

Five Year Strategic Commissioning Plan 2026-2031

Summary

April 2026



University
First Floor
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Nardo's

Foreword

Welcome to our Five Year Strategic Commissioning Plan for Shropshire, Telford and Wrekin. This plan sets out our shared ambition for how we will work together over the next five years to transform health and care for our communities. It is being delivered at a time of significant challenge, but also real opportunity. Our population is growing and becoming more diverse, with rising levels of long-term conditions, sustained demand for urgent and emergency care, and persistent health inequalities.

The next five years will mark a shift in how we work. We are moving from a system centred around hospitals and reactive care to one that focuses on prevention, early help and support delivered much closer to home.

We know that inequalities in access to services and health outcomes remain one of our most urgent challenges. Too many residents face poorer health simply because of where they live, their background, or the barriers they face navigating the health and care system. Tackling these inequalities is central to this plan. With our partners across health, local government, the voluntary sector and communities, we will expand targeted prevention, strengthen early years support, improve access to screening and immunisation, and ensure that those with the greatest needs benefit first from new models of care. Our work with children and young people - including those with Special Educational Needs and Disabilities (SEND) - is especially important, and we remain committed to delivering earlier, more coordinated and effective support for families. We will be relentless in our drive to improve the mental health offer for local people and will build on the relationships and services that are offered locally.

Digital innovation will underpin much of this transformation. Better connected records, AI-enabled triage, remote monitoring and virtual wards will improve how people access services, support clinicians to make decisions and reduce duplication across the system. These tools will also help us anticipate need sooner, and design services around real-time insight. Importantly, our commitment to digital inclusion means ensuring people who cannot or do not wish to use digital routes still receive equitable and timely care.

By 2027, as we move towards a merged single organisation across Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent, we will strengthen our collective ability to manage resources fairly, transparently and for maximum benefit of the population.



Foreword (cont.)

None of this change is possible without our workforce. Across every service and profession, colleagues continue to demonstrate extraordinary commitment despite real pressures. This plan sets out how we will support their wellbeing, enable new roles and ways of working, and build the skills, confidence and leadership needed for the future. We want our system to be a place where staff feel valued, where teams can innovate, and where the culture enables people to thrive.

Above all, this plan is about being ambitious in our unrelenting focus on improving the lives of the people and communities we serve. It reflects the voices of our partners, our clinicians, our voluntary sector, our staff and, most importantly, our residents. Over the next five years, we will keep those voices at the heart of our decisions through meaningful engagement and co-production. We will ensure transparency in how we prioritise, invest and measure progress. We will continue to champion a system that is compassionate, inclusive and focused on what matters most.

We are grateful to everyone who has contributed to shaping this ambitious plan. We look forward to working with you as we deliver it, together, on behalf of our communities.



A handwritten signature in black ink, appearing to read 'Ian Green', written over a white background.

Ian Green OBE
ICB Cluster Chair
NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent



A handwritten signature in black ink, appearing to read 'Simon Whitehouse', written over a white background.

Simon Whitehouse
ICB Cluster Chief Executive Officer
NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent





IRONBRIDGE
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Our System Explained

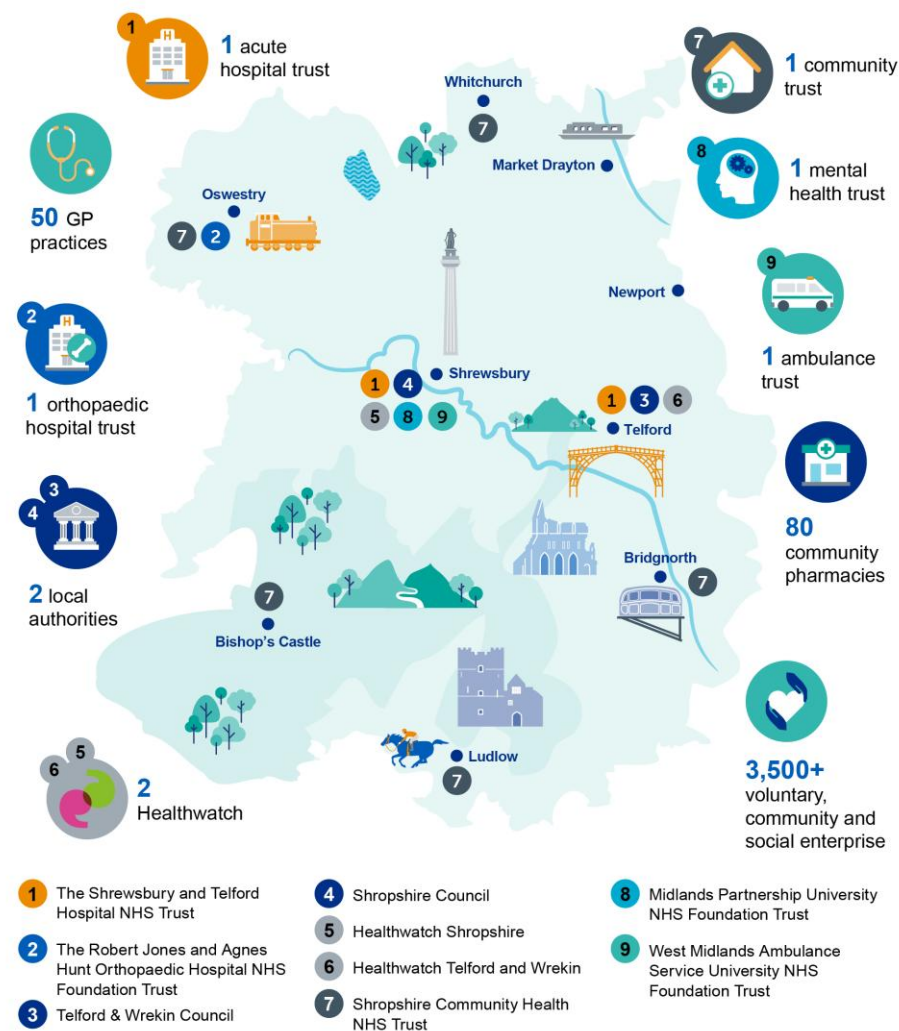
The Shropshire, Telford and Wrekin Integrated Care Board (ICB) is responsible for improving health outcomes, reducing inequalities and ensuring the best use of NHS resources.

As a clustered ICB, working jointly with Staffordshire and Stoke-on-Trent, we support delivery of the four Integrated Care System (ICS) aims:

1. Improving population health and care
2. Tackling inequalities
3. Enhancing productivity and value
4. Supporting wider social and economic development.

By bringing together the NHS, councils, the voluntary and community sector and residents, services can be designed that are joined up and shaped around what people need.

Place-based partnerships and neighbourhood teams, bringing together councils, NHS trusts, Primary Care Networks, primary care contractors, voluntary organisations and local communities, will be at the heart of how care is delivered.



The Purpose of our Plan

This plan sets out how we will improve health and care for the 500,000 people of Shropshire, Telford and Wrekin.

It explains:

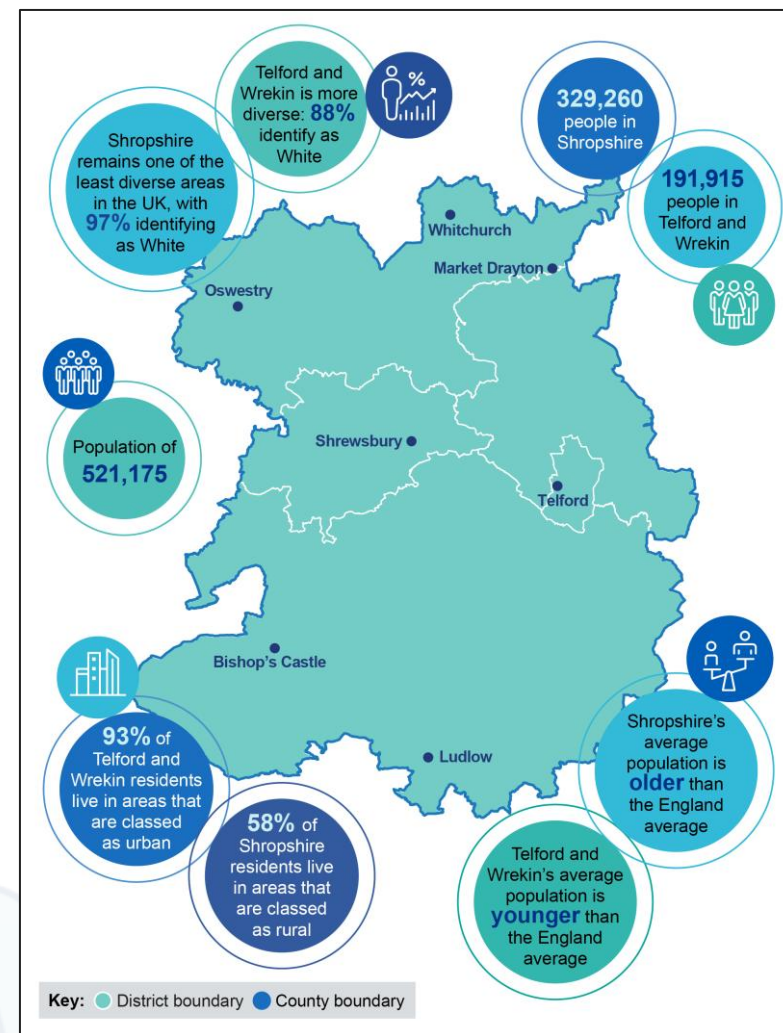
- The challenges our communities face
- The changes we need to make
- How we will work with partners to deliver better, more joined-up and sustainable services

The plan builds on our Joint Forward Plan and the ambitions of the NHS 10 Year Plan. It explains how we will improve the health and wellbeing for people living in Shropshire, Telford and Wrekin over the next five years.

It sets out:

- The key health challenges in our communities
- Five major changes we will drive
- How we will deliver our commissioning intentions
- How we will work with partners for more coordinated care
- How we will improve access, quality and financial sustainability

The plan provides a clear, realistic path for improving health and care over the next five years by focusing on prevention, partnership working, digital innovation and stronger neighbourhood-based care.



Our Vision

Our vision is to help make Shropshire, Telford and Wrekin one of the healthiest places to live and work.

Over the next five years we want:

- More care closer to home
- Better use of digital tools
- A stronger focus on prevention
- Improving access to services
- Getting the best value from NHS resources

At the centre are our people, meaning everything we do is focused on the needs of local residents, supported by our workforce working in neighbourhoods, places and across the whole system.

A key focus is neighbourhood health, bringing together GPs, community services, social care and voluntary sector partners to meet the needs of residents and deliver high-quality care in the right place at the right time.

As joint working between the two ICBs develops, we will:

- Strengthen neighbourhood teams
- Work more closely with local authorities
- Give greater independence and flexibility to neighbourhood and place-based partnerships
- Align governance and provider collaboratives
- Improve how we manage cost, quality and performance, ensuring services are safe, effective and sustainable.



Integrated Strategic Needs Assessment (ISNA)

The Integrated Strategic Needs Assessment (ISNA) brings together evidence about the health and care needs of people living in Shropshire, Telford and Wrekin. It combines information from local Joint Strategic Needs Assessments (JSNAs), NHS data and service activity, and wider factors that affect health such as deprivation, rurality and access to services.

The ISNA helps the NHS and its partners understand where needs are greatest now and where they are likely to grow in future. This evidence is used to plan and commission services so that support is available in the right places, at the right time, and in ways that reduce unfair differences in health outcomes.

Shropshire, Telford and Wrekin includes both rural and urban communities, with different population trends and challenges. Overall, the area serves just over 520,000 people. Shropshire has a steadily growing and older population, with increasing demand linked to frailty, long-term conditions and social care. Its rural geography can make access harder because of travel, transport and digital connectivity.

Telford and Wrekin is one of the fastest-growing areas in the West Midlands, with a younger population, higher birth rates and greater ethnic diversity. Population growth is creating rising demand for maternity, children's services and primary care. Across the whole area, levels of deprivation vary, and there are places where poorer health outcomes are linked to disadvantage, while in rural communities, isolation can also affect access and wellbeing.

The ISNA also highlights how the NHS will target action to reduce health inequalities. We will use the Core20PLUS5 approach, which focuses on supporting people living in the most deprived communities (the "Core20"), alongside other groups who may face additional barriers to care (the "PLUS" groups). Locally, this includes people experiencing homelessness, vulnerable migrants and refugees, Gypsy, Roma and Traveller communities, people affected by drug and alcohol dependence, people in contact with the justice system, and other marginalised or seldom-heard groups.

The goal is to improve access, experience and outcomes, and ensure people who need support most benefit first from service improvements and new models of care.



Commissioning Plan: Five Big Changes

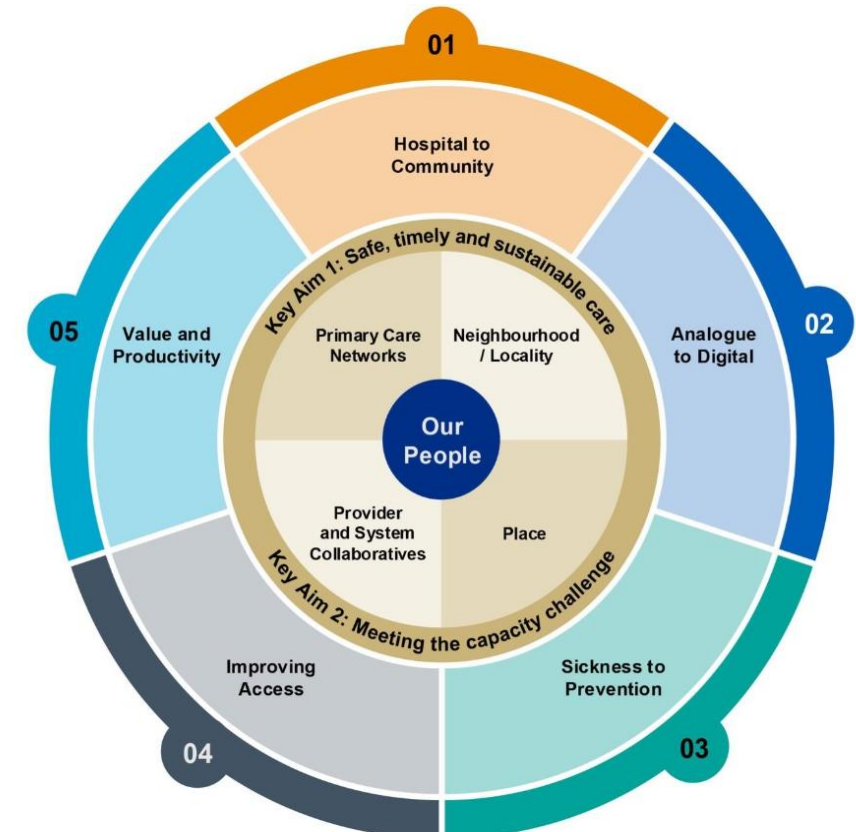
The plan's commissioning intentions focus on targeting resources, reshaping models of care, and delivering five key system shifts:

- hospital to community
- analogue to digital
- sickness to prevention
- improving access
- productivity and efficiency

These intentions are informed by detailed population health and system performance data, ensuring statutory responsibilities are met and national priorities are aligned with.

The approach is underpinned by **core principles**. These include allocating our resource based on need and evidence; shifting investment from acute care to prevention and community services; delegating decision making to the right places; embedding patient involvement; promoting integrated models; and tackling inequalities.

All commissioning intentions align with **key system strategies** including the NHS 10 Year Plan, Medium Term Financial Plan, Joint Forward Plan, and Clinical Strategy. They are informed by various delivery plans and strategies across frailty, urgent care, cancer, digital, and prevention, providing a comprehensive framework for outcomes, investment, and transformation priorities. The intentions translate the Integrated Strategic Needs Assessment (ISNA) into clear priorities, guiding investment and disinvestment decisions, supporting new system operating models, and defining measurable outcomes.



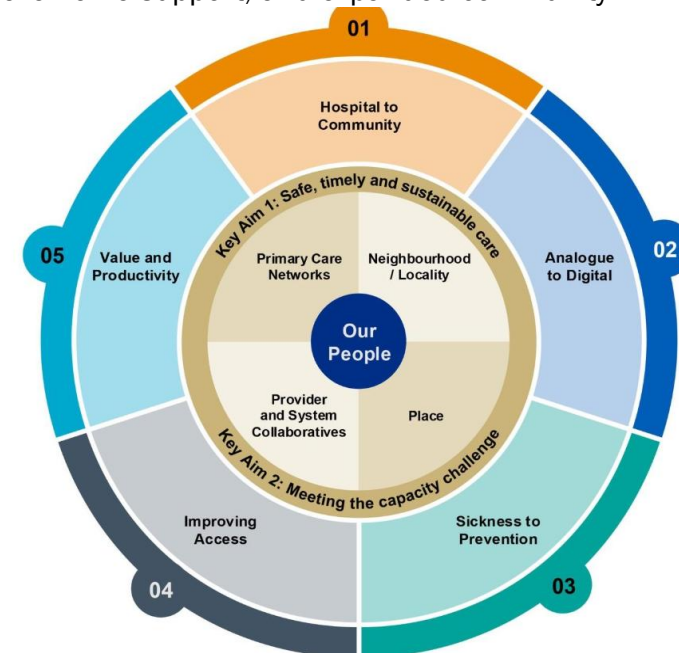
Hospital to Community

The plan commits to developing neighbourhood-based health models with Integrated Neighbourhood Teams (INTs) for adults and children, increasing community diagnostic capacity, and making urgent community services the default response for escalating needs starting in 2026/27.

Expanding and embedding these models will continue through 2030/31, including home-based cancer treatments, enhanced care home support, and expanded community pathways for chronic conditions. Neighbourhood teams will be strengthened with devolved budgets and pooled commissioning to ensure sustainability

Planned timescales

- **In 2026/27**, the system will continue to roll out Integrated Neighbourhood Teams (INTs), establishing neighbourhood multidisciplinary teams for both adults and children. Community-based diagnostic capacity will increase, and urgent community services, including virtual wards, Urgent Community Response (UCR) and intermediate care, will become the default response for individuals' escalating needs.
- **During 2027/28**, these models will expand, supported by stronger multidisciplinary working, simplified community access routes via the Integrated Care Coordination Centres, and the early rollout of community-based elective pathways in specialities such as ear, nose and throat (ENT), respiratory and gynaecology.
- **By 2028/29**, neighbourhood health models will be fully embedded, with a growing proportion of elective, diagnostic, frailty and rehabilitation services delivered outside acute hospitals. Home-based cancer treatments, enhanced support for care homes and expanded community pathways for chronic conditions will become part of routine provision.
- **From 2029/30 to 2030/31**, this shift will be consolidated. Hospital activity will increasingly reflect the left shift in care, with more preventative, proactive, and community-managed support leading to fewer admissions, shorter lengths of stay and greater resilience in out-of-hospital services. Neighbourhood teams will be strengthened through devolved budgets, pooled commissioning arrangements and expanded community capacity to ensure long-term sustainability.



Analogue to Digital

Digital technology will modernize health and care by expanding tools for appointments, remote monitoring, virtual consultations, and data sharing to improve access, safety, and coordination.

The Care Coordination Centre (CCC): will ensure system-wide integration and real-time decision-making.

General practice: will implement AI-enabled triage, digital patient management, ambient voice technologies, improved integration, and enhanced digital inclusion.

Community pharmacy: will adopt the Single Patient Record, digital booking, ambient AI, and expand electronic prescribing.

Optometry: will enhance electronic referral systems, independent prescribing, and digital diagnostics.

Mental health and SEND services: will leverage digital tools for communication, risk stratification, and remote support to improve accessibility and outcomes .



Sickness to Prevention

The plan emphasises tackling health inequalities and preventing illness through partnerships with local authorities, the voluntary sector, and communities.

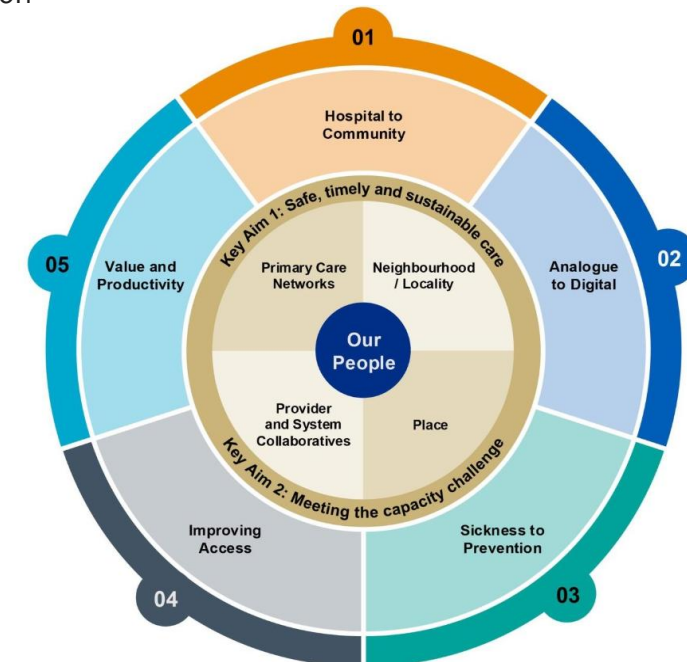
Priorities include accessible information on healthy lifestyles, expanding community prevention programmes, supporting emotional wellbeing, promoting healthy pregnancy and oral health, developing integrated neighbourhoods and community hubs, expanding social prescribing, delivering NHS prevention programmes targeting Core20PLUS5 populations and improving screening and immunisation uptake.

Vaccinations, Immunisations and Screening: a coordinated system-wide approach will increase uptake through local delivery, targeted outreach, digital reminders, and NHS App integration. We will prepare for commissioning responsibilities to transfer from NHS England in April 2027, establish governance structures, and participate in regional reviews such as tuberculosis management.

Obesity and Maternity Services: obesity services will follow NICE guidance with a whole-system, tiered approach focusing on children, young people, and underserved communities. Maternity and neonatal care will be family-centred, culturally sensitive, and focused on safety, quality, and reducing inequalities, supported by robust quality frameworks, workforce governance, and user feedback .

Long-Term Conditions and Multi-Morbidity: the plan promotes an integrated model for prevention and chronic disease management, emphasising prevention, proactive care, person-centred planning, integrated care teams, evidence-based management, and medication optimisation. Specific pathways include cardiovascular and renal metabolic care, children and young people’s asthma and epilepsy, and cancer care focusing on earlier diagnosis, faster pathways, and personalised support .

Mental Health, Learning Disabilities, Autism and SEND: prevention in mental health involves early identification, expanded access to community support, and reducing avoidable admissions. SEND services focus on early identification, reducing diagnostic waits, and delivering support in schools and local settings. There is emphasis on trauma-informed care, annual health checks, and improving inpatient care quality .

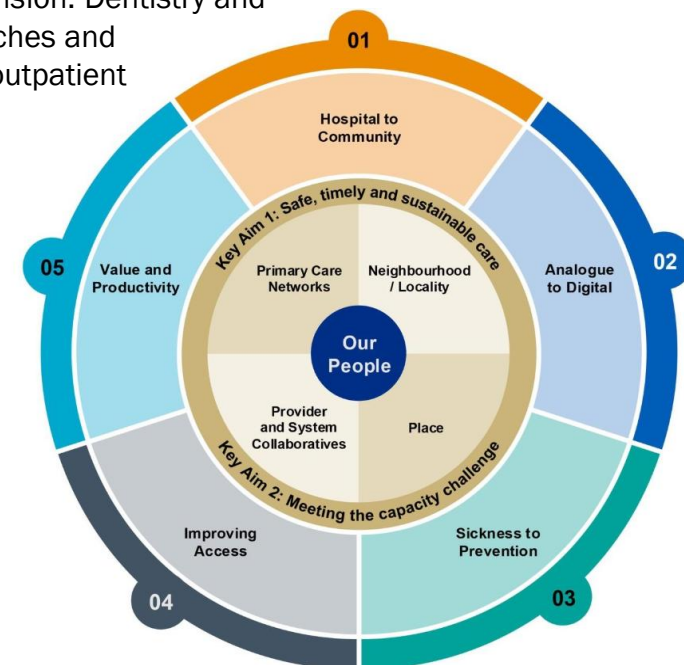


Improving Access

The system aims to guarantee timely, equitable access across all major pathways by reducing waits, enhancing digital access, expanding early help, and addressing inequalities.

General practice will improve access through contract requirements, recruitment and retention programmes, and capacity expansion. Dentistry and optometry will modernise services and expand community-based care. Community pharmacy will embed pharmacy-first approaches and prescribing-based services. Elective care will focus on faster, reliable access with digital enhancements and community-based outpatient models.

- **Timely, fair access across the whole system:** improve access across key pathways (mental health, children and young people's services, community services, urgent and emergency care, elective care and cancer) by cutting long waits and meeting national standards more consistently.
- **Better routes into care (digital and non-digital):** strengthen digitally enabled access and navigation so people can reach the right service first time, while maintaining phone and face-to-face options for those who need them, including people who are digitally excluded.
- **General practice access improvements:** deliver the 2026/27 GP contract so patients can access care reliably online, by phone or in person, and know on the same day how their request will be handled, while improving continuity with preferred clinicians where appropriate.
- **Reduce unwarranted variation and add capacity in pressure periods:** use action plans, contract oversight and targeted support for practices to reduce variation in access and performance, and commission extra capacity for predictable surges such as weekends, bank holidays and seasonal peaks.
- **Grow and stabilise the GP workforce to support access:** improve recruitment and retention through funded leadership roles, peer networks, a locum booking platform, the GP Fellowship Scheme, targeted marketing to trainees/students, and support GP recruitment via Primary Care Networks (PCNs).
- **Access beyond general practice (dentistry, optometry, pharmacy):** increase urgent and routine dental access, expand Optometry First to shift more eye care out of hospital, and grow community pharmacy "pharmacy-first" services to reduce pressure elsewhere.



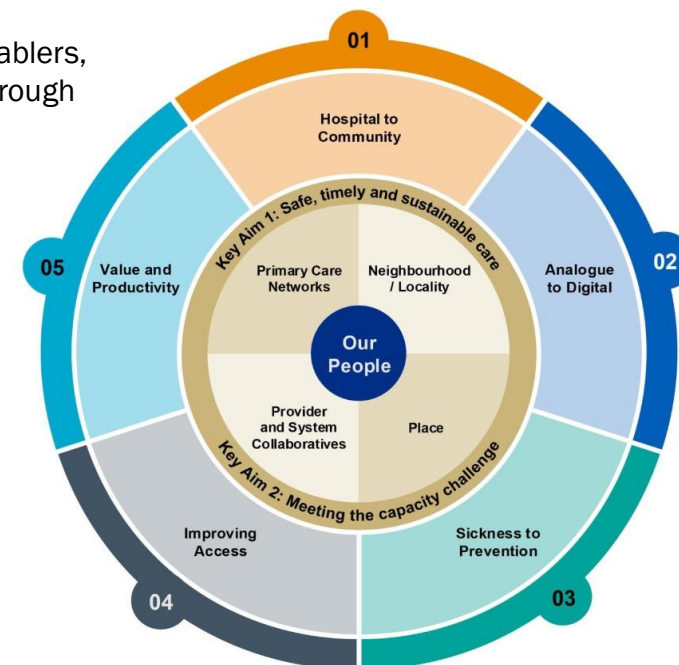
Value and Productivity

The plan emphasises maximising value by eliminating duplication, streamlining pathways, expanding digital tools, reducing variation, and embedding productivity across all services.

This includes a system-wide efficiency program, value-based commissioning, strategic decision-making frameworks, digital enablers, medicines optimisation and reducing avoidable hospital admissions. Individual commissioning aims to reduce excess costs through improved quality offers and market management. Elective and primary care services will embed productivity standards, and medicines optimisation will be system-led to support financial sustainability.

We want to get the best outcomes from every pound of NHS funding. Value and productivity means improving how services work together, reducing waste and duplication, and using evidence, data and digital tools to free up time and capacity for patient care.

- **Value-based decisions:** use evidence, population health insight and health economics to prioritise investment in prevention, neighbourhood care and reducing inequalities.
- **Smoother pathways:** cut duplication and delays so people get the right care first time, with fewer repeated assessments and unnecessary follow-ups.
- **Consistent, high-quality care:** reduce unwarranted variation by standardising what works, sharing best practice and using contracts to support improvement.
- **Digital and medicines efficiency:** use shared records and digital triage to reduce admin and improve prescribing to release funding and reduce harm.

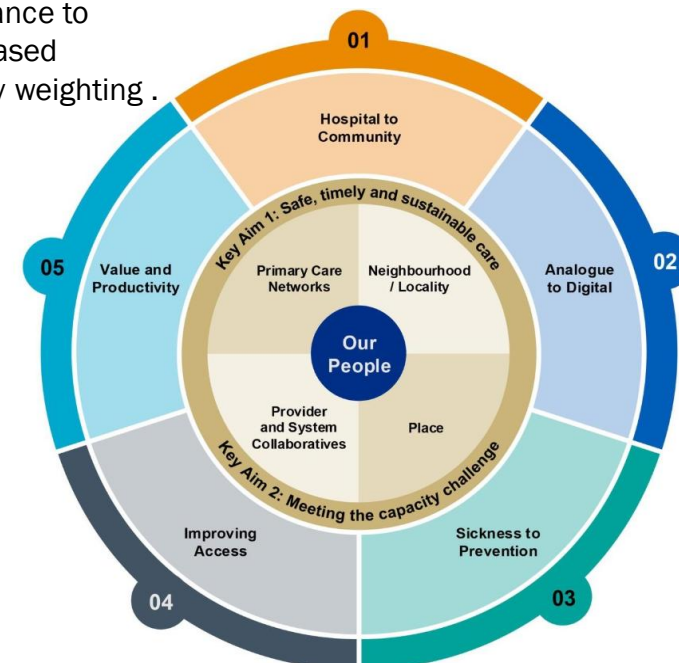


Value and Productivity – Financial Ambitions

Finance underpins the commissioning cycle by aligning resources to priorities, supporting prevention, community care, and digital innovation.

The joint financial vision aims to return to sustainability, create flexibility for investment, and use value-based decision making. Challenges include urgent care demand, workforce pressures, and continuing healthcare costs. Governance is provided through the ICB Finance Committee with compliance to national frameworks, risk management, and audit oversight. Financial priorities include system-wide collaboration, outcomes-based contracting, efficiency targets, capital investment aligned to strategic priorities, and transparent procurement with sustainability weighting.

- **Value-based decision-making:** use the Strategic Decision-Making Framework and health economics to prioritise spend on what improves outcomes most, reduces inequalities, and supports the three national shifts (hospital to community, analogue to digital, sickness to prevention).
- **System-wide efficiency and productivity programmes:** deliver coordinated cost improvement and pathway efficiency work across urgent care, planned care, community and primary care—reducing duplication, unwarranted variation, and avoidable activity.
- **Contracting and incentives that support transformation:** use contracts and payment mechanisms (including outcomes-based approaches and gainshare where appropriate) to reward improved outcomes, better flow, and reduced reliance on acute and high-cost settings.
- **Stronger governance and financial control:** maintain robust oversight through Finance Committee and Audit Committee assurance, with regular reporting, deep dives and risk management—ensuring delivery against national financial rules, ringfences and in-year limits.
- **Medicines optimisation and prescribing efficiency:** reduce medicines cost pressures through evidence-based prescribing, greater biosimilar uptake, horizon scanning, and formulary controls—releasing funding for priority services while also improving safety and reducing harm.





Enablers

In this plan, enablers are the building blocks that make the big changes possible. They are the capabilities we need across the NHS and our partners so we can deliver better outcomes, reduce inequalities and keep services sustainable.

- **System leadership for population health:** leaders across health, local government and the voluntary sector will work to shared priorities, using evidence and local insight to focus on prevention and target support where it is needed most.
- **Clinical and professional leadership:** clinicians and other professionals will shape decisions, so commissioning is grounded in evidence and best practice, with a clear focus on outcomes, value and the three strategic shifts.
- **Quality and patient safety:** quality and safety will be built into every commissioning decision, backed by strong oversight, clear standards, learning from incidents (including PSIRF), and action to reduce unwarranted variation and avoidable harm.
- **Involving people and communities:** local people's experiences will shape services from design to evaluation, with particular focus on including seldom-heard groups and using engagement to reduce inequalities and improve access and experience.
- **Data, analytics and technology:** better data (including shared records and platforms like the Federated Data Platform) will support smarter decisions, identify risk earlier, reduce duplication, and help plan services around need and future demand.
- **“Intelligent payor” commissioning:** the ICB will strengthen skills in contracting, market management and payment models (including outcomes-based approaches) so funding and incentives support integration, prevention and better value for money.



Risks and Mitigations

- **Financial pressure and rising demand:** demand for care is growing while budgets are tight. We will mitigate this through value-based decision making, tighter financial governance, productivity programmes, and shifting investment towards prevention and community services where safe and appropriate.
- **Workforce capacity and stability:** recruitment, retention and workforce availability may limit how quickly services can change and how reliably they perform. We will mitigate this through targeted workforce plans (including primary care), new roles and skill mix, leadership development, and supporting staff wellbeing.
- **Delivering the “left shift” (hospital to community, analogue to digital, sickness to prevention):** changing care models at scale is complex and depends on partners working together. We will mitigate this with clear delivery plans, phased implementation, shared outcomes, strong programme governance, and using data to track impact and adjust.
- **Access and performance improvements may take time:** long waits and pressure in urgent and emergency care can slow wider transformation. We will mitigate this by prioritising system flow, improving navigation into services, expanding community alternatives, and focusing effort where performance gaps are greatest.
- **Digital and data dependency (including inclusion):** digital improvements won't succeed unless systems connect and people can use them. We will mitigate this through integration and shared records, stronger data quality, clear standards for digital roll-out, and digital inclusion so non-digital routes remain available.
- **Public, patient and partner engagement:** if change is not communicated well, trust and take-up may be affected. We will mitigate this through ongoing involvement of patients, carers and communities, targeted work with seldom-heard groups, transparent decision making, and clear communication about what is changing and why.





Visit [Our Strategies - NHS Shropshire, Telford and Wrekin](#) to read the full Shropshire, Telford and Wrekin Five Year Strategic Commissioning Plan.

