%	31.9%	39.2%	43.7%	51.8%	62.8%	77.0%
	LDA patients aged 14+ having health check: monthly performance			2.5%	3.2%	4.6%	3.3%	4.1%	5.9%	8.3%	7.3%	4.5%	8.1%	11.0%	14.2%
	LDA patients aged 18+ inpatient in MH ward, per million	30		53	46	46	46	41	41	46	46	46	46	46	51
	LDA patients aged <18 inpatient in MH ward, per million	10		30	30	20	20	20	30	30	30	30	20	20	20
Mental Health (MH)	Inappropriate Out of Area bed days (to nearest 5, rolling 3 months)		180	355	370	365	370	370	370	370	365	370	370	365	due 14/06*
	Access to Talking Therapies, YTD[4]		12948	434	981	1500	2014	2474	2990	3550	4072	4460	5199	5716	6027
	Recovery after Talking Therapies	50%		45.0%	52.0%	41.0%	44.0%	48.0%	47.0%	45.0%	45.0%	48.7%	54.6%	53.3%	56.0%
	Talking Therapies waits <6 weeks	75%		34.8%	38.9%	32.1%	34.8%	40.5%	35.2%	36.8%	39.6%	38.2%	39.1%	40.9%	39.9%
	Dementia diagnosis rate	67%		58.2%	58.3%	58.8%	59.0%	59.5%	60.1%	60.6%	60.9%	60.8%	60.9%	61.1%	60.9%
	Access to perinatal MH services YTD[4] (to nearest 5)		540	780	785	800	825	830	855	880	875	885	885	895	890
	SMI[5] patients having 2+ contacts with MH services		4984	4160	4135	4165	4225	4235	4270	4325	4215	4290	4280	4200	4250
	SMI[5] patients having core health checks (rolling year)		2879	2014	1956	1922	1902	1861	1852	1929	1867	1878	1943	2094	2471
	MH patients aged <18 having 1+ contact (to nearest five, rolling year)		8341	5295	5280	5365	5425	5480	5595	5685	5630	5675	5700	5875	5840
	Timely access to treatment for eating disorders (urgent or routine)	95%		81.0%	87.0%	84.0%	60.0%	62.0%	74.0%	75.0%	79.0%	86.0%	89.0%	96.0%	88.9%
UEC[2]	SaTH ED attenders admitted/discharged/treated <4 hours	76%		54.3%	55.3%	53.6%	51.9%	51.6%	50.8%	51.5%	50.1%	51.4%	50.4%	49.9%	50.9%
	SaTH ED attenders admitted >12 hours from Decision to Admit		700	524	529	525	859	803	1026	1088	862	1068	957	860	844
	SaTH ED attenders have initial assessment within 15 minutes	50%		34.1%	34.2%	32.1%	32.4%	30.7%	28.9%	30.5%	37.2%	50.8%	50.9%	47.0%	45.5%
	4-hour performance, all providers, departments type 1 and 3 (SaTH)	76%		62.8%	64.8%	63.8%	62.0%	61.5%	60.9%	61.2%	59.7%	59.5%	59.5%	59.5%	60.1%
	Emergency Ambulance category 2 mean response minutes (WMAS all)	30		27.12	33.00	36.48	28.42	25.45	35.36	46.53	39.31	46.22	43.32	36.07	33.02
	Emergency Ambulance category 2 mean response in minutes (STW)	30		34.11	37.36	39.28	35.00	35.56	48.46	61.50	62.50	62.12	50.47	50.21	53.30

Notes: 1 - FIT=faecal immunochemical test; 2 - UEC=urgent and emergency care; 3 - CPCS=community pharmacy consultation service; 4 - YTD=year to date; 5 - SMI=serious mental illness; 6 - reporting changed mid-year; see narrative.

* Due to normal delay process in data availability , the figures for Out of Area beds days incur a 1 month delay. Therefore year end publication is due on 14th June 2024

As the NHS as a whole is still in recovery following the pandemic, many of the performance measures are RAG rated against the recovery trajectories for 23/24 including some local targets that are part of the overall recovery towards national targets. Sustainable improvements were made in planned care, cancer (including continued reduction in long waits), primary care and most mental health and learning disability and autism targets.

Further improvements are planned in 24/25 to continue our recovery of national targets in NHS STW. The system continues to be challenged regarding its urgent and emergency care (UEC) performance and is now in Tier 1 accessing national support to improve our system wide UEC performance during 24/25.

Please note as Note 6 above, there was a change to the methodology of the coding and counting of referrals to the 2hr Urgent Community Response (UCR) service from October 2023, which resulted in a drop in performance from>90% to >70%.

Mental Health

Financial Years	2023/24	2022/23
Mental Health Spend	£113,922	£101,253
ICB Programme Allocation	£993,361	£920,834
Mental Health Spend as a proportion of ICB Programme Allocation	11.47%	11%

Safeguarding

Children and Young People (CYP) safeguarding

The Safeguarding Children Team has continued to work in equal partnership with the Shropshire Safeguarding Community Partnership and the Telford and Wrekin Safeguarding Children Partnership (the Partnerships) through attendance at Board meetings and involvement in the continuing work streams of the two Partnerships.

The recognition of child neglect and appropriate early intervention has been a priority for both partnerships and a focus in Telford around the Independent Inquiry into Child Sexual Exploitation. There is a greater awareness of “think family” due to safeguarding concerns being identified with child and adults within the family unit.

The Safeguarding Children Team have contributed towards the child mortality working group covering Shropshire, Telford & Wrekin to establish the current position and identify high risk groups which may require more focused interventions.

National Review, panel reports and Independent Inquiry Recommendations

During 2023-2024, the Safeguarding Children Team have participated and contributed to Child Safeguarding Practice Reviews (CSPR) and Rapid Reviews where good practice and learning has been identified across the health economy. The Designated Nurses are panel members of the CSPR Panels for both Partnerships; actively contributing towards ensuring learning is embedded within practice.

The Independent Inquiry into Child Sexual Abuse in Telford recommendations have been progressed since its publication in July 2022. Recommendations for health included; Child Sexual Exploitation (CSE) training and awareness for all staff delivered in a variety of formats, trauma informed mental health services for CSE survivors and working with General Practitioners to identify children and adults who are at risk of or are survivors of CSE to ensure the appropriate flags and individualised care is provided. Furthermore, the ICB has worked closely with Telford & Wrekin Local Authority to fulfil the multiagency recommendations. There has been strong co-production with lived experience consultees

which will be continued moving forward to support coproduction of services for survivors. There will continue to be monitoring of the completion of recommendations through the ICB quality group and audits including the annual GP self-assessment audit.

The ICB contributed towards the consultation of the Working Together to Safeguard Children Document which was published in December 2023. Changes to the document are being discussed with the partnership and executive leads within the ICB to ensure clear structure and implementation.

Adult Safeguarding

Statutory Adult Safeguarding responsibilities have continued to be driven by our contractual assurance processes with our health provider services and through the partnership approach through the delivery of the statutory obligations in Section 44 of the Care Act. This partnership work has centred upon the relationship with both the Shropshire Safeguarding Community Partnership and the Telford and Wrekin Safeguarding Partnership.

There has been a considerable emphasis upon addressing the impact upon people caused by self-neglect including hoarding. There has been a new approach looking at professional curiosity and a multi-agency approach to addressing self-neglect with a focus upon partnership with the individuals effected and amongst organisation. This has also seen an increase in the accessible resources being made available

https://www.shropshiresafeguardingcommunitypartnership.co.uk/partnership-priority-areas/adult-safeguarding-and-protection-practice/self-neglect/#:~:text

The Safeguarding Accountability and Assurance Framework the Safeguarding Accountability and Assurance Framework (2022) has inspired a refresh of the adult safeguarding dashboards used with NHS Providers. These help us to identify key performance areas used to inform areas for attention. NHS Trusts have as a result undertake some focused work on MCA quality audits which have shown important improvements. We are also now collecting data on safeguarding supervision advice and support being sought and this helps address knowledge gaps and training.

In addition to the statutory duties as part of the safeguarding partnership the ICB also has a role to play in the Community Safety Partnership. Part of the key work this year has involved:

- Enhancing the Serious Violence Duty partnership work – which has provided detailed data allowing the key provider areas to be established.
- Commitment to the Domestic Abuse Local Partnership and the domestic abuse strategy The Domestic Abuse Strategy which has looked at training and the take up of the domestic ambassador role
- Training to support GPs and a domestic abuse resource pack.

Guidance Training and Policy

The ICB has been involved in partnership training through the section 42 adult safeguarding enquiry training it delivers with colleagues on behalf of the Partnership and specific training events for GPs which has included Safeguarding Adult Awareness, Domestic Homicide Reviews and the Mental Capacity Act. The ICB also has a set of policies looking at safeguarding and the MCA https://www.shropshiretelfordandwrekin.nhs.uk/news/type/safeguarding/

ICB Statutory Responsibilities

The ICB is an equal statutory partner within the partnerships alongside the Police and Local Authority, in line with the Working Together to Safeguard Children (2023). Since publication of the document, strategic meetings have been held to discuss implications and required changes to the partnership and decisions made around key roles and responsibilities. Local safeguarding arrangements include the Designated Nurses for Safeguarding Children, Chief Nursing Officer and Chief Executive Officer. The Designated Nurses play an active role within the Partnership meetings, subgroups and workstreams; chairing the CSPR panel in Shropshire and vice-chairing the CSPR Panel in Telford. The Local Safeguarding Arrangements are published at:

Telford & Wrekin Safeguarding Partnership	Partnership Arrangements Document - Telford and Wrekin Safeguarding Partnership (telfordsafeguardingpartnership.org.uk)
Shropshire Community Safeguarding Partnership	What is the Shropshire Safeguarding Community Partnership? — Shropshire Safeguarding Community Partnership

The safeguarding team contribute towards the Partnership's annual reports and Strategic Plans which can be located on the partnership websites:

Telford & Wrekin Safeguarding Partnership	Policies, procedures and key documents - Telford and Wrekin Safeguarding Partnership (telfordsafeguardingpartnership.org.uk)
Shropshire Community Safeguarding Partnership	Annual report archive — Shropshire Safeguarding Community Partnership

The ICB ensure practice follows the Safeguarding Accountability and Assurance Framework (2022) and Working Together to Safeguard Children Document (2023). Within this reporting period, the ICB have recruited 2 Designated Nurses for Safeguarding Children, meeting statutory responsibilities outlined in the documents cited.

Safeguarding Annual Report

NHS Shropshire, Telford and Wrekin publish a report(s) which details our safeguarding practice reviews, and how effective our arrangements have been in practice.

These are available on our website at the weblink below:

https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/safeguarding/

Clinical Matters

As an organisation, we hold a joint responsibility with our partner NHS trusts for the development and delivery of clinical services for the residents of Shropshire, Telford and Wrekin. We are also required to develop long-clinical strategies, and ensure that the decisions we make today ensure that local health and care services are fit to service the population and challenges of tomorrow. This year has seen a number of significant challenges, as referenced by Simon in his introduction, but also some success stories.

- Throughout the year, we, along with all ICBs, have needed to work closely and responsively with our partners to address the challenges brought on my industrial action, most recently in December 2023 and January 2024. Whilst this work ensured that our urgent and emergency care services were able to continue normal operations without a noticeable impact, we did see an increase in waiting lists for planned care, which is a key priority for us to address.

- In July 2022, the Telford Child Sexual Exploitation (IITCSE) report was published with 47 recommendations, five of which were assigned to the CCG. Although this commenced several years ago, addressing the recommendations is an ongoing process, and we have now recommended three for completion.
- Following the ICB Board in September, the system has developed a renewed approach to child mortality, involving a set of workshops with key colleagues from across the ICS to focus on learning from local, regional and national themes. The first workshop took place on 11th December 2023 and provided an overview of child mortality in Shropshire Telford and Wrekin followed by focussed group work to gain a baseline understanding of current activity.

- Our Research and Innovation collaborative has won the “Shining Research Star" award at the National Institute of Health Research Clinical Research Network awards 2023. This rounded off a hugely successful year in which saw successful bids for funding 4 research projects totalling £558,000 across a number of areas.

- During October – December 2023 Patient Safety Incident Response Framework (PSIRF) was approved for implementation by each local NHS trust board, and is now in place as the approach to learning from incidents and insight. PSIRF replaces the previous Serious Incident Framework and is widely regarded as the biggest change in safety culture in the NHS fostering psychological safety and allowing for a more comprehensive, understanding of safety incidents and a greater focus on learning and improvement. The System Quality Group (SQG) reporting the Quality and Performance Committee, has overseen system arrangements and policy. The SQG will now implement oversight arrangements on PSIRF priorities as well as system priorities

Delivering our Plan and Priorities – Our Joint Forward Plan

Our Joint Forward Plan (JFP) describes how we and our partner trusts intend to arrange and provide NHS services to meet the needs of everyone in Shropshire, Telford and Wrekin over the next five years.

It has been developed through a collaborative approach with all system partners and wider stakeholders, including our Health and Wellbeing Boards. We will be held to account for its delivery by our population, service users, their carers or representatives, and through the Integrated Care Partnership (ICP), Healthwatch and the local authorities' Joint Health Overview and Scrutiny Committees.

This plan was also developed in collaboration with the communities that we serve, through our Big Health and Wellbeing Conversation. Involving and engaging local people and groups is a core part of our purpose and informs our decision making across the organisation.

Importantly, our Joint Forward Plan remains flexible; our commitment to community engagement is ongoing and will continue to support the growth and delivery of our plan which will be updated on an annual basis. We understand that this is an ambitious plan, but we believe that it is achievable, and it is an important part of improving health and care services for our population.

The three key elements of our plan are:

- **Taking a person-centred approach (including proactive prevention, self-help and population health to tackle health inequalities and wider inequalities).**

  We are committed to working with service users, carers and partners to support our citizens to live healthy, happy and fulfilled lives. This will mean supporting people to proactively look after their own health, putting a greater emphasis on preventing illness and staying well, but also providing the right care when and where they need it.

- **Improving place-based delivery, having integrated multi-professional teams providing a joined approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.**

  The Local Care Transformation Programme (LCTP) brings together a collection of transformation initiatives that will deliver more joined up and proactive care closer to home, supporting improved health and wellbeing for our population. This is encompassed by the Local Care vision of "adding years to life and life to years".

- **Providing additional and specialist hospital services through our Hospital Transformation Programme (HTP).**

The HTP is putting in place the core components of the acute service reconfiguration agreed as part of the Future Fit consultation. It is helping us to address our most pressing clinical challenges and establish solid and sustainable foundations upon which to make further improvements. The clinical consensus on this is clear and well-articulated. We need to make rapid progress on this to support the clinical sustainability of our services.

Enablers

NHS STW will focus on eight key enablers to the successful delivery of the JFP. These include Workforce Estates, Digital, Intelligence, Procurement, Communications and engagement, Research and innovation, Sustainability

In line with the Joint Forward Plan, we have structured this report to reflect the three key elements, and the enabling workstreams.

Delivering Person-centred care

Person-centred care moves away from professionals deciding what is best for a patient or service users, and places the person at the centre, as an expert of their own experience and lives. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals, and outcomes.

With an emphasis on “doing with” rather than “doing to”, person-centred care runs through both individual and group settings, allowing users of services to be active not only in their own care but also in the design and delivery of services. This approach can improve both the experience and quality of care.

As an organisation, we believe that person-centred care relies on several aspects, including:

- putting people and their values at the centre of their care, considering people’s preferences and chosen needs.
- ensuring people are physically comfortable and safe.
- enabling emotional support involving family and friends.
- making sure people have access to appropriate care that they need, when and where they need it.
- ensuring people get all the information they need, in a way that is accessible for them, to make decisions for their care and support.

Person-centred care also recognises the strong and evidenced link between non-clinical, community support, and improvement in health and wellbeing. We will facilitate a strengths-based approach in our communities to utilise non-clinical resources, recognising that the wider determinants of health affect 90% of our health and wellbeing, with health and care services impacting only 10%.

Involving our Communities

As an organisation, we are committed to involving people and communities in what we do. This commitment stretches across the whole of the commissioning lifespan, with an ambition to embed and involve the patient voice at each stage to ensure that the decisions and changes we make are informed and led by the experiences of our residents.

To help improve services we need to effectively communicate and involve stakeholders, politicians and the public. ‘Communication’ can be defined as what to say (the message), who to say it to (the audience), and how to say it (which channels to communicate through, for example social media, web pages or local press).

Involvement and engagement is about actively gathering and listening to people’s input, and is an ongoing process which gives people the opportunity to contribute and voice their views. We recognise that the population we serve is diverse and faces challenges unique to our geographic location, and so we work hard to ensure that our engagement and involvement activity results in a representative perspective. We have strong links with organisations across the VCSE, and within much of our activity we ask a core set of demographic questions to understand who is

responding and if they meet the general demographics of the geographical or service area. The questions asked relate directly to the nine protected characteristics.

Public Sector Equality Duties

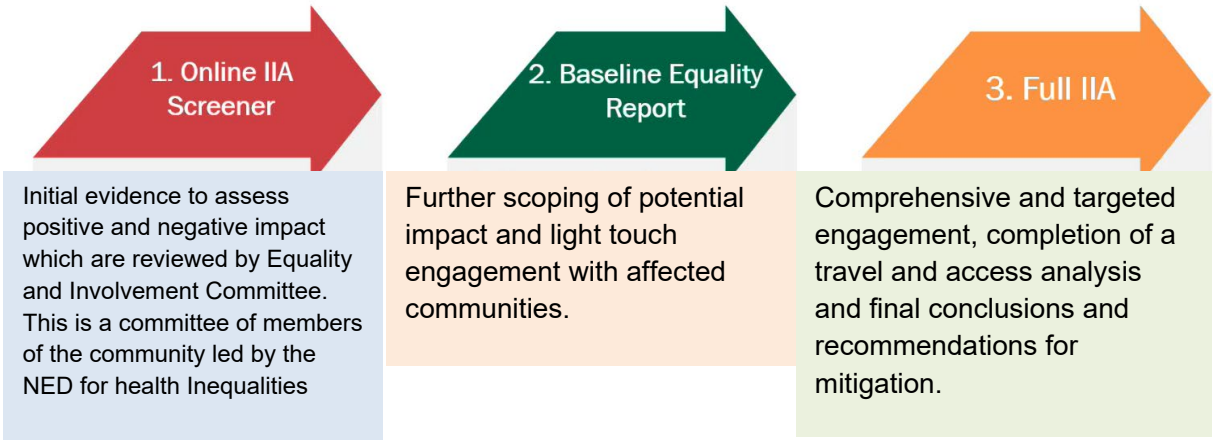
As a public sector organisation, NHS Shropshire, Telford and Wrekin (NHS STW) must comply with specific equality duties that require it to evidence how it pays due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities.

For the purposes of this annual report, this includes compliance with the Equality Act 2010, Human Rights Act 1998 and relevant sections of the Health and Care Act 2022.

We are committed to ensuring that we demonstrate due regard to the general duty when making decisions about policies and services. To meet legal duties and fully consider the impact that changes the system makes to services and policies has on the local population, over the course of the last two years we have collaboratively developed one system-wide Integrated Impact Assessment (IIA) which aims to provides consistency in our system approach to considering impact and involving the public.

The IIA widens the traditional Equality Impact Assessment (EQIA), addressing the 9 protected characteristics under the Public Sector Equality Duty (PSED) to include duties with regard to factors such as social exclusion, socially deprived communities, quality (including clinical effectiveness, patient safety and user experience), travel and access to services and climate change.

The assessment is comprised of three stages (as seen below).



All completed assessments are considered by our Equality and Involvement Committee (established in 2022/23). The committee is chaired by one of our Non-Executive Directors and establishes a role in ensuring we are meeting our duties to consider and address inequalities in our service design decision-making.

The Equality and Involvement Committee (EIC) includes members of the public, the VCSE and representation from public health. It acts as a 'critical friend' to review and advise on Integrated

Impact Assessments (IIA) for proposed service changes and plans to involve people and communities, with a particular focus on ensuring the ICB is addressing and reducing inequalities.

It is a formal committee of the ICB providing assurance to the Board that proposed policy or service changes have adequately and appropriately:

- considered and addressed the health and care needs and aspirations of residents in Shropshire, Telford and Wrekin who do, or may, experience inequalities in access to health services and health outcomes
- involved people who do, or may, use the services under consideration.

Examples of the work considered by the EIC include:

- The Shrewsbury Health and Wellbeing Hub
- The Musculoskeletal Transformation Programme
- The Local Care Transformation Programme
- The Hospitals Transformation Programme.

You can find more information about the EIC on our website.

The IIA tool is now live but continues under review to determine whether any further changes are required. Once fully integrated, all completed IIA screener tool submissions will be posted to our public website for complete transparency.

https://www.shropshiretelfordandwrekin.ics.nhs.uk/home/ourequalityobjectives/

Engagement assurance

The ICB has a number of committees where patient involvement is key:

Audit Committee – lay member chair
Remuneration Committee – two lay members attend, and one is chair
Primary Care Commissioning Committee – lay member chair
Quality and Performance Committee – lay member chair
Finance Committee – lay member chair
Joint Individual Funding Committee – lay member chair
Joint Individual Funding Appeal Panel – lay member
Strategic Commissioning Committee – lay member chair
Equality and Involvement Committee – lay member chair and public member co-chair

Engagement activities from 2023/2024

The Big Health and Wellbeing Conversation

To inform the development of the Joint Forward Plan, last year, the ICB launched the Big Health and Wellbeing Conversation. The engagement included a public survey, a number of listening events around the county, and targeted community engagement, inviting members of the public and staff to share their views and experiences of health and care services.

- Public events: Over 3000 leaflets and 500 posters were distributed in the areas of Bishops Castle, Ludlow, Market Drayton, Shrewsbury and Telford where the public events took place, attracting over 240 people.
- Targeted engagement: The targeted engagement took place with over 30 groups at risk of experiencing the greatest health inequalities. An example of the groups reached include older people, carers, people of different ethnicities, children and young people, veterans, street homeless, people experiencing domestic abuse, people with long term conditions and disabilities, people with drug and alcohol addition, and ex-offenders.
- Online survey: The online survey was promoted through the media, paid and organic social media as well as through partners in the Integrated Care System and VCSE, and received over 2600 responses.

The findings were analysed and collated into an engagement report and fed into our Joint Forward Plan. To maximise the impact of the insight people shared, individual insight packs were developed for providers highlighting people's views and experiences related to their organisations.

Musculoskeletal Chronic Pain Services

As part of the Musculoskeletal Transformation Programme, the ICB engaged with people attending clinics and support groups to understand their experiences and awareness of chronic pain (experience pain for 12 weeks or more) service.

This was part of a bigger programme of work where local NHS organisations are working together to transform services that support people with conditions that affect their joints, bones and muscles.

Through these conversations, the ICB aimed to understand:

- People's experiences of chronic pain services
- Their level of awareness and experience of the different services and support available
- Identify areas that worked well and areas that could` be improved.

The engagement team visited 17 locations, including clinics and groups, through February and March 2024 and spoke with close to 100 people. These conversations are now being analysed and themed to shape the future of the chronic pain service in Shropshire, Telford and Wrekin.

Advance Care Planning

As part of the Advance Care Planning (ACP) project, the ICB has established a co-design group to find ways to help the local system address the current need and to support and enable families, carers and communities to have conversations about death and dying, so that positive advance care planning can take place.

The group members include a wide range of people, including those with lived experience, VCSE and volunteers, chaplains, healthcare providers (including domiciliary care providers), nursing home providers, and the local authorities.

The group have met monthly since October 2023, working together to plan and deliver community engagement and two ‘Dementia and ACP’ workshops in December 2023 and February 2024.

Through the Dementia workshops, the engagement team spoke with 33 people online and 24 in person. Discussions identified personal and systemic barriers to completing ACPs, a need for clear and concise information and increased levels of support to enable someone to complete an ACP.

The community engagement included 9 carers groups, 1 Age UK group, 2 patient participation groups (PPGs), 2 long-term condition groups, and 2 specific interest groups.

The engagement has identified a gap in knowledge of ACP and the skills to enable these conversations within communities. In response, the co-design group, along with ACP leads, is planning the development and delivery of a workshop in the Spring of 2024 for community leaders. The aim is to empower community leaders to begin ACP conversations with people with whom they are in regular contact.

The next steps for the co-design group are to increase the diversity of the community group involvement, interconnect current work and continue to create a community movement and system change towards having conversations about death and dying, and advance care planning.

Working with our Partner Organisations

Working with partners across the system, including both Healthwatch and the VCSE, is also critical in enabling the ICB to engage with and understand the experiences of people within communities who are experiencing the greatest health inequalities. The ICB is continuing to develop contacts and relationships with different groups and organisations that represent the diversity of the population.

Tackling Health Inequalities

Tackling Inequalities in Access, Experience and Outcomes

Tackling inequalities in access, experience and outcomes of healthcare services is one of four key purposes of Integrated Care Systems (ICSs). It should be central to everything we do.

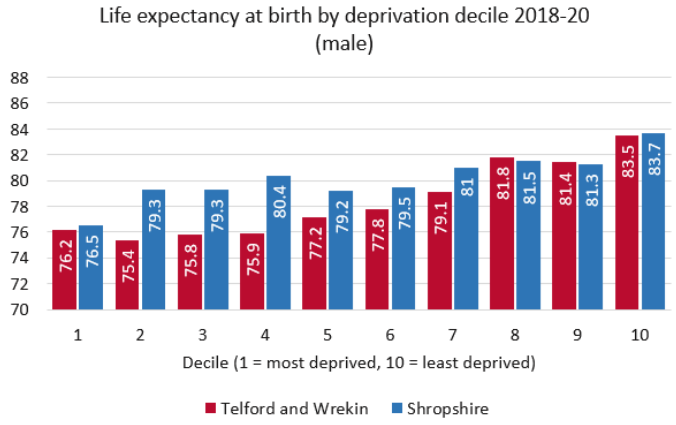
Health inequalities are **unfair and avoidable** differences in health across the population, and between different groups within society.

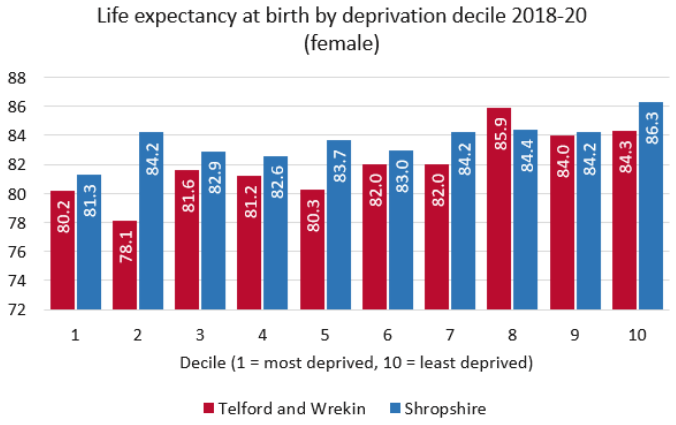
These include how long people are likely to live, the health conditions they may experience and people's experience of and access to care.

Research shows that **people living in areas of high deprivation**, those from **Black, Asian and minority ethnic communities** and those from **inclusion health groups**, for example the homeless, are most at risk of experiencing health inequalities.

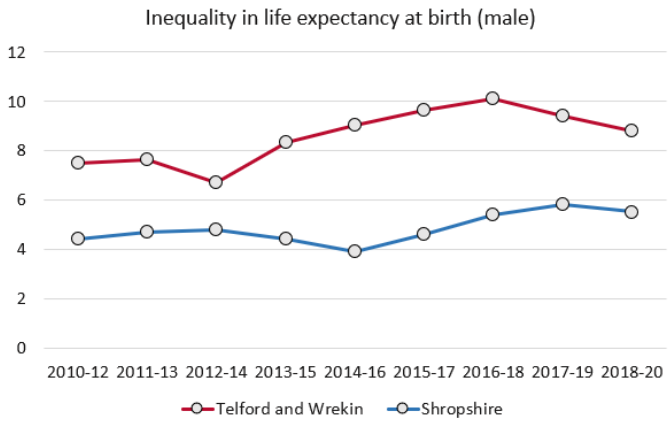
In Shropshire, Telford & Wrekin, life expectancy is lowest in areas considered to be in the 20% most deprived areas across England[1] (decile 1 & 2 in the graphs below). There is a gradient in life expectancy by deprivation in both Telford & Wrekin and Shropshire, meaning the more deprived the area, the lower the life expectancy.

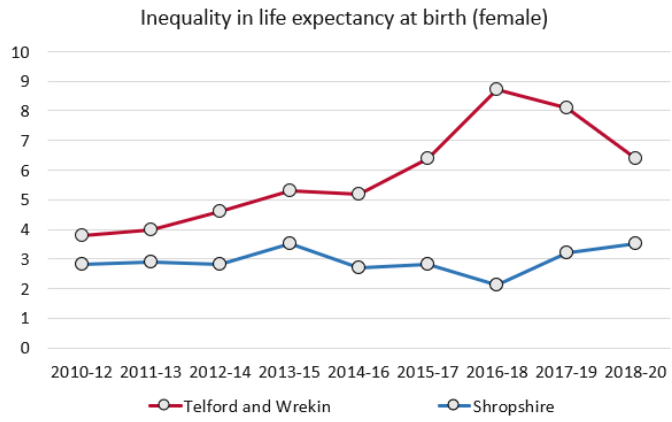
Inequality in life expectancy (the difference in years of life expectancy between most deprived and least deprived areas) is larger in Telford & Wrekin compared to Shropshire. This inequality has been increasing over the last decade, however, in 2016-18, inequality in life expectancy in Telford & Wrekin started to decrease.



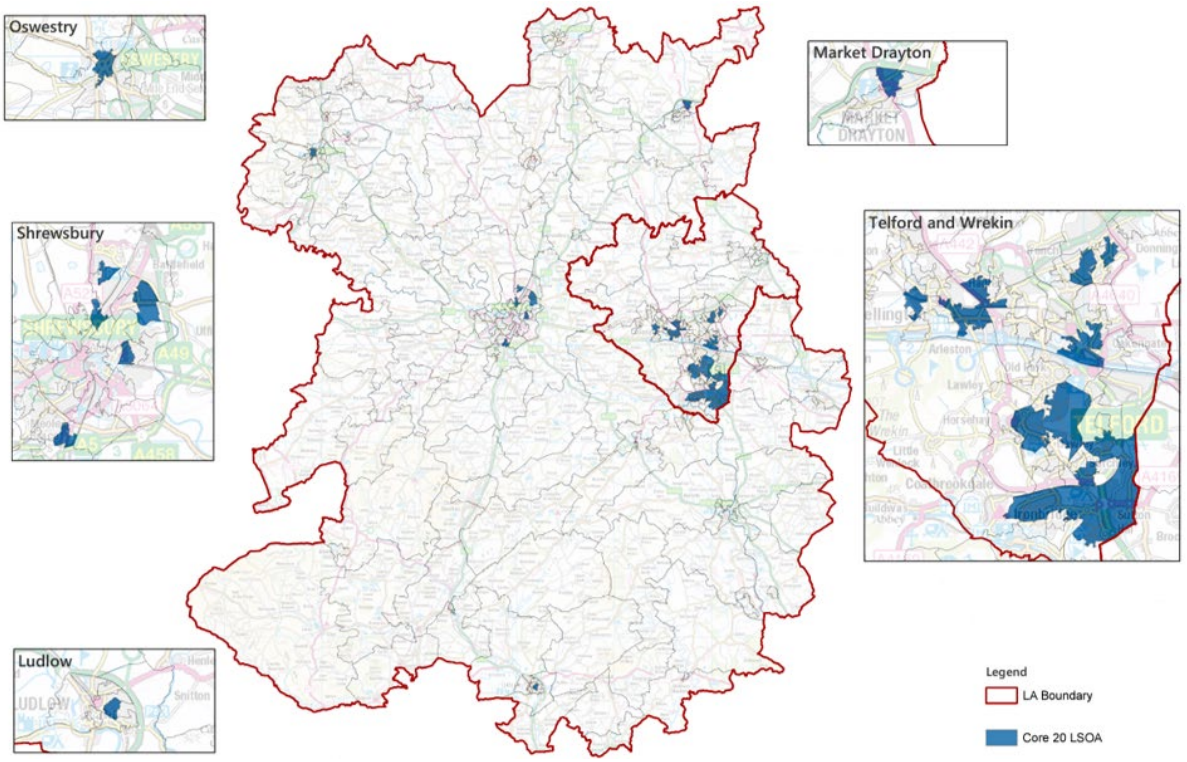


[1] The 20% most deprived areas are based on the National Index of Multiple Deprivation (IMD). https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019





According to the 2021 Census, 60,100 people in Shropshire, Telford & Wrekin live in geographical areas considered to be in the 20% most deprived areas across England. 45,400 of those people currently reside in in Telford & Wrekin and 14,700 live in Shropshire.



These areas are those to which the National 'Core20' approach to drive improvements in health and healthcare inequalities is targeted. The Core20PLUS5 Approach identifies priority populations who are most likely to experience inequality in access and experience of healthcare service, and in the health outcomes.

Health Inequalities Metrics – End of Year 2023/2024

The following data provides a summary overview of the latest NHS England Statement of Information metric data, focusing on the latest figures for Shropshire, Telford & Wrekin, benchmarked against the England national average and where possible, a comparison at Place (Shropshire and Telford & Wrekin individually).

The data utilised for this review is based on national data sources aligned to the statement metrics, however, it is noted that the available data is commonly older and does not contain the granularity required.

Key Headlines

- Both the ICB and the Telford and Wrekin authority have statistically higher stroke and heart attack admission rations than the England average.
- The ICB is below target for all three CVDPREVENT metrics, however do report improvement.
- Persons with Type 2/other diabetes are more likely to have received all 8 care processes than those with Type 1.
- Adult elective activity and day case attendances for persons aged under 18 have yet to return to their pre-pandemic levels.
- The ICB did not achieve “eliminating” waits of 65 weeks or more, however significant reduction in long waits is reported.
- The ICB is performing below the national average for learning disability health checks for persons aged 14-17 and 18+.
- The ICB has a higher adult mental health inpatient admission rate than the national average.
- The ICB is performing below the national average for delivering “all 6” physical health checks to persons with severe mental illness (SMI).
- The Telford and Wrekin authority has a higher preterm births (under 37 weeks) rate than the England average.
- Both local authorities have a higher rate of admissions for tooth extractions in children aged 10 or under, than the England average.
- COVID and Influence uptake rates are lowest among the most deprived neighbourhoods of the ICB and persons from non-white ethnicity found to have lower uptake levels than the white ethnic population.

Click here for the full “Summary analysis in line with the NHS England Statement of Information”, which contains a full picture of the data to support the above statements.

Our Progress In-year

There are five priority objectives which underpin the National Healthcare Inequalities Improvement Programme and remain central in the 2023/24 Operational Planning Guidance to ensure focused action continues to take place:

1. **Restore Services Inclusively**
   Using local data to plan the inclusive restoration of healthcare services, ensuring that waiting list performance reports are delineated by ethnicity and deprivation.
2. **Mitigating Against Digital Exclusion**
   Enabling robust data collection to identify which populations are accessing face-to-face, telephone and virtual consultations (broken down by relevant protected characteristic) and ensuring the impact of digital innovation is assessed, considered and mitigated.
3. **Ensuring Datasets are Complete and Timely**
   To improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.
4. **Accelerating Preventative Programmes**
   Driving initiatives which focus on the prevention of long-term conditions including those focused on lifestyle-related risk-factors and the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.
5. **Strengthen Leadership and Accountability**
   Ensuring named executive leads are appointed for tackling health inequalities, improving awareness and knowledge of the workforce and supporting access to relevant training and development.

We undertook an evaluation of progress against these objectives in 2022/23. The evaluation identified that we needed to strengthen our coordinated leadership across Prevention and Health Inequalities with a view to improving governance and accelerating progress in 2023/24. This led to the following actions:

- ✓ The development of a high-level implementation plan. The plan identifies 20 local priority objectives and 37 programmes of work or projects.
- ✓ Coordinated applications for external funding from NHS England to support targeted inequalities-based initiatives within the plan. STW ICS has been successful in all applications to date and awarded funds have supported the establishment of our successful Core20PLUS Connectors, Hypertension Community Case-finding and reducing health inequalities in Cardiovascular Disease.
- ✓ A newly established Prevention and Health Inequalities Board chaired by the Director of Health and Wellbeing, Telford & Wrekin Council, with membership from Healthcare Inequality Senior Responsible Officers from health sector organisations.
- ✓ The development of a robust reporting and monitoring framework to provide oversight of progress made against actions and deliverables outlined in the high-level implementation plan, relevant risks and mitigations but also key highlights of best practice and successes taking place across the system to celebrate achievements.
- ✓ Improved collaboration and joint-working between NHS and Public health analytical departments to strengthen and develop local intelligence.
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As a system we have collectively reviewed the achievement against all 37 programmes of work as at Quarter 3 (December 2023).

At this time:

- 25 programmes of work reported as on track to deliver planned actions.
- 12 programmes reported delays or risks of delay.

	Objective	Work Programme / Project	RAG
1	Restore NHS Services Inclusively	Elective restoration programme	
2	Mitigate Against Digital Exclusion	2023/24 Digital Strategy	
3	Datasets are complete and Timely	System-wide data-sharing	
		Provision of baseline data and intelligence to support objectives (using a PHM approach)	
		Improved ethnicity recording	
4	Accelerating Preventative Programmes (objectives 6 – 20)		
5	Leadership and Accountability	Established senior roles across all organisations	
		Improved governance (system-level and Provider)	
		Improved HI awareness and training	
		Standardised approach to assessing impact	
		Equality, Diversity and Inclusion (EDI)	
6	Prevention: Alcohol Care Teams	Implementation of Alcohol Care Teams	
7	Prevention: Tobacco Dependency	Implementation of Tobacco Dependency Teams	
8	Prevention: Obesity/Weight Management	NHS Digital Weight Management Programme	
9	PLUS Group: Learning Disabilities	LD Physical Health Checks	
		LeDeR Action Plan	
10	PLUS Group: People Living in Rural Areas	Exploration of the impact of rurality	
11	Core20PLUS5 ADULT 1: Maternity	LMNS Equity and Equality Action Plan	
12	Core20PLUS5 ADULT 2: Severe Mental Illness	SMI Health Checks	
13	Core20PLUS5 ADULT 3: Chronic Respiratory Disease	Spirometry Services	
		Delivery of Flu and Covid-19 Vaccinations	
14	Core20PLUS5 ADULT 4: Early Cancer Diagnosis	STW Cancer Strategy Early Cancer Diagnosis Objectives	
		Early Cancer Diagnosis Improvement Plan	
		PCN Cancer DES	
		Core20PLUS Connectors (Cancer Champions)	
15	Core20PLUS5 ADULT 5: Hypertension and Lipids	Targeted secondary prevention Lipid Management	
		InHIP Hypertension Community Case-finding	
		Hypertension Treatment to Target	
16	Core20PLUS5 CYP 1: Asthma	CYP transformation for Asthma	
17	Core20PLUS5 CYP 2: Diabetes	Diabetes Transformation for CYP	
18	Core20PLUS5 CYP 3: Epilepsy	CYP Transformation for epilepsy	
19	Core20PLUS5 CYP 4: Oral Health	Oral Health workforce training	
		Provision of toothbrushes and toothpaste	
		Supervised toothbrushing for early years	
		Data analysis and audits of current waiting lists	
20	Core20PLUS5 CYP 5: Mental Health	Data analysis and audits of CYP MH access	
		National Mental Health Support Teams in Schools	
		Education and awareness of childhood trauma	

In-year Achievements

- Recruited 2.6 WTE fixed term project support roles
- New joint Population Health Analyst roles
- Identified Senior Responsible Officers for Healthcare Inequalities across NHS organisations
- Joint work with Diabetes UK to improve awareness of Diabetes Prevention in target communities.
- Established Prevention and Health Inequalities Board
- New monthly Health Inequalities Newsletter to staff to raise awareness, share information and celebrate local successes
- STW Talking Therapy Service highlighted as an area of good practice for adapting clinical systems to be more inclusive to LGBTQIA+ communities.
- 16 training sessions delivered to healthcare staff to increase knowledge and awareness of oral health in children and young people.
- 200 early years staff and 20 staff from housing associations have undertaken face to face asthma training.
- Ratified process for completing Integrated Impact Assessments to consider and mitigate impact on populations
- Equity profiling exercise undertaken to drive targeted work within Cancer Programmes.
- Use of more diverse imaging in local training
- New Health Inequalities Hub on the staff intranet
- Recruited Equality Diversity and Inclusion Champions across NHS organisations, including maternity settings.
- Local campaign materials developed to explain and promote the recording of Ethnicity
- Work with Sight Loss Shropshire and local communities to improve service pathways and communications in Elective Services
- Bottle-swap communication campaigns delivered in alignment with the development of local Family Hubs in our most deprived areas.
- Development of films and training for staff focused on supporting those with limited vision or sight loss
- Established Tobacco Dependency Services in Acute, Mental Health Inpatient and Maternity Services
- Integrated pathways between secondary care and community-based smoking cessation and lifestyle services
- Roll-out of the Civility, Respect, Inclusion and Kindness (CRIK) training for maternity services
- Introduction of Baby First Aid classes in Telford & Wrekin
- Successful pilot scheme offering free tennis lessons for people with Severe Mental Illness
- Local Asthma App developed to support young people with managing their asthma
- New data dashboards for Cancer, Mental Health and Urgent Care which identify healthcare inequality
- Public asthma campaigns specifically focused for homeschooled children, travelling communities, children's homes and young carers.
- Introduction of new technologies to support physical health checks
- Offering Flu and Covid-19 Vaccinations in community-based locations to improve access

- Over 30 local settings and 3200 children participating in the Brilliant Brushers Programme (supervised toothbrushing in early years settings)
- Train the Trainer Programme for trauma informed approaches to childhood trauma rolled-out to local community groups supporting young people at risk.
- Improved pathways for bowel cancer home-testing kits to remove barriers where people do not have a fixed home address
- Co-developed multi-lingual videos focused on improving cancer screening uptake
- Mental Health Support Teams established in local schools located in the most deprived areas.
- Targeted campaigns to improve late-stage diagnosis of Prostate Cancer in Black Men aged 40+
- Baby Friendly Initiative (BFI) Midwife recruited to drive progress towards Stage 1 Baby Friendly Initiative Accreditation.
- Recruitment of over 200 Cancer Champions from Ukrainian, Bulgarian, Hong Kong, Chinese, Iranian, Jordanian, Polish and Sikh communities.
- Joint work with Prostate Cancer UK to offer coaching to local Cancer Champions.
- 14 new Core20PLUS Ambassadors and 1 Health Inequalities Finance Fellow from across the health system.
- Over 600 blood pressure checks taken in the most deprived and rural communities.
- Successful application for £185,000 of national funding to enhance local work focused on reducing inequalities in cardiovascular disease.
- 70% of all schools in STW accredited as asthma friendly.

Our Progress against Prevention goals in the long-term plan

Priority	Success/Challenges/issues/concerns
Long-term Plan priorities 1. Number of maternity, inpatient and mental health sites delivering stop smoking services in line with the LTP plan 2. Count of referrals to Alcohol Care Teams (where funded this service is NHSE funded) 3. Referrals to digital weight management programme in the last 3 months	4. 3/3 TDT sites are live and fully established. Work is taking place with Community Pharmacy Leads to improve the geographical spread/availability of CPs and further liaise with Local Authorities about community-based provision on announcement of new grant funding. Challenges are that LAs do not currently provide NRT so community-based provision is limited and financial pressures. Our Acute Trust is piloting the use of Cytisine as part of the regional funding offer. 5. After significant delays in implementation, the ACT is now live, submitting data as of February 24 and 79 referrals have been made since January 24. Our multi-agency steering group takes place regularly with stakeholders from Acute, Local Authority, ICB and Community, there are 3WTE staff within the ACT as of Sep 23 with recruitment underway for a Clinical Lead, Nurse and Admin. The team have daily presence in our Emergency Department and anticipate full 7 day by end of March 24. Significant progress made / positive steps forward. 6. 241 eligible referrals were made in Quarter 3 2023/24. 1,492 referrals made to the DWMP since April 2023 by 47/52 GP Practices. 1,324 of these were eligible showing an 88.7% eligibility rate (exceeding the target of 85%) and achieving 70% of our 1,900 eligible referrals target. Final campaigns to GP Practices in Month 12 to encourage referrals. Successful approaches have been to consolidate all weight management and diabetes offers to provide a whole picture of local weight management offers.
Diabetes priorities 1. Referrals to NHS DPP, profile and actual 2. Number of patients referred to the T2DR programme	3. In the last 12 months the referral profile has been 2,024, with actual referrals of 1,725. 85% of people are reaching milestone 1. Challenges locally relate to capacity at both ICB and Primary Care. 4. The Type 2 to remission is due to launch in April 2024.
Cardiac priorities 1. Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 2. Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60	3. CVD Prevention Clinical Lead, PMO and Medicines Management have been offering 1:1 support meetings with outlier GP Practices to discuss risk stratification resources, digital innovations and barriers to improvement as a means of working through sustainable improvements. Plans are to review outputs from all meetings to form plans for 2024/25. Health Innovation West Midlands are supporting with education offers. STW achievement for CVDP007HYP is 63.86% as at September 2023 maintaining a 12% increase required to achieve the 77% target by March 2024. Please note that whilst our treatment % remains relatively stable, our hypertension registered have increased by a few thousand since April 2023, meaning the number of people requiring optimal treatment to achieve target has increased 11,056. 4. STW achievement against CVDP003CHOL is 57.14% as at September 2023 with the equivalent of 830 patients to achieve the 60% target.

Health Inequality Equity of access to prevention programmes	• DWMP – Referrals range across all ages (18+) but the majority have been for those aged 50 – 70. The % of referrals for IMD1 has increased by 3.2% (17.1%). This now exceeds the % of referrals for IMD5 (12.6%). All other IMD quartiles range between 20 and 26%. The % of referrals for White British has reduced to 80.14% however a significant proportion of referrals are marked as 'ethnicity not recorded'. Further work required to improve ethnicity recording in-practice. Referrals for other ethnic groups have increased (Asian +0.33%, Black +0.97%, Mixed +0.02%). • TDT – Majority successful quits are reported for ages 60+ (38%) and increasingly for 18-34 year olds. The % of people living in IMD1 has increased to 44-45% for both referrals to and being seen by a TDT service. Quit rates reduce with only 37% of IMD1 patients successfully recorded as quitting after being seen by the service, but this remains proportionality higher than all other IMDs (by est. 16%). 93% of referrals recorded as British, 12% Not Known or Not Stated. • ACT – inequalities analysis not yet available.

Health Inequalities Case Studies

Midlands Health Inequalities Conference

On 29th November 2023, colleagues from Shropshire, Telford & Wrekin represented healthcare, Voluntary and Community Sector (VCSE) and the Local Authority (LA) at the NHS England Midlands Health Inequalities Conference.

Shropshire, Telford and Wrekin were selected to showcase three local pieces of work which demonstrate proactive work to reduce health inequalities for our local population.

- **Cancer Champions**
- **Community Blood Pressure Monitoring**
- **Children and Young People's Asthma**

ICB Health Inequalities Lead & Director of Mental Health, Learning Disability, Autism & Children and Young People, Tracey Jones joined a panel of senior colleagues in answering challenging questions from attendees and was also selected to attend a session with Bola Owolabi, Director for Health Inequalities England.

Core20PLUS Connectors (Cancer Champions)

In March 2022 Shropshire, Telford & Wrekin were successful as a wave 1 implementer site for the Core20PLUS Connectors Programme.

The project aims to empower our Core20PLUS communities to better understand cancer screening and spread awareness amongst families and friends through their everyday conversations.

- Delivered in partnership with Local Authorities an VCSE
- **200+ Cancer Champions**
- **85+ Organisations engaged**
- **100+ Training sessions delivered**
- Dedicated website
- Co-developed multi-lingual videos
- Insights reports which inform local across in Primary Care, Secondary Care and local Cancer Strategy.

Cancer Champions www.cancerchampions.co.uk

Community Hypertension Case-finding

As part of the Innovation for Healthcare Inequalities (InHIP) National Programme, Shropshire, Telford & Wrekin has been delivering blood pressure checks since August 2023 to our Core20PLUS communities with the aim of improving detection of high blood pressure in under-represented communities.

- Delivered in partnership with Local Authorities and VCSE
- Volunteer-led service model
- Models adapted to each Place
- Raising awareness of CVD-risk
- **90+** CVD Champions
- **200+** Blood pressures taken
- Digital innovations

Shropshire
Community Blood Pressure Checks

Healthylifestyles

Children and Young People's (CYP) Asthma

A system wide approach to supporting children with asthma across the STW footprint. Targeted intervention and focus on population groups, such as those living in deprivation, home-schooled children, travelling communities, young people's homes, and young carers.

Partnership working with housing authorities and associations is talk taking place with the development of training, resources, and engagement around policy to improve the standards of housing.

#AskAboutAsthma

Shropshire, Telford and Wrekin supports children with asthma

232 Asthma reviews since April 2023

200 Early Years staff and **20** housing associations asthma trained

200 CYP using the asthma app

70% of STW schools Asthma Friendly Accredited

Core20PLUS Ambassadors

As part of the National Core20PLUS5 Approach, NHS England developed the Core20PLUS Ambassador Programme. The programme is designed to support people working in the NHS in their commitment to narrow healthcare inequalities through improved knowledge, tools and confidence to discuss what they have learnt with peers. In 2023/24, this included the introduction of Health Inequality Finance Fellows, an extension to the programme specifically for those working in healthcare finance.

15 individuals from NHS Shropshire, Telford & Wrekin were successfully accepted into the programme, ranging across departments at ICB, Provider Trusts and Primary Care. This is an incredible achievement given the overwhelming interest the programme received and testament to the dedication of our staff in their applications.

Over the next 12 months Ambassadors will be supported to form local, regional and national networks with others who seek to improve healthcare inequalities and a range of development opportunities will be available to enable our ambassadors to develop their understanding of local inequalities and implement targeted actions which will improve the access and experience of healthcare services for our Core20PLUS populations.

"I decided to become part of the Health Inequalities Finance Fellow Network to support on the Health Inequalities Agenda. It was not area that I was familiar with, and a local presentation sparked many questions and thoughts in my head that it must be possible to make a dent in these issues locally.

I have since attended a superb presentation by the Health Economics Unit where it really brought to life the possibilities by a change in traditional thinking."

"I'm passionate about our NHS, its people and principles. This is a fantastic opportunity for us to make a difference, provide equitable access and experiences for all, working together to support our communities to live longer and healthier lives."

Examples of work from our Partners

Shrewsbury & Telford Hospital NHS Trust

Mitigating digital exclusion through outpatient transformation.

Investing in digital systems and improving digital maturity for better data accuracy and recording e.g., ethnicity recording and enabling improved reporting.

Enhanced health inequalities leadership through additional roles and EDI focused posts.

Preventions programmes for cancer faster diagnosis, CYP asthma, inpatient and maternity smoking and tier 3 weight management.

Midlands Partnership NHS Foundation Trust

Health improvement advice pilot as part of Patient Knows Best.

Inpatient smoking cessation.

Severe Mental Illness physical health checks.

Bespoke housing advice for SMI via a voluntary partner.

Co-located lifestyle advisors from Telford & Wrekin Local Authority with Mental Health Teams

Implementing National Standards for Food and Drink

Improving BAME access to community perinatal services.

Apprenticeship promotion in diverse settings.

Shropshire Community Health NHS Trust

Covid-19 Vaccination Programme

System focus on CYP Asthma.

Work in local schools to support CYP programmes as teachers know which families/children need more support.

Oral Health work in communities through the Healthy Smiles Team

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Review of DNA's to understand barriers to access.

Single STW MSK service, removing wait time disparity and allowing flexibility to move capacity around the system where it is most needed.

Optimising facilities in rural areas.

Work to improve datasets such as ethnicity recording and working through challenges with IMD analysis due to differences in scores between England and Wales.

The hospital is used as a community hub, particularly for those who experience isolation and loneliness. Charities utilise Trust spaces i.e., the dining room for Christmas dinners.

Shropshire Council

Task and finish group looking at Rural Proofing; considering closer to home services and travel support.

Healthy weight strategy

Health checks in farming communities.

Universal health checks working in GP Practices to focus on people with greater inequality and vulnerability.

RESET – MDT wraparound support for rough sleepers with drug and alcohol dependency.

Healthy Lives Service - *smoking cessation and weight management.*

Alcohol strategy

Digital inclusion with support to areas with no access.

First contact services team reach out to vulnerable maternity patients.

Measles MMR Action Plan, inequalities targeting.

Targeted MDT working for children taken into care age 0-5 and under 1.

Telford & Wrekin Council

Health inequalities is embedded into Health and Wellbeing Strategy.

Mental Health and Lifestyle Advisors have been co-located.

Work with MPFT, LA representation from Leisure and Energize Active Partnership looking at physical activity interventions.

Partnership work with partners and VCSE on Cancer Champions to support recruitment from underrepresented groups.

Blood pressure checks in underserved communities to enhance CVD Prevention awareness and intervention.

Primary Care Networks

Development of community hubs in partnership

Introduction of Mental Health Practitioners within local food banks Increased mental health support in Core20 areas

Free support and exercise spaces Health assessments and weekly dedicated clinics for asylum seekers

Working with Local Authorities to target health checks to higher risk populations

Supporting people to use digital tools Dedicated health support for vulnerable groups and people experiencing homelessness through frequented community bases

Increase blood pressure monitoring in Core20PLUS populations

Targeted campaigns for bowel and cervical cancer screening for vulnerable patients, homelessness, visually impaired and ethnic minority groups.

Improved SMI health checks Establishing MDT reviews for patients with long term conditions, frailty.

We are also committed to ensuring equity of access for members of the local community who are either serving or former members of the armed forces, along with our support and participation in the Refugee and Resettlement scheme.

Supporting our Veterans

There are currently 37/51 STW practices (73%) accredited as Veteran Friendly with the ambition to get all practices accredited compared to 28 practices 55% at 31 March 2023. This programme supports practices to deliver the best possible care and treatment for patients who have served in the armed forces.

We also confirmed our commitment to the armed forces community in November, by signing the Armed Forces Covenant. Our covenant carries two key principles:

- no member of the Armed Forces community should not face disadvantage in the provision of public and commercial services compared to any other citizen;
- in some circumstances special treatment may be appropriate, especially for the injured or bereaved.

By signing the covenant, we recognise the value that serving personnel, reservists, veterans and military families bring to the organisation, and to our country.

Refugee relocation and Resettlement

In November 2023, the Ministry of Defence notified the ICB that a military base in our area would be used as a temporary settlement base for families from Afghanistan who have leave to remain in the UK. Families would need access to Primary Care Health services. NHS STW worked closely with health service providers to put in place services and to register patients with a GP as appropriate. Current on site provision includes GP clinics, a community pharmacy service for minor ailments, immunisation and vaccination services, family support and sexual health advice. To date over 552 people have moved through this site before going to their permanent accommodation.

We also continue to support allocations from the Home Office. The GP practices in proximity to designated accommodation register new residents and provided initial health checks.

Our Legal Duty to Collect, Analyse and Publish Information in Health Inequalities

On 28th November 2023, NHS England released a Statement of information relating to the new legal duties for Integrated Care Boards (ICBs) and Foundation/Trusts to collect, analyse, publish, and use information on health inequalities under Section 13SA of the National Health Service Act 2006.

The domains of indicators included within the statement align to the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.

The purpose of exercising these powers is to:

i. Understand healthcare needs, including by adopting population health management approaches, underpinned by working with people and communities.
ii. Understand health access, experience and outcomes, including by collecting, analysing and publishing information on health inequalities set out in the Statement and relevant domains.
iii. Publish information on health inequalities within or alongside annual reports in an accessible format.
iv. Use data to inform action, including as outlined in the Statement.

NHS Shropshire, Telford & Wrekin has been leading the development of a Health Inequalities Outcomes Dashboard which will allow the opportunity to identify inequity in health outcomes and service provision but also the ability to monitor improvements in health outcomes over time and the indicative impact of programmes currently in place.

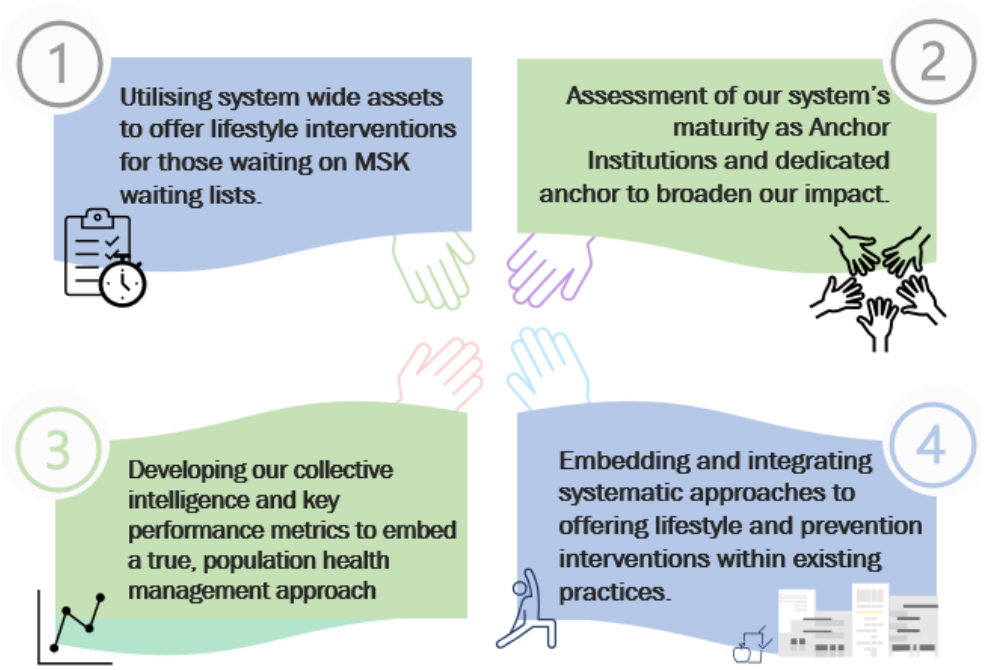
The dashboard currently identifies 61 draft indicators across four key cohorts (age, sex, ethnicity and socioeconomic status), which align with the objectives in the Operational Planning Guidance and the Core20PLUS5 for Adults and Children & Young People (those referenced in the Statement of Information).

Over the coming months the dashboard will continue to be developed and key metrics agreed which will act as the enabler for working with our Population Health Management Group to develop system-wide knowledge and intelligence.

Building on this Year's Successes

In December 2023 we held a collaborative workshop for Health Inequalities Senior Responsible Officers, Public Health Directors, and contributing Officers, to consider the work undertaken this year and identify opportunities for joined-up initiatives which would aim to reduce health inequalities, add greater value to services and impact positively on our population's health.

The following initiatives are those which will have greatest impact on our population and align with our aims to embed proactive and preventative approaches in our work, as well as evolve and optimise our impact as Anchor Institutions.



Key reflections from the workshop included the importance of working at scale efficiently, connecting existing work taking place across the system which contributes positively to reducing health inequalities and ensuring alignment with the priorities established in our Joint Forward Plan (JFP) and the Integrated Care Strategy. As such, those outputs generated the foundational blocks to a developing Health Inequalities Framework, which will propel and guide joined-up action for the forthcoming year.

Building blocks for collective Health Inequalities Action

Collective intelligence To enable us to fully understand our population.	**Inclusive community engagement** Local intelligence tells us 'what', engagement tells us why.	**Measuring the right impact** To ensure we are making the right difference to people.	**Wider Determinants** Using our role as Anchor Institutions to support people's wider needs, which impact health.
Good governance Tracking our success and challenges to continually improve	**Re-framing the narrative** Through embedded knowledge and awareness and championing the case for change.	**Collaborative Partnerships** Utilising our individual strengths as a collective alliance.	**Connecting Pathways** Understanding and utilising the vast work already taking place across our system.

We know from reviewing progress in-year that the provision of dedicated roles to support progress across the system is necessary to ensure robust oversight, coordination, and delivery of multiple agenda areas. To enact impactful change at scale, we must also embed a culture of understanding and approaches which see action on health inequalities as a lens to viewing service design and delivery, instead of an additional and separate entity. Lastly, the most impactful initiatives require us to work optimally as an Integrated Care System (ICS) to bring together key partners in addressing all determinants of health, including our role as Anchor Institutions and partnership working with Housing, Local Authorities and the Voluntary and Community Sector (VCSE).

The evaluation undertaken at the end of 2022/23 was pivotal to us understanding and implementing learning from 2022/23 projects within 2023/24 plans. As we look toward 2024/25, we are preparing to undertake a further evaluation of progress to understand and benchmark progress made in 2023/24 against the previous year. The 2023/24 evaluation will provide us with a further opportunity to identify learning from both in-year challenges and successes and better understand the views of our staff in terms of what they feel is needed to support them in their role to reduce healthcare and health inequalities.

The outcomes of the evaluation will be considered in our planning for 2024/25 to compliment the developing framework and enable us to refine and propel our approach to reducing inequalities in access, experience and outcomes for our Core20PLUS populations.

Medicines Management - Delivering a Person-Centred Approach

STOMP

STOMP, stopping over medication of people with a learning disability, autism or both with psychotropic medicines, and STAMP, supporting treatment and appropriate medication in paediatrics, are part of the NHS Long Term Plan, to help people with a learning disability, autism, or both to stay well, have a good quality of life and decrease health inequality.

The Medicines Management team has been collaborating with the Midlands Regional STOMP and STAMP team and will adapt their recently published Framework. A system wide collaborative approach has been taken with the implementation of clinical working groups, to ensure the development of:

- a clear clinical pathway of joint working between Primary and Secondary Care, with defined responsibilities in regular reviews and Medicines Optimisation of psychotropic medicines.
- clinical prescribing guidelines and guidance around potential treatment of behaviours of concern.
- easy read resources and leaflets to support people with learning disability, autism or both and their carer and families with the process of Medicines Optimisation.
- a campaign, driven by voices and aspirations of people affected, to create awareness.
- bespoke education sessions for Primary Care clinicians, Secondary Care clinicians and people affected, their carer, families, and support team.

The long-term aims are to:

- explore first alternatives before considering medication.
- ensure people with a learning disability, autism or both of any age and their circle of support are fully informed about their medication and are involved in decisions about their care.
- ensure all staff within organisations have an understanding of psychotropic medication, including why it is being used and the likely side effects.
- ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication.
- ensure that medication, if needed, is started, reviewed, and monitored in line with the relevant NICE guidance.
- work in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals and others to stop over-medication safely.

Discharge Medicines Service (DMS)

An audit of NHS hospital discharges showed that 79% of patients were prescribed at least one new medication after being discharged from hospital. It is also known that discharge from hospital is associated with an increased risk of avoidable medicines-related harm.

By ensuring better coordination between hospital, community pharmacy and general practice, the NHS DMS aims to improve communication regarding changes to a patient's medication when they leave the hospital and helps prevent avoidable harm caused by medicines.

At the time of writing this report, three out of four NHS Trusts in Shropshire Telford and Wrekin are referring recently discharged patients who would benefit from extra guidance around prescribed medicines for provision of the DMS to their community pharmacy. The community pharmacist receives information about any medication changes made during the hospital stay and then supports the patient in understanding these changes, ensuring they take their medications correctly at home.

On average community pharmacy teams in Shropshire Telford and Wrekin are reviewing over 300 patients per month under the DMS service. Evidence suggests that for every ten DMS referrals completed by community pharmacy, one avoidable readmission is prevented. In addition, for patients who are readmitted, the average length of stay is reduced from 13 to 7 days. This represents a potential of over 360 avoidable admissions prevented per year, and almost 2800 hospital bed days saved each year.

Work continues to widen access to the Discharge Medicines Service as more settings are supported to start sending referrals, allowing more patients to benefit from this service and stay out of hospital for longer.

Polypharmacy - Structured Medication Reviews (SMRs)

Overprescribing is the use of a medicine where there is a better non-medicine alternative, or where the use is inappropriate for that patient's circumstances or is inconsistent with their wishes and can lead to problematic polypharmacy.

Problematic polypharmacy, where, for an individual taking multiple medicines, the potential for harm outweighs any benefits from the medicines, has been identified as one of the 16 National Medicines Optimisation opportunities 2023/24. SMRs can be used to review patients identified as having problematic polypharmacy.

Clinicians responsible for the care management of patients with chronic diseases undertake regularly clinical medication reviews to proactively manage people with complex polypharmacy, especially older people, people in care homes, and those with multiple co-morbidities. For patients aged 75 and over on 10 or more unique medicines, NHS Shropshire Telford and Wrekin (STW) is within the top performing Integrated Care Board's (ICB's) when compared to the similar 10 ICB's across England. This great performance is down to the hard work of General Practice and Primary Care Network Teams. The aim is now to focus on reducing problematic polypharmacy for all age patient groups with complex polypharmacy and to improve medicines safety and people's health.

The Medicines Management team are collaborating with Health Innovation West Midlands to implement the National Polypharmacy Programme. In addition, to support General Practice and Primary Care Network Teams with SMRs the Medicines Management team has been completing a series of measures including:

- producing a SMR best practice guide, and SMR Resources,
- delivering an education session,
- signposting to a series of free education and training sessions provided by the Health Innovation West Midlands to support clinicians to deliver high quality SMRs and address problematic polypharmacy in the process,
- identifying key priority areas which General Practices can use to focus SMR completion. For this, available National and Regional comparators and Local datasets were used, to identify areas where NHS STW may derive greater benefit from focussing on and to allow for optimal use of clinicians' resources and to have a positive impact on patient outcomes.

Cardiovascular Disease

Work has been ongoing to support the NHS Long Term Plan in reducing cardiovascular deaths, increasing the focus on prevention and management of cardiovascular disease (CVD) conditions and related risk factors.

Heart failure represents the only major CVD with increasing prevalence and carries a poor prognosis for patients, which highlights the clinical significance of this condition and clinical priority both locally and nationally.

During 2023/24, NHS Shropshire, Telford and Wrekin's Medicines Management Team implemented a Heart Failure Focus Project to support this key priority area. The aims of the project were to ensure that accurate and complete registers of Heart Failure patients exist in primary care with improved coding with a record of confirmed diagnosis. This would then further ensure treatment optimisation in-line with national and local evidence-based guidelines along with improved overall management of Heart Failure patients in primary care.

Support for practices included delivery of Heart Failure education sessions in collaboration with cardiology specialists from SaTH and Health Innovation West Midlands (HIWM), signposting to national and local guidelines, provision of a Heart Failure toolkit from HIWM and use of Eclipse vista pathways software to aid patient identification for therapy optimisation.

Early indications show that significant work has been undertaken in GP practices to review and address issues with system coding for Heart Failure which will improve accuracy of registers and additionally there has been system-wide improvement in optimising heart failure medication within primary care.

Other specific areas of good practice have also included "code-cleansing" of the Heart Failure register, ensuring diagnoses are confirmed by echo/specialist assessment, further improvements in therapy optimisation along with increased reviews involving an MDT approach and use of protected learning time to educate the practice team.

This work will be used to support and inform the cardiology transformation programme going forward.

There has also been continued focus on lipid management across Primary Care, following NHS Shropshire, Telford and Wrekin being awarded a grant bid for funding via The National System Transformation Fund (STF). This has enabled work in 2023/24, to improve lipid management for patients with existing CVD, focussing on patients in GP practices where health inequalities may be present and that have outlier data in relation to cardiovascular outcomes. This has been a collaborative, multi-level approach with colleagues from SaTH, which also involved embedding cholesterol management for priority patients into the cardiac rehab clinic.

Interventions have included therapy and dose optimisation of existing medicines, initiation of additional/alternative medicines to improve lipid management alongside addressing non-compliance and providing diet and lifestyle advice. CVDPREVENT data for participating practices has shown improvement in one or both indicators for patients with CVD, treated with lipid-lowering therapies.

Place-Based Delivery

Place is defined by NHS England as being a geographic area that is defined locally.

In Shropshire, Telford & Wrekin Integrated Care System we define 'place' as the areas aligned with our two local authorities: Telford & Wrekin, and Shropshire. Both places have strong place-based integration boards – Shropshire Integrated Place Partnership (SHIPP) and Telford & Wrekin Integrated Place Partnership (TWIPP).

Both SHIPP and TWIPP are accountable to their local Health and Wellbeing Boards as well as the STW Integrated Care Board.

The role of SHIPP and TWIPP is to implement proactive prevention, reduce health inequalities, and improve outcomes for the local population. SHIPP and TWIPP reflect the identity of each of the places and benefit from the assets and strengths of the communities within that place. However, the places ensure that standards of access and quality do not vary and connect across STW to ensure that the evidence of the most effective prevention, population health and care models are applied in every neighbourhood.

Primary Care

Primary Care acts as the 'front door' of NHS services, and is the first point of contact for many within Shropshire, Telford and Wrekin, often within their local community.

Primary care professionals, such as GPs, pharmacists, nurses and other members of multi-disciplinary teams withing general practice look after the basics of care, focusing on preventing illness, making diagnoses and treating conditions that don't need hospital care.

The ICB has 51 GP practices which make up the membership of 8 PCNs. These are:

- North Shropshire PCN
- Shrewsbury PCN
- South West Shropshire PCN
- South East Shropshire PCN
- Newport and Central PCN
- Wrekin PCN
- South East Telford PCN
- Teldoc PCN

STW PCNs have continued to develop and implement plans to meet the service requirements in the national PCN Directed Enhanced Service contract.

These include:

- Enhanced access providing additional routine and same day appointments on weekday evenings 6.30pm – 8.00pm and on Saturdays 9.00am – 5.00pm.
- Identifying and prioritising patients who would benefit from a Structured medication review (SMR).
- Enhanced Health in Care Homes which includes providing a lead GP for each care home; working with the community service provider to coordinate a multidisciplinary team to enable the development of personalised care and support plans; shared care agreements in place; providing a weekly home round; and establish a Care Home Enhanced Support team.
- Early cancer diagnosis including review of the referral practice for suspected and current cancers, improving screening, embedding FIT testing, trialling the use of teledermatology and focus on prostate cancer diagnosis.
- Providing patient access to social prescribing taking a personalised care approach to supporting patients' non-clinical needs.
- Cardiovascular disease (CVD) prevention and diagnosis: improving the diagnosis of hypertension and the number of blood pressure checks delivered by increasing testing and working with community pharmacy and improving identification of those at risk of atrial fibrillation and familial hypercholesterolaemia.
- Tackling health inequalities: improving Learning Disability registers and deliver an annual learning disability health check and action plan; record the ethnicity of patients; appoint a health inequalities lead; identifying a population within the PCN who are experiencing inequality in health provision and/or outcomes and deliver a plan to tackle their unmet needs.
- Anticipatory Care: contributing to the development of ICS delivery plans which will be delivered jointly.
- Personalised Care: contributing to a targeted programme of social prescribing to an identified cohort with unmet needs and improvements to shared decision making.

Access to General Practice

PCNs have also worked with their practices to improve patient experience and move towards a modern general practice access model. The ICB formulated a Primary Care Access Recovery Plan that was presented at a Board Meeting held in Public in November 2023.

As part of this each PCN was asked to produce a Capacity and Access Plan. Through the delivery of PCN Capacity and Access plans, PCNs are required to make changes in three areas.

I. patient experience of contact.
II. ease of access and demand management; and
III. accuracy of recording in appointment books.

Primary Care Workforce

Additional Roles Reimbursement Scheme

We have continued to support PCNs to develop their workforce plans to recruit into roles funded by the Additional Roles Reimbursement Scheme (ARRS). Clinical Pharmacists, Care Coordinators, Social Prescribing Link Workers, Paramedics and First Contact Physiotherapists have been with the main roles to be recruited. By the end of 23/24 PCNs will have utilised nearly all the ICB's ARRS allocation (an

improvement on previous years), resulting in over 320 ARRS-funded staff now in post within the system, supporting the delivery of PCN services.

Recruitment and retention of Primary Care Workforce

The STW ICB General Practitioner (GP) Strategy, which was produced in 2022 in consultation with practices and PCNs, aims to improve recruitment and retention of GPs. Responsibility for the delivery of the Strategy's Action Plan lies with the STW ICB Primary Care Workforce Lead, supported by a team of six "GP Leads", focusing on specific areas of the Strategy.

Actions and initiatives include the STW GP Fellowship scheme which supports over twenty newly qualified GPs, the GP mentoring scheme, funding the STW First 5 GP Network, supporting IMG doctors in their final exams and then in securing employment in local practices, encouraging practices to take Foundation Year doctors, supporting newly qualified GP Locums, providing information relevant to female GPs, and the development of a support network for "older" GPs.

Although all these initiatives will take time to have the desired impact, the data on GP numbers indicates some early success: although the number of GPs (headcount and WTE) fell between 2015 and 2020, numbers have broadly levelled out over the past two years with 308 (headcount) and 240wte at the end of December 2023.

Pharmacy First

On 31st January 2024, the Pharmacy First service was launched nationally. This service enables patients to be assessed and receive treatments for minor illnesses and seven common conditions from community pharmacies. NHS Shropshire Telford and Wrekin worked with system partners to support this service being available in 100% of community pharmacies across the area. Further work is continuing to support general practices to refer more patients to community pharmacy, helping more people get seen in a setting that is appropriate for them.

The launch of the national Primary Care Access and Recovery Plan in May 2023 has seen an increased focus on community pharmacies place within primary care. Three services launched or expanded to support patients access to primary care services. The community pharmacy blood pressure check service was relaunched enabling more residents to attend pharmacies for blood pressure checks and advice about heart health. The Pharmacy Contraception Service was expanded to allow women to access regular oral contraception from a pharmacy, without the need to visit general practice for a prescription first.

Primary Care Estates

New build GP premises

- Shifnal - Completion of the new building for Shifnal in December 2023
- Highley – Temporary accommodation provided for Highley Medical Practice to keep the GP service in the village and new premises, prior to the completion of a retrofit to accommodate the practice in future, in April 2024.
- Whitchurch – the development on the Pauls Moss site for a new health centre for Whitchurch is on track for completion in Autumn 2024

Building Improvements

- NHSE BaU capital funding used for projects this year to make improvements at 5 x GP practices, increasing clinical capacity and ensuring the premises continue to be fully compliant to current guidelines.

PC Estates Strategy

- PCN Estates Plans have now been completed and the revised PC Estates Strategy is on track for release in Q1 2024

Capital Funding Bids

- Almost £2.5m capital raised from s106 bids – funds likely to be drawn down from 2025 onwards.
- Around £650,000 capital raised from CIL bids for two key projects in Shropshire.
- Around 15x s106 bids currently being developed

Rates Rebates

- Over £220k revenue funds recovered this year so far in rates rebates

Place Collaboration and Engagement

'Place' involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector, and public representatives working together to meet the needs of local people. They met in two Place alliances covering the whole of Shropshire, Telford and Wrekin, aligned to the footprint of the local authorities.

Place is a transformative work stream and aims to enable new models of care, integration and cost efficiencies by creating the environment and opportunity for organisations and the populations they serve to think, transform and work differently together, so that people can be well connected, and access coordinated services.

This way of working will inform and support the system leadership as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Shropshire, Telford and Wrekin.

Place relies on organisations working better together to enable improved health outcomes for our population. Each Place alliance holds regular meetings, with a wide range of representation from principal system organisations and other relevant local organisations/groups.

Shropshire Council and Telford and Wrekin Council's Health and Wellbeing Boards (HWBB)

Our Chief Executive Officer, Simon Whitehouse, sits on the Health and Wellbeing Boards (HWBBs) of both local authorities and is co-chair for both Health and Well Being Boards. The HWBBs also form part of the ICS governance structure to ensure that partnership working is truly at the centre of the delivery of the ICS.

Both HWBBs have a Health and Wellbeing Strategy in place and this underpins the development work on the Joint Forward Plan.

The ICB has consulted each lead officer of the relevant Health and Wellbeing Boards in preparing this annual report.

TWIPP & SHIPP

Both of our 'places' have Integrated Place Partnership Boards in place, which have met regularly throughout the year. The purpose of these are to act as a partnership board of commissioners, providers of health and social care and involvement leads to deliver system outcomes and priorities are delivered at a place level.

The Telford & Wrekin Integrated Place Partnership (TWIPP) has been in its current format since March 2019 and comprises of senior officers from Telford & Wrekin Council, NHS Shropshire, Telford & Wrekin, Primary Care Networks, Midlands Partnership NHS Foundation Trust, Shropshire Community Health Trust, Shrewsbury and Telford Hospital Trust, Healthwatch, Shropshire Partners in Care and the Voluntary Community and Social Enterprise sector. The TWIPP vision is aligned to the Health and Wellbeing Strategy vision of: "Working together for children, young people and adults in Telford and Wrekin to enable them to enjoy healthier, happier and more fulfilling lives"

Further information on TWIPP and its activity can be found here.

As a subgroup of the Health and Wellbeing Board and the Integrated Care Partnership, the Shropshire Integrated Place Partnership (SHIPP) aims to work collaboratively to deliver the system priorities. It does this by working in partnership with shared collaborative leadership and responsibility. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

It is expected that through the programmes of SHIPP, and routine involvement and coproduction local people and workforce can feed ideas and information to inform and influence system strategy and priority development.

Further information on SHIPP and the Health and Wellbeing Board can be found here.

Shropshire Council and Telford and Wrekin Council & The Better Care Fund

The Better Care Fund (BCF) continues to be an important focus for our partnership working with Shropshire Council and Telford & Wrekin Council. Switching care from an acute setting to a community setting relies in part on the success of the BCF, and we have created programme support to ensure that we have the right skills and capacity to oversee this.

In addition, we continue to work collaboratively on our local neighbourhood working model which forms an important element of the ICS. This work allows us to explore, in a more meaningful way, how health and social care services can be delivered in more community settings, closer to people's homes. Ultimately, the aim is for services to be more integrated so we can support the whole person and not just a disease.

Joint Health Overview and Scrutiny Committee of Shropshire Council and Telford and Wrekin Council

Our interaction with the Joint Health Overview and Scrutiny Committee has continued during 2023/24. A number of areas have been discussed at the committee including:

- Calling for an Ambulance in an Emergency - Report from Healthwatch Shropshire & Healthwatch Telford and Wrekin
- NHS Winter Planning
- Shrewsbury and Telford Hospital Trust Performance
- Rural Proofing in Health and Care

Local Care Transformation Programme

Local Care is a system wide commitment to a range of community-based transformation programmes and initiatives. The programme reduces the need for unplanned health care, keeps people safe, well, and independent at home, and contributes to improved population health and wellbeing.

Local Care involves:

- Integrating health and care at place and neighbourhood levels to deliver more joined up' proactive and personalised care in local communities and in people's homes.
- Expanding the range of community-based services available to our population.
- Health and care professionals work together in a joined-up way across different settings focused on the person's needs, goals and wishes as part of a wider team with partners including working with the Voluntary Sector.

Admission to Hospital Avoidance

- Inputs at April 2023 (transfer to BAU):
  - c4,000 referrals into rapid response
  - c3,000 referrals into respiratory outreach
- Triangulated using output measures (between 21/22 and 22/23):
  - Reduction in A&E attendances of c11,000
  - Reduction in non-elective admissions of c2,500
- **Agreed impact: range of 34-45 beds, midpoint is 40 beds.**

Virtual Ward

- Inputs at January 2024 as per the NHSE monthly sitrep:
  - 135 beds open
  - 75% occupancy
  - 31 beds per 100,000 population (8th highest ICB)
- Will be triangulated using output measures in Q1 2024/25
- **Estimated impact: 50 beds plus an opportunity for 25 further beds with the appropriate clinical sponsorship.**

The impact of Local Care in 23/24 was measured as a cost avoidance benefit. The system has agreed to count this impact in beds, as this benefits both the system, and our patients. The Independent Review Panel for the Hospital Transformation Programme (HTP) has cited the criticality of Local Care to the HTP in terms of acute bed suppression.

Hospital and Clinical Services

As a system, how we utilise and make considered changes to our estates and infrastructure will collectively enable us to fully maximise the ambitions laid out in our Joint Forward Plan and Integrated Care Strategy. Our infrastructure should enable, support and empower collaborative delivery and system working, and must reflect our shared visions, objectives and priorities.

How we achieve this ambition is framed within the context of a number of national initiatives.

The NHS Long Term Plan sets out how the NHS will tackle the pressure its staff are facing whilst considering and working within the existing financial picture. As it does so, it must accelerate the redesign of patient care to future-proof the NHS for the decade ahead. It also sets out four major, practical changes to the NHS service model, to be delivered over the following five years:

1. Boosting 'out-of-hospital' care and joining up primary and community health services

2. Reducing pressure on emergency hospital services

3. Digitally enabled primary and outpatient care

4. Increasing focus by local NHS organisations on population health and local partnerships

Similarly, in October 2020, the NHS published the 'Delivering a Net-Zero National Health Service". This report presented two targets for NHS organisations to meet a net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- For the emissions we control directly (the NHS Carbon Footprint), net-zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), net-zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Despite the vast amount of work to recover from the Covid-19 pandemic, health services continue to be significantly impacted in terms of delivering and providing timely elective care and, as a result, on the lives of many patients who are being referred for, or already waiting for planned treatment and procedures. This has been compounded further by ever increasing levels of demand on urgent and emergency health services, which then also creates a certain amount of negative impact on the smooth running and provision of planned care services.

Working with Our Partners

Earlier in 2022/23, we worked closely with provider partners to agree a 3-year plan that was fully aligned with the NHS England Long Term Plan on how to rise to the challenges of addressing the elective backlogs and long waiting lists and waiting times, through a combination of expanding capacity, prioritising treatment, reviewing and validating waiting lists, and transforming delivery of services. These priorities and pieces of work continue to form a vital part of the system-wide elective recovery and delivery plans that we have collectively worked to during 2023/24. This includes a lot of work to improve the running of services and waiting times in-year, but also longer-term large-scale transformation programmes to radically redesign how services are delivered, or clinical pathways.

One of the large-scale programmes for example, transforming the provision of Outpatient services also contributes to recovery from some of the post-Covid long waiting lists, and these approaches include:

- addressing health inequalities as part of waiting list recovery
- increased used of Advice and Guidance (and conversion to prevented face-to-face appointments)
- virtual consultations (and conversion to prevented face-to-face appointments)
- patient-initiated follow-ups (and conversion to prevented face-to-face appointments)
- improved capturing and reporting of the above in system data
- Validation and review of waiting lists
- One stop clinics
- Nurse-led telephone follow ups
- Remote reviews
- Looking at ways of reducing missed appointments

During 2023/24 our provider partners worked incredibly hard in very challenging circumstances to deliver increased levels of activity throughout the year, compared to 22/23, and ensured that the highest clinical priority patients; including patients on cancer pathways and those with the longest waits, were prioritised. Steps have also been taken to ensure health inequalities within waiting lists are considered where possible and any identified impact addressed, prevented or minimised.

Where there were challenges with throughput, particularly at Shrewsbury and Telford Hospital NHS Trust due to emergency care pressures, we also worked with several independent sector providers and utilised insourcing of support activity and diagnostics in particularly challenged specialities such as Gynaecology, Urology, ENT, and Trauma & Orthopaedics.

For Robert Jones & Agnes Hunt Orthopaedic Hospital the most challenged area has been spinal disorders due to the lack of capacity, case complexity and workforce challenges. To support with this, close working relationships continue to enable a safe & effective transfer of spinal patients to the Royal Orthopaedic Hospital and Walton Centre NHS Trusts. Similar inter-system provider mutual aid arrangements were also established for T&O patients between RJAH and SaTH for any Priority 2 patients/long waits where no HDU capacity was required by the patient.

In addition, to support with options around regional mutual aid in the West Midlands NHSE region, both SaTH and RJAH registered for the Digital Mutual Aid System (DMAS), where providers support each other with mutual aid and transfer of patients in our most challenged specialities.

As part of a national refresh of the Choice Framework, work was also undertaken from June 2023 onwards to implement something called a Patient Initiated Digital Mutual Aid System (PIDMAS). This is a real shift in maximising how informed and involved patients are in their own decision making and care. Implementing this means that provider Trust's now proactively identify and contact patients who have been waiting too long for their appointment, and where they meet certain criteria, to re-offer the opportunity to change provider and be able to go somewhere else with a shorter waiting time.

To further ensure the most efficient and effective use of available hospital capacity given the emergency care pressures, the ICS system was also asked to implement several recommendations made by the 'Getting it Right First Time' team (GIRFT) as part of the Midlands Elective Delivery Programme (MEDP). Good progress was made during the year in terms of deliverables such as the MSK transformation programme (provider collaboration for orthopaedics across the county, GIRFT best practice). The system

is performing well for day case rates within the model hospital/GIRFT data for most specialties however Orthopaedic day case rates, length of stay for primary hip replacements and primary knee replacements and urology procedures day case rates remain challenged. The system plans and programmes in place to address these challenges are being bolstered with the provision of GIRFT pathway redesign clinical toolkits and feedback from pilots in other Trusts and areas. These all form strengthened GIRFT improvement plans being finalised for 2024/25, some of which are intertwined with the existing transformation programmes as the vehicle for delivery.

- Theatre utilisation, which is essential to supporting activity, continued to be challenging at SaTH due to staffing, capacity, and equipment challenges. To support with productivity SaTH successfully recruited internationally, implemented new theatre software and are in the stages of implementing GIRFT recommendations for optimising theatre utilisation and efficiencies and best practice pathways.

  Radiology has also been a key challenge in supporting with elective recovery and both SaTH and RJAH had to increase capacity through external support such as mobile scanners, operating 7 days a week 12 hours a day to support with the demand and reduce the elective backlog. Through this extra capacity in the last three months of the year there has been a marked improvement in this diagnostics position at both providers.
  The local health system was taken out of Tier 1 monitoring with NHS England for elective care in October 2023, due to sustained improved performance for reducing and clearing the number of patients waiting 78 weeks and over 104 weeks. When considering 65 week waits, the ICB expects to have no patients waiting longer than 65 weeks by September 2024. Financial restrictions imposed by NHS England at the end of November 2023 severely impacted on SaTH's ability to reduce their number of patients waiting over 65 weeks due to restrictions to outsourcing and insourcing of services.
  During the year, there were also significant improvements in performance of cancer services at SaTH, although currently the service remains in Tier 1 NHSE monitoring and scrutiny. The challenged specialties all produced improvement plans which are monitored via the Tier 1 NHSE meetings, and over £1m funding was secured from the West Midlands Cancer Alliance to support further rapid improvements and dedicated resource in place to lead and deliver this. There were significant improvements in the 28-day Faster Diagnosis Standard (FDS) and it now meets and maintains the 75% standard, with national targets likely to be met. Colorectal urgent suspected cancer referrals now also regularly reach their 80% target. There is a continued challenge in maintaining the trajectory to meet the end of year 'fair shares' target of not more than 212 patients waiting over 62 days on a cancer pathway, and there remains a lot of further work to be done to improve performance against the 62 day referral to treatment standard. Urology remains the most challenged area.
  The county's first Community Diagnostic Centre (CDC) opened on 2nd October 2023, located at Hollinswood House in Telford. Phases one and two of the opening were completed and the service includes community-based provision of pathology services, radiology services (blood tests, CT scans and ultrasound scans), and MRI scanning along with non-complex dialysis. Phase three is slightly delayed but will soon be open for cardiorespiratory and tele-dermatology services.The planned opening of a ringfenced Elective Hub at SaTH was delayed from January to March 2024 due to legacy infrastructure challenges, with mitigations to deliver planned activity being progressed. This Hub will increase capacity and deliver elective activity that will help reduce the

surgery backlog. Within the Hub there are two theatres and an associated recovery area, which provides the theatres currently located within the SaTH day surgery complex which are often closed due to escalation/non-elective pressures from October to April every year. Approximately 24% of elective day case and inpatient activity is typically lost to winter surges in demand and lack of a protected elective capacity. This Hub will create a ring-fenced elective day-case facility bed base 52 weeks a year and addresses the fact that day surgery effectively stops between October and April year on year as the current bed base is used to support increases in non-elective bed pressures.

- Delays were encountered for Robert Jones and Agnes Hunt (RJAH) in the construction and opening of the new targeted investment fund additional theatre and recovery facilities, with the handover now planned for mid-May 2024. This capacity will enable RJAH to deliver approximately an additional 1,200 elective cases per annum thereafter.

In terms of waiting list administration, NHSE targets to validate, every 12 weeks, those patients on long waiting lists e.g. 104 weeks, 78 weeks, 65 weeks and 52 weeks were also met. Validation cycles of work on our waiting lists continues to ensure pathways are reviewed at regular intervals.

Robust governance and reporting structures exist within each of the provider organisations for the effective monitoring of this improvement and recovery work, as well as reporting into the NHS Shropshire, Telford and Wrekin and ICS committees and governance framework and NHSE assurance meetings. At an ICS level there remains a Planned Care Delivery Board in place which oversees and is accountable for the elective, cancer & diagnostics agenda for the whole STW ICS and has membership from all system partners. This provides high level assurance and reports into the Integrated Delivery Committee (IDC). For rigour and detail, the Director of Elective Care established a weekly Elective and Cancer Recovery and Delivery group for close monitoring and driving of progress.

Service Transformation - Our Plans and Future Activity

In the year ahead we intend to continue improving our elective recovery position, however this is dependent on a reduction in non-elective demand & pressures, workforce and staffing numbers improving, availability of independent sector capacity, Elective Hub implementation, CDC implementation, reduction in numbers of those in hospital who are medically fit for discharge but require ongoing community packages of care, provider collaboration and successful capacity deployment through the capital estates programme.

Linked to the NHS Long Term Plan, the broader programme of Elective Care Transformation is to lead and oversee transformative change on areas of elective care that will ensure individuals needing planned care see the right person, in the right place, at the right time (first and every time), and get the best possible outcomes, delivered in the most efficient way.

In addition, it sets out to address some of the known issues such as:

- suboptimal information flow and service pathways
- patients travelling to hospital, to wait for an appointment that may last only a few minutes, when we could save time, cost and stress by providing these services in a different way
- reducing the time to recovery for post-Covid-19 long waits that will help ensure the capacity we do have is utilised most efficiently, and that patients get to receive the care that they need, where when and how they need it.

Redesigning and transforming services where possible to be more efficient is a vital component in enabling effective recovery of the overall elective waiting list position. The programmes and the work underway or planned provides the opportunity to properly review and redesign elective care and move away from individual specialty appointments, and more towards patient pathways, experience and journeys. Always with the patient at the centre, making outpatients and accessing care simple, effective and efficient – Right Care, Right Person, Right Place, Right Time. As broad high-level aims, it is expected that through Elective Care Transformation for the system we would:

- better manage increasing demand for elective care services
- improve patient experience and access to care
- provide more integrated, person-centred care.

These high-level aims set the context for programmes of review, redesign, development and transformation, with additional aims to reduce the need for face-to-face outpatient appointments by a third over the next five years, along with a range of other benefits and intended outcomes including:

- improved utilisation of secondary care resource – physical space and clinical time
- optimised use of shared information and improved pathways
- improved clinical outcomes through patients receiving expert advice more quickly and follow-ups based on clinical need – rather than arbitrary schedules
- improved co-ordinated care for patients with multiple conditions
- improved patient experience through improved timely access to the right service, more informed and more empowered
- better use of patients' time through preventing what may be unnecessary trips to hospital
- reduced environmental impact, through decreasing journeys to hospital therefore emitting fewer CO2 emissions, resulting in reduced environmental damage and risk of preventable deaths through air pollution
- financial efficiency to patients through not having to travel, and to the system through improved efficiency and utilisation of existing resource.

Outpatients Transformation

This programme of work continues to progress in terms of its agreed scope and original planning and remains within timescales; to transform the provision of Outpatient services in the county to be more effective & efficient, whilst generating efficiencies that help enable recovery of long elective waiting lists and waiting times through reutilisation of freed up capacity.

The ambition of the programme is to:

- review and redesign services with service users and providers around patients' needs
- provide high quality citizen-centred services
- ensure timely, safe, effective, and sustainable care
- provide a seamless care experience
- ensure 'right time, right location, right person'
- ensure integration across primary, community and secondary care
- reduce duplication and improve resource efficiency, ensuring value for money

The programme is broadly structured into two core components:

- Continued focus on accelerated improvements around the utilisation of Advice & Guidance, Virtual Consultations and Patient Initiated Follow Ups. These alternative approaches enable effective pathways of care for patients who may not really require a hospital appointment, allowing patient access to care when it is needed as opposed to when the hospital will see you, and promoting the use of telephone and video consultations where clinically appropriate, and suitable for the patient, where it is beneficial to do so. Much work already underway to look at how these can be used effectively, and involving patients, public and clinical colleagues in those conversations. The work was overhauled during the second half of 2023 to strengthen the action plans with rigour, timescales, and improved discipline and accountability which helped drive and improvement in pace and progress. This continues into 2024/25.

- Longer term transformation opportunities to optimise the use of digital innovation, develop new and improved pathways and service delivery models, contribute to the 'left-shift' of more locally available services in communities or people's homes and alleviate some of the demand from the acute Trust by reducing unnecessary hospital-based appointments. A series of engagement sessions took place during 2023, and the outputs of these and comments captured have now been consolidated and analysed and will be converted into an evaluation report. These outputs will also be used to inform further transformation opportunities.

Some of the high-level benefits expected from this programme of work are as follows:

Patients & Carers	**Primary & Care & GP's**
Safer and quicker care	Manageable demand
Better experience and outcomes	Ability to target available resources
Seamless communication	Supported, sustainable teams
Care that fits around you	Seamless communication
Reduced travel/stress	Improved integrated working
Secondary Care/Hospital Colleagues	**Integrated Care System**
Safer care	Improved health & wellbeing of the local populati
Manageable demand	Better outcomes
Ability to target resources	Increased value
Supported, sustainable teams	Less waste
Seamless communication	More resources

As can be seen from this, the work to transform Outpatient services is intrinsically linked as a key enabler to recovery of the significant elective care waiting lists through being more effective & efficient.

The overall Outpatients programme forms an integral part of the broader transformation agenda and 'roadmap to recovery' which also consists of a few other initiatives also taking place in the background, with much work underway on:

- Validation of waiting lists through telephone and letter contact with patients resulting in a proportion of discharges or changed pathways such as converting to a virtual appointment;
- Focus on reducing the numbers of patients who miss appointments or do not attend;
- Where possible, re-offering choice to patients of alternative providers
- Where possible optimising the use of available independent sector capacity
- Work to drive through the targets of achieving zero 104+ week waits, 78+ week waits and 65+ week waits by March 2024.

Background targets to the Outpatient programme are to increase productivity/maximise capacity compared to 19/20 baseline, reduce follow up waiting lists by 25%, and prevent 33% face to face Outpatient activity compared to 19/20.

The programme continued to progress well, and a huge amount of progress was made in the areas described above. In parallel, the team undertook robust analysis of 3 years' worth of patient complaints and compliments relating to Outpatient services, ran a public survey, and hosted a number of engagement sessions to harness the feedback and opinions from colleagues, stakeholders, and the public on Outpatient services as well as suggestions for change and improvement. These were consolidated before undergoing thematic analysis, and will be used to produce an evaluation report, inform further transformation, and redesign opportunities.

With alternative approaches and ways of providing Outpatient services that mean you may no longer need to visit a hospital, this is also generating a number of other more environmental benefits including:

- Reduced miles travelled by patients, and their family and carers
- Reduced CO2 emissions
- Reduced hospital car park use
- Reduced time needed for appointments (for virtual/telephone consultations)
- Increase to quality-adjusted life years saved

Cancer

In line with the ambitions of the NHS Long Term Plan (2019), improving cancer pathways and outcomes continues to be a priority for STW and is at the heart of the ICS approach to recovery and ongoing development of cancer services.

Key actions have been undertaken during 2023/24, most of which are ongoing, and include the following.

Colorectal pathway

- Implementation of Faecal Immunochemical Testing (FIT) as an adjunct to the colorectal diagnostic pathway is now embedded across the system. In the past year, compliance with this element of the pathway has significantly increased such that in January 2024 almost 75% of referrals to the urgent suspected colorectal cancer (USC) pathway had an accompanying FIT result. This is in line with the national standard.
- Introduction of a straight to test (STT) flexible sigmoidoscopy pathway (December 2023) for those patients with a negative FIT but who are experiencing rectal bleeding

- Non-Specific Symptom (NSS) pathway (planned May 2024) for patients with a negative FIT who continue to experience symptoms which the GP is concerned about.

Collectively these approaches align with the national Best Practice Pathway (BPP) for colorectal and will refine referrals to the USC pathway, ensuring patients are directed to the pathway most suited to their health needs and reserving the USC pathway for those patients at the highest risk of a cancer diagnosis.

Skin

The Teledermatology pilot, based at a hub in the Royal Shrewsbury Hospital, went live with practices within the Shrewsbury Primary Care Network at the end of January 2023. The aim is to reduce inappropriate 2 week wait (now Urgent and Suspected Cancer – USC) referrals into secondary care by first taking dermatoscopic images in the hub which are then triaged by a secondary care clinician who may offer advice and guidance or recommend referral into the secondary care pathways. Initial uptake for this initiative was slow but in recent weeks referrals have increased and from February 2024 a further PCN has been invited to refer their patients in.

In tandem, the Community Diagnostic Centre (CDC) based in Telford will be a further pilot hub for patients, initially from some of the Telford & Wrekin PCNs, and this was from February 2024.

Evaluation of the pilot will be undertaken in conjunction with colleagues from SaTH to determine demand, capacity and the impact on referrals into the USC Skin pathway and a preferred approach going forward.

Breast pain

The Community Breast Pain Clinic established in November 2021, secured additional funding until the end of March 2024. This clinic has provided an additional pathway for patients presenting in primary care with breast pain without routinely referring into the USC pathway. The clinic has supported the service to meet the specific needs of those presenting with breast related symptoms and in turn has reduced the waiting times for patients being referred for suspected cancer by approximately 20%. The ICB is working in partnership with SaTH to determine options for the sustainability of this service once the enabling funding ceases.

Operational performance

STW remained within NHSE Tier 1 monitoring during 2023/24 with increased focus on reducing the backlog and to improve the Faster Diagnosis Standard performance. SaTH (as the main provider for cancer care in STW) have made extraordinary progress against the main NHS standards for cancer, improving compliance with the Faster Diagnosis Standard (FDS) from 59% in April 2023 to 75% in December 2023 (standard = 75%) and reducing the >62 day backlog from 470 to 343 in the same time frame.

Compliance with the 62 day standard (1st treatment after referral) has remained lower than average and this is acknowledged by SaTH and results from challenges being experienced within some specialties. The ICB are supporting with work being led by SaTH to recover this position.

Education and learning

Learning sessions involving the Cancer GP Lead and secondary care consultants were provided for primary care colleagues to provide information and education about existing cancer pathways, planned

changes and the clinical rationale for these. Sessions were well received and attended and will be continued during the coming year.

Cancer Programme Team

As an acknowledgement of the challenges facing STW with the provision of cancer care, the West Midlands Cancer Alliance provided non-recurrent funding to support the establishment of a small Cancer Programme Team who will take forward the implementation of a whole system programme and strategy of transforming cancer services for the county. The team was fully recruited and in place end March 2024, and look forward to working with system partners in the year ahead on collectively delivering programmes of work focused on improving outcomes and performance.

During the 2024/5 year the team priorities will be:

- Developing relationships with colleagues across primary, secondary and tertiary care along with organisations outside STW (WMCA, NHSE, voluntary and charitable sector) to understand system challenges and scope opportunities for improving outcomes and performance
- Providing support to FIT compliance, STT flexible sigmoidoscopy and NSS in the colorectal pathway to further refine USC referrals
- Providing support for ongoing delivery of Telederm pilot hubs and options appraisal for future service provision
- Providing support to Urology operational and clinical teams towards achieving best practice timed pathways
- Providing support to Gynaecology operational and clinical teams towards achieving Best Practice Timed pathways
- Providing support to operational and clinical teams for Head and Neck services teams towards achieving Best Practice Timed pathways
- Launching the national Targeted Lung Health Check (TLHC) project
- Providing education and training sessions for clinical and non-clinical colleagues across the system to provide a forum for discussion and aid understanding of specific pathways, changes and clinical rationale.

Eye Care Transformation

Planned to run up until 2025/26, this programme set out to review and redesign integrated end-to-end eye care services and pathways across the county, spanning primary, community and secondary eye care provision.

With a scope including the same principles as the outpatients transformation programme, it aims to improve referral processes and information sharing, shared decision-making, and reduce face-to-face outpatient activity and reduced unnecessary use of hospital for eye care appointments through methods including advice and guidance, remote consultations, one-stop clinics, community-based diagnostics, and nurse-led telephone follow-ups. It also includes several national recommendations around transforming eye care services and so has involved a clinically-led review and redesign of pathways; also considering learnings and recommendations that came out of stakeholder and public involvement and engagement sessions.

Some of the case for change and reasons why we need to improve eye care services includes:

- Importance of earlier detection and prevention

- Anticipating predicted increasing need for services
- Providing more services closer to home and in people's own communities, when it is needed,
- More joined up services across primary, community and secondary care
- Reducing unnecessary face to face Outpatient appointments
- Reducing travel to hospital and transport, which also reduces occupied parking spaces and CO2 emissions
- Making better use of new technologies and developments in eye care
- Making better use of data and tracking people's care.

The phases of the programme cover:

- Rethinking referrals and integrated eye care pathways (primary, community and secondary care)
- Outpatient transformation (eye care appointments)
- Multispecialty pathways (Giant Cell Arteritis and Hydroxychloroquine Monitoring etc)
- Low vision, dry eye, contact lenses and cataract direct to surgery listing (pre-op and consent in optometry)

All these phases will cut across eye care in general in terms of pathways, processes and ways of working, but include a specific focus on the following pathways:

- Cataract
- Glaucoma
- Medical retina
- Urgent eye
- Paediatric eye care

The programme launched November 2021 and undertook a period of comprehensive engagement, and this continues to form a continuous golden thread throughout the journey of the programme to ensure ongoing involvement, contribution and engagement.

This engagement has allowed us to harness comments and feedback on current eye care services, as well as suggestions and recommendations for change & improvement. That, combined with a patient survey, and analysis of 3 years worth of eye care complaints and compliments, and the national transformation recommendations, provided a wealth of information to help shape the design and development of a new improved integrated eye care model and pathways.

A piece of work was also completed to identify and analyse and associated inequalities, so that plans could be put in place to ensure these improvements to eye care would address any existing health inequalities and close gaps, and certainly ensure no new ones are created as a result.

Positive Impacts

Improved access to timely care and support for those with mobility and/or transport issues through new innovative ways of providing appointments, for example virtual appointments from your own home, removing the need for travel. Also, more locally available services through the provision of more eye care services from optical practices instead of hospital.

Enhanced experience of eye care services for all in an equitable way through new more effective and innovative ways of working, and more integration between primary, community and secondary care – ensuring the person is seen by the right person, in the right place, at the right time – first time.

Negative Impacts and mitigations

Potential risk of digital exclusion for those with limited or no access to technology and/or internet - the programme intends to provide virtual consultations by telephone also and ensuring that we still offer in-person traditional appointments.

For Phase 1 of the programme, a new proposed model of eye care and pathways were agreed by the Programme Team and stakeholders. However, the programme then had to be paused in May 2023, to allow for a broader Integrated Care Board review of its allocation of available resource to support the many competing priorities.

After a 6 month pause, the decision was made in December 2023 to restart the programme and see it through to completion from early 2024.

A business case for the proposed integrated improved eye care model and pathways is now being developed for consideration. This would provide a more cohesive and collaborative eye care service across primary, community and secondary care, including the independent sector, that benefits patients, carers, and those working in eye care because of the improved pathways that will be more slick, efficient, effective, clearer and easier to understand and navigate.

Prior to finalising the business case, the proposed model was shared in a further round of engagement to gain feedback and inform any necessary refining of the model before completion.

As a key enabler of improving eye care referral pathways and processes, and an enabler of this model in general, the Shropshire, Telford and Wrekin system agreed to be an early adopter and one of the 11 ICSs in the West Midlands for the implementation of electronic eye care referrals. The software and digital provider was commissioned by NHS England, with a project team and plan put in place locally for the implementation of this exciting change in how eye care referrals are made.

The system provides an improved flow of direct referrals between optometrists, the Referral Assessment Service (RAS) and Telford Referral and Quality Services (TRAQS), GPs and secondary care with the ability to transfer high resolution digital images directly from optometrists to secondary care consultants and enabling effective virtual consultations to take place without the need for the individual having to visit hospital. It also speeds up the process of optometrists gathering advice and guidance from consultants through a remote review, and the ability to make direct timely referrals into ophthalmology without the need for having burden the GP in processing the referral.

The Electronic Eye Care Referrals system has been successful implemented with most Optometry practices now actively using the system. Further work is ongoing with the remaining few practices.

Musculoskeletal (MSK) Transformation

Musculoskeletal (MSK) services are a key priority for the Integrated Care System in Shropshire, Telford and Wrekin.

In 23/24 we continued the drive of designing and implementing patient pathways and Services that meet our patient's needs, supports health care providers, and manages demand.

Introducing MSST

Working as a system, we integrated all the different community MSK services to have a single, streamlined service with clear accountability to improve patient experience, outcomes and service quality. This means one MSK model across Shropshire, Telford and Wrekin, including Therapies and MSK Interface. This

service is called MSST (usually spoken as 'must'). It fully launched in August 23, and is now embedded across STW. Having one single point of access (SPOA) and referral enables us to log and have oversight of all referrals in one place to ensure that everyone has equal access to the same high level of clinical care and treatment they need wherever they live in the county.

When the patient referral comes into MSST, it is triaged by our clinicians and forwarded to the right service, this supports our aim of Getting It Right First Time (GIRFT) for the patient and the clinician.

Within our new MSST service, the patient is referred between the relevant MSK services, appropriate to the persons need, and is no longer sent back to their GP to make new referrals. This makes the referral process more streamlined for the patient and avoid unnecessary work for the GP.

The care that people receive is organised through shared decision-making and patient choice. If the person moves to needing secondary care treatment, Orthopaedic and Rheumatology services, the person is given choice on what provider they would like to go to within our system or outside of STW.

MSK Digital Transformation

The MSK Transformation team has also been focusing on Digital Technology to support our MSK services and have been looking at ways it could support our patients further to self-manage their conditions and learn more about them. All which were highlighted as priorities from Primary Care Engagement, Patient involvement and based on the NHS England Plans for MSK services to:

- Develop MSK Community Hubs
- Self-referrals into Level 2 Therapies
- Self-management of MSK conditions
- Digital solutions to support productivity

MSK Transformation programme successfully put in three application forms to the HTAAF fund and successfully received £673,000 to develop:

- Good Boost (MSK aqua rehab and land-based exercise programmes in Leisure centres).
- My Recovery (App which includes information about MSK conditions and wider health management and can give guidance and advice to the patient which is tailored as they move through MSK Services. The app will also support waiting list patients to wait well)
- Strata (Digital solution to move patient information from two different systems, to make it quicker and less manual)

Self-Referrals

In the NHS England 2023/24 priorities and operational planning guidance PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk) , it shows a National NHS objective for Community Health Services, is to reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

We are pleased that as part of the Transformation Programme, patients will be able to self-refer into MSK Level 2 therapies by April 24.

Giant Cell Arteritis (GCA) emergency pathway

Working across and in partnership with SaTH and RJAH we are close to implementing a single and recommended pathway for GCA. We aim to launch a GIRFT compliant GCA pathway for GCA by April 24.

What next

Other MSK Transformation projects have also started to be planned and designed ready for 24/25 are:

- Podiatry and Orthotics pathway redesign
- Enhance our orthopaedic services.
- Deliver one model of Rheumatology across STW (delivery 2024)
- Develop chronic pain pathways
- Deliver an outpatient's improvement project.
- Strengthen the support available for Primary Care (delivery 2024)
- Focus on population health management and equity in our MSK services.
- Emergency pathway in place for CES and GCA (delivery in 2024)

Cardiology Transformation

Launched in December 2022, the Cardiology Transformation Programme was established and scheduled to run until 2025/26 with the scope of working through the pathways that patients take from primary care through specialised services and back to primary and community care, from cardiovascular disease prevention and early diagnosis through to treatment and rehabilitation.

National context

An estimated 6.4 million people in England are currently living with cardiovascular disease (CVD). Mortality rates from CVD fell by 52% between 1990 and 2013 however CVD remains one of the biggest killers in the UK. Cardiovascular disease (CVD) is the second highest cause of premature death, after cancer, in England. Heart and circulatory diseases cause around a quarter (24 per cent) of all deaths in England; that's around 140,000 deaths each year – an average of 380 people each day or one death every four minutes.

The Cardiology transformation programme draws together the recommendations from the Cardiology GIRFT Programme National Specialty Report (Feb 2021), The Future of Cardiology, A Paper Produced by the British Cardiovascular Society Working Group on The Future of Cardiology, and significantly the Cardiac Pathways Improvement Programme. The Cardiac Pathways Improvement Programme (CPIP) brings together NHSE collective priorities set out in the Long-Term Plan, and by GIRFT, Specialised Commissioning, and the National Outpatient Transformation Programme. The CPIP team works in alignment with existing national programmes, focusing on key goals and priorities, and supports Cardiac Networks and Systems to deliver a comprehensive approach to whole pathway improvement and transformation.

Local Context

In Shropshire Telford and Wrekin there are around 66,000 people living with heart and circulatory diseases. These heart and circulatory diseases cause 110 deaths each month in Shropshire Telford and

Wrekin. Around 81,000 people in Shropshire Telford and Wrekin have been diagnosed with high blood pressure and 13,000 with Atrial Fibrillation.

Ambition

The ambition for the Cardiology Transformation Programme is to provide high-quality cardiology services for our patients, carers and their families in the right place, at the right time, in the right location delivering excellent patient experience.

Aims

The aims of the cardiology transformation work guided by NHSE's Cardiac Pathways Improvement Programme (CPIP) include:

- Reduce Cardiovascular disease related mortality
- Ensure high quality outcomes and safety of care across the pathway
- Improve and refine pathways and processes to provide clinically excellent cardiology services with restored services and reduced waits
- Improve integration of cardiology pathways across primary, community and secondary care to function collectively as one service with one common aim.
- Improved focus on preventative and proactive care
- Ensure value for money of commissioned services through provider collaboration.
- Providing increased support, development and accountability for the cardiology workforce
- Improve the flow, quality and use of information in order to optimise decision making; both operationally and strategically.
- Ensure the involvement and engagement of patients and public in the design and development of cardiology services
- Support the CVD prevention agenda

Since the commencement of the Cardiology Transformation Programme in December 2022, there is an identified Clinical Lead for the programme funded through NHSE's Cardiology Pathways Improvement Programme (CPIP). He links into the regional and national CPIP clinical programmes as well as providing clinical input and leadership for the STW Cardiology Transformation Programme.

The Shropshire Telford and Wrekin (STW) Cardiology Transformation Programme Delivery Group was put into place to work through the cardiology pathways that patients take from primary care through specialised services and back to primary and community care, from cardiovascular disease prevention and early diagnosis through to treatment and rehabilitation. The group collaboratively reviews, redesigns, develops and transforms cardiology services to ensure that high-quality cardiology services are provided for our patients, carers and their families in the right place, at the right time, in the right location delivering excellent patient experience.

In addition to a programme board group, plan and infrastructure, a clinical advisory group with multi-professional representatives from across the ICS was also established. The purpose of the Shropshire Telford and Wrekin (STW) Cardiology Clinical and Professional Advisory Group is to use its broad experience and expertise to provide clinical and professional advice to the STW Cardiology Transformation programme.

As with Eye Care Transformation, the Cardiology Programme was paused during the second half of 2023 to allow for a thorough review of the Integrated Care Board allocation of its resources to the many priorities.

It is absolutely understood and planned that Cardiology remains a system priority and is a programme of work earmarked to re-launch and re-start during 2024 to continue progressing at pace.

Other

Other pieces of large-scale work include the neurology service delivered at SaTH that was successfully transferred to The Royal Wolverhampton NHS Trust (RWT) in May 2021 after being challenged for many years, primarily due to workforce limitations. These challenges led to patients experiencing long waits to see a consultant, which in turn led to the decision to close new referrals. Following system agreement that the local service could not be reopened in that form, agreement was reached between the CCG/ICB, SaTH and RWT to develop a sustainable neurology service across Shropshire, Telford and Wrekin.

The transfer was successful with ongoing monitoring throughout 2022 and 2023 prior to an evaluation and series of engagement sessions including clinical, patient and public and wider system stakeholders as an opportunity to undertake a full review and redesign, where necessary, of the local neurology service. This review and evaluation of the transfer is planned for 2024.

Work also continues on the review, redesign and recommissioning of audit hearing loss/audiology services in the county, including work being done in primary care around ear irrigation and wax removal.

Learning Disability and Autism

Our Annual Plan for 2023/24 – Key Programme Highlights

Special Educational Needs and Disabilities SEND

In Telford the Joint Local Area CQC and OFSTED SEND Inspection took place 20th - 24th March 2023, the outcomes of this inspection were published in July 2023. The inspection body evaluated the effectiveness of local arrangements to meeting the needs of children and young people with special educational needs and disabilities (SEND). The inspectors concluded that the Local Area's partnership's SEND arrangements typically lead to positive experiences and outcomes for CYP with SEND, due to the positive outcome the next full area SEND inspection will take place within the next 5 years. The local area were given 2 areas for improvement

- Leaders from NHS STW ICB need to work closely with other partnership leaders to improve the governance, monitoring and oversight of diagnostic pathways (including neurodevelopmental, mental health and speech and language therapy assessments) for children and young people with SEND, so that their needs are assessed and met consistently well and in a timely manner.
- Partnership leaders should improve communication with families, beyond the formal consultation routes, to share effective information and advice about the provision available to children and young people with SEND.

In Shropshire Local Area progress has been made with the Accelerated Progress Plan (APP) which was required to address limited progress in the areas of waiting times to access ASD and ADHD diagnostic assessment, speech and language therapy services and the quality of Education Health and Care Plans. The APP was deemed necessary after a SEND Local Area Re-inspection in November 2022.

SEND priorities for the forthcoming year are meeting the needs of CYP with neurodiversity including diagnostic pathways, meeting the needs of CYP with emotional wellbeing and mental health needs

including access to mental health services, meeting the needs of CYP with speech, language and communication needs including access to speech and language therapy. To support these areas additional funding has been secured through the 'Early Language Support for Every Child' initiative and 'Partnership for neurodiversity in schools' initiative. Additionally, Shropshire, Telford and Wrekin are part of a 2 year SEND Change Programme Partnership which has brought about additional funding to trial a range of initiatives, ELSEC being one of these.

Learning Disabilities and Autism Programme

The learning disabilities and autism programme came to the end of the 3-year road map (2021-2024) in March 2024.

Over the past 3 years we have worked with our system partners, our Parent Carer Forums and experts by experience on the key areas of:

- Reducing our reliance on specialist inpatient beds
- Building community infrastructure and support services
- Developing the housing and care market
- Improving outcomes for children and young people
- Driving a reduction in health inequalities and ensuring our workforce are supported and well trained

During the last twelve months we have worked to develop and enhance key services that add to our community offer.

- Our Keyworking service, delivered by Barnardo's is fully up and running, holding a full caseload of 36 children and young people. Several of the children and young people have shown improvements in presentation and a reduction in risk levels, allowing the service to close 15 cases.
- Our Adult Autism Hubs in Telford and Shropshire continue to support those on the waiting list for autism assessment, enabling them to 'wait well'. Both Hubs offer education workshops, one to one support and social opportunities for those pre and post diagnosis.
- We have developed several 'waiting well' initiatives for children who are waiting for autism assessment and their families. These include group sessions with an education psychologist and assistant psychologists embedded in our CAMHS service to provide early support, information and signposting.
- Preparing for Adulthood Navigators are placed with the Parent Carer Forums (Telford and Shropshire), working with families of young people aged 14 – 25 to support them through transition. Navigators offer one to one support, provide an information and training offer and develop peer support networks.

Work with our partners including our parent carer forums and experts by experience has been integral to the success of the programme over 2023/24. We have wide representation on our governance structures, and we have held coproduction workshops in relation to specific areas.

Earlier in the year we also held a very well attended in person workshop to coproduce the implementation of new guidance in relation to the Dynamic Support Register and Care (Education) and Treatment Reviews.

In February a system wide on person workshop was held as part of our review of the outcomes of the 3-year road map and to develop our plans for the coming year.

Next year we will continue to focus on admission avoidance and supporting the discharge of patients, while also seeking to further develop community infrastructure and services to enable individuals and families to receive support at the earliest opportunity.

Children and young people (CYP)

During the last year the system has developed several joint projects and services to drive improvement and capacity for services for CYP across STW. These include work to meet the NHS long term plan on CYP Long Term conditions, such as Diabetes, Epilepsy and Asthma. We have been recognised regionally for the provision of social prescribing for children and young people working developed jointly between the ICB, both local authorities and the voluntary sector.

System Governance

The ICB is in the process of establishing a strategic working group, which will include members from our partner organisations and local authority partners. Over the course of the 2023/24 year, CYP governance was delivered through the Mental Health, CYP & LD&A Board, which reports into our Integrated Delivery Committee. Additionally, we also have a Committee in Common which focuses on CYP, as a part of our provider collaborative activity.

CYP Transformation

We are currently reviewing our Children and Young Person's Mental Health Transformation Plan for Shropshire, Telford and Wrekin. As part of the review, we will be engaging with and taking into account the views and experiences of children and young people and their families and carers.

This working is planned to tackle the deterioration of mental and physical health of our CYP, and ensure that they have early, rapid and easy access to the care that is needed.

For further information on the programme, and activity to date, click here

CYP Mental Health Long Term Plan

As with many areas STW has seen an increase in the number of referrals to Mental Health services during the last year for both mental health support and Neuro assessments for ASD and ADHD. MPFT is now offering a waiting well initiative for all CYP waiting for an autism assessment. the feedback from parents and carers has been really positive.

During 2023/24 MPFT has reviewed and redesigned the crisis team and now offers a new 24/7 CYP crisis service, the eating disorder team has constantly met the national target and seeing all urgent referrals within one week and non-urgent within 4 weeks.

We now have another wave of Mental health support teams, and have 5 across the county supporting just over 50% of the schools in the county. These teams offer support to young people in school settings who are experiencing low mood and a range of anxiety difficulties.

Physical health CYP

Over 2023/24 the system has developed and actioned plans in a number of physical health services including diabetes, Epilepsy and asthma, STW ICB were successful in being awarded the asthma pilot funding to support meeting the national asthma bundle. A multi-agency asthma network has been developed and intelligence on impacts for air pollutions, asthma friendly schools, pathways developed for the care of CYP with asthma and heard the voice of CYP with asthma. The launch of the new Epilepsy bundle care for CYP has seen the system develop an epilepsy network and there has been an increase in CYP epilepsy nurses by 0.4 WTE to support the local development need to meet the bundle. The work will continue in 2024/25 to meet both the asthma and epilepsy bundles

Dementia

Work is progressing to implement the system wide dementia vision with system partners. The navigator function is being reviewed and options scoped for the delivery of this function. Demand for both the Admiral nurse service and the Alzheimer's link workers continues to grow. On going work continues with Primary care to develop the early help offer. Living plans have been implemented and are currently being evaluated. There have been a number of peer support group offered across the County.

Case Study Alzheimer's Society

- 84-year-old lady who was diagnosed with Vascular Dementia
- Client visited ILC – Independent Living Centre on Dementia Day.
- Dementia Link Worker visits weekly. No other services involved. Started to attend monthly coffee mornings and other groups were introduced slowly at the pace of the client and to enable client to feel comfortable and safe in the new environment. Also exploring other living accommodation

Outcome

- Client appreciated someone that was prepared to listen, non-judgmental and willing to look at different alternatives for groups to meet her needs.
- Confidence in joining the Lawley Court Coffee Morning and now has something to build on
- Alzheimer's Society having a presence monthly, can monitor carefully, also gives the client somewhere to have a meal and make new friends in a safe environment.

Mental Health

Over the past 12 months MPFT has proactively worked with partners and other NHS trusts:

- MPFT is progressing in the provider collaborative model. MPFT is the lead provider for adult eating disorder services, perinatal and a provider in forensics (reach out)
- MPFT continues to work with local authorities, housing associations, voluntary and community organisations to offer mental health support to members of the community including those who are vulnerable. Examples include the rough sleeper taskforce, led by Shropshire Council and Telford

& Wrekin Council, where MPFT provides rapid mental health support, for which they are early implementer in West Midlands
- The Telford & Wrekin Community Mental Health Service Depot Clinic won the Royal College of Psychiatrists Psychiatric Team of the Year; Outstanding Commitment to Sustainability / Green Care Award 2023
- MPFT's Early Intervention in Psychosis Service became the first accredited service in the UK and achieved level 4 (highest) in the National Clinical Audit of Psychosis
- Mental health workforce increased by 38.8% from December 2018 to October 2023

Key Achievements to Date

- Crisis Cafes in Shropshire and Telford & Wrekin
- Investment has been made to progress in the Rehab OOA placements and repatriations
- ARRs works developed in PCNs
- Partnership working with PCNS and including VCSE's
- Grown MH Liaison Team in RSH
- Debt and housing advisors for people with serious mental illness
- Staffing on wards - low staff numbers and high acuity - much more robust
- Reduction in restrictive practice on wards
- Real time data for suicide

Improving Quality

NHS Shropshire Telford and Wrekin works with partners to improve quality of services and support a culture of continuous learning and development of organisations who deliver care to our population. The quality governance structure of the ICS and quality function of the ICB works with information, organisations and senior leaders and regulators including the Care Quality Commission (CQC) and other external partners to address areas where quality improvement is required or where concerns have been identified. Current CQC ratings and conditions/concerns are listed in the table below.

Organisation	**Rating (as of 31st March 2024)**	**Conditions**
Shrewsbury and Telford Hospitals NHS Trust (SaTH)	Inadequate	1 condition relating to Regulated Activity: "Assessment or medical treatment 4 conditions relating to Regulated Activity: "Treatment of disease, disorder and injury"
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)	Good	None
Midlands Partnership NHS Trust (MPFT)	Good	None
Shropshire Community NHS Trust (SCHT)	Good	None

Primary Care

Overall rating	Outstanding	Good	Requires Improvement	Inadequate	Not inspected
51 Practices	3	43	4	0	1

NHS Shropshire Telford and Wrekin supports workstreams to improve and address areas of concern. In 2023/4 the following areas of collaborative work with partners has been undertaken with a focus on the Patient Safety Strategy and NHS Impact priorities.

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

- Collaboration in relation to the published and approved Patient Safety Incident Response Framework Policy and Plan including System agreement and setting of PSIRF priorities.
- Oversight of patient safety priorities in line with the PSIRF Policy and Plan to support shared learning across the system.
- Learning from Patient Safety Events (LFPSE) collaboration and oversight.
- Embedding of learning from infection prevention and control related incidents.

Shrewsbury and Telford Hospitals NHS Trust

- Maternity/Local Maternity and Neonatal services (LMNS) / Perinatal Quality – Oversight is maintained through several routes including SaTH attendance at LMNS / Perinatal Quality Surveillance Group NQSG monthly meetings, 3-year delivery plan workstream meetings, Contract Review meetings, Saving Babies Lives review meetings, Maternity & Neonatal Safety Champions meetings.
- Co-creation of a renewed harm review process relating primarily to urgent and emergency care ambulance off load delay with SaTH colleagues.
- Cancer harm review processes
- Collaboration in relation to the published and approved Patient Safety Incident Response Framework Policy and Plan including System agreement and setting of PSIRF priorities.
- Oversight of patient safety priorities in line with the PSIRF Policy and Plan to support shared learning across the system.
- Learning from Patient Safety Events (LFPSE) collaboration and oversight.
- The ICB is part of immediate escalation process and works with the system and Menal Health collaborative to ensure safe care at SaTH and appropriate Tier 4 bed.

Midlands Partnership NHS Trust

Increasing focused support to the Shrewsbury and Telford Hospital NHS Trust to address the concerns of the section 31 relating to the treatment of children and young people with acute mental health conditions as well as sustaining and continuing existing support, where relevant, is a continued priority going in to 2024/25.

- Collaboration in relation to the published and approved Patient Safety Incident Response Framework Policy and Plan including System agreement and setting of PSIRF priorities.
- Oversight of patient safety priorities in line with the PSIRF Policy and Plan to support shared learning across the system.

- Learning from Patient Safety Events (LFPSE) collaboration and oversight.
- Identification of quality priorities to support additional investment in children's services.
- Collaborative approach to addressing CQC recommendations and section 28.

Shropshire Community Health Trust (SCHT)

Focus on the local and national priority to support people to remain and receive the assessment and treatment they require in their own homes. This has resulted in the creation of Virtual Ward that provides consultant led hospital level care to a patient in their own home. SCHT has supported initiatives to prevent falls occurring or to support someone to remain at home after a non-injurious fall through prompt assessment and management.

SCHT have been commissioned to provide 2 Rehabilitation and Recovery (Sub Acute) Wards with 20 beds at PRH and a further 26 beds at RSH. The provision of the Rehab and Recovery beds strengthens acute and community patient pathways to support patients that no longer require acute hospital intervention but continue to require subacute inpatient care that cannot be provided at home. It complements the Virtual Ward programme and other interconnecting work streams such as Discharge to Assess.

Quality Lead has participated in Quality Monitoring visits.

- Collaboration in relation to the published and approved Patient Safety Incident Response Framework Policy and Plan including System agreement and setting of PSIRF priorities.
- Oversight of patient safety priorities in line with the PSIRF Policy and Plan to support shared learning across the system.
- Working towards the implementation of Learning from Patient Safety Events (LFPSE) collaboration and oversight.
- Collaborative working on pathways to avoid attendances to the emergency department and provide step down including strengthening urgent care response and virtual wards.

ICS quality developments

The Shropshire Telford and Wrekin Integrated Care System's quality function, with leadership from NHS STW, uses the NHSE publication on NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England (NHSE, January 2023) as its framework. Strategic quality requirements during 2023/24 have been undertaken though the implementation of national guidance including that on System Quality Groups and risk escalation. These have been fully embedded and utilised with partner support. Operational quality systems and assurance are in place through close liaison, and integration into quality functions in NHS trusts and at Place as well as through Safeguarding partnerships. Regular reporting against system risks and quality priorities are scheduled at both System Quality Group and the Quality and Assurance Committee of the ICB Board. These include patient safety and patient safety improvement programmes such as the NHS Patient Safety Strategy key deliverables - updated for 2023/24, Patient Incident and Response Framework (PSRIF), Learning from patient safety events (LFPSE), NHS IMPACT 2024/25 priorities

and operational planning guidance and Working Together to safeguard children (2023). Patient safety programmes led by the quality function of the ICS in 2023/24 have included:

- Supporting improvements to Palliative end of life care and in particularly identification of people at the end of life in the community.
- Quality Improvement projects to improve falls prevention referrals and provide timely response to those who fall.
- Quality Improvement project to improve compliance with deterioration training and action in care homes.
- Quality Improvement project to establish a meaningful experience of care function of the System Quality Group.
- Improving the quality of asthma annual checks in children.

NHS STW was selected as one of five national pilot sites to test the NHSE self-assessment tool to support national guidance on Improving experience of care: a shared commitment for those working in health and care systems (NQB, 2022). Through this the methodology and approach has been critiqued and co-produced and fed back nationally, and this work continues in the 2023/24. The project as co-produced a quality priority which is to be taken forward in 24/25 through System Quality Group.

Insight and feedback using locally, and nationally sourced data has been maintained including themes and trends from NHS-to-NHS concerns, complaints, and patient safety incidents. Through integration with the system governance processes, the effectiveness of quality functions involving Getting it Right First Time (GIRFT), NICE appraisals and guidance and national clinical audits have been assured. Additionally, there is quality representation on key programmes in line with the clinical strategy and long-term condition priorities. This includes diabetes, children, young people, and families and palliative and end of life care. Discharging Safeguarding responsibilities are monitored though the System Quality Group including the looked after children's agenda. Further information on Safeguarding is provided later in this report. In addition, the Child Death Overview Processes (CDOP) are currently under review in the system to ensure they are robust and have a supportive governance and escalation structure following the formation of the ICS. Challenges continue and are monitored through a joint quality and performance risk register which forms the basis of the agenda for the Quality and Performance Committee of the ICB Board.

Risks held on Quality risk register in 23/24

- Improving access to children and young people's mental health services including supporting Shrewsbury and Telford NHS Trust in meeting the requirements of its undertakings in relation to inpatient mental health paediatric care. Existing risk
- Ensuring safe and effective maternity and neonatal care. Existing risk
- Reducing delays to in Urgent and Emergency Care departments. Existing risk
- System governance of palliative and end of life care (de-escalated April 23)
- Improving the safety and effectiveness of diabetes care across the ICS. Existing risk
- Suspension of paediatric ophthalmology service (de-escalated April 23)
- Improving the safety of the acute paediatric pathway. (Risk reduced Jan 24 Existing Risk)
- Rising cases of *Clostridioides difficile* (risk escalated Aug 23)
- Tackling the backlog of elective care procedures (de-escalated May 24)

- Ensure we meet the statutory responsibilities with regards to Continuing Healthcare (escalated Jan 24)
- Individual Commissioning - Improving compliance of assessments undertaken within 28 days, (statutory function) (risk escalated Jan 24)

Learning Disabilities Mortality Review (LeDeR) Programme

LeDeR is an NHS service improvement programme 'Learning from lives and deaths for people with a learning disability and autistic people. NHS Shropshire Telford and Wrekin ICS continue to be fully committed to the LeDeR programme which key principles are to:

- Improve care, reduce health inequalities and to prevent people with a learning disability and autistic people from early deaths.

STW LeDeR reviews are undertaken by an external provider for the reporting period 1st April 2023 until 31st March 2024. The performance for STW has fallen below the national standard however there has been a remedial action plan and a change in provider for the 2024/25 contract.

LeDeR continues to report to the LD&A Operational planning group and System Quality Group.

Learning from LeDeR is shared through the LeDeR Steering Group which include members with lived experience and system partners.

There has been positive learning and areas of local challenge and improvement, please see table below:

Areas of good practice identified from LeDeR reviews	Key learning points of feedback to health and care partners	Areas requiring improvement identified from LeDeR reviews
Evidence of holistic and MDT approach to care and support Appropriate best interest decision making to support wishes and quality of life. Consistent reasonable adjustments to support home treatment and hospital admissions. Good communication with family members who were continuously informed, supported and included in all decisions. Care package provisions considering people's personalities and preferences.	To ensure MCAs are utilised for specific decisions. Completion of health action plans following an annual health check Reasonable adjustments are always identified, flagged, and implemented. Personalised recommendations on ReSPECT forms are always followed. All relevant age/gender screenings/vaccines are offered and supported with reasonable adjustments.	Promotion of MCA/BI training system wide. More support and information to be available to family carers around POA, appointee and deputyship. Promotion and training to understand the implementation and appropriate use of ReSPECT forms. Promote learning disability and autism awareness. Joint system working with primary and secondary care to drive forward areas of improvement

All deaths caused by aspiration pneumonia, sepsis, epilepsy, cancer, and dementia were considered priorities for 2023-24 and a focused review was undertaken. Other priorities for 2024-25 are being considered.

Enablers

At the heart of our work is a desire and purpose to improve the health of the diverse populations that make up Shropshire and Telford and Wrekin. We know that our geography and population demographics present us both opportunities and challenges, and that we must find new and innovative ways of working to enable the changes that need to take place to better serve these communities.

We know that we can only fully achieve this by working in partnership with others including local authorities, public health teams, health and social care staff, service providers, and residents themselves.

As an organisation, we have focused our efforts over the last year on working cross-organisationally on key programmes and projects to maximise our opportunities to develop and transform health and wellbeing services to improve the health of our population.

Key pieces of ongoing work that have supported this include:

- **People**

Our system workforce has been working collaboratively for many years, an approach underscored during the system's response to the Covid-19 pandemic. During this time relationships have formed between NHS, Local Authority, ICB (formerly CCGs), Primary Care, Social Care and Voluntary sector partners to tackle the workforce pressures at a system level. Our ICS People Committee draws its membership from a broad range of stakeholder organizations and continues to build on our collaborative approach towards delivering the National guidance for ICB People Functions to support a sustainable "One Workforce" within Health and Care - creating a 49 compassionate and inclusive culture and working collaboratively as a system to address our workforce challenges.

- **Population Health Management (PHM)**

Population Health Management (PHM) is a person centred, data driven approach that seeks to improve the physical and mental health of people over their lifetime. PHM allows our system to use all the digitally collated data, intelligence and insight from our area to make collective decisions and prioritise key issues and specific populations of people, depending on need and equity. It requires clinicians, professionals, frontline workers to expand their focus from treatment / assessment to considering the whole person and their health risk. System leaders in conjunction with local stakeholders and the public have set our ambitions and priorities for PHM over the next five years. We expect our priorities to evolve and respond to conversations with the public over the next five years.

- **Financial Sustainability & Productivity**

The Shropshire, Telford and Wrekin system has a significant underlying financial deficit which is one of the reasons that we are part of the Recovery Support Programme (RSP). The system and ICB is therefore subject to significant scrutiny around finances and financial decisions, with a specific requirement to develop an approach to recovering and making sustainable the financial position. A system financial framework was therefore developed in 2020/21 and agreed by all organisations and all system partners work closely together to deliver a roadmap for financial recovery.

- **Digital**

As an ICS we place our people at the heart of our digital journey and work together as a system to manage health and wellbeing services for our population. We promote a digital first, not digital only approach to improving care. Shropshire, Telford and Wrekin ICS are currently moving through the process of digitally transforming, to 'level up' and align with both ICS and national objectives. This means putting in place the right infrastructure that our impacted users expect. It means providing digital access to medical and care records. And it means ensuring information can be shared easily between our different care settings

Our clinical and professional teams work across the health system to transform and improve health services every day. There are a number of activities that support this work:

- Following the implementation of a fully managed domain within Primary Care, the ICB is underway with its deployment of SharePoint for all practices and PCNs utilising the NHS national tenancy. Implementing SharePoint enables substantial opportunities for improvements in collaboration, information management, and compliance. By providing a centralised, secure platform for document sharing and team collaboration, SharePoint helps the clinical and care teams more easily locate clinical information, reduce the risk of outdated guidance, enhance productivity across multi-disciplinary teams, and increasing the capacity for activities to improve patient care outcomes.
- All practices continue to offer Online Consultation through products procured via the national Digital First Primary Care Framework. Providing practices also with the ability for Video Consultations and digital tool such as 2-way SMS messaging allowing GPs to engage with citizens to gather more detail.
- Through the support of the Primary Care Team, Shropshire, Telford & Wrekin had the highest percentage of citizens using the registering with a GP surgery service.
- The ICB continues to encourage the use of the NHS App as the gateway to NHS services for viewing records, ordering repeat prescriptions, and is also working with the national team and suppliers to integrate SMS messaging into the app and is showing good levels of NHS App take-up with 49% of GP Patients 13+ registered for the NHS App.
- National PCARP cloud-based telephony funding has supported the remaining 15 practices who were on evergreen contracts or suppliers unable to provide advanced telephony functionality. Support with exit and implementation costs has allowed these practices to migrate to a supplier on the new mandated Better Purchasing Framework to provide the enhanced cloud-based telephony functionalities.
- Through the NHSE national pilot for Notes Digitisation the ICB received funding support for 7 practices in Shropshire, Telford & Wrekin to allow their Lloyd George notes to be scanned and digitised into the clinical system. This has now provided practices with ease of access to these records as well as providing additional space for practices to utilise.
- A new telephone system was procured for the Prescription Ordering Direct service to enable patients to order repeat prescriptions. Thie system introduced the keep my place in the queue which saves waiting times and returns calls.
- All systems now are using Multi Factor Authentication (MFA) in line with cyber security guidance. This is in place to keep all ICB information secure and safe from cyber-attack.

Medicines Management

Medicines optimisation looks at the value that medicines offer, making sure they are clinically effective (that they improve outcomes for the person taking them) and cost-effective (that they represent good use of NHS resources). It is about ensuring that people get the right choice of medicines, at the right time and are engaged in the process by their clinical team (shared decision- making).

Mission: To drive improvements in health outcomes and reductions in health inequalities for the population of Shropshire, Telford and Wrekin by leading on a system-wide collaborative approach, ensuring safe and effective medicines use is integral to all services, pathways and settings.

Vision: Transform the delivery of pharmacy creating an integrated workforce across the system, striving for innovation and collaborative change, that delivers seamless, patient-centred care at every point of the patient's journey.

System Wide Medicines Governance

We have been working with our provider colleagues to implement a shared governance framework for medicines and have launched our first ICS Medicines Strategy PowerPoint Presentation (shropshiretelfordandwrekin.nhs.uk).

We have strengthened our collaborative leadership model for pharmacy with the addition of an ICS Medicines Value Group to support delivery against the National Medicines Opportunities and have developed a pharmacy faculty to support in planning to address our significant workforce challenges.

From the 1st of April 2023, Integrated Care Boards (ICBs) took on the delegated responsibility for commissioning pharmacy services from NHS England. This supports NHS England's long-term ambition to put more decision making around services at a local level. In line with this delegated responsibility, NHS Shropshire Telford and Wrekin have increased their focus on community pharmacy and to enable this, we have introduced a community pharmacy lead role and a programme to promote and develop the role of community pharmacy.

Community Pharmacy Enabler section

The community pharmacy network in Shropshire Telford and Wrekin is made up of 81 pharmacies located in accessible locations across the Integrated Care Systems (ICS) footprint. In addition to supplying over half a million prescriptions items each month, the Shropshire Telford and Wrekin community pharmacy network undertakes several thousand pharmacy services each month. These community pharmacy services provide access to vital healthcare services to our residents in their own communities.

NHS Shropshire Telford and Wrekin are working with community pharmacies, other healthcare providers and non-health partners to enable more care to be delivered in the community, enhancing access, experience and outcomes for our residents.

This year work has continued to increase the utilisation of, and access to, the Discharge Medicines Service (DMS), Community Pharmacy Consultation Service (CPCS), and the Community Pharmacy Blood Pressure Check Service. In addition, this year has seen the expansion of existing services, and the creation of some new services. The Community Pharmacy Contraception Service pilot has been expanded

into a national service that allows women to access oral contraception from a community pharmacy without the need to visit a GP or sexual health clinic. CPCS has been expanded and relaunched as Pharmacy First, allowing 7 common conditions to be treated by community pharmacists without needing to visit their GP. Work is underway to launch the Community Pharmacy Independent Prescribing Pathfinder Programme in a small number of pharmacies across the region, this will see pharmacist prescribers treating patients in the community pharmacy setting.

As part of this work to expand service delivery in community pharmacy, NHS Shropshire Telford and Wrekin have worked with a variety of partners to integrate community pharmacy services and pathways into existing settings. Some of these partners include, General Practice, NHS Trusts, Urgent and Emergency Care teams, 111, Local Authorities, and the Voluntary Sector. Work has also taken place to strengthen existing relationships with a variety of local, regional, and national teams.

To ensure the community pharmacy offering is known by Shropshire Telford and Wrekin residents, the community pharmacy team has worked closely with local and regional communication teams on a variety of public facing campaigns that raise the profile of community pharmacy with the public.

The work that has been undertaken this year represents the first step to achieving the future vision of community pharmacy. This future vision will see enhanced access to care in the community, an increased focus on prevention and a reduction in healthcare inequalities for our residents.

Workforce

All areas within healthcare are currently undergoing challenges with workforce, the pharmacy sector is no exception. There are currently high levels of vacancies across all pharmacy providers in Shropshire Telford and Wrekin. While these challenges are mirrored in other areas, rurality and a lack of local training providers adds additional challenges locally. In addition, the national Initial Education and Training of Pharmacists Reform means that it is becoming more challenging for local providers to take on Foundation Pharmacists for their training year – a driver for recruitment.

Acknowledging these challenges and the significant risk a declining pharmacy workforce brings, NHS Shropshire Telford and Wrekin has worked with system partners to address some of these challenges.

An ICS Pharmacy Faculty has been set up to support the development of all pharmacy staff across Shropshire Telford and Wrekin. The faculty includes membership from all sectors of pharmacy and will work on key areas of training and education for pharmacists and pharmacy technicians. This will involve brining partners together to form joint cross sector placements for foundation year training placements, increasing the availability of undergraduate training placements, and developing an integrated and agile workforce fit to deliver the future vision of pharmacy.

Medicines Value

The Medicines Value Programme (MVP) is a national strategic priority for the NHS in England which aims to deliver measurable improvements in patient outcomes while maintaining an affordable medicines bill.

The programme covers the entire NHS system of primary and secondary care. Systems are integral to the implementation of the Regional and National Medicines Value priorities and driving the changes that are needed in prescribing and medicines use and delivering the programme's aims. The Medicines Value Programme Working Group for NHS STW was established in July 2023 to support the local health economy to implement strategies that enable Medicines Value priorities to be delivered.

The group has been instrumental in the review and delivery of the 23/24 cost improvement plans (CIP) for all system partners across NHS STW, with ICB cost-efficiencies projected to deliver savings of over £4.6 million by the end of the financial year.

Most recently, the group have been planning programmes for 24/25, identifying opportunities through local datasets and aligning priorities with regionally and nationally identified areas such as the National Medicines Optimisation Opportunities.

Antimicrobial Resistance

The System Antimicrobial Strategy and Oversight Group convenes bi-monthly to discuss how best to implement the **national 5-year action plan for antimicrobial resistance 2019 to 2024**, and to monitor and advise on local antimicrobial prescribing trends and patterns. The group forms a core pillar of medicines governance and membership includes partners from across the system representing primary care, secondary care and community teams.

The group have been instrumental in the design of our new outpatients service at SaTH. The Outpatients Parenteral Antibiotic Therapy (OPAT) service will allow patients requiring intravenous (IV) antibiotics, but who are otherwise medically fit, to be discharged from hospital earlier, getting back to their homes sooner, whilst receiving any IV antibiotics as outpatients and being provided with oral antibiotics in a safer and efficient manner.

Most recently, the group have been successful in bidding for a system wide guideline to be developed and utilised by all system partners when prescribing antimicrobial medicines. This will enable a standardised approach to the use of antimicrobials is adopted throughout Shropshire, Telford and Wrekin. The guidance will be developed in collaboration with the microbiology department of our local acute trust, ensuring local microbiological intelligence is adopted to keep antibiotics working for longer.

Local Commissioned service: Medicines Safety

In September 2022, the locally commissioned service for the safe prescribing of medicines was launched across all 51 GP Practices. We use a system called ECLIPSE Live Radar to help practices to identify patients at risk of harm from medicines.

The ECLIPSE Live Radar alert system is utilised by 78 NHS organisations nationally, with Shropshire Telford and Wrekin now ranked as the 5th best performing.

The service compliments GP practice systems for safe prescribing, ensuring medicines safety monitoring is completed in a timely manner, which reduces the risk and volume of medicine related hospital admissions.

The locally commissioned service has continued to demonstrate improvements and contributed to a 7.2% reduction in emergency hospital admission rates.

Medicines Safety in Care Homes, Home Care and Supported Living Enabler section

Our team support the safe use of medicines, which includes education and training, in care settings covering 180 Care homes 140 Domiciliary/Home care agencies, Childrens Services, Day Services and Supported Living.

The reporting of medication-related incidents via the Ulysses reporting system by care settings is increasing with 38 incidents reported via the system in 2023. Themes identified as a result of reporting have been embedded into education and training which is offered to all care settings across STW.

Oral Nutritional Supplement (ONS) prescribing has been identified as a quality improvement opportunity in Shropshire, Telford and Wrekin. Prevention of malnutrition is a complex process, best achieved through education, early intervention and food first approaches. We are working with a 3rd party organisation to identify opportunities in Primary Care to review and ensure appropriateness of patients' prescribed ONS as well as education to ensure regular monitoring and treatment goals are in place and a food first approach to malnutrition where appropriate.

Engaging our Communities to Enable Change

The ICB has a legal duty under section 14Z45 of the Health and Care Act 2022 to involve individuals, their carers and representatives in the planning, development and consideration of changes which may impact upon them.

However, the ICB's desire to keep residents involved in planning, re-designing and commissioning goes much deeper than fulfilling statutory obligations.

The ICB's engagement strategy – Our Approach to Involving People and Communities – has been developed with partners across Shropshire, Telford and Wrekin Integrated Care System, this includes engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, and patients and members of the public.

As part of the strategy development, ten principles for involving people and communities were co-designed which continue to inform the ICB's approach:

The approach to communication and engagement varies according to the subject of the engagement and who need to be engaged with. The ICB has developed a toolkit to support programme and project leads to plan and undertake communication and engagement activity appropriate to their work.

The ICB continues to regularly communicate and engage people through a number of established routes, including:

- Community outreach and engagement
- Insight and intelligence from surveys, focus groups, Patient Advice and Liaison Service (PALS) and complaints, and system partners
- Resident stories
- Experts by experience
- Board meetings held in public with opportunities for members of the public to ask questions
- Website and digital channels including Twitter, Facebook and LinkedIn
- Newsletters
- Media
- Political engagement
- The People's Network (see below)

The People's Network is a representative consultative body of local residents who have opted in to engage and feedback their views on health and care matters that affect the populations that make up Shropshire, Telford and Wrekin (STW).

There are around 400 members, who have been enrolled onto a bespoke platform developed internally to enable the ICB to engage in a range of different ways, to help inform decision making.

Since it was launched, the network has been engaged on a number of matters, including:

- Musculoskeletal services
- The development of two new sub-acute wards
- The Hospitals Transformation Programme

Voluntary sector

The ICB has a history of strong links with the voluntary sector in Shropshire, Telford and Wrekin, continuing to work closely with them in relation to plans, particularly with regard to Place. The ICB utilises their networks as well as its own direct contacts to reach out to more voluntary sector organisations and into diverse communities across the patch.

Patient participation group networks

The ICB works with patient participation group (PPG) networks, which bring together PPGs from across the county. The meetings provided a forum to inform patient representatives about national and local NHS developments and provide opportunities for involvement.

Shropshire, Telford and Wrekin Maternity and Neonatal Voices Partnership

The Maternity and Neonatal Voices Partnership (MNVP) is an independent team made up of women and their families, commissioners, service providers and local authorities.

The function of the MNVP is more than simply to listen. It brings people together to design and improve maternity care by discussing challenges and solutions across Shropshire (including Powys) and Telford and Wrekin.

Healthwatch

Healthwatch is an important partner for the ICB. They are regularly involved in formal and informal meetings including Governing Body and service transformation programmes.

Healthwatch have supported the ICB to establish processes that support involvement and feedback mechanisms for patients and members of the public. These help the ICB gather insight to feed into service learning and development. Healthwatch also regularly provide Patient Engagement Reports. These reports are a valuable source of information for service reviews.

Greener NHS

Sustainable Development

As an NHS organisation and spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare. Sustainability means spending public money well, the smart and efficient use of natural resources, and building healthy, resilient communities.

By making the most of social, environmental and economic assets, we can improve health both in the immediate and long term, even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

The NHS has set itself a much more ambitious target to become net carbon zero by 2040. Just one year after setting out these targets, the NHS has reduced its emissions equivalent to powering 1.1 million homes annually. NHS Shropshire, Telford and Wrekin ICB has accepted this challenge and established a Climate Change Group to work across organisations to deliver an ICS Green Plan which was approved by the shadow Shropshire, Telford and Wrekin ICB in April 2022. More information on these measures is available on the Greener NHS website.

During 2023/24 NHS Shropshire, Telford and Wrekin identified suitable estate In Wellington, Telford to consolidate its staff onto one site that meets modern building standards, with lower running costs and a better environment to support staff to work in an agile way, which will assist in meeting the NHS net carbon zero target. The relocation process was completed in February 2024.

Energy and Utility Costs 2022/23 and 2023/24

The ICB does not own or have control over any estate, other resources, natural capital or landowning that require reporting in this annual report.

Energy

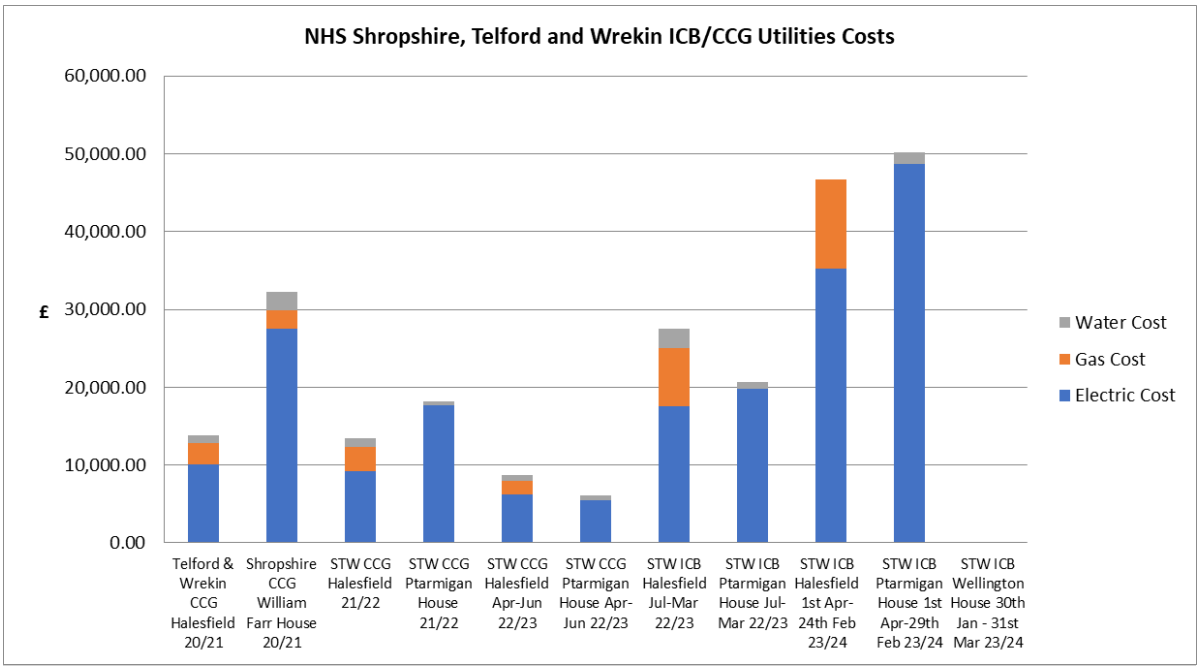
The ICB does not own or have control over any estate, other resources, natural capital or landowning that require reporting in this annual report.

The graph below shows the position for the year ended 31st March 2024, with comparative information for previous accounting periods of the ICB or CCG. In 2020/21 two sites were occupied by the then separate CCGs, Shropshire CCG at William Farr House and Telford and Wrekin CCG at Halesfield. In May 2021 following the two CCGs being dissolved, a single CCG was created, and staff based at William Farr House were moved to a new site at Ptarmigan House. From 1st July 2022 the CCG transferred all of its operations into the new ICB, and from March 2024 Halesfield and Ptarmigan leases were terminated with one new site at Wellington becoming the corporate centre for the ICB. There have been no charges for the new Wellington site in 2023/24.

The graph below shows there has been a similar level of usage of energy at the Halesfield site in water costs, gas and electricity costs between 2020/21 and 2021/22. Two accounting periods in

2022/23 for the two different organisations also make it difficult to draw direct comparisons with 2021/22.

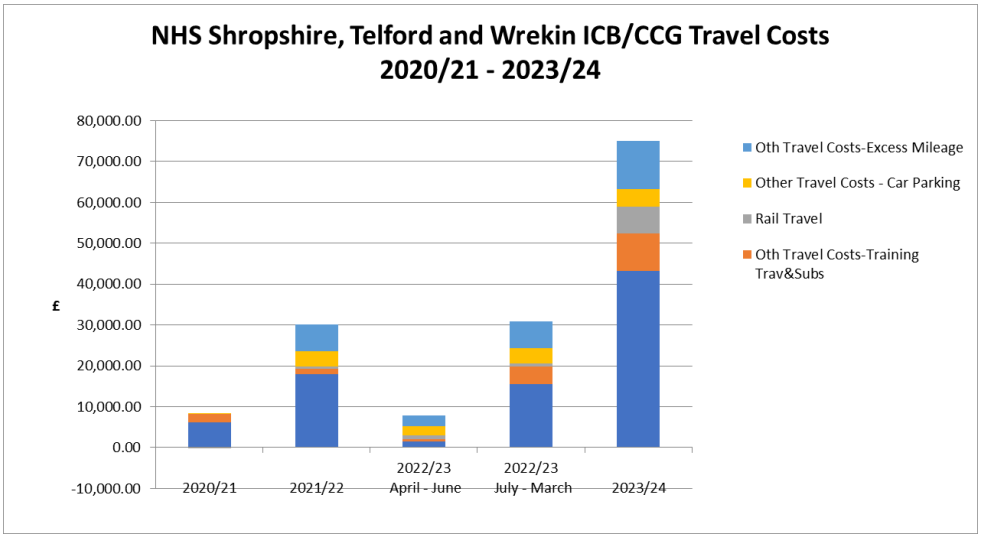
Utilities costs 2020/21 to 31st March 2024



Travel

The graph below shows an increase of travel costs from 2020/21 which reflects the relaxing of COVID 19 restrictions nationally. To support staff, the ICB has developed an agile working policy, which has enabled staff to continue to work from home wherever possible, to reduce staff travelling and enable them to have an improved work life balance.

During 2023/24 the ICB has not owned, hired or leased car fleets and none of our travel costs include any flights, either international or internal within the UK. However, for 2024/25 the ICB has introduced a lease car scheme for its staff which includes both traditionally fuel and electric/electric hybrids as options.



Consumables and waste management

During the period 1st July 2023 to 31st March 2024 the ICB used a total of 270 reams of paper, this is in comparison to 340 reams of paper used by the ICB and its predecessor: NHS Shropshire, Telford and Wrekin Clinical Commissioning Group in 2022/23.

Contracts for waste are overseen by landlords of each of the properties where ICB staff are based and so the ICB does not have access to waste management information for reporting purposes.

Environmental Impact of Medicines ('Green' medicines)

The ICB is not currently required to have a Green Plan, but it does contribute to the ICS Green Plan for system medicines. During 2023/24 continued work by the ICB's Medicines Optimisation team working with colleagues across the system has been ongoing to support the ICS Green Plan on improving respiratory outcomes while reducing the carbon emissions from inhalers.

To facilitate the rollout of the new asthma treatment guidelines for adults, the ICB delivered educational workshops for healthcare professionals. These sessions aimed to refresh and update skills on asthma management and implement quality improvement initiatives.

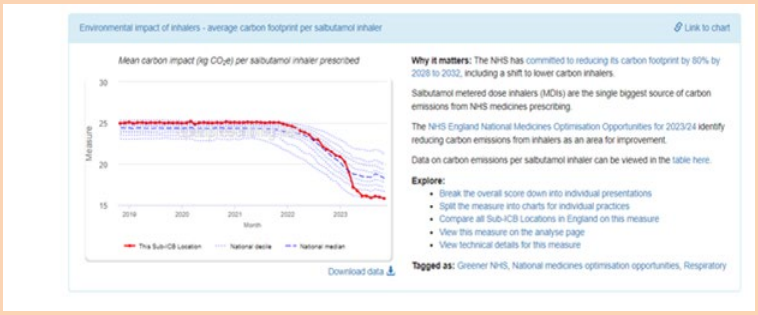
The ICB secured a non-promotional medicines service, 'The REACT Asthma Service.' This clinical therapy review service is designed to support practices in improving the therapeutic management of asthma patients. By implementing a systematic approach, to potentially reduce symptoms, the risk of asthma attacks, and preventable hospital admissions, through better asthma control. It complements the existing work of healthcare professionals in practices and helps address backlogs in chronic disease reviews caused by ongoing pressures in Primary Care. This service aligns with the ICB commitment to the Integrated Care System (ICS) Green Plan, aiming to meet NHSE targets for building a more sustainable NHS and reducing its environmental impact.

Collaboration with key stakeholders for Children and Young People (CYP) with Asthma to support the local system on the National Bundle for the management of asthma care, supporting the development of a systemwide Paediatrics Asthma and Wheeze Pathways to reduce avoidable harm to children and young people from asthma and improve their quality of life.

In a pioneering move towards environmental sustainability, the ICB has successfully surpassed NHSE targets on prescribing lower carbon Salbutamol MDI inhalers as a proportion of all Salbutamol MDI

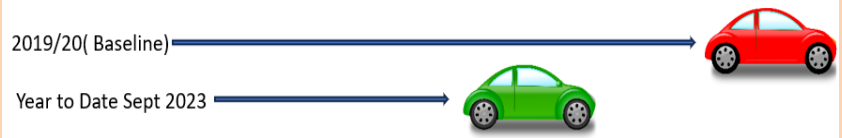
prescribing. In September 2023, the ICB was commended by Open Prescribing for having the lowest national average carbon footprint per Salbutamol inhaler.

These initiatives represent our commitment to improving patient care while also contributing to environmental sustainability goals.



https://openprescribing.net/

STW Lower carbon salbutamol MDI as a proportion of all Salbutamol MDI prescribed.



This in miles is equivalent to driving from the ICB HQ in Wellington Civic Centre to Buckingham Palace, 55, 235 times.

STW Mean 
Carbon Emission Per Salbutamol Inhaler prescribed ($KgCO_2e$) NHSE Target <18 KgCO2e
2021/22 26.37$KgCO_2e$
2022/23 22.0 KgCO2e
2023/24 15.7 KgCO2e

https://www.prescqipp.info/our-resources/data-and-analysis/scorecards/scorecards-one-stop-shop/

Legal and Governance Matters

Procurement

The ICB through its procurement processes, ensures that all tenders issued have a sustainability clause included, and since the beginning of the year all authorities must include social value (which encompasses sustainability) in their tender evaluations (minimum weighting of 10 per cent). Clause SC18 Green NHS and Sustainability is in the NHS Standard Contract 2022/23 Service Conditions which the ICB uses to contract for its services.

Efficiency programme

In order to fund increases in activity, demography and any additional cost pressures, the ICB will need to deliver recurrent efficiency plans year on year.

As part of the development of the system financial sustainability plan, the aim is that in 2023/24 all system organisations work to deliver a 4.1% internal efficiency target. This is calculated as a percentage of the underlying startpoint budget. For the ICB, this equates to a £21.5m million efficiency target. On top of this, the ICB is also working with healthcare system partners on the system transformation programme to meet a further savings target of £4.4m.

Information Governance Incidents

NHS Shropshire, Telford and Wrekin has reported a total of 10 incidents during the period of 1st April 2023 to 31st March 2024. Of these incidents 9 were graded as non-reportable – very low risk with 1 being reportable to the Information Commissioner's Office (ICO) which was reported as a national cyber-attack on a provider organisation and was reported from all ICBs commissioning the service to the ICO, which did result in actions being taken to contact individuals where necessary.

Equality, Diversity and Human Rights Report

The NHS Equality Delivery System (EDS2) was launched in November 2013 to help monitor how the NHS is working towards these functions. It is a toolkit designed to help NHS organisations and members of staff review performance for people with characteristics protected by the Equality Act as well as identify how improvements can be made.

The nine protected characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership (ICB)
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex

- Sexual orientation.

EDS2 can also be applied to people from other disadvantaged groups who may experience difficulties in accessing NHS services, including people who are homeless or live in poverty, those who are long-term unemployed, people in stigmatised occupations, drug users, and people with limited family or social networks or who are geographically isolated.

Organisations score themselves against the main functions within the assessment, more information of which can be found on the NHS England website.

NHS Shropshire, Telford and Wrekin's 2023 EDS2 submission report can be found here:

Equality, Diversity and Inclusion - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

Emergency Preparedness Resilience and Response

Further to the Health and Care Bill being passed by Parliament and Integrated Care Boards (ICBs) being legally established on 1 July 2022, there was an associated amendment to the Civil Contingencies Act to designate ICBs as Category 1 responders where previously CCGs have been category 2 responders. This change has placed additional Emergency Planning, Resilience and Response (EPRR) responsibilities and accountabilities on ICBs.

The NHSE EPRR Strategic Framework is a national framework containing principles for health emergency preparedness, resilience and response for NHS-funded organisations in England including but not limited to NHS Trusts, Foundation Trusts, Care Trusts, providers of NHS-funded primary care, NHS commissioning organisations including NHS England and Integrated Care Boards.

As part of the NHS England EPRR framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006, the Health and Care Act 2022, the NHS standard contract, the NHS Core Standards for EPRR and NHS England business continuity management framework.

Shropshire, Telford and Wrekin (STW) ICB has continued to implement its EPRR programme during 2023-24 focussing on its own internal resilience but also working in partnership with other organisations in the STW footprint to respond to incidents when they occur but also to engage in preparedness activities to ensure it can discharge its duties under the Act.

Whilst the ICB has demonstrated a robust approach to the response to, leadership in and co-ordination of incidents as they have occurred, we have identified a number of areas where improvements can be made to our planning and preparedness. To this end, during 2023-24 an improvement programme has been commenced to address this.

The ICB has continued to participate in the Local Resilience Forum, Local Health Resilience Partnership and the Midlands Health Resilience Partnership Board. We have a robust risk management process in place in relation to EPRR which is supplemented by a lessons learned process and training and exercising arrangements for staff.

Health and Safety

The ICB takes the health and safety of its employees very seriously and we have a policy in place to help ensure staff carry out their functions in a safe way. The policy requires staff to report health and safety incidents via an electronic system. These are then investigated, and action taken to help mitigate incidents reoccurring.

There were no health and safety incidents reported in the reporting period of 1st April 2023 to 31st March 2024.

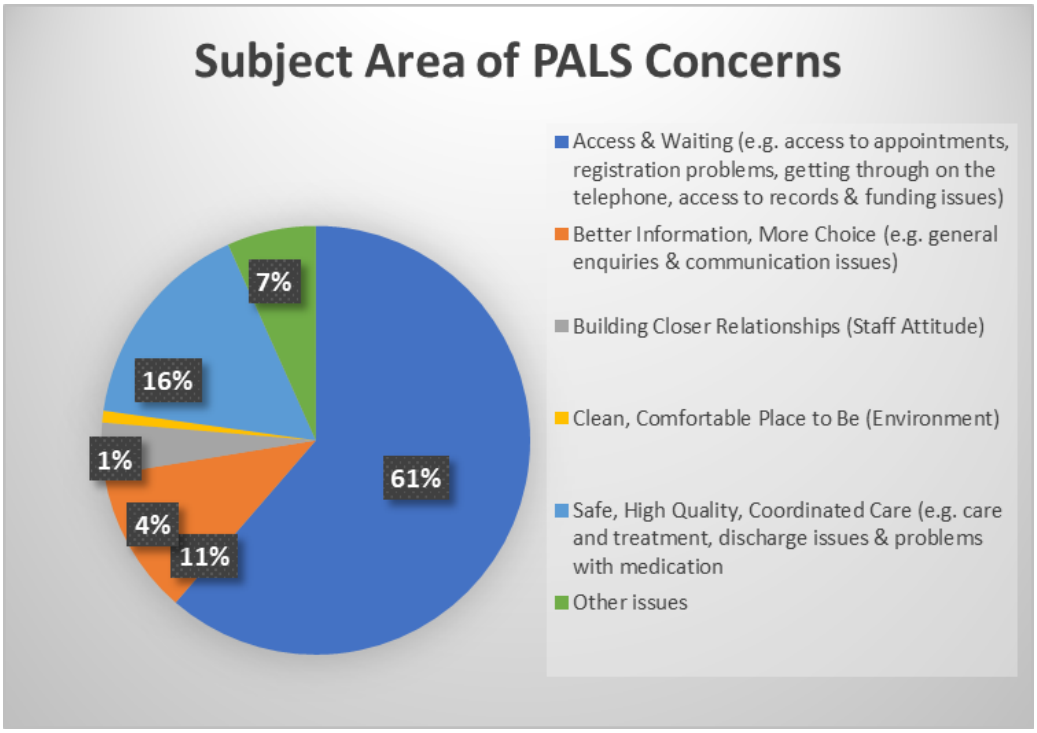
Patient Services

Patient Advice and Liaison Services (PALS)

PALS is integral to NHS Shropshire, Telford and Wrekin's commitment to working closely with patients and staff to improve services. It is an informal and impartial way to resolve the concerns of patients, relatives, carers and members of the public. The service is intermediary and a useful source of information, often signposting people to the healthcare they need. All enquiries received through PALS are recorded on a database and used to improve services.

During the financial year 2023/24, NHS Shropshire, Telford and Wrekin Patient Services Team received 1014 PALS enquiries. This is an increase on last year.

The chart below illustrates the domains of patient experience for the PALS enquiries received during 2023/24.



More than half (622) of the PALS enquiries received by NHS Shropshire, Telford and Wrekin were around accessing services.

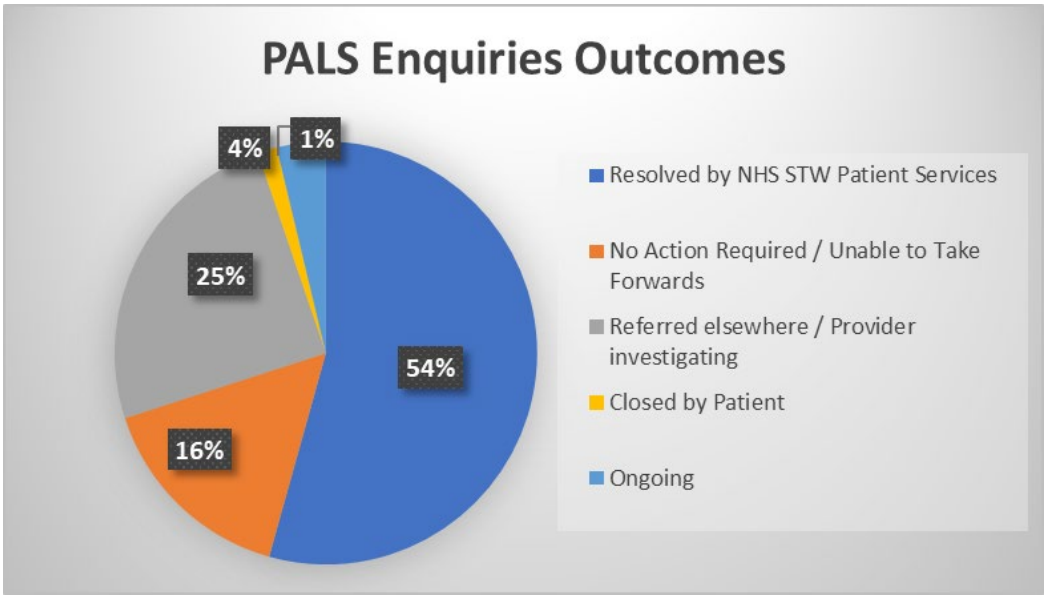
As of July 2023, the responsibility for managing enquiries/complaints relating to Primary Care was designated to ICBs by NHS England. This has led to an increase in the number of enquiries relating to Primary Care services. Of the total number of PALS enquiries received 366 related to GP Practices, 238 of which were around accessing appointments. The ICB also received 65 enquiries relating to Dentists, 55 of which are around accessing dental services.

There were 250 enquiries relating to hospital services, 127 of these were around access to appointments across several specialties and 62 related to the care received. Themes around specialties include,

Accident and Emergency, Cardiology, Gastroenterology, Cancer Services, Urology, Gynaecology and Musculoskeletal/Orthopaedics.

151 enquiries related to ICB services, with 38 related Medicines Management and access to various medications. 21 enquiries related to the Prescription Ordering Direct Service and 18 enquiries related to the Continuing Health Care process. The rest of the enquiries were around commissioning decisions, relating to various services. Themes within this were around access to the covid vaccination, access to breast reduction surgery and access to fertility services.

The chart below shows what happened with the queries and concerns received by NHS Shropshire, Telford and Wrekin Patient Services Team.

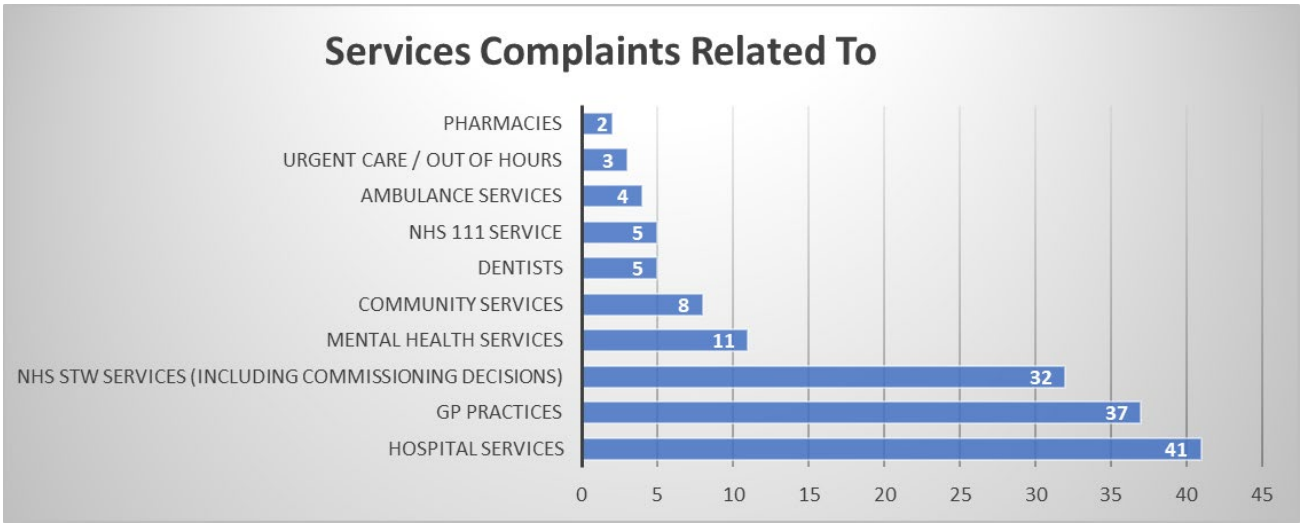


551 of the enquiries received were resolved by NHS Shropshire, Telford and Wrekin Patient Services Team; 251 were forwarded to the relevant provider to be resolved directly with the patient.

Complaints

Complaints are a valuable source of feedback and are used by NHS Shropshire, Telford and Wrekin to help improve services both within the organisation, and in the organisations that we commission. NHS Shropshire, Telford and Wrekin has a clear complaint policy in place, which is in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

During 2023/24, NHS Shropshire, Telford and Wrekin received 148 complaints. As shown in the graph below, in addition to complaints about NHS Shropshire, Telford and Wrekin itself, many of the complaints relate to providers of services commissioned by NHS Shropshire, Telford and Wrekin.

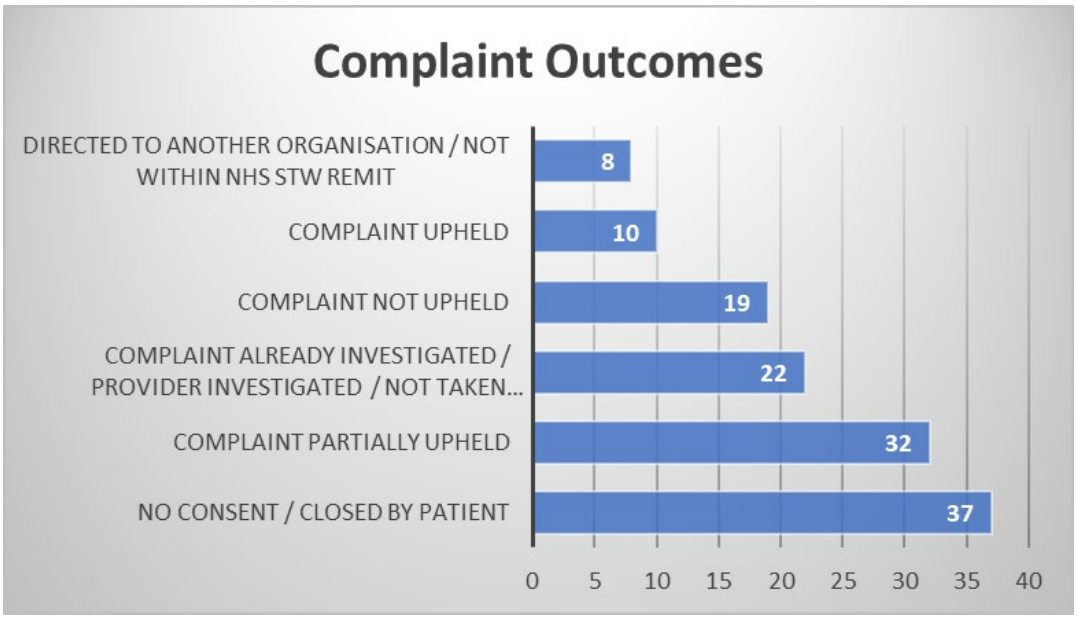


Of the complaints received by NHS Shropshire, Telford and Wrekin, 41 related to hospital services; 20 of these were around the care received and 18 of these were around accessing services.

There were 37 complaints relating to GP services, 18 of these were around access to services and 15 related to the care received.

32 complaints related to services provided by NHS Shropshire, Telford and Wrekin of these 16 related to the Continuing Health Care process.

Of the 148 complaints received during 2023/24, 56 are ongoing. The graph below shows the outcomes for complaints where the process has been completed during 2023/24.



Ombudsman

The public have the right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for review if they are not satisfied with NHS Shropshire, Telford and Wrekin's response. NHS Shropshire, Telford and Wrekin has been contacted by the PHSO in relation to 1 case during 2023/24. This was just a request for information and no further action was taken by the PHSO following information being provided to them.

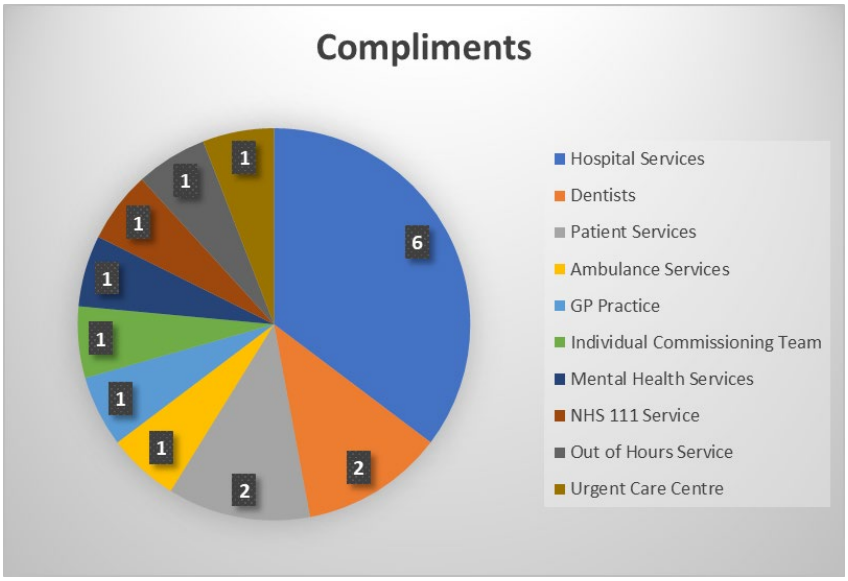
Data around the number of complaints received and accepted by the PHSO for all NHS organisations can be viewed on the PHSO website as follows: What our data tells us | Parliamentary and Health Service Ombudsman (PHSO)

MP letters

During 2023/24, NHS Shropshire, Telford and Wrekin received 102 letters/emails from local Members of Parliament (MPs) relating to the healthcare of their constituents. 36 of these enquiries related to services provided by NHS Shropshire, Telford and Wrekin and themes included issues with the Continuing Health Care process and access to various medications. 25 enquiries related to GP Services, 21 of which related to access, including getting through on the telephone and access to appointments. 18 Enquiries related to hospital services, 11 of which were around access to appointments. There were 9 enquiries around Mental Health Services, 7 of which were around access. Access to services was a theme throughout the MP enquiries received.

Compliments

In addition to managing complaints, concerns and enquiries, NHS Shropshire, Telford and Wrekin also receives positive feedback in the form of compliments. 17 compliments were received during 2023/24 and the chart below highlights the services that these compliments related to, along with number of compliments received for each service.



Learning from Feedback received

An important part of the complaint and PALS process is that lessons are learned, and improvements made to services based on feedback received from individuals. Below are some examples of where changes have been made to services following patients providing feedback to the ICB:

What we Heard	What has Happened
Poor Communication around transfer of patient between care homes The wife of a patient raised concerns that she was not informed that her husband was being moved to a different care home.	The Individual Commissioning Team have reminded staff of their responsibility to communicate and involve patients and their representatives in the decision-making process where a move is required. This will be monitored closely by the team management. The care home note that they did write to the patient's wife advising her of the planned move, however the letter was not received. The care home have undertaken a period of reflective practice and have agreed to send important mail such as this via recorded delivery in future.
Concerns regarding delays with referral for patient with other medical retina issues following being referred for cataract surgery Concerns were raised about the pathway for cataract care and delays when patients needed urgent referral onwards for other medical retina issues. The concerns involved Community Health and Eye Care, New Medica, GP Practice and the Referral Assessment Service.	Commissioners have discussed with the organisations involved and processes have been changed to ensure that issues such as this patient experienced do not happen again. The provider where the main delay occurred has changed their administration processes to prevent delays in referrals being rejected, where they have been sent to the service incorrectly.

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members Report

NHS Shropshire, Telford and Wrekin is an Integrated Care Board with a unitary Board and is part of the Shropshire, Telford and Wrekin Integrated Care System.

NHS Shropshire, Telford and Wrekin Board composition during the period 1st April 2023 to 31st March 2024 was as follows:

Board members from 1 March 2023 to 31 March 2024	Board Role	Attendance
Sir Neil McKay (voting)	Chair	8 of 9
Simon Whitehouse (voting)	Chief Executive	9 of 9
Professor Trevor McMillan (voting)	Non-Executive Member and Deputy Chair	8 of 9
Roger Dunshea (voting)	Non-Executive Member	8 of 9
Dr Niti Pall (voting)	Non-Executive Member	1 of 9
Meredith Vivian (voting)	Non-Executive Member	8 of 9
Alison Bussey (voting) to 31st December 2023	ICB Chief Nursing Officer	5 of 9
Vanessa Whatley (voting) from 1st January 2024	Interim ICB Chief Nursing Officer	1 of 9
Gareth Robinson (voting)	ICB Executive Director for Delivery and Transformation	8 of 9
Claire Skidmore (voting)	ICB Chief Finance Officer	8 of 9
Mr Nicholas White (voting)	ICB Chief Medical Officer	8 of 9
Dr Ian Chan (voting)	Primary Care Member and GP in Telford and Wrekin	9 of 9
Dr Julian Povey (voting)	Primary Care Member and GP in Shropshire	9 of 9

Andy Begley (voting)	Local Authority Member and Chief Executive Shropshire Council	7 of 8
David Sidaway (voting)	Local Authority Member and Chief Executive Telford and Wrekin Council	6 of 9
Louise Barnett (voting)	Trust Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust	6 of 9
Neil Carr (voting)	Trust Member and Chief Executive, Midlands Partnership NHS Foundation Trust	7 of 9
Patricia Davies (voting)	Trust Member and Chief Executive, Shropshire Community Health NHS Trust	8 of 9
Stacey Keegan (voting)	Trust Member and Chief Executive, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	8 of 9
David Bennett (non-voting) from 8th December 2023	Associate Non-Executive Member NHS STW	3 of 9
Nigel Lee (non-voting) from 4th August 2023	Participant and Interim ICB Director of Strategy and Partnerships	2 of 9
Pauline Gibson (non-voting)	Participant and Non-Executive Director, Midlands Partnership NHS Foundation Trust	3 of 9
Tina Long (non-voting)	Participant and Interim Chair, Shropshire Community Health NHS Trust	3 of 9
Dr Catriona McMahon (non-voting)	Participant and Chair, Shrewsbury and Telford Hospital NHS Trust	6 of 9
Harry Turner (non-voting)	Participant and Chair, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	5 of 9
Cathy Purt (non-voting)	Participant, Chair of the ICB Strategy Committee and Non-Executive Director, Shropshire Community Health NHS Trust	4 of 9
Lyn Cawley (non-voting)	Healthwatch Observer and Chief Officer Healthwatch Shropshire	6 of 9
Simon Fogell (non-voting)	Healthwatch Observer and Chief Executive Healthwatch Telford and Wrekin	4 of 9
Jackie Jeffrey	VCS Observer and Vice Chair Shropshire, VCSA	4 of 9
Richard Nuttall	VCS Observer and Joint Chair, Telford & Wrekin Chief Officers Group (COG)	4 of 9
Jan Suckling	Healthwatch Observer and Lead Officer Healthwatch Telford and Wrekin	1 of 9

Primary Care General Medical Services

The organisation has delegated commissioning responsibilities for primary care general medical services on behalf of NHS England. This includes commissioning 51 GP practices located within the geographical area coterminous with the boundaries of Shropshire Council and Telford and Wrekin Council.

The practices are outlined below:

Practice name	Address
Albrighton Medical Practice	Shaw Lane, Albrighton, Wolverhampton, WV7 3DT
Alveley Medical Practice	Village Road, Alveley, Bridgnorth, WV15 6NG
The Beeches Medical Practice	1 Beeches Road, Bayston Hill, Shrewsbury, SY3 0PF
Belvidere Medical Practice	23 Belvidere Road, Shrewsbury, SY2 5LS
Bishop's Castle Medical Practice	School House Lane, Bishop's Castle, SY9 5BP
Bridgnorth Medical Practice	Northgate Health Centre, Bridgnorth, WV16 4EN
Broseley Medical Centre	Bridgnorth Road, Broseley, TF12 5EL
Brown Clee Medical Practice	Station Road, Ditton Priors, Bridgnorth, WV16 6SS
Cambrian Medical Centre	Thomas Savin Road, Oswestry, SY11 1GA
The Caxton Surgery	Oswald Road, Oswestry, SY11 1RD
Charlton Medical Centre	Lion Street, Oakengates, Telford, TF2 6AQ
Churchmere Medical Group	Trimpley Street, Ellesmere, SY12 0DB

Church Stretton Medical Practice	Easthope Road, Church Stretton, SY6 6BL
Claremont Bank Surgery	Claremont Bank, Shrewsbury, SY1 1RL
Cleobury Mortimer Medical Centre	Vaughan Road, Cleobury Mortimer, Kidderminster, Worcestershire, DY14 8DB
Clive Medical Practice	High Street, Clive, Shrewsbury, SY4 5PS
Court Street Medical Practice	Court Street, Madeley, Telford, TF7 5EE
Craven Arms Medical Practice	20 Shrewsbury Rd, Craven Arms, SY7 9PY
Dawley Medical Practice	Webb House, King Street, Dawley, Telford, TF4 2AA
Donnington Medical Practice	Wrekin Drive, Donnington, Telford, TF2 8EA
Highley Medical Centre	Bridgnorth Road, Highley, Bridgnorth, WV16 6HG
Hodnet Medical Centre	Drayton Road, Hodnet, Market Drayton, TF9 3NF
Hollinswood and Priorslee Medical Practice	Downmeade, Hollinswood, Telford, TF3 2EW
Ironbridge Medical Practice	Trinity Hall Dale Road, Coalbrookdale, Telford, TF8 7DT
Knockin Medical Centre	Knockin, Oswestry, SY10 8HL
Linden Hall Surgery	Station Road, Newport, TF10 7EN
Marden Medical Practice	25 Sutton Road, Shrewsbury, SY2 6DL
Market Drayton Medical Practice	Maer Lane, Market Drayton, TF9 3AL
Marysville Medical Practice	Brook Street, Belle Vue, Shrewsbury, SY3 7QR
The Meadows Medical Practice	Turnpike Meadow, Clun, SY7 8HZ
Much Wenlock and Cressage Medical Practice	Kingsway Lodge, Kings Street, Much Wenlock, TF13 6BL
Mytton Oak Surgery	Racecourse Lane, Shrewsbury, SY3 5LZ
Plas Ffynnon Medical Centre	Middleton Road, Oswestry, SY11 2RB
Pontesbury and Worthen Medical Practice	Hall Bank, Pontesbury, Shrewsbury, SY5 0RF
Portcullis Surgery	Portcullis Lane, Ludlow, SY8 1GT
Prescott Surgery	Prescott Fields, Baschurch, Shrewsbury, SY4 2DR
Radbrook Green Surgery	Bank Farm Road, Shrewsbury, SY3 6DU
Riverside Medical Practice	Barker Street, Shrewsbury SY1 1QJ
Severn Fields Medical Practice	Severn Fields Health Village, Sundorne Road, Shrewsbury SY1 4RQ
Shawbirch Medical Practice	Brandon Avenue, Admaston, Telford, TF5 0DU
Shawbury Medical Practice	Poynton Road, Shawbury, SY4 4JS
Shifnal and Priorslee Medical Practice	Haughton Road, Shifnal, TF11 8DD
South Hermitage Surgery	South Hermitage, Belle Vue, Shrewsbury, SY3 7JS
Station Drive Surgery	Station Drive, Ludlow, SY8 2AB
Stirchley Medical Practice	Sandino Road, Stirchley, Telford, TF3 1FB
Teldoc	Church Road, Malinslee, Telford, TF3 2BF
Wellington Road Surgery	Wellington Road, Newport, TF10 7HG
Wem and Prees Medical Practice	New Street, Wem, Shrewsbury, SY4 5AF
Wellington Medical Practice	Chapel Lane, Wellington, Telford, TF1 1PZ
Westbury Medical Centre	Westbury, Shrewsbury, SY5 9QX
Woodside Medical Practice	Park Lane, Woodside, Telford, TF7 5NR

Composition of Governing Body

See Members Report

Committee(s), including Audit Committee

So that the Board of NHS Shropshire, Telford and Wrekin can provide strategic direction to the organisation and to assure itself of the ICB's internal control infrastructure, it has established a number of committees to undertake specific roles within the governance structure. A diagram showing the

governance structure and explaining the role of each committee can be found in the Annual Governance Statement later in this report.

The first year of operation of NHS Shropshire, Telford and Wrekin has been used to develop the committee's individual ways of working and starting to develop how the inter-relationships and inter-dependencies between the Board committees will function. As part of this work, we commissioned the Good Governance Institute to review our progress to date and to help identify improvements for the future. The output report from this work was presented to the Board on 31st January

The composition of the Audit Committee was as follows:

Mr Roger Dunshea	Chair and Non-Executive Member
Professor Trevor McMillan OBE	Non-Executive Member
Dr Niti Pall	Non-Executive Member
Mr Meredith Vivian	Non-Executive Member

The role of each Board committee, composition and attendance is detailed in the Annual Governance Statement which forms part of this Annual Report.

Conflicts of interest declared by our Board members and other committees where membership is different can be found on our website here:

Conflicts of Interest - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

Modern Slavery Act

NHS Shropshire, Telford and Wrekin fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Shropshire, Telford and Wrekin Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Shropshire, Telford and Wrekin Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

To the best of my knowledge and belief, and subject to the disclosures set out below, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my ICB Accountable Officer Appointment Letter.

Disclosures:

> Section 30 letter issued by external auditors to the Secretary of State - NHS Shropshire and Telford ICB has reported a deficit of £16.2 million in its draft financial statements for the period ending 31 March 2024. This has resulted in the ICB overspending its revenue resource limit by £16.2 million. As a result the ICB has taken a course of action that is unlawful and has caused a loss. The external auditors are required to refer this matter to the Secretary of State.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Shropshire, Telford and Wrekin's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Simon Whitehouse

Accountable Officer

26th June 2024

Governance Statement

Introduction and context

NHS Shropshire, Telford and Wrekin is a body corporate established by NHS England on 1 July 2022 under the Health and Care Act 2022, which sets out the ICB's statutory functions.

The general function of NHS Shropshire, Telford and Wrekin is to arrange the provision of services for people for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Shropshire, Telford and Wrekin's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Shropshire, Telford and Wrekin's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Shropshire, Telford and Wrekin is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that NHS Shropshire, Telford and Wrekin has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of relevant good governance as are relevant to it.

NHS Shropshire, Telford and Wrekin is led by a unitary Board comprising a Chair and Chief Executive, Executive Directors, Non-Executive Members and Partner Members composed of local GPs, local Trusts/Foundation Trusts and Local Authorities all located within the geographical area of Shropshire. The members of the Board are responsible for determining the governing arrangements of the organisation, which they are required to set out in NHS Shropshire, Telford and Wrekin's Constitution and Governance Handbook, which can be found on our website: Our Constitution - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk).

Attendance details refers to the full number of meetings held throughout the year. Where an individual was only a member for part of the reporting period, they may not have been required to attend every meeting.

Where an individual is marked as attending, there may be instances where a deputy attended in their place. If you require further detail on individual committees, please contact us through the normal channels.

Board

The composition of NHS Shropshire, Telford and Wrekin's Board is outlined in full within the Constitution.

The Board has met 8 times during the period 1st April 2023 to 31st March 2024 in total. The names of members and their-attendance are listed above at the beginning of the Corporate Governance section above.

Audit Committee

The Audit Committee provides assurance to the Board that the organisation's overall internal control/governance system operates in an adequate and effective way. The Committee's work focuses not only on financial controls, but also risk management and quality governance controls.

The Committee has met a total of 5 times during 2023/24, which is included in the attendance table below.

Audit Committee members	Meetings attended during 2023/24
Mr Roger Dunshea – Chair and Non-Executive Member	5 of 5
Professor Trevor McMillan – Non-Executive Member	3 of 5
Dr Niti Pall – Non-Executive Member	3 of 5
Mr Meredith Vivian – Non-Executive Member	4 of 5

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- financial sustainability.
- assurance gained from and further development of the Board Assurance Framework (BAF) and Executive Risk Register;
- assurance gained from overseeing the continued development and self-certification of the ICB against the Data Security and Protection Toolkit (DSPT);
- assurance on the ICB's emergency planning and business continuity processes;
- assurance on the counter fraud measures in place and on continuing work around preventing and addressing fraud;
- assurance gained from Internal / External Audit reports; and
- assurance on the content of the annual accounts and annual report audit by external auditors.
- EO Committee re Discharge Funding Gap
- Better Care Fund
- Investment Panel

Remuneration Committee

The Remuneration Committee has delegated decision making from the Board to approve appropriate salaries, payments and terms and conditions of employment.

The Committee has met a total of 4 times during 2023/24, which is included in the attendance table below.

Remuneration Committee members from 1st April 2023 to 31st March 2024	Meetings attended during 2023/24
Professor Trevor McMillan – Chair of the Committee and Non-Executive Member	4 of 4
Sir Neil McKay – ICB Chair	2 of 4
Dr Niti Pall – Non-Executive Member	4 of 4
Meredith Vivian – Non-Executive Member	4 of 4

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- ICB Chief Executive Officer Substantive Appointment
- ICB Chief Executive Officer (CEO) Pay Review 2023 – 2024
- ICB Chief Nursing Officer Remuneration and Appointment Process
- ICB Chief Nursing Officer (CNO) Temporary Appointment
- ICB Chief Medical Officer (CMO) Pay Case Update
- Executive Director and Director Annual Pay Review 2023 – 2024
- Interim Chief People Officer Role
- Update on Clinical Lead Personalised Care
- On Call Review Paper
- Proposal to implement a VSM2 (Very Senior Manager 2) category with a pay band equivalent to Agenda for Change Band 9
- Temporary Implementation of Purchase of Annual Leave
- Very Senior Manager (VSM) Local Pay Framework
- Approval Process for Potential Redundancies

Remuneration Committee – To Manage Conflicts of Interest

There were no meetings held of the Remuneration Committee, where the membership of the Committee would need to be amended to avoid any conflicts of interest.

Extraordinary Remuneration Committee members from 1st April 2023 to 31st March 2024	Meetings attended during 2023/24
Sir Neil McKay – ICB Chair	0 of 0
Claire Skidmore – ICB Chief Finance Officer	0 of 0
Dr Julian Povey – Partner Board Member and GP in Shropshire	0 of 0
Simon Whitehouse – ICB Chief Executive Officer	0 of 0
Andrew Begley – Partner Board Member and Chief Executive of Shropshire Council	0 of 0
Patricia Davies – Partner Board Member and Chief Executive of Shropshire Community Health NHS Trust	0 of 0
Stacey Keegan – Partner Board Member and Chief Executive of Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	0 of 0
Neil Carr – Partner Board Member and Chief Executive of Midlands Partnership University NHS Foundation Trust	0 of 0

Quality and Performance Committee

The QPC Committee oversees and provides assurance on performance and quality of commissioned services. The committee met 10 times as required during the period 1st March 2023 to 31st March 2024. No meetings were held in August 2023 and December 2023.

Quality and Performance Committee members	Meetings attended during 2023/24
Meredith Vivian – Chair and Non-Executive Director Member	10 of 10
Alison Bussey – ICB Chief Nursing Officer to 31st December 2023	5 of 10
Vanessa Whatley – ICB Interim Chief Nursing Officer from 1st January 2024	9 of 10
Nick White – ICB Chief Medical Officer	2 of 10
Claire Parker – ICB Director of Partnerships and Place	1 of 10
Julie Garside – ICB Director of Planning and Performance	9 of 10
Liz Noakes – Director of Public Health representing Telford Local Authority	5 of 10
Rachel Robinson – Director of Public Health representing Shropshire Council	0 of 10
Hayley Flavell – Director of Nursing and Midwifery at Shrewsbury and Telford Hospital NHS Trust	3 of 10
Rose Edwards – Associate Non-Executive Director at Shrewsbury and Telford Hospital NHS Trust (from January 2023)	10 of 10
Liz Lockett – Member Chief Nurse at MPFT	1 of 10
Jacqueline Small – Member Non-Executive Director MPFT (to 31st December 2022)	0 of 10
Simmy Akhtar – Non-Executive Director MPFT (from 1st January 2023)	2 of 10
Clare Hobbs – Director of Nursing at Shropshire Community Health NHS Trust	1 of 10
Tina Long – Non-Executive Director at Shropshire Community Health NHS Trust (to 28th February 2022) no longer part of the committee	0 of 10
Jill Barker – Member Associate Non-Executive Director at Shropshire Community Health NHS Trust	9 of 10
Sara Ellis Anderson – Chief Nurse representing Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – now with SCHT representing Clair Hobbs.	1 of 10
Ruth Longfellow – Medical Director at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – deputising for Sara Ellis	3 of 10
Chris Beacock - Non-Executive Director at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – no longer a committee member	0 of 10
Sonya Miller Assistant Director for Children's Social Care and Safeguarding – Shropshire Council – Senior Leadership representative	0 of 10
Jo Britton Executive Director of Children's Services, Telford and Wrekin Council – Senior Leadership Representative	0 of 10
Lynn Cawley – Shropshire Healthwatch	3 of 10
Simon Fogell – Telford and Wrekin Healthwatch	3 of 10

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- Performance Exception Reports
- Health Protection Board Update
- Primary Care Access Implementation Plan
- Local Maternity and Neonatal Services
- Mental Health
- Learning Disability & Autism

- Infection, Prevention & Control
- SOAG Exception Report
- Deep Dive – Primary Care
- Deep Dive – Urgent and Emergency Care
- Deep Dive – Children and Young People
- IAPT – Improving Access to Psychological Therapies
- System Quality Metrics
- System Risk Register
- Diabetes
- Palliative Care and End of Life Services
- Quality Insight
- Safeguarding Adults and Children Annual reports

Finance Committee

The Finance Committee Section One and Section Two oversees and provides assurance on the financial delivery of commissioned services. The committee met 10 times during 2023/24 as required during the period 1st April 2023 to 31st March 2024.

Finance Committee members	Meetings attended during 2023/24
Section One – Financial assurance for ICB as a statutory body	
Professor Trevor McMillan – ICB Non-Executive Member and Chair	9 of 10
Claire Skidmore – ICB Chief Finance Officer	8 of 10
David Bennett – ICB Associate Non-Executive Member – from 8th December 2023	1 of 10
Section Two – Financial assurance for ICS	
Professor Trevor McMillan – ICB Non-Executive Member and Chair	9 of 10
Claire Skidmore – ICB Chief Finance Officer	9 of 10
David Bennett – ICB Associate Non-Executive Member – from 8th December 2023	2 of 10
Helen Troalen – Director of Finance for Shrewsbury and Telford Hospitals	6 of 10
Sarah Lloyd – Director of Finance for Shropshire Community Health Trust	6 of 10
Craig McBeth – Chief Finance Officer for Robert Jones, and Agnes Hunt Hospitals Trust	4 of 10
Chris Sands – Chief Finance Officer for Midlands Partnership NHS Foundation Trust	3 of 10
Sarfraz Nawaz – Non-Executive Director for Robert Jones, and Agnes Hunt Hospitals Trust	3 of 10
Richard Miner - Non-Executive Director for Shrewsbury and Telford Hospitals Trust	3 of 10
Peter Featherstone – Non-Executive Director for Shropshire Community Health Trust	7 of 10
James Walton – Partner Organisation of Shropshire Local Authority	0 of 10
Michelle Brockway – Partner Organisation of Telford & Wrekin Local Authority	1 of 10
Richard Minor – Non-Executive Director for Shrewsbury and Telford Hospital	3 of 10

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- Monthly Position Update
- Finance Risk Register (System Board Assurance Framework)
- 2023/24 Plan Update
- Intelligent Fixed Payment Group Update - including Terms of Reference sign off
- Capital Plan Update
- ICB 2023/24 Efficiency Plans Update

The Strategy Committee

The Strategy Committee oversees the development of ICS 5 Year Forward Plan taking into account the Integrated Care Strategy. The Committee has met 11 times during the period 1st April 2023 to 31st March 2024 as required.

Strategy Committee members	Meetings attended during 2023/24
Cathy Purt – Chair of Strategy Committee	7 of 11
Nigel Lee – Interim ICB Executive Director of Strategy and Partnerships from 4th August 2023	6 of 11
David Brown – Non-Executive Director of Shrewsbury and Telford Hospitals	6 of 11
Liz Noakes – Director of Public Heath, Telford and Wrekin Council	6 of 11
Mark Large – Non-Executive Director of MPFT	5 of 11
Professor Paul Kingston – Non-Executive Director for Robert Jones, and Agnes Hunt Hospitals Trust	1 of 11
Peter Featherstone – Non-Executive Director for Shropshire Community Health Trust	5 of 11
Rachel Robinson – Director of Public Health, Shropshire Council	4 of 11
Claire Skidmore - ICB Chief Finance Officer or Deputy	3 of 11
Nick White - ICB Chief Medical Officer or Deputy not yet nominated (from 1st February 2023)	4 of 11
Ian Chan - One representative of general Practice Primary care Providers vacancy – not yet nominated - (from 1st February 2023)	2 of 11
One representative from the VCS - vacancy – not yet nominated (from 1st February 2023)	
Sara Lloyd, Senior Executive strategy lead from Shropshire Community Healthcare NHS Trust (from 1st February 2023)	2 of 11
Nia Jones - Managing Director for Planning and Strategy, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	8 of 11
Steve Grange Senior Executive strategy lead from Midlands Partnership Foundation Trust	2 of 11

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- Joint Forward Plan
- Clinical Strategy
- HTP update
- System Utilisation Review
- NOF 4 Exit Criteria
- Health Inequalities
- Population Health Group

- Provider Collaborative Development
- Local Care and Transformation Programme
- Strategic Commissioning intentions
- STW General Practitioner (GP) Strategy 2023/24
- Histopathology Transformation
- Digital Strategy
- Procurement Working Group

Primary Care Commissioning Committee

The Primary Care Commissioning Committee oversees the commissioning of primary care standard general medical services (GMS) under delegated decision-making authority from NHS England.

The Primary Care Commissioning Committee has met 3 times during the period 1st April 2023 to 31st March 2024 as required.

Primary Care Commissioning Committee members	Meetings attended during 2023/24
Dr Niti Pall – Non-Executive Director, Chair	3 of 3
Nick White – Chief Medical Officer (Deputy Chair)	2 of 3
Simon Whitehouse – ICB Chief Executive Officer	1 of 3
Claire Skidmore – ICB Chief Finance Officer	2 of 3
Gareth Robinson – ICB Director of Delivery & Transformation	3 of 3
Nigel Lee – Interim ICB Director of Strategy & Partnerships from 4th August 2023	0 of 3
Alison Bussey – ICB Chief Nursing Officer to 31st December 2023	0 of 3
Vanessa Whatley – Interim ICB Chief Nursing Officer from 1st January 2024	0 of 3
Roger Dunshea – Non-Executive Director	3 of 3

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- Changes to Primary Care Commissioning Governance
- Finance Report
- Primary Care Workforce & Training Hub Report
- Primary Care Teamwork Programme
- General Practice Nurse Strategy
- GP Delivery Plan
- GP Strategy
- GPN Strategy
- Digital Programme & Budget
- System Digital Strategy Development
- GP Access – GP Access Recovery Plan; GP Patient Satisfaction Survey; GP Access Performance report
- Asylum Seeker Update
- Risk Register
- Shrewsbury Health & Wellbeing Hub
- Lantum Contract
- Prioritisation Process for PCN Estates Strategy Capital Programme
- Hodnet Medical Practice Boundary Change
- Delegation of POD and Changes to Terms of Reference
- GP Occupational Health Service – Direct Award of Contract
- Practice Patient Participation Group Audit and Improvement Action Plan
- Results of GP Surveys
- Results of Primary Care Ethnic Diversity Survey
- NHS Long Term Workforce Plan

Integrated Delivery Committee

The Integrated Delivery Committee provides assurance oversight and support to the development and delivery of system transformation programmes and efficiency programme.

The Integrated Delivery Committee has met 12 times during the period 1st April 2023 to 31st March 2024 as required (this does not include the meeting scheduled for 21 March 2024). *

Integrated Delivery Committee	Meetings attended during 2023/24
Harry Turner – Chair of the Committee and Chair of Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	5 of 12
Gareth Robinson – Vice Chair of the Committee and ICB Director of Delivery & Transformation	12 of 12
Claire Skidmore – ICB Chief Finance Officer	5 of 12
Tanya Mills – Director of Adult Social Care, Shropshire	1 of 12
Jonathan Rowe – Director of Adult Social Care, Telford and Wrekin Council (to January 2024)	5 of 12
Simon Froud – Representing Telford & Wrekin Council (from 12 June 2023)	4 of 12
Angie Wallace – Chief Operating Officer of Shropshire Community Health NHS Trust	0 of 12

Mike Carr – Chief Operating Officer of Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	7 of 12
Sara Biffen – Chief Operating Officer of Shrewsbury and Telford Hospitals	9 of 12
Alison Bussey – ICB Chief Nursing Officer (to 31st December 2023)	0 of 12
Vanessa Whatley – Interim ICB Chief Nursing Officer (from 1st January 2024)	1 of 12

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- IDC Chair's Report
- Local Care Update
- Financial Improvement/Efficiency Programme Update
- Financial Efficiency Planning Update
- Planned Care Board Update
- UEC Board Update
- Investment Panel Update
- IDC Draft Forward Plan
- TWIPP Chairs Report
- SHIPP Chairs Report
- MH LD&A Board Chairs Report
- Outpatients Deep Dive
- Digital Update
- Local Care – Virtual Ward update
- HTP Update/LCTP impact
- 78 Week Waits Performance Update
- Vaccination Programme Update
- Planned Care Update
- Operational Plan Delivery Dashboard
- LCTP Governance & Reporting Framework
- Virtual Ward Update
- Baricitinib Policy
- MH LDA Deep Dive
- Annual Procurement Plan
- MSK Transformation Terms of Reference
- Local Care Transformation
    - Governance Model
    - Highlight & Risk Report
    - VW Escalations
- System Operational Plan Dashboard
- MSK Strategy Engagement Outputs
- Digital Delivery
- Local Care Transformation – Cohort 1 update
- Primary Care Improvement & Transformation Board
- MSK Transformation
    - Board Development Session
    - Reporting
- System GP Access Improvement/Recovery Plan

- ICELS Mobilisation
- Rapid Response Update
- Medicines Management Policy
- VBC Policy
- CGM Commissioning Policy: Adults and CGM Commissioning Policy: CYP
- MSK Update

System People, Culture and Inclusion Committee

The System People, Culture and Inclusion Committee provides assurance and oversight of the development and delivery of the system's People Plan.

The System People Committee has met 3 times during the period 1st April 2023 to 31st March 2024 as required.

System People, Culture and Inclusion Committee Members	Meetings Attended During 2023/24
Catriona McMahon – Chair and Chair of Shrewsbury and Telford Hospital NHS Trust	3 of 3
Professor Trevor McMillan – ICB Non-Executive Director	0 of 3
Teresa Boughey - Non-Executive Director Shropshire Community Health NHS Trust	2 of 3
Pauline Gibbons – Non-Executive Director Midlands Partnership University Foundation Trust	0 of 3
Professor Paul Kingston – Non-Executive Director for Robert Jones, and Agnes Hunt Hospitals Trust	0 of 3
Cathy Purdy – Non-Executive Director Shrewsbury and Telford Hospital NHS Trust	0 of 3
Stacey Keegan - Vice Chair and Chief Executive Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	1 of 3
ICS Chief People Officer/Vacant	0 of 3
Alex Brett – Chief People Officer Midlands Partnership University Foundation Trust	0 of 3
Rhia Boyode – Director of People and OD Shrewsbury and Telford Hospital NHS Trust	3 of 3
Denise Harnin– Chief People Officer and Culture Officer Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	2 of 3
Clair Hobbs – Director of Nursing, Clinical Delivery and Workforce	0 of 3

Throughout the period 1st April 2023 to 31st March 2024, the Committee has received reports on the following:

- Draft People, Culture & Inclusion Governance & Operating Model
- Refresh of the Terms of Reference and Title of this Meeting
- People Delivery Committee Chairs' Report September 2023
- System Workforce Metrics to end August 2023
- AOB previously noted to the Chair
- 2023/2027 People Strategy Delivery
- SRO Report Retain
- SRO Report Reform
- SRO Report Transform

- Pharmacy Faculty

Integrated Care Partnership (ICP)

The Integrated Care Partnership is a joint committee created by NHS Shropshire, Telford and Wrekin, Shropshire Council and Telford and Wrekin Council. The role of the ICP is to bring together multiple system partners to develop an integrated care strategy for the whole population using best available information.

The Integrated Care Partnership has met once during the period 1st April 2023 to 31st March 2024 as required.

Integrated Care Partnership members	Meetings attended during 2023/24
Cllr Shaun Davies, Leader of Telford & Wrekin Council (Co-Chair)	1 of 1
Cllr Lezley Picton, Leader of Shropshire Council (Co-Chair)	1 of 1
Sir Neil McKay, Chair of the Integrated Care Board	1 of 1
Cllr Andy Burford, Chair of Telford and Wrekin's Health & Wellbeing Board	1 of 1
Cllr Cecilia Motley, Chair of Shropshire Health & Wellbeing Board	1 of 1
Simon Whitehouse, Chief Executive of the Integrated Care Board	1 of 1
David Sidaway, Chief Executive of Telford and Wrekin Council	1 of 1
Andy Begley, Chief Executive of Shropshire Council	1 of 1
Vacancy - Primary Care representative from Shropshire Place Based Partnership	0 of 1
Vacancy - Primary Care representative from Telford and Wrekin Place Based Partnership	0 of 1
Liz Noakes, Director of Public Health of Telford and Wrekin Council	1 of 1
Rachel Robinson, Director of Public Health of Shropshire Council	1 of 1
Tanya Miles, Executive Director People, Shropshire Council	0 of 1
Jo Britton, Director of Children's Services for Telford and Wrekin Council	1 of 1
Karen Bradshaw, Director of Children's Services for Shropshire Council	0 of 1
Simon Froud, Director of Adult Social Care for Telford and Wrekin Council	0 of 1
Louise Cross, Telford and Wrekin VCS	0 of 1
Jackie Jeffery, Shropshire VCS	1 of 1
Heather Osborne, Shropshire VCS	1 of 1
Lynn Cawley, Healthwatch Shropshire representative	1 of 1
Simon Fogell, Healthwatch Telford and Wrekin representative	0 of 1

Throughout the period 1st April 2023 to 31st March 2024, the partnership has received reports on the following:

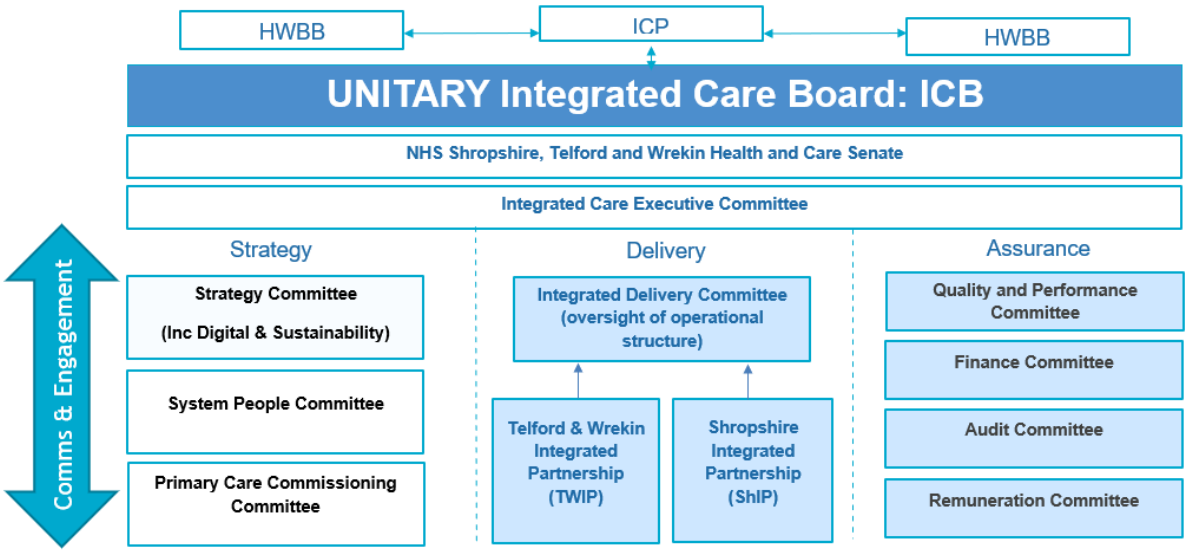
- Briefing on the content of the current Joint Strategic Needs Analysis and Health and Wellbeing Strategies for the respective local authority areas.
- Development and approval of the Integrated Care Strategy
- Update on development of the Joint Forward Plan and the engagement plan and delivery with the public and stakeholders.

Membership of the committees and sub-committees of the Board is outlined in respective terms of reference which are included in the Constitution and Governance Handbook. Attendance at these meetings is recorded in the minutes of each meeting.

The governance structure for NHS Shropshire, Telford and Wrekin (as described in the Constitution) is shown on the next page.

The organisation has reflected on its own effectiveness and performance as part the monthly assurance checkpoints undertaken by NHS England during 2023/24 and as part of the transition arrangements to the ICB and Good Governance Institute report on “Making Meetings Matter”. The outcomes of these reflections have been reported to the Board.

Governance Structure



UK Corporate Governance Code

NHS bodies are not required to comply with the UK Corporate Governance Code.

Discharge of Statutory Functions

NHS Shropshire, Telford and Wrekin has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the organisation is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the organisation’s statutory duties.

Risk management arrangements and effectiveness

Corporate governance is the system by which the Board directs and controls the organisation at the most senior level, to achieve its objectives and meet the necessary standards of accountability and probity. Using a risk management mechanism, the Board brings together the various aspects of

governance: corporate, clinical, financial, and information to provide assurance on its direction and control in a coordinated way across the whole ICS and across the ICB as standalone organisation.

During 2023/24 the ICB and system have adopted a revised Risk Management Policy and risk appetite and a new system board assurance framework and strategic operational risk register that covers both system and ICB only strategic operational risk.

NHS Shropshire, Telford and Wrekin received a limited assessment from its Internal Auditors which reflects that an Assurance Framework has been established but is not sufficiently complete to meet the requirements of the Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principal risks across all the main business activities. There were also two areas recommended by internal auditors for action which are being actioned in quarter 1 and 2 of 2023/24 financial year.

The coordinating body for receiving assurance on these strands of governance is the Audit Committee, which oversees integrated governance on behalf of the Board. In addition, the other committees also oversee the risks within their specific remits, providing assurance to the Audit Committee where appropriate.

NHS Shropshire, Telford and Wrekin prevents risk arising wherever possible by:

- applying policies and procedures for staff and contractors to follow;
- the Constitution and Governance Handbook;
- standing orders and standing financial instructions;
- the use of technical support external to the organisation (for example, legal, Information Governance and human resources advice); and
- internal audit.

The organisation also employs deterrents to risk arising (for example fraud and IT deterrents).

The system of risk control forms part of the organisation's system of internal control and is defined in the Integrated Risk Management Policy, which is reviewed annually. The policy defines the risk management responsibilities and common methodologies for the identification and assessment of risks for the whole organisation. It requires that risks are managed to a reasonable level, within the parameters of a defined risk appetite, rather than requiring the elimination of all risk of failure to achieve the organisation's objectives.

The risk control system facilitates the assessment of risk by:

- identifying and prioritising the risks to the achievement of the organisation's objectives
- evaluating the likelihood of those risks being realised and the impact should they be realised, and managing them efficiently, effectively and economically.

The Risk Management Policy applies to all risks, whether these are financial, quality, performance, governance, etc.

The risk appetite was determined and approved by the Board and the strategy outlines the processes for maintaining and monitoring the System Board Assurance Framework and the Strategic Operational Risk Registers for the System and ICB with due regard to this appetite.

Our risk appetite is outlined in our Risk Management Policy which can be found here.

Risk management is embedded in the activity of the organisation and can be demonstrated through:

- completion of equality impact assessments for reviewed or new policies

- incident and serious incident reporting is encouraged by the organisation and evident through the Ulysses reporting system
- Information Governance (IG), raising concerns and ensuring fraud awareness and training has been provided to senior managers and staff
- training for staff and Board members is mandated for particular areas: health and safety, IG, safeguarding, safer recruitment, fire safety, business continuity/emergency planning, Integrated Single Finance System (ISFE) and conflicts of interest
- intelligence gathering through quality and performance contracting processes with providers
- complaints and Patient Advice and Liaison Service (PALS) enquiries
- NHS-to-NHS concerns reporting via Ulysses
- national reviews, inspections and guidance.

Risks are identified, assessed and recorded in accordance with the Risk Management Policy. The principal processes and the matrix described in this document is applied to all risk registers, incident management and risk assessment activity across the organisation. The Policy outlines the processes used to identify risk within the ICB and across the system.

Capacity to Handle Risk

Leadership is given to the risk management process by the Accountable Officer whose role is to own the System Board Assurance Framework (SBAF). The SBAF, which documents the principle risks to the system's objectives not being delivered, is underpinned by the Strategic Operational Risk Register (SORR) for the system and for the ICB as a corporate entity. This outlines the lower-level risks to each executive lead not meeting their specific remit objectives and, specifically, risks to the organisation not fully discharging primary care commissioning under its delegation from NHS England effectively. Each executive lead, or members of their respective teams, will inform the Strategic Operational Risk Register. Both the Accountable Officer and directors are supported by the Director for Corporate Affairs. NHS Shropshire, Telford and Wrekin staff are provided with a risk assessment code of practice and receive support and training on risk management from the Director of Corporate Affairs where required.

A summary of the major risks identified in the SBAF during 2023/24 is set out below, and the actions being taken to mitigate the risks. The major risks to the ICS and the organisation have been reviewed and revised bi-monthly where necessary.

Description of major risks added to the Board Assurance Framework during 2023/24	Existing controls	Further actions
Strategic Risk No.1: Unable to sustain a culture of strategic collaboration and partnership working and secure delivery of integrated cares on priorities	Strategies and Plans • ICB Constitution • ICP Terms of Reference • Governance Handbook / Functions and Decisions Map • System Development Plan • Better Care Fund Plans • Primary Care Strategy • Clinical and Professional Leadership Programme • Integrated Care Strategy • Joint 5 year forward plan • People Priorities Partnerships and Services • Integrated Care Partnership • ICS Chief Executive Group • ShIPP • TWIPP	1. Complete self-assessment against NHSE/CQC regulatory framework - Q4 2a Interim ICS Director of Strategy le leading development of STW Provider Collaborative – Q3 2b. Creation of dedicated Director level role to support development of Provider Collaborative2c. Establishment of Provider Collaborative Committees in Common 2d. CB CEO co-chair of HWBB's 2e. Director of Partnerships and Place supporting delivery of JFP priorities and integrated place working

	• Health and Wellbeing Boards • ICS People Strategic Workstreams 2024 - 2027 Governance & Engagement Structures • Integrated Care Partnership; Board of the Integrated Care Board and Integrated Delivery Committee • STW Mental Health Collaborative • GGI Review of ICB/ICS governance structures • ICB Strategic Partner on development of ICB version 3.0 • ICB Strategic Partner on development of ICB version 3.0 • People Culture and Inclusion Committee	

Strategic Risk No.2: Risk of not delivering sustainable services within available resources.	Strategies and Plans
	• System Financial Strategy, incorporating:
	  ○ Healthcare Financial Management Association (HFMA) Financial sustainability checklist
	  ○ Triple Aim framework
	  ○ Value based decision making approach
	• Financial Revenue Plan
	• Financial Capital Plan
	• Joint 5 year forward plan
	• Efficiency and Transformation Plans
	• General Practice Estate Programme
	
	Partnerships and Services
	• ShIPP
	• TWIPP
	• ICS Digital Delivery Group
	• Estates Board
	• People Board
	• Planned Care Board
	• UEC Delivery Board
	
	Governance & Engagement Structures
	• Finance Committee
	• Investment Panel
	• Integrated Delivery Committee
	• Audit Committee
	• Provider Collaborative Committees in Common
		1. Develop financial sustainability plan
		
		2. Complete self-assessment against NHSE/CQC regulatory framework

Strategic Risk No.3: STW is seeing a growing and ageing population; services and the workforce will need to adapt and shape to meet these needs. There is a risk that this capacity and capability will not be sufficient to meet population needs nor be able to focus on tackling identified and emergent health inequalities in every instance.	Strategies and Plans • 5 Year Forward Plan • System Development Plan • Inequalities Implementation Operational Plan • Primary Care Winter Plan • Integrated Care Strategy Partnerships and Services • CEO Group • Urgent and Emergency Care Board • Finance Advisory Board • ShIPP • TWIPP • Mental Health Delivery Board • Emergency Preparedness Resilience and Response Framework • System People Board • Local Maternity and Neonatal System • Primary Care Networks • System Quality Group Governance & Engagement Structures • Integrated Care System CEO Group • ICB Board • ICB Strategy Committee • ICB Quality and Performance Committee • ICB System People Committee • ICB Strategy Committee • Integrated Care System Health Inequalities Board • Population Health Board	Complete self-assessment against NHSE/CQC regulatory framework CQC - timeframe yet to be published nationally.
Strategic Risk No.4: Inability to recruit, retain and keep our ICS Workforce well.	Strategies and Plans • One People Plan Recommendations and Insights Report • workforce information dashboards to consider workforce information (sickness, turnover, vacancies, staff in post, Agency and bank usage etc) • 5 year Joint forward Plan Partnerships and Services • People related workstreams being led by the ICS People Team Governance & Engagement Structures • System People Committee provides oversight of the development of our system people strategy and annual programmes and strategic direction of travel • System People Committee oversight of Annual operational workforce planning process to set direction of travel for next 12 months	1 Finalise our ICS People Strategy and priorities by September 2023 4 GGI Making Meetings matter review includes System People Committee – due to report in September 2023 1/2/3/CEO decisions on system people collaborative approach, structures and resources – following discussion papers taken to CEOs meetings and HRD meetings for consideration. 4. Refresh of the System People Committee as the oversight function. 5. Refresh of the People Delivery Committee as the operational delivery programme board. 2. see (4) above
Strategic Risk No.5: Lack of capacity and strategy to develop and use digital	Strategies and Plans • Integrated Care Strategy	1. ICS Digital Strategy and portfolio for Board approval scheduled March 2024

and data systems to enable efficient and effective care across the ICS	• Joint Forward Plan • Population Health Roadmap • Joint Strategic Needs Assessments • Digital Strategy Partnerships and Services • Population Health Management Board • ICS Digital Delivery Group • TWIPP • ShIPP Governance & Engagement Structures • Integrated Delivery Committee • Strategy Committee • System Digital Governance Model	2. Develop information and data strategy across ICP 3. Complete self-assessment against NHSE/CQC regulatory framework 4. Consideration of system resources for support delivery of the Digital Strategy 5. Develop system digital operating model following adoption of the Strategy and portfolio
Strategic Risk No.6: Inability to respond strategically to ICS objectives due to the impact of external factors beyond the influence of the ICS. for example, EPRR, Climate change, economic and political changes	Strategies and Plans • Integrated Care Strategy • Joint Forward Plan • Health and Wellbeing Strategies • Local Authority Strategies • NHS EPRR Framework • NHS England Incident Response Plan • Local Authorities EPRR Response Plans • ICB Incident Response Plan • ICB EPRR Policy • ICB Business Continuity Plans (Corporate & Directorate) • ICB EPRR Communications Plan • ICB On Call Policy • STW Health Protection Strategy • Regional ICB Mutual Aid Agreement • ICS Green Plan • Individual NHS organisations Green Plans • ICB Risk Management Policy Partnerships and Services • Integrated Care Partnership • Local Resilience Forum • Local Health Resilience Partnership • Health Emergency Planning Operational Group • Population Health Board • ShIPP • TWIPP • Primary Care Networks • ICS Climate Change Group Governance & Engagement Structures • Integrated Care Partnership • Health and Wellbeing Boards • Local Resilience Forum • Local Health Resilience Partnership • Health Emergency Planning Operational Group (HEPOG) • Themed HEPOG sub groups	1. ICB CEO to write out to partner CEOs with request for operational lead 2. Escalated to CEOs for decision 3. Action to complete plans included in EPRR annual work programme 23/24 4. Complete self-assessment against NHSE/CQC regulatory framework
Strategic Risk No.7: Inability to contribute effectively as a system to support broader social and economic development	Strategies and Plans • Integrated Care Strategy • 5 year Joint Forward Plan • Health and Wellbeing Strategies Partnerships and Services • TWIPP • ShIPP • Provider Collaboratives • ICS Chief Executives Group • Networks Governance & Engagement Structures • Integrated Care Partnership and Integrated Care Board and associated committees • ICB – agreed values and behaviours • Health and Wellbeing Boards	1. Population health management approach needs to be adopted. 2. GGI review of meetings and governance structure – phase 1 October 2023
Strategic Risk No.8: Patient and Public Involvement	Strategies and Plans • Integrated Care Strategy • 5 Year Forward Plan • Big Health and Wellbeing conversation comms and engagement plan socialised and approved by Board • Communications and Engagement Strategy for STW ICB approved by the Board Partnerships and Services • Presence of Healthwatch for both areas at Board meetings and Quality and Performance Committee • System Involvement and Engagement Network established • Communications and Engagement teams working jointly across ICB, ICS and Providers providing more capacity and expertise in planning and delivery	1a) CSU comms and engagement capacity is used when required. 1b) People's network established to enable ongoing engagement on a regular basis

	• Board meetings are held in public and board papers published to the ICB website to increase transparency. • Substantive ICS Director of Comms and Engagement now appointed and overseeing ICB and ICS functions • System-wide Integrated Impact Assessment (IIA) tool developed to streamline the way we identify the impact of change on equality groups Governance & Engagement Structures • Integrated Care Partnership and Integrated Care Board and associated committees • Reports to Governing bodies/Committees require section completing on Patient involvement • Equality and Involvement Sub-Committee as part of ICB Governance • Non Executive Director for Inequalities in place on Board to act as specific check and balance with regard to patient involvement	

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place to ensure the organisation delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. There is appropriate monitoring of risks and the courses of action being employed to mitigate them.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Our Risk Management Strategy defines our commitment to ensuring that the organisation has in place structures that will effectively manage risks of all kinds, in line with aims set out in our Constitution. We will take all reasonable steps to manage risks in commissioned services, staff, visitors, reputation, organisational assets and any other issue as an integral part of our management processes.

The following control mechanisms are in place:

- risk management
- Constitution
- security management
- Counter Fraud Annual Plan
- Internal Audit Annual Plan
- performance monitoring of ICS providers and the organisation itself
- Data Security and Protection Toolkit submission
- incident and serious incident reporting
- quality and financial reporting
- contract/quality performance monitoring arrangements with providers
- policies and procedures
- risk assessments
- governance reporting between the Board and its committees/sub-committees
- adult and children's safeguarding annual reports
- emergency and business continuity planning/core standards
- external regulator reports on providers.

Annual audit of conflicts of interest management

The organisation has a Conflicts of Interest Policy which governs the process for employees, Board members, Committee members, contractors and others undertaking functions on behalf of the organisation to declare their interests where these may conflict with those of NHS Shropshire, Telford and Wrekin. The Policy outlines a process for individuals both employed by the organisation or those not employed but acting on behalf of the organisation, to declare these interests to ensure that decisions made on behalf of NHS Shropshire, Telford and Wrekin are not compromised. The policy and registers can be found on the website: Conflicts of Interest - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

The organisation has carried out its annual internal audit of conflicts of interest at the end of 2023/24 and the audit provided moderate assurance, with some recommendations for further action. All recommendations have been fully accepted by the organisation and recommendations are being actioned in quarter one of 2024/25. Register of interests have been updated for Committees and Place based partnership meetings and newly published national training is being rolled out to staff and key decision makers in the organisation.

There have been no breaches of the Conflicts of Interest Policy which require reporting to the Audit Committee during this period.

Data Quality

The Board relies on the data quality elements in its contracts with providers that requires them to quality assure their data prior to submission. The organisation also uses NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) for provider information performance, quality and finance and therefore the organisation's contract with MLCSU outlines information reporting expectations. The data sources used by MLCSU is the national UNIFY system and Secondary Uses Service (SUS) data which is verified via the contracting process with providers.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, particularly personal identifiable information. The framework is supported by a Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the organisation, other organisations and individuals that personal information is dealt with legally, securely, efficiently and effectively. The Data Security and Protection Toolkit submission is not due until 30th June 2023 and therefore final compliance cannot be reported in this annual report.

The organisation places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information. We have established an IG management framework and have developed processes and procedures in line with the DSPT. We have ensured all staff undertake annual IG training and provide a staff IG handbook to ensure everyone is aware of their roles and responsibilities.

There are processes in place for incident reporting and the investigation of serious incidents. We have reported a total of 7 incidents during the period 1st April 2023 to 31st March 2024 and 6 of these

incidents were graded as non-reportable – very low risk, with 1 reportable to the Information Commissioner's Office (ICO). We have developed an information asset register which enables the organisation to identify high-risk assets through data flow mapping, and this ensures that an information risk culture is embedded throughout the organisation.

NHS Shropshire, Telford and Wrekin receives an Information Governance service from MLCSU. This enables us to receive a full, specialised service, which as a small organisation we could not reproduce in-house.

A work programme has been undertaken by MLCSU to ensure that the organisation is compliant against General Data Protection Regulations. As part of this, our information has been audited and staff training has been delivered.

Business Critical Models

The organisation relies on centrally provided NHS business planning models to help it plan future strategy. NHS Shropshire, Telford and Wrekin has no business-critical models that it would be required to share with the Analytical Oversight Committee.

Third party assurances

Third-party assurances are received annually from MLCSU for particular financial functions that are part of a service level agreement. Processes are in place to ensure that the CSU Internal Audit function shares its own audit findings of these functions with the ICB's internal auditor, who includes a precis of the findings in the Head of Internal Audit Opinion, which is part of this statement.

Raising Concerns – Freedom to Speak up

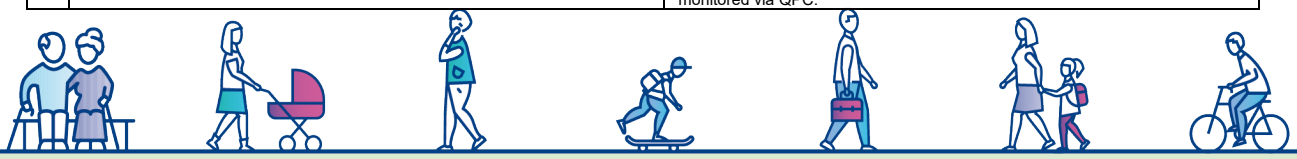
NHS Shropshire, Telford and Wrekin has a policy in place to support staff to raise concerns (sometimes referred to as 'whistleblowing'). There have been no concerns raised by staff to designated officers for investigation during the period 1st April 2023 – 31st March 2024. However, three members of staff have raised concerns directly with the Freedom to Speak Up Guardian during the period, one of these members of staff chose to subsequently raise the concern with their line manager and the two chose not to take any further action. The organisation has appointed a Freedom to Speak Up Guardian and also has a Senior Freedom to Speak Up Lead and Board level Non Executive Member to support staff to raise concerns under the policy moving forward.

The Audit Committee gets an annual report on any concerns raised and action taken, protecting anonymity where required.

Control Issues

The significant control issues that the organisation has been managing during the period 1st April 2023 to 31st March 2024 that would require reporting in this Annual Governance Statement are as follows:

1.	Quality and Performance - Accident and Emergency	Harm review process in place- multiagency involvement TOR agreed and weekly oversight.
2.	Quality and Performance - Regulators (including patient safety)	SATH CQC report pending. Awaiting report for factual accuracy by end of January 2024. ICB will review finding in consultation with SATH. PSIRF implemented for all 4 NHS trust boards Dec 2023. Plans to roll-out with primary care in line with national guidance.
3.	Quality and Performance - Ambulance Services	Offload delays and response delays. Senior leaders meeting 3 times a week to address risk and discuss mitigations, e.g. additional sub-acute beds.
4.	Quality and Performance - Mental Health and Dementia	Increased waiting lists for BEEU, talking therapies and adult ADHD. Risks monitored via QPC.



5.	Quality and Performance - Infection prevention control (IPC)	Strategic measles management plan in place.
6	Quality and Performance - Asylum seekers	Plan for mobile TB screening for asylum seekers, working with primary care.
7	Quality and Performance - Critical Incidents	Senior leaders meeting 3 times a week to address risk discuss mitigations.
8	Quality and Performance - Maternity	Monthly oversight via ORAC/MTAC/QSAC and LMNS board.
9	Quality and Performance - Childrens Services	Paediatric transformation at SATH. Working ongoing to address paediatric audiology and child mortality. Continue to support the independent inquiry into child sexual exploitation (IITCSE).
10	Finance, Governance and Control - Finance and Procurement	23/24 Financial Position is a significant deficit and adverse variance to the submitted plan. ICB has agreed a revised FOT position to be reported at M9 with NHSE via the FOT change protocol. Longer term financial recovery plan and strategy development underway including system transformation programme.
11	Finance, Governance and Control - Information Governance, inc data breaches	On the 19th of September 2023, Baywater Healthcare was the subject of a cyber incident. The supplier provides long term condition support therapies including oxygen services for patients with chronic conditions. The threat attacker targeted a specific folder, which was copied and removed from their environment. This has resulted in a breach of confidentiality but not availability. Baywater Healthcare has provided a report to ICBs Nationally and NHS Wales and NHS Scotland which summarises the impacted data. NHSE has shared guidance on the process of risk assessment for patients within ICB areas which is being considered for additional action.
12	Quality and Performance - Accident and Emergency	Performance in December has continued to be challenged across the system, similarly as the rest of the NHS, experiencing extreme pressure following the festive period, further compounded by Junior Doctor Industrial Action. This resulted in a large number of ambulance handover delays, long waits within both A&E departments and an increased number of patients waiting for beds (DTAs Decision to Admit). This has led to an increased number of unconventional care spaces being utilised. However, a series of actions have taken place which when combined with lower levels of demand have allowed the system to be in a significantly improved position. These are: • System Winter Flow Summit held to specifically agree actions to mitigate risk 13through the system, this has led to several key actions being agreed with associated impact, these are tracked through the SCC and weekly winter flow dashboards. • Further embedding of System Control Centre (SCC) into all process' and daily cadence across the system. This has been enhanced by moving into a 7-day service from November 2023 and having dedicated staff in post. • Additional 16 beds opened boxing day at Robert Jones and Agnes Hunt Orthopaedic Hospital to increase flow. • Accelerated opening of 20 sub-acute beds at PRH, further plans to expedite the opening of 20 beds at RSH. There are wider plans to expand this bed base. • A Multiple-Agency Discharge Event (MADE), involving all stakeholders was held, further dates planned. • Focus on Virtual Wards (VW) utilisation and improved pathways. A total of 251 patients were cared for under the VW in October which allowed patients to be treated for higher acuity needs whilst being able to stay in their own home. Further focus will be on developing additional clinical pathways for frailty and respiratory conditions. • The Urgent Care Response (UCR) team continue to support patients to remain out of an acute setting by providing a 2- hour response. Performance is significantly above the 70% national standard and continues to remain above 90%. • The 3 UEC Improvement programmes, Appropriate Access to Care, Early Flow and Discharge have all been reviewed following feedback from recent review visits from NHSE and DHSC. The delivery priorities have been aligned to programmes that will have the most impact on Category 2 Ambulance performance, A&E 4-hour waiting targets and reduction in NCTR patients. Delivery of all these programmes will be overseen by the UEC Board • Approved 7 winter schemes for 2023/24. The schemes are in mobilisation phase with reporting and monitoring key performance indicators being developed with the leads of the schemes.

Review of economy, efficiency & effectiveness of the use of resources

The Finance Committee, Integrated Delivery Committee and Quality and Performance Committee give detailed consideration to the organisation's financial and performance issues to provide the Board with assurance that all issues are being appropriately managed and escalated where necessary. This includes the determination of key financial assumptions to underpin the organisation's medium-term financial strategy and scrutiny of monthly financial reporting, including delivery of transformation schemes through the system Investment Panel, performance against central management costs and efficiency controls.

These committees report to the Board via a chair's exception report at each meeting. In addition, the Board receives summary financial, quality and performance reporting at each meeting.

The Internal Audit Plan also provides reports to the Audit Committee throughout the year on financial systems and financial management provided by the organisation and supported by MLCSU. Outcomes from these internal audit reviews are detailed in the Head of Internal Audit Opinion.

Delegation of functions

NHS Shropshire, Telford and Wrekin has a Scheme of Reservation and Delegation that sets out delegated areas of responsibility and authority and clearly defined limits that properly reflect roles and responsibilities.

It is underpinned by a comprehensive system of internal control, including budgetary control measures, and ensures that there are sufficient safeguards and management mechanisms in place to maintain high standards in terms of effective, efficient and economic operation of the group. The scheme captures the decision-making roles of the Accountable Officer, directors, Board and committees, and is linked to the terms of reference of each committee.

The Audit Committee maintains an oversight of delegated functions and responsibilities to ensure that resources are used efficiently and economically and that there are effective processes in place to guard against fraudulent usage.

The organisation, in accordance with its Constitution, reviews its Scheme of Reservation and Delegation annually. Amendments to the overarching Scheme of Reservation and Delegation are taken to the Board for approval. The organisation remains accountable for all its functions – including those that it has delegated.

External audit fees, work and independence

The ICB's external auditors are Grant Thornton UK LLP, Colmore Plaza, 20, Colmore Circus, Birmingham, B4 6AT. The contract value was £110,000k excluding VAT. The contract included the core audit work of the financial statements and work on the economy, efficiency and effectiveness in the ICB's use of resources (Value for Money).

Counter fraud arrangements

Counter fraud arrangements are contracted by the ICB from 360 Assurance who provide the services of an Accredited Local Counter Fraud Specialist (LCFS), contracted to undertake counter fraud work proportionate to the ICB's identified risks.

The Government's Functional Standard (Govs13: Counter Fraud) was launched in October 2018 and is being implemented across all government departments and arms-length bodies, including the NHS who moved to adopt the new standards in 2021. The ICB Audit Committee receives a regular report from the LCFS which details activities undertaken against each of the Standards, and the LCFS produces an annual report detailing the year's activities. There is executive support and direction for a proportionate proactive work plan to raise awareness of the zero tolerance to fraud and to address identified risks.

The Chief Finance Officer, who is a member of the ICB Governing Body, is proactively and demonstrably responsible for tackling fraud, bribery and corruption and oversees that appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations. In addition, the LCFS role is further supported by a nominated Counter Fraud Champion who provides a senior voice within the organisation to champion the counter fraud agenda, and to enable and support the counter fraud programme of work.

Our Workforce – Delivery and Assurance

The STW ICS People Strategy 2023-2028 is underpinned by four key programmes:

1. ATTRACT and TRAIN
2. RETAIN
3. REFORM
4. TRANSFORM

These align with the NHSE People Plan and Promise, the NHS Long Term Workforce Plan, and the directives set forth in the NHSE Annual Operating Priorities and Guidance. Our People Strategy, while guided by NHS national directives, also integrates principles from the 2022 Local Government Partners in Health strategy.

Each programme is managed by a Senior Responsible Officer at the Director level, who is pivotal in ensuring the programme's or project's successful execution in meeting agreed in year strategic priorities and expected outcomes. Delivery of each programme is driven through transformation leads through partnership and collaboration with provider partners across health , local authority, independent care providers and NHS partners.

For 2023-2024, the ICS People Collaborative, which assures and oversees the Board on essential drivers, has been chaired on a rotational basis by the four SROs. This governance will be enhanced in 2024-2025 with an Executive level SRO assuming the chairmanship. The principal drivers are:

a) workforce metrics
b) workforce supply and retention
c) progress in implementing the 2023-2028 ICS People Strategy,
d) progress towards the 10 people outcomes
e) evidencing exiting segment four of NHSE oversight framework relative to workforce and the people element.

The People Collaborative reports to the STW ICS People Committee, which is a subcommittee of the Board. Additionally, workforce-specific metrics, particularly the annual workforce plan and its associated costs, are reported to the Integrated Performance Report.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

My opinion is provided on the basis of an objective assessment of the framework of governance, risk management and control. To provide my opinion, I have considered:

- the arrangements for Strategic Risk Management and the Board Assurance Framework
- Internal audit plan outturn

- the implementation of internal audit actions
- third party assurances.

The work undertaken within the Internal Audit Plan for the 2023/24 financial year is limited to the scope agreed with the organisation's executive officers and approved by the Audit Committee and as detailed within our final reports.

This opinion will remain open until the required submission of the 2023/24 final annual report and accounts and may be subject to revision should there be any changes within the organisation's control environment, specifically in relation to any work within your Internal Audit Plan for 2023/24 which is currently being finalised.

Any assignments issued since the 2022/23 opinion have been considered. I have also considered findings and recommendations from reviews undertaken on an advisory basis that have not included a formal opinion.

As part of the Internal Audit Plan, your nominated audit team has delivered an agreed staged rolling programme of work throughout the year to support our year end opinion. We have continued to work with the organisation to ensure your plan has remained relevant and have agreed any adjustments with the Audit Committee.

I **anticipate giving a Limited Assurance Opinion** that there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.

Strategic risk management and Board Assurance Framework – I anticipate giving a Limited Opinion on this area. There was a gap in the Board Assurance Framework in the earlier part of the year whilst it was being developed and aspects of the Board Assurance Framework have not been used effectively. Strategic risk arrangements at the ICB have not followed the ICB's Policy and have been inconsistent throughout the governance structure of the organisation. These weaknesses should be referenced in the Annual Governance Statement.

Internal Audit outturn – I anticipate providing Moderate Assurance for this element of the opinion however should any of our remaining work highlight significant weaknesses we reserve the right to update this element. The workplan is relatively limited in terms of days and coverage, and governance and risk issues have been identified as a theme in several areas of our work.

Implementation of Internal Audit Actions – As 31st March 2024, the ICB had an implementation rate of **83%** and one medium risk historic action. This therefore currently equates to a Significant assurance opinion for this element.

Limitations to the opinion

It is management's responsibility to develop and maintain a sound system of governance, risk management and control. This draft opinion is based on the work undertaken, the scope of which has been agreed with management. Where good levels of control are concluded, there are still instances where this may fail, for example, poor judgement in decision-making, human error, control processes being deliberately circumvented, management overriding controls and the occurrence of unforeseeable circumstances. As our scope of work is limited, there may be weaknesses in control systems that we are not aware of.

The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of a risk-based plan generated from an organisation-led Assurance Framework, which is one component that the Board considers in making its Annual Governance Statement.

During the period, Internal Audit issued the following audit reports:

Area of Audit	**Level of Assurance Given**
System Board Assurance Framework: Audit found inconsistency of Committee oversight for some risks and a discrepancy between what reporting was required for Board between the Risk Management Policy and custom and practice. Management is currently developing an action plan to address all issues in the first quarter of 2024/25.	Limited
Policy Management Framework	Moderate
Financial Ledger and Reporting	Significant
Financial Systems	Significant
Continuing Healthcare (CHC) VFM: Audit found the following areas needed addressing and management has agreed to action in the first two quarters of 2024/25: • Completion of CHC case reviews • Management of appeals • Timely completion of funding assessments • Delivery against the Individual Commissioning Recovery Plan is reported through to Quality and Performance Committee • Update standard operating procedures • Develop a CHC Policy	Limited
Better Care Fund – Discharge Enablement Funding	Advisory
Delegated Direct Commissioning	Advisory
Ophthalmology Service Contracts	Advisory
Additional review at the request of the Chair of Audit Committee	Advisory

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principle objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- the Governing Body
- the Audit Committee
- the Finance Committee
- the Quality and Performance Committee
- internal audit
- other explicit reviews/assurance mechanisms.

The Head of Internal Audit Opinion contained within this report sets out a limited assurance position for the ICB as a result of weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives. Although the internal audit outturn was rated as moderate assurance, the strategic risk management and Board Assurance Framework was rated as limited due to a gap in the Board Assurance Framework at the beginning of the year as a result of the ICB developing a new Board Assurance Framework, with some aspects of which have not been used effectively and the Risk Management Policy has not been adhered to with inconsistency of application.

In response the ICB is developing a number of actions to address the issues raised in the Head of Internal Audit Opinion during quarter 1 of 2024/2025, with Internal Audit undertaking a further review in quarter 2 to provide an assurance position update to the Audit Committee.

Conclusion

In conclusion, my review of the effectiveness of governance, risk management and internal control and the Head of Internal Audit Opinion have confirmed that the ICB maintains a limited system of internal control which has been designed to meet the organisation's objectives, but controls are not being applied consistently. Accepting the control issues identified above, and the actions that are being taken to address these and the results of the internal audit reviews undertaken during the year, I am confident that the organisation understands the mechanisms that need to be in place to deliver good governance and that there is a plan to rectify these gaps in assurance.

Mr Simon Whitehouse

Accountable Officer

26th June 2024

Remuneration and Staff Report

Remuneration Report

Remuneration Committee

The Remuneration Committee was established by NHS Shropshire, Telford and Wrekin ICB to recommend approval of the remuneration and terms of service for the Executive Directors, other staff employed with Very Senior Manager (VSM) pay terms and conditions and lay appointments to the CCG Board.

The composition and responsibilities of the ICB's Remuneration Committee can be found in the Governance Statement.

Percentage change in remuneration of highest paid director - Audited

Year ended 31st March 2024	Salary & Allowances	Performance Pay & Bonuses
Highest Paid Director: % change from nine months to 31st March 2023	2.74%	0.00%
All Staff: % change from nine months to 31st March 2023	4.59%	0.00%

Nine months to 31st March 2023 2022-23	Salary & Allowances	Performance Pay & Bonuses
Highest Paid Director: % change from three months to 30th June 22	-2.67%	N/A
All Staff: % change from three months to 30th June 22	-1.56%	N/A

The increase in the highest paid director salary reflects the annual pay award received for 2023/24.

The increase in all staff reflects the annual pay award received for 2023/24.

As at 31st March 2024, remuneration ranged from £22k to £189k based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Pay ratio information

Remuneration of NHS Shropshire, Telford and Wrekin's staff – Audited.

Year ended 31st March 2024	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£25,147	£42,618	£57,755
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£25,147	£42,618	£57,755

Nine Months ended 31st March 2023	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£23,949	£37,506	£54,619
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£23,949	£37,506	£54,619

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director/member in Shropshire, Telford and Wrekin ICB in the year ended 31st March 2024 was £185k to £190k and the relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th percentile total remuneration ratio	25th percentile Salary ratio	Median total remuneration ratio	Median total remuneration ratio	75th percentile total remuneration ratio	75th percentile salary ratio
Year ended 31st March 2024	7.5	7.5	4.4	4.4	3.2	3.2
Nine months to 31st March 2023	7.6	7.6	4.9	4.9	3.3	3.3

In the year ended 31st March 2024 no employees received remuneration in excess of the highest-paid director/member.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Policy on the remuneration of senior managers

The remuneration of the Chief Executive Officer, Executive Directors, Chair and Non-Executive Director who serve on the board is determined by the Remuneration Committee, with reference to recognised national ICB Executive Pay Ranges and Guidance and benchmarking with other ICBs. The Remuneration Committee is also responsible for determining pay for all other non-agenda for change roles with reference to national guidance and benchmarking.

Midlands and Lancashire Commissioning Support Unit (MLCSU) provide independent advice and support to the ICB and the Remuneration Committee in relation to employment and remuneration matters.

Remuneration of Very Senior Managers

Remuneration for Very Senior Managers at the ICB is agreed with reference to the national ICB Pay Framework. Where full time salaries exceed the threshold appropriate approval is sought via NHS England and the Department of Health and Social Care.

Senior manager remuneration (including salary and pension entitlements)

Salary and Pension Benefits 2023/24 – NHS Shropshire, Telford and Wrekin ICB – Audited

Surname	Forename	Title	Appointment Details	Salary (bands of £5,000)	Expenses payments (taxable) (rounded to the nearest £100) £	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related Benefits (bands of £2,500)	Total (bands of £5,000)
Bennett*	David	Associate Non Executive Director (from 8th December 2023)	08/12/23 to 31/03/24	0-5	-	-	-	-	0-5
Bussey *	Alison	Chief Nursing Officer (retired 31st December 2023)	01/04/23 to 31/12/23	115-120	-	-	-	0-2.5	115-120
Chan	Ian	Partner Member for Primary Care/Clinical Lead	01/04/23 to 31/03/24	65-70	-	-	-	-	65-70
Dunshea *	Roger	Non Executive Director	01/04/23 to 31/03/24	10-15	-	-	-	-	10-15
McKay *	Neil	Chair and GP/Healthcare Professional	01/04/23 to 31/03/24	60-65	-	-	-	-	60-65
McMillan *	Trevor	Non Executive Director	01/04/23 to 31/03/24	10-15	-	-	-	-	10-15
Pall *	Navnit	Non Executive Director	01/04/23 to 31/03/24	10-15	-	-	-	-	10-15
Povey *	Julian	Partner Member for Primary Care	01/04/23 to 31/03/24	15-20	-	-	-	-	15-20
Robinson	Gareth	Executive Director of Delivery & Transformation	01/04/23 to 31/03/24	160-165	-	-	-	42.5-45	205-210
Skidmore	Claire	Chief Finance Officer & Deputy Chief Executive Officer	01/04/23 to 31/03/24	165-170	-	-	-	-	165-170
Vivian *	Meredith	Deputy Chair, Lay Member for Patient & Public Involvement	01/04/23 to 31/03/24	10-15	-	-	-	-	10-15
Whatley	Vanessa	Chief Nursing Officer (appointed 1st December 2023)	01/12/23 to 31/03/24	105-110	-	-	-	15-17.5	120-125
White	Nicholas	Chief Medical Officer	01/04/23 to 31/03/24	135-140	-	-	-	202.5-205	340-345
Whitehouse	Simon	Chief Executive Officer	01/04/23 to 31/03/24	185-190	-	-	-	-	185-190

* Not in the NHS Pension scheme in this employment

***Note: Taxable expenses and benefits in kind are expressed to the nearest £100.*

Salary and Pension Benefits – nine months ended 31st March 2023 – NHS Shropshire, Telford and Wrekin ICB – Audited

Surname	Forename	Title	Appointment Details	Salary (bands of £5,000)	Expenses payments (taxable) (rounded to the nearest £100) £	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related Benefits (bands of £2,500)	Total (bands of £5,000)	Full Year Equivalent Salary £
Bussey *	Alison	Chief Nursing Officer	01/07/22 to 31/03/23	110-115	-	-	-	0-2.5	110-115	149,450
Chan	Ian	Partner Member for Primary Care/Clinical Lead	01/07/22 to 31/03/23	50-55	-	-	-	257.5-260	305-310	69,208
Dunshea *	Roger	Non Executive Director	01/07/22 to 31/03/23	5-10	-	-	-	-	5-10	13,000
Dymond	Nicola	Executive Director of Strategy & Integration	01/07/22 to 31/03/23	105-110	-	-	-	557.5-560	665-670	145,000
McKay *	Neil	Chair and GP/Healthcare Professional	01/07/22 to 31/03/23	45-50	-	-	-	-	45-50	65,000
McMillan *	Trevor	Non Executive Director	01/07/22 to 31/03/23	5-10	-	-	-	-	5-10	13,000
Pall *	Navnit	Non Executive Director	01/07/22 to 31/03/23	5-10	-	-	-	-	5-10	13,000
Povey *	Julian	Partner Member for Primary Care	01/07/22 to 31/03/23	10-15	-	-	-	-	10-15	15,208
Robinson	Gareth	Executive Director of Delivery & Transformation	01/07/22 to 31/03/23	110-115	-	-	-	35-37.5	145-150	147,000
Skidmore	Claire	Chief Finance Officer & Deputy Chief Executive Officer	01/07/22 to 31/03/23	115-120	-	-	-	100-102.5	220-225	157,583
Vivian *	Meredith	Deputy Chair, Lay Member for Patient & Public Involvement	01/07/22 to 31/03/23	5-10	-	-	-	-	5-10	13,000
White	Nicholas	Medical Director	01/07/22 to 31/03/23	95-100	-	-	-	157.5-160	255-260	132,222
Whitehouse	Simon	Chief Executive Officer	01/07/22 to 31/03/23	135-140	-	-	-	230-232.5	365-370	180,249

* Not in the NHS Pension scheme in this employment

Pension benefits

Please note that the cash equivalent transfer value was calculated by the NHS Pensions Agency.

Pension entitlements of Senior Managers 2023/24 – NHS Shropshire, Telford and Wrekin ICB – Audited

Surname	Forename	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31st March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31st March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31st March 2024 £'000	Employer's contribution to stakeholder pension (rounded to nearest £00) £
Bussey	Alison	Chief Nursing Officer (retired 31st December 2023)	0-2.5	0-2.5	0-5	0-5	0	0	0	0
Chan*	Ian	Partner Member for Primary Care/Clinical Lead	0	0-2.5	10-15	0-5	155	15	187	0
Robinson	Gareth	Executive Director of Delivery & Transformation	2.5-5	0-2.5	15-20	10-15	160	54	253	0
Skidmore*	Claire	Chief Finance Officer & Deputy Chief Executive Officer	0	37.5-40	55-60	160-165	863	229	1,201	0
Whatley	Vanessa	Chief Nursing Officer (appointed 1st December 2023)	0-2.5	0-2.5	35-40	95-100	712	17	849	0
White	Nicholas	Chief Medical Officer	7.5-10	65-67.5	60-65	170-175	877	431	1,416	0
Whitehouse	Simon	Chief Executive Officer	0	42.5-45	70-75	190-195	1,170	268	1,562	0

Ian Chan, Claire Skidmore and Simon Whitehouse are affected by the public service pensions remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995 to 2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office

Shropshire, Telford and Wrekin ICB does not have any to report during the year ended 31st March 2024.

Payments to past directors

In the year ended 31st March 2024 Shropshire, Telford and Wrekin ICB made no payments to a Director requiring special approval from Treasury.

Staff Report

Employee benefits 2023/24 – Audited

Employee benefits	Year ended 31st March 2024		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	13,934	1,440	**15,374**
Social security costs	1,311	1	**1,312**
Employer Contributions to NHS Pension scheme	2,147	-	**2,147**
Other pension costs	-	-	**-**
Apprenticeship Levy	48	-	**48**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	30	-	**30**
Gross employee benefits expenditure	17,470	1,441	18,911
Less recoveries in respect of employee benefits (note 4.1.2)	(30)	-	**(30)**
Total - Net admin employee benefits including capitalised costs	17,440	1,441	18,881
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**17,440**	**1,441**	**18,881**

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. This has continued for the ICB in 2022/23 and 2023/24. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

Staff Analysis by Gender

	Headcount by Gender			
Staff Grouping	**Female**	**Male**	**Unknown***	**Totals**
Board Member	3	9	6	**18**
Other Senior Management (Band 8C+)	29	5	0	**34**
All Other Employees	217	44	0	**261**
Grand Total	**249**	**58**	**6**	**313**

**Unknown pertains to Board Members without a pay record in the ICB Electronic Staff Record (ESR) system*
Named Individuals categorised as Unknown are :-

Louise Barnett
Andy Begley
Neil Carr

Patricia Davies
Stacey Keegan
David Sidaway

Staff composition

Pay Band	Headcount
Ad Hoc / Local	0
Band 1	0
Band 2	2
Band 3	66
Band 4	22
Band 5	20
Band 6	51
Band 7	41
Band 8 - Range A	38
Band 8 - Range B	21
Band 8 - Range C	10
Band 8 - Range D	6
Band 9	3
Medical	9
VSM	18
Board (off payroll)	6
Grand Total	**313**

Board (off payroll) pertains to Board Members without a pay record in the ICB Electronic Staff Record (ESR) system
Named Individuals categorised as such are :-

Louise Barnett
Andy Begley
Neil Carr
Patricia Davies
Stacey Keegan
David Sidaway

Sickness absence data

Staff sickness absence 2023	2023 Number
Total Days Lost	2653.27
Total Staff Years	248.22
Average Working Days Lost	10.69

The sickness absence data for the ICB in 2023 was whole time equivalent (WTE) days available of 55850.2 and WTE days lost to sickness absence of 2653.27 and average working days lost per employee was 10.69 which was managed through the absence management policy.

Staff turnover percentages

ICB Staff Turnover 2023-24	2023-24 Number
Average FTE Employed 2023-24	253.03
Total FTE Leavers 2023-24	33.25
Turnover Rate	13.14%

The ICB Staff Turnover Rate for 2023-24 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The ICB's Total FTE Leavers in year was 33.25. The ICB's Average FTE Staff in Post during the year was 253.03. The ICB Staff Turnover Rate for the year was 13.14%

Trade Union Facility Time Reporting Requirements

For the period 1st July 2022 to 31st March 2023, we had no Trade Union officials within NHS Shropshire, Telford and Wrekin.

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
0	0

Percentage of time spent on facility time

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	0
51-99%	0
100%	0

Percentage of pay bill spent on facility time

Percentage of pay bill spent on facility time	Figures
Provide the total cost of facility time	0
Provide the total pay bill	0

Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100
0

Other employee matters

The ICB recognises that discrimination and victimisation is unacceptable and that it is in the interests of the organisation and its employees to utilise the skills of the total workforce. It is the aim of the organisation to ensure that no employee or job applicant receives less favourable facilities or treatment (either directly or indirectly) in recruitment training/career progression or employment on the grounds of age, disability, gender/gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex or sexual orientation.

To support this commitment and to ensure we comply with both the Equality Act 2010 and the Human Rights Act 1998, the ICB requires all its staff to undertake regular mandatory training on equality, diversity and human rights and to comply with our Equal Opportunities Policy.

We are committed to communicating and engaging with staff on a consistent and frequent basis, through one-to-ones, team meetings, staff consultation events, ICB staff briefings and staff newsletters.

The ICB has a recruitment policy which is based on NHS best practice. We use the recruitment service of MLCSU to ensure that recruitment is carried out robustly and transparently in line with our policy and there is a clear audit trail of recruitment decisions and employee checks. We have a Training and Development Policy which seeks to ensure that all staff have equal opportunity and access to training and development required by their role through identification with their managers in appraisals and regular one-to-one meetings.

Employees with a disability

Employing people with a disability is important for any organisation providing services for the public, as they need to reflect the many and varied experiences of the public they serve. In the provision of health services, it is perhaps even more important, as people with disabilities make up a significant proportion of the population, and those with long-term medical conditions use the services of the NHS.

The ICB's commitment to people with disabilities includes:

people with disabilities who meet the minimum criteria for a job vacancy are guaranteed an interview
the adjustments that people with disabilities might require to take up a job or continue working in a job are proactively considered

the ICB's mandatory equality and diversity training includes awareness of a range of issues impacting people with disabilities.

Expenditure on consultancy

The ICB spent £511,154 on consultancy services in the year ended 31st March 2024. The majority of this spend related to payments to a consultancy firm for Running Cost transformation projects and Primary Care Support implementation fees.

Off-payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, ICBs must publish information on their highly paid and/or senior off-payroll engagements. The tables below show the existing arrangements as of 31 March 2024.

For all off-payroll engagements agreed in the year ended 31st March 2024, for more than £245 per day:

	Number
Number of existing engagements as of 31st March 2024	0
Of which, number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a senior civil servant.

Shropshire, Telford and Wrekin ICB can confirm that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax.

For all off-payroll engagements between 1st April 2023 and 31st March 2024, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1st April 2023 and 31st March 2024	0
Of which:	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2023 and 31st March 2024

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements	14

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit packages agreed in the year ended 31st March 2024 – Audited.

Year ended 31st March 2024

Exit packages agreed in the financial year	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**

These tables report the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Redundancy and other departure costs have been paid in accordance with the provisions of NHSE guidance. Exit costs in this note are accounted for in full in the year of departure. Where the Shropshire, Telford & Wrekin ICB has agreed early retirements, the additional costs are met by the Shropshire, Telford & Wrekin ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice*	-	-
Exit payments following Employment Tribunals or court orders	-	-
Non-contractual payments requiring HMT approval**	-	-
TOTAL	-	-

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 4 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and relating to non-contractual payments in lieu of notice.

There have been no non-contractual payments made to individuals where the payment value was more than 12 months’ of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

The ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements of this Annual Report.

Annual Accounts

Please find a full copy of our annual accounts appended following this page

Simon Whitehouse

Accountable Officer

26th June 2024

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the year ended 31st March 2024

	Note	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 £'000
Income from sale of goods and services	2	(13,164)	(14)
Other operating income	2	(641)	(360)
Total operating income		**(13,805)**	**(374)**
Staff costs	4	18,911	14,012
Purchase of goods and services	5	1,227,207	780,011
Depreciation and impairment charges	5	344	214
Provision expense	5	20	975
Other operating expenditure	5	130	215
Total operating expenditure		**1,246,612**	**795,427**
Net Operating Expenditure		**1,232,807**	**795,053**
Finance expense	8	14	7
Other Gains & Losses	7	198	-
Net expenditure for the Year		**1,233,019**	**795,060**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**1,233,019**	**795,060**
Comprehensive Expenditure for the year		**1,233,019**	**795,060**

Statement of Financial Position as at 31st March 2024

	Note	31st March 2024 £'000	31st March 2023 £'000
Non-current assets:			
Property, plant and equipment	10	-	-
Right-of-use assets	11	1,053	1,158
Total non-current assets		**1,053**	1,158
Current assets:			
Trade and other receivables	12	13,042	8,156
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	13	518	286
Total current assets		**13,560**	8,442
Non-current assets held for sale		-	-
Total current assets		**13,560**	8,442
Total assets		**14,613**	9,600
Current liabilities			
Trade and other payables	14	(85,720)	(61,001)
Other financial liabilities		-	-
Other liabilities		-	-
Lease liabilities	11.2	(1,073)	(913)
Provisions	15	(3,296)	(3,444)
Total current liabilities		**(90,089)**	(65,358)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(75,476)**	(55,758)
Non-current liabilities			
Lease liabilities		-	-
Total non-current liabilities		**-**	**-**
Assets less Liabilities		**(75,476)**	(55,758)
Financed by Taxpayers' Equity			
General fund		(75,476)	(55,758)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(75,476)**	(55,758)

The notes on pages 6 to 30 form part of this statement

The financial statements on pages 2 to 30 were approved by the Board on 26th June 2024 and signed on its behalf by:

Chief Accountable Officer
Simon Whitehouse

Statement of Changes In Taxpayers' Equity for the year ended 31st March 2024

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for Year ended 31st March 2024				
Balance at 1st April 2023	(55,758)	-	-	(55,758)
Changes in ICB taxpayers' equity for Year ended 31st March 2024				
Net operating expenditure for the financial year	(1,233,019)	-	-	**(1,233,019)**
Net Recognised ICB Expenditure for the Financial year	**(1,233,019)**	**-**	**-**	**(1,233,019)**
Net funding	1,213,300	-	-	**1,213,300**
Balance at 31st March 2024	**(75,476)**	**-**	**-**	**(75,476)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for Nine month Period ended 31st March 2023				
Balance at 1st July 2022	-	-	-	**-**
Transfer of assets and liabilities from closed NHS bodies	(60,378)	-	-	**(60,378)**
Adjusted balance at 1st July 2022	**(60,378)**	**-**	**-**	**(60,378)**
Changes in ICB taxpayers' equity for Nine month Period ended 31st March 2023				
Net operating costs for the financial year	(795,060)			(795,060)
Net Recognised ICB Expenditure for the Nine month period	**(795,060)**	**-**	**-**	**(795,060)**
Net funding	799,680	-	-	799,680
Balance at 31st March 2023	**(55,758)**	**-**	**-**	**(55,758)**

The notes on pages 6 to 30 form part of this statement

Statement of Cash Flows for the year ended 31st March 2024

	Note	**Year ended 31st March 2024 £'000**	Nine month Period ended 31st March 2023 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(1,233,019)	(795,060)
Depreciation and amortisation	5	344	214
Impairments and reversals		-	-
Non-cash movements arising on application of new accounting standards		-	(250)
Interest paid / received		14	7
Release of PFI deferred credit		-	-
Other Gains & Losses		198	-
(Increase)/decrease in trade & other receivables	12	(4,886)	(8,156)
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	14	24,719	61,002
Increase/(decrease) in other current liabilities		-	-
Provisions utilised	15	(168)	-
Increase/(decrease) in provisions	15	20	1,225
Net Cash Inflow (Outflow) from Operating Activities		**(1,212,778)**	(741,018)
Cash Flows from Investing Activities			
Interest paid / received		-	-
Proceeds from disposal of assets held for sale: property, plant and equipment		-	-
Net Cash Inflow (Outflow) from Investing Activities		**-**	-
Net Cash Inflow (Outflow) before Financing		**(1,212,778)**	(741,018)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,213,300	799,680
Repayment of lease liabilities		(291)	(218)
Non-cash movements arising on application of new accounting standards		1	(2)
Net Cash Inflow (Outflow) from Financing Activities		**1,213,010**	799,460
Net Increase (Decrease) in Cash & Cash Equivalents	13	**232**	58,442
Cash & Cash Equivalents at the Beginning of the Financial Year		**286**	-
Movement due to transfer by Modified Absorption		-	(58,156)
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**518**	286

The notes on pages 6 to 30 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (ICB's) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to ICBs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

The accounts are prepared for a twelve month period to 31st March 2024. The prior year comparatives are for a nine month period to 31st March 2023 following the transfer of assets into the ICB on 1st July 2022.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis despite the issue of a report to the Secretary of State for Health and Social Care under Section 30 of the Local Audit and Accountability Act 2014.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of modified absorption accounting. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions have not been restated. Where assets and liabilities transfer under modified absorption accounting, the gain or loss resulting is recognised in Reserves.

1.4 **Pooled Budgets**

The ICB has entered into a pooled budget arrangement with Telford and Wrekin Local Authority [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for Better Care Fund (BCF), and the Transforming Care Programme (TCP). The TCP pool is hosted by the Local Authority and the BCF pool is jointly hosted.

The ICB has also entered into a pooled budget arrangement with Shropshire Council under a Section 75 partnership agreement. This was for the purpose of commissioning health and social care services under the Better Care Fund (BCF). The host Partner for the agreement is Shropshire Council.
The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of these pooled budgets, identified in accordance with the pooled budget agreements. Note 19 to the accounts provides details of the income and expenditure for these arrangements.

1.5 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.6 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.
The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements continued

1.7 **Employee Benefits continued**

1.7.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Property, Plant & Equipment**

1.9.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date
Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.
An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.
Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.
At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.
A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Notes to the financial statements continued

1.10 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.
The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.
Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.
Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

Notes to the financial statements continued

1.11 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.12 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.40% (2022-23: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.13 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.14 **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Notes to the financial statements continued

1.16 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.16.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.16.2 **Financial assets at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the ICB elected to measure an equity instrument in this category on initial recognition.

1.16.3 **Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

1.16.4 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, or assets measured at fair value through other comprehensive income, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).
HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.17 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1 **Financial Liabilities at Fair Value Through Profit and Loss**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the ICB's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.17.2 **Other Financial Liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

Notes to the financial statements continued

1.18 **Value Added Tax**
Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 **Third Party Assets**
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the ICB has no beneficial interest in them.

1.20 **Losses & Special Payments**
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.21 **Critical accounting judgements in applying accounting policies and key sources of estimation uncertainty**
In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed and the only items worthy of note are disclosed below.

1.21.1 **Sources of estimation uncertainty**
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals - Continuing Health Care (CHC): The value of expected claims for CHC is estimated based on the number of days a patient has spent in a care home, multiplied by the daily charge of that provider. An estimate of future patients (accounting for expected growth), that are not yet in the ICB's CHC database is also made based on the number of days in a given month multiplied by the average monthly cost of existing patients included in the database.

Accruals - Prescribing: The ICB recognises the cost of drug prescribing based on data received from the NHS Business Services Authority (NHSBSA). Reports are received on a monthly basis, but are two months in arrears. March costs are estimated using historical levels of expenditure. The NHSBSA uses a methodology for forecasting prescribing expenditure that is based on national averages and does not necessarily reflect local issues. Therefore consideration is given to the use of local knowledge to determine the appropriate level of expenditure to be included in the accounts. This review is undertaken and full disclosure of any proposed adjustments shared with the auditors.

1.22 **Gifts**
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.23 **New and revised IFRS Standards in issue but not yet effective**

There are no new or revised IFRS standards which are relevant or material to the ICB.

2 Other Operating Revenue

	Year ended 31st March 2024 Total	Nine month Period ended 31st March 2023 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Prescription fees and charges	**5,214**	-
Dental fees and charges	**7,482**	-
Income generation	**-**	-
Other Contract income	**438**	14
Recoveries in respect of employee benefits	**30**	-
Total Income from sale of goods and services	**13,164**	14
Other operating income		
Other non contract revenue	**641**	360
Total Other operating income	**641**	360
Total Operating Income	**13,805**	374

3 Contract Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Patient transport services £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Income generation £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Source of Revenue						
NHS	-	-	-	-	59	30
Non NHS	-	5,214	7,482	-	380	-
Total	**-**	**5,214**	**7,482**	**-**	**438**	**30**

	Patient transport services £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Income generation £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Timing of Revenue						
Point in time	-	5,214	7,482	-	438	30
Over time	-	-	-	-	-	-
Total	**-**	**5,214**	**7,482**	**-**	**438**	**30**

3.2 Transaction price to remaining contract performance obligations

The ICB did not have any contract revenue in the year ended 31st March 2024 expected to be recognised in future periods, related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers

4.1. Employee benefits	**Total Permanent Employees £'000**	**Other £'000**	**Year ended 31st March 2024 Total £'000**
Employee Benefits			
Salaries and wages	13,934	1,440	**15,374**
Social security costs	1,311	1	**1,312**
Employer Contributions to NHS Pension scheme	2,147	-	**2,147**
Other pension costs	-	-	**-**
Apprenticeship Levy	48	-	**48**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	30	-	**30**
Gross employee benefits expenditure	**17,470**	**1,441**	**18,911**
Less recoveries in respect of employee benefits (note 4.1.1)	(30)	-	**(30)**
Total - Net admin employee benefits including capitalised costs	**17,440**	**1,441**	**18,881**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**17,440**	**1,441**	**18,881**

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, 2020/21 & 2021/22 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. This has continued for the ICB in 2022/23 and 2023/24. The full cost and related funding has been recognised in these accounts and further detail explaining the reason for this increase can be found in Note 4.4

	Total Permanent Employees £'000	Other £'000	Nine month Period ended 31st March 2023 Total £'000
Employee Benefits			
Salaries and wages	9,580	2,058	11,638
Social security costs	928	-	928
Employer Contributions to NHS Pension scheme	1,417	-	1,417
Other pension costs	-	-	-
Apprenticeship Levy	28	-	28
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	1	-	1
Gross employee benefits expenditure	11,954	2,058	14,012
Less recoveries in respect of employee benefits (note 4.1.1)	-	-	-
Total - Net admin employee benefits including capitalised costs	11,954	2,058	14,012
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	11,954	2,058	14,012

4.1.1 Recoveries in respect of employee benefits

The ICB has recognised one recovery in respect of employee benefits in the year ended 31st March 2024. This is from Shropshire Community Healthcare Trust (SCHT) for a seconded employee whose substantive role at SCHT was made redundant. There were none in the Nine month Period ended 31st March 2023.

4.2 Average number of people employed

	Year ended 31st March 2024			Nine month Period ended 31st March 2023		
	Permanently employed Number	**Other Number**	**Total Number**	Permanently employed Number	Other Number	Total Number
Total	**252.70**	**21.19**	**273.89**	235.13	35.00	270.13
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

4.3 Exit packages agreed in the financial year

There have been no agreed Exit packages in the financial year.

	Nine month Period ended 31st March 2023 Compulsory redundancies		Nine month Period ended 31st March 2023 Other agreed departures		Nine month Period ended 31st March 2023 Total	
	Number	£	Number	£	Number	£
£50,001 to £100,000	-	-	1	82,367	1	82,367
£150,001 to £200,000	2	320,000	-	-	2	320,000
Total	2	320,000	1	82,367	3	402,367

There have been no departures where special payments have been made in the financial year (Nine month period ended 31st March 2023 - nil).

Analysis of Other Agreed Departures

	Year ended 31st March 2024 Other agreed departures		Nine month Period ended 31st March 2023 Other agreed departures	
	Number	**£**	Number	£
Contractual payments in lieu of notice	-	-	1	82,367
Total	**-**	**-**	1	82,367

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.
Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms & Conditions of Service Handbook.
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.
The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	Year ended 31st March 2024 Total £'000	Nine month Period ended 31st March 2023 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	3,948	5,239
Services from foundation trusts	180,122	124,713
Services from other NHS trusts	577,663	371,037
Purchase of healthcare from non-NHS bodies	206,629	116,569
General Dental services and personal dental services	28,727	-
Prescribing costs	97,972	72,349
Pharmaceutical services	15,163	-
General Ophthalmic services	6,642	655
GPMS/APMS and PCTMS	102,232	69,358
Supplies and services – clinical	2,012	1,349
Supplies and services – general	(2,463)	12,894
Consultancy services	511	296
Establishment	3,827	2,584
Transport	839	240
Premises	796	417
Audit fees	132	128
Other non statutory audit expenditure	-	-
· Other services	24	18
Other professional fees	1,797	1,358
Legal fees	87	93
Education, training and conferences	547	712
Total Purchase of goods and services	**1,227,207**	**780,011**
Depreciation and impairment charges		
Depreciation	344	214
Total Depreciation and impairment charges	**344**	**214**
Provision expense		
Provisions	20	975
Total Provision expense	**20**	**975**
Other Operating Expenditure		
Chair and Non Executive Members	132	96
Grants to Other bodies	33	119
Expected credit loss on receivables	(44)	-
Other expenditure	9	-
Total Other Operating Expenditure	**130**	**215**
Total operating expenditure	**1,227,701**	**781,415**

The above includes expenditure dealt with under pooled budget arrangements as set out in Note 19.

Commissioning for pharmacy, ophthalmology and dentistry (POD) services from NHSE was transferred to the ICB with effect from 1st April 2023 and all expenditure is included in the above note.

External Audit Fees are inclusive of VAT and include the following:
Statutory audit fees for the year ended 31st March 2024 is £132k

The auditor's liability for external audit work carried out for the year ended 31st March 2024 is limited to £1million.

The full year fee paid to external auditors disclosed within Other Services (review of MHIS compliance statement) was £30k plus VAT.

Internal audit and counter fraud services are provided by 360 Assurance who are part of an NHS Trust. The cost of these services was £68k (excl VAT) in the year ended 31st March 2024, and is included within other professional

6 Payment Compliance Reporting

6.1 Better Payment Practice Code

Measure of compliance	Year ended 31st March 2024 Number	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 Number	Nine month Period ended 31st March 2023 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	41,546	324,203	28,907	225,759
Total Non-NHS Trade Invoices paid within target	41,370	316,713	28,755	217,907
Percentage of Non-NHS Trade invoices paid within target	**99.58%**	**97.69%**	99.47%	96.52%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,086	770,938	649	506,926
Total NHS Trade Invoices Paid within target	1,063	770,782	635	506,015
Percentage of NHS Trade Invoices paid within target	**97.88%**	**99.98%**	97.84%	99.82%

The Better Payment Practice Code requires the ICB to pay valid invoices by their due date or within 30 days of receipt of the invoices, whichever is the later.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 £'000
Amounts included in finance costs from claims made under this legislation	0	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	**0**	**-**

7. Other gains and losses

	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 £'000
Loss/(Gain) on disposal of right-of-use assets other than by sale	198	-
Total	**198**	**-**

The loss relates to the early termination of the Halesfield and Ptarmigan IFRS16 leases, and associated dilapidations costs, in February 2024.

8. Finance costs

	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 £'000
Interest		
Interest on loans and overdrafts	-	-
Interest on lease liabilities	14	7
Interest on late payment of commercial debt	-	-
Other interest expense	-	-
Total interest	**14**	**7**
Other finance costs	-	-
Provisions: unwinding of discount	-	-
Total finance costs	**14**	**7**

9. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of modified absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions have not been restated. Modified absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer under modified absorption accounting, the gain or loss resulting is recognised in Reserves.

NHS Shropshire, Telford & Wrekin ICB received the balances summarised below on the 1st July 2022 from the predecessor clinical commissioning group of NHS Shropshire, Telford & Wrekin CCG.

	Year ended 31st March 2024				Nine month Period ended 31st March 2023
	Total £'000	NHS England Parent Entities £'000	NHS England Group Entities (non parent) £'000	Non NHSE Group £'000	£'000
Transfer of property plant and equipment	-	-	-	-	-
Transfer of Right of Use assets	-	-	-	-	1,044
Transfer of intangibles	-	-	-	-	-
Transfer of inventories	-	-	-	-	-
Transfer of cash and cash equivalents	-	-	-	-	104
Transfer of receivables	-	-	-	-	2,910
Transfer of payables	-	-	-	-	(62,216)
Transfer of provisions	-	-	-	-	(2,220)
Net loss on transfers by absorption	**-**	**-**	**-**	**-**	(60,378)

As NHS Shropshire, Telford & Wrekin ICB is the recipient in the transfer of a function, it has recognised the assets and liabilities as at the transfer date. These balances are disclosed within the Statement of Financial Position as at 1st July 2022.

10. Property, plant and equipment

31st March 2024	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 1st April 2023	-	-	-	-	0	-	195	39	234
Disposals other than by sale	-	-	-	-	(0)	-	(195)	(39)	(234)
Cost/Valuation at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Depreciation 1st April 2023	-	-	-	-	0	-	195	39	234
Disposals other than by sale	-	-	-	-	(0)	-	(195)	(39)	(234)
Depreciation at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net Book Value at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Purchased	-	-	-	-	-	-	-	-	-
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Asset financing:									
Owned	-	-	-	-	-	-	-	-	-
Held on finance lease	-	-	-	-	-	-	-	-	-
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-	-
Total at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Fully depreciated assets transferred in from the previous organisation have been cleared as there are no records of the assets to which they relate to.

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 1st April 2023	-	-	-	-	-	-	-	-	-
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

11. Leases

11.1 Right-of-use assets

For local accounts use

31st March 2024	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 1st April 2023	-	1,438	-	-	-	-	-	-	1,438	983
Additions	-	965	-	-	-	-	106	-	1,071	-
Reclassifications	-	-	-	-	-	-	-	-	-	-
Disposals on expiry of lease term	-	-	-	-	-	-	-	-	-	-
Derecognition for early terminations	-	(1,438)	-	-	-	-	-	-	(1,438)	(983)
Cost/Valuation at 31st March 2024	**-**	**965**	**-**	**-**	**-**	**-**	**106**	**-**	**1,071**	**-**
Depreciation 1st April 2023	-	280	-	-	-	-	-	-	280	191
Charged during the year	-	342	-	-	-	-	2	-	344	245
Reclassifications	-	-	-	-	-	-	-	-	-	-
Disposals on expiry of lease term	-	-	-	-	-	-	-	-	-	-
Derecognition for early terminations	-	(606)	-	-	-	-	-	-	(606)	(436)
Depreciation at 31st March 2024	**-**	**16**	**-**	**-**	**-**	**-**	**2**	**-**	**17**	**-**
Net Book Value at 31st March 2024	**-**	**949**	**-**	**-**	**-**	**-**	**104**	**-**	**1,053**	**-**

NBV by counterparty	
Leased from DHSC	-
Leased from the NHS England Group	-
Leased from NHS Providers	-
Leased from Executive Agencies	-
Leased from Non-Departmental Public Bodies	-
Leased from other group bodies	-
Net Book Value at 31st March 2024	**-**

11. Leases cont'd

11.2 Lease liabilities

	31st March 2024 £'000	31st March 2023 £'000
Lease liabilities at 1st April 2023	(913)	-
Additions purchased	(1,071)	-
Reclassifications	-	-
Interest expense relating to lease liabilities	(14)	(7)
Repayment of lease liabilities (including interest)	291	218
Disposals on expiry of lease term	-	-
Derecognition for early terminations	634	-
Transfer (to) from other public sector body	-	(1,125)
Other	-	1
Lease liabilities at 31st March 2024	**(1,073)**	**(913)**

11.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	31st March 2024 £'000	**Of which: leased from DHSC group bodies £000**	31st March 2023 £'000	Of which: leased from DHSC group bodies £000
Within one year	(89)	-	(285)	(194)
Between one and five years	(609)	-	(641)	(438)
After five years	(650)	-	-	-
Balance at 31st March 2024	**(1,348)**	**-**	**(926)**	**(632)**
Balance by counterparty				
Leased from DHSC		-		-
Leased from the NHS England Group		-		-
Leased from NHS Providers		-		-
Leased from Executive Agencies		-		-
Leased from Non-Departmental Public Bodies		(1,348)		(294)
Leased from other group bodies		-		(632)
Balance as at 31 March 2023		**(1,348)**		**(926)**

11.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 £'000
Depreciation expense on right-of-use assets	344	214
Interest expense on lease liabilities	14	7

11.5 Amounts recognised in Statement of Cash Flows

	Year ended 31st March 2024 £'000	Nine month Period ended 31st March 2023 £'000
Total cash outflow on leases under IFRS 16	291	218

12. Trade and other receivables	Current 31st March 2024 £'000	Non-current 31st March 2024 £'000	Current 31st March 2023 £'000	Non-current 31st March 2023 £'000
NHS receivables: Revenue	229	-	863	-
NHS prepayments	-	-	-	-
NHS accrued income	3,701	-	885	-
Non-NHS and Other WGA receivables: Revenue	442	-	4,923	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	1,252	-	799	-
Non-NHS and Other WGA accrued income	345	-	117	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	6,091	-	-	-
Expected credit loss allowance-receivables	(18)	-	(62)	-
VAT	1,000	-	629	-
Other receivables and accruals	(0)	-	2	-
Total Trade & other receivables	**13,042**	**-**	**8,156**	**-**
Total current and non current	**13,042**		**8,156**	
Included above:				
Prepaid pensions contributions	-		-	

12.1 Receivables past their due date but not impaired

	31st March 2024 DHSC Group Bodies £'000	31st March 2024 Non DHSC Group Bodies £'000	31st March 2023 DHSC Group Bodies £'000	31st March 2023 Non DHSC Group Bodies £'000
By up to three months	81	241	(323)	4,338
By three to six months	50	1	10	5
By more than six months	-	1	(13)	-
Total	**131**	**243**	(326)	4,343

12.2 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	Other financial assets	Total
	£'000	**£'000**	**£'000**
Balance at 1st April 2023	**(62)**	**-**	**(62)**
Lifetime expected credit loss on credit impaired financial assets	-	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	44	-	**44**
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	**-**
Amounts written off	-	-	**-**
Other changes	-	-	**-**
Total	**(18)**	**-**	**(18)**

13. Cash and cash equivalents

	31st March 2024	31st March 2023
	£'000	£'000
Balance at 1st April 2023	286	-
Transfer from other public sector body under absorption accounting	-	104
Adjusted balance	**286**	104
Net change in year	232	182
Balance at 31st March 2024	**518**	286
Made up of:		
Cash with the Government Banking Service	518	286
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**518**	286
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	-
Balance at 31st March 2024	**518**	286
Patients' money held by the integrated care board, not included above	-	-

The ICB does not hold any significant cash and cash equivalent balances that are not available for use by the organisation.

14. Trade and other payables	**Current 31st March 2024 £'000**	**Non-current 31st March 2024 £'000**	Current 31st March 2023 £'000	Non-current 31st March 2023 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	4,416	-	1,341	-
NHS accruals	2,425	-	3,324	-
NHS deferred income	-	-	-	-
Non-NHS and Other WGA payables: Revenue	20,591	-	18,540	-
Non-NHS and Other WGA accruals	45,284	-	15,140	-
Non-NHS and Other WGA deferred income	-	-	70	-
Social security costs	174	-	152	-
VAT	-	-	-	-
Tax	171	-	138	-
Payments received on account	-	-	-	-
Other payables and accruals	12,659	-	22,296	-
Total Trade & Other Payables	**85,720**	**-**	**61,001**	**-**
Total current and non-current	**85,720**		**61,001**	

Other payables include £921k outstanding pension contributions at 31st March 2024 (£1,059k at 31st March 2023).

Individual Commissioning accruals have been reclassified from Other payables and accruals in 2022/23 to Non-NHS and Other WGA accruals in 2023/24.

15. Provisions

	Current 31st March 2024 £'000	**Non-current 31st March 2024 £'000**	Current 31st March 2023 £'000	Non-current 31st March 2023 £'000
Legal claims	170	-	154	-
Continuing care	3,126	-	3,040	-
Other	0	-	250	-
Total	**3,296**	**-**	**3,444**	**-**
Total current and non-current	**3,296**		**3,444**	

	Pensions Relating to Former Directors £'000	**Pensions Relating to Other Staff £'000**	**Restructuring £'000**	**Redundancy £'000**	**Agenda for Change £'000**	**Equal Pay £'000**	**Legal Claims £'000**	**Continuing Care £'000**	**Other £'000**	**Total £'000**
Balance at 1st April 2023	**-**	**-**	**-**	**-**	**-**	**-**	**154**	**3,040**	**250**	**3,444**
Arising during the year	-	-	-	-	-	-	167	392	-	**559**
Utilised during the year	-	-	-	-	-	-	-	-	(168)	**(168)**
Reversed unused	-	-	-	-	-	-	(151)	(306)	(82)	**(539)**
Balance at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**170**	**3,126**	**0**	**3,296**
Expected timing of cash flows:										
Within one year	-	-	-	-	-	-	170	3,126	0	**3,296**
Balance at 31st March 2024	**-**	**-**	**-**	**-**	**-**	**-**	**170**	**3,126**	**0**	**3,296**

The legal claims provision relates to ongoing legal cases outstanding at 31st March 2024, with the estimated costs to conclusion provided by the ICB's legal advisors. The ICB has no claims currently lodged with NHS Resolution.
A continuing care provision has been created which reflects the estimated cost of continuing care appeals currently awaiting processing. The provision is based on the number of appeals outstanding at the 31st March 2024 and these are expected to be processed within the new financial year.
The Other provision relates to Dilapidations arising in relation to one of the IFRS16 leased properties which was terminated in February 2024.

16. Contingencies

The ICB has no confirmed contingent assets or liabilities to disclose. The organisation has commenced an organisationsal restructure and Management of Change programme in February 2024 for which there could be some unquantified financial implications arising in the 2024/25 financial year.

17. Financial instruments

17.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the ICB and internal auditors.

17.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the ICB revenue comes parliamentary funding, the organisation has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

17. Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 31st March 2024 £'000	**Equity Instruments designated at FVOCI 31st March 2024 £'000**	**Total 31st March 2024 £'000**	Financial Assets measured at amortised cost 31st March 2023 £'000	Equity Instruments designated at FVOCI 31st March 2023 £'000	Total 31st March 2023 £'000
Trade and other receivables with NHSE bodies	570	-	570	1,634	-	1,634
Trade and other receivables with other DHSC group bodies	3,705	-	3,705	631	-	631
Trade and other receivables with external bodies	6,534	-	6,534	4,526	-	4,526
Cash and cash equivalents	518	-	518	286	-	286
Total at 31st March 2024	**11,327**	**-**	**11,327**	7,077	-	7,077

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost 31st March 2024 £'000	**Other 31st March 2024 £'000**	**Total 31st March 2024 £'000**	Financial Liabilities measured at amortised cost 31st March 2023 £'000	Other 31st March 2023 £'000	Total 31st March 2023 £'000
Trade and other payables with NHSE bodies	776	-	**776**	914	-	914
Trade and other payables with other DHSC group bodies	6,146	-	**6,146**	3,752	-	3,752
Trade and other payables with external bodies	79,528	-	**79,528**	56,889	-	56,889
Total at 31st March 2024	**86,450**	**-**	**86,450**	61,555	-	61,555

18. Operating segments

As stated in IFRS8, the "Chief Operating Decision Maker" is responsible for allocating resources to and assessing the performance of the operating segments of an entity. At Shropshire, Telford and Wrekin ICB this function is performed by the Board. The ICB considers it has a single operating segment; commissioning of healthcare services. Hence finance and performance information is reported to the Board as one segment. These Statements are produced in accordance with this position.

The values relating to this operating segment can be found in the SoCNE (page 2), and SoFP (page 3), and are summarised in the table below:

Year ended 31st March 2024	**Gross expenditure £'000**	**Income £'000**	**Net expenditure £'000**	**Total assets £'000**	**Total liabilities £'000**	**Net assets £'000**
Shropshire, Telford & Wrekin ICB	1,246,238	(13,775)	**1,232,463**	14,614	(90,090)	**(75,476)**
Total	**1,246,238**	**(13,775)**	**1,232,463**	**14,614**	**(90,090)**	**(75,476)**

Nine month period ended 31st March 2023	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Shropshire, Telford & Wrekin ICB	795,213	(374)	794,839	9,601	(65,359)	(55,758)
Total	795,213	(374)	794,839	9,601	(65,359)	(55,758)

18.1 Reconciliation between Operating Segments and SoCNE

	Year ended 31st March 2024 £'000	Nine month period ended 31st March 2023 £'000
Total net expenditure reported for operating segments	1,232,463	794,839
Reconciling items:		
Depreciation & Amortisation	344	214
Finance cost - IFRS16	14	7
Loss on Disposal of RoU Assets	198	-
Total net expenditure per the Statement of Comprehensive Net Expenditure	1,233,019	795,060

19. Joint arrangements - interests in joint operations

ICBs should disclose information in relation to joint arangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

19.1 Interests in joint operations

			Amounts recognised in Entities books ONLY Year ended 31st March 2024				Amounts recognised in Entities books ONLY Nine month Period ended 31st March 2023			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	Assets	Liabilities	Income	Expenditure
			£'000	**£'000**	**£'000**	**£'000**	£'000	£'000	£'000	£'000
Better care fund S75 pooled budget	Shropshire, Telford & Wrekin ICB and Shropshire LA	Commissioning of health and social care services under better care fund	-	-	-	26,030	-	-	-	26,277
Better care fund S75 pooled budget	Shropshire, Telford & Wrekin ICB and Telford & Wrekin LA	Better care fund promoting integrated working	-	-	-	26,927	-	-	-	17,304
Transforming care programme S75 arrangement	Shropshire, Telford & Wrekin ICB and Telford & Wrekin LA	The transforming care programme for people with learning disabilities	-	-	-	-	-	-	-	1,742

Expenditure on LD&A was not transacted under a S75 Agreement in 2023/24 due to Telford LA withdrawing from the agreement. Discussions are ongoing to agree the programme arrangement for 2024/25.

19.2 Pooled budgets under the Better Care Fund

The ICB's contribution of the total value of these pooled budgets in the period ended 31st March 2024 was £53m. The partners determine the nature of the programmes of work making up the Fund and in particular whether joint control is in operation for each programme for the purposes of IFRS 11.

A summary of the schemes with each local authority is given below:

Shropshire Local Authority	**Year ended 31st March 2024 £'000**	Nine month Period ended 31st March 2023 £'000
Assistive Technologies	2,123	1,507
Care navigation/Co-ordination	2,097	1,489
Enablers for Integration	4,870	3,464
Integrated Care Planning	4,088	2,894
Intermediate Care Services	3,758	2,668
Personalised Healthcare at Home	305	217
L A Schemes	8,789	14,038
Total	**26,030**	26,277

Telford & Wrekin Local Authority	**Year ended 31st March 2024 £'000**	Nine month Period ended 31st March 2023 £'000
Management Charges	290	155
Shropshire Community Health Trust	4,368	3,100
Shrewsbury and Telford Hospital	2,112	1,499
LA Schemes	20,122	12,526
GP Practice Support	35	25
Total	**26,927**	17,305

20. Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Ian Chan GP - Partner: Teldoc	72,707	-	-	-
Ian Chan - Clinical Director: Teldoc PCN	9,483	-	-	-
Roger Dunshea - Black Country Healthcare NHS FT: Non-Executive Director	149	-	-	-
Sir Neil Mckay - Associate with PA Consulting	233	-	-	-
Sir Neil Mckay - Strategic Adviser and Health Strategy Board Chair: Browne Jacobson LLP	14	-	-	-
Julian Povey - Partner: Pontesbury & Worthen Medical Practice	19,292	-	(2)	-
Julian Povey - Pontesbury & Worthen Medical Practice: Shrewbury PCN	27,092	-	-	-
Nicholas White - Consultant Plastic Surgeon: University Hospitals Birmingham NHS FT	4,070	-	-	-
Simon Whitehouse Spouse - Senior Staff Nurse: University Hospital of North Midlands	10,178	-	-	-
DHSC Related Party - Leeds Teaching Hospital NHS Trust	36	-	-	-
DHSC Related Party - Accurx Ltd	292	-	-	-
DHSC Related Party - Alzheimers Society	284	-	-	-
DHSC Related Party - NHS England	135	2,888	-	15
DHSC Related Party - Milton Keynes University Hospital NHS Trust	17	-	-	-

The Department of Health and Social Care is regarded as a related party. During the period the ICB has had material transactions with entities for which the Department is regarded as the parent Department. These include:

NHS Business Services Authority
NHS England
NHS Midlands & Lancashire CSU
NHS Property Services Limited
Midlands Partnership University NHS Foundation Trust
Shrewsbury & Telford Hospitals NHS Trust
Shropshire Community Health NHS Trust
The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
University Hospital of North Midlands NHS Trust
West Midlands Ambulance Service NHS Trust

In addition, the ICB has had a number of transactions with other government departments and other central and local government bodies. The majority of these transactions have been with Shropshire Council, Telford & Wrekin Council and Welsh Government Bodies.

Payments were also made to GP practices in the period to 31st March 2024 in respect of GMS/PMS/APMS and enhanced services. Two general practitioners within these practices are also members of the ICB's Board.

21. Events after the end of the reporting period

There are no events after the end of the reporting period to report which would impact the financial statements. Commissioning for Specialised Commissioning (SpecComm) services from NHSE has been transferred to the ICB with effect from 1st April 2024.

22. Third party assets

The ICB does not hold any third party assets

23. Financial performance targets

The ICB has a number of financial duties under the NHS Act 2006 (as amended).
The ICB performance against those duties was as follows:

	Year ended 31st March 2024		Nine month Period ended 31st March 2023	
	Target	**Performance**	Target	Performance
	£'000	**£'000**	£'000	£'000
Expenditure not to exceed income	1,230,544	1,246,793	773,917	795,433
Revenue resource use does not exceed the amount specified in Directions	1,216,769	1,233,019	773,543	795,060
Revenue administration resource use does not exceed the amount specified in Directions	10,331	10,331	8,195	8,194

24. Analysis of charitable reserves

The ICB does not hold any charitable reserves.

25. Losses and special payments

The ICB did not incur any losses or special payments in the nine month period to 31st March 2024.

Independent auditor's report to the members of the Board of NHS Shropshire Telford and Wrekin Integrated Care Board.

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financiral statements of NHS Shropshire Telford and Wrekin Integrated Care Board (the 'ICB') for the period ended 31 March 2024, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ICB's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the ICB to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the period for which the financial statements are prepared is consistent with the financial statements.

Qualified opinion on regularity of income and expenditure required by the Code of Audit Practice

In our opinion, except for the effects of the matter described in the basis for qualified opinion on regularity section of our report, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Basis for qualified opinion on regularity

The ICB reported expenditure of £1.247 billion against income of £1.231 billion in its financial statements for the period ended 31 March 2024. The ICB thereby breached its duty under section 223GC (1) of the National Health Service Act 2006, as amended, to ensure that expenditure it incurred in a financial year does not exceed the sums received by it in that year. Under sections 223GB and 272(7) and (8) of the National Health Service Act 2006, as amended, NHS England directed that revenue resource use for the ICB in 2023-24 should not exceed £1.217 billion. The ICB's revenue

resource use for 2023-24 was £1.233 billion, thereby breaching the direction given to it by NHS England.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 13 May 2024 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to the ICB's breach of its breakeven duty and revenue resource limit for the year ending 31 March 2024.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the Audit committee, concerning the ICB's policies and procedures relating to:

- the identification, evaluation and compliance with laws and regulations;
- the detection and response to the risks of fraud; and
- the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the Audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - Journals with a specific focus on those which altered the financial performance of the ICB for the year
  - Significant accounting estimates related to the prescribing accrual.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journals posted by senior finance officers, journals posted in March and post-period end and journals that alter the financial performance of the ICB for the year;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of the prescribing accrual; and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the ICB operates
  - understanding of the legal and regulatory requirements specific to the ICB including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The ICB's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.

- The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework**.**

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2024.

We have nothing to report in respect of the above matter except on 9 October 2023 we identified a significant weakness in how the ICB plans and manages its resources to ensure it can continue to commission its services. This was in relation to unidentified savings gaps in its financial plan that threaten its delivery, persistent failure to meet savings plans and achieve financial targets and the absence of a robust, fully worked up cost improvement plan, including over the medium term.

We recommended that the ICB needs to work with partners to move the system into financial balance. To do this the ICB needs to lead on identifying realistic and credible recurrent savings opportunities which can be delivered in the medium term and are:

- clinically supported
- risk assessed
- triangulated with other priorities and plans (for example, workforce, clinical and estates).

We also recommended that progress against delivery should be reported to the Finance Committee with any slippage being identified and remedial action taken as soon as possible.

As part of our work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024, we have reviewed the ICB's progress against this recommendation. Although progress has been made by the ICB, with appropriate reporting arrangements in place and work underway to develop a system medium term financial plan, implementation of our recommendations remains in progress. Whilst efficiency plans were delivered in 2023/24, the ICB has not been able to achieve financial balance, has set a deficit plan for 2024/25 which includes unidentified savings and does not have a fully developed medium term financial plan to address its underlying deficit. Therefore, the significant weakness in arrangements remains in place.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibilities for the review of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the ICB plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the ICB ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the ICB uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the ICB has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of NHS Shropshire Telford and Wrekin ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Board of the ICB, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Board of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the ICB and the members of the Board of the ICB as a body, for our audit work, for this report, or for the opinions we have formed.

Richard J J Anderson

Richard Anderson, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

27 June 2024