Shropshire Council

Date: Monday, 19 December 2022

Time: 12.30 pm

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Amanda Holyoak, Committee Officer
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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

5 Interim Integrated Care Strategy (Pages 1 - 54)
Report to follow

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Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Draft Interim Integrated Care Strategy

Agenda item no.	
Meeting date:	**Joint HOSC 19 December 2022** **Integrated Care Partnership : 21 December 2022**
Paper title	**Draft Interim Integrated Care Strategy**
Paper presented by:	**Nicola Dymond** **Director of Strategy and Integration**
Paper approved by:	**Nicola Dymond** **Director of Strategy and Integration**
Paper prepared by:	**Irene Schwehla, Senior Improvement Consultant, MLCSU**
Signature:	
Committee/Advisory Group paper previously presented:	

Action Required (please select):									
A=Approval	X	R=Ratification		S=Assurance	X	D=Discussion	X	I=Information	

Previous considerations:	**None identified.**

1. Executive summary and points for discussion

As part of the Integrated Care Partnership's (ICP) function as a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community, Integrated Care Strategies are being developed which will articulate the vision to improve health and care outcomes and experiences for their populations.

This report seeks to:

a) present the draft interim Integrated Care Strategy (IC Strategy) for Shropshire, Telford and Wrekin(see Appendix A)
b) gain approval from the ICP board for publication of the draft interim IC Strategy

The draft interim IC Strategy was developed in cooperation with the two Health and Wellbeing Boards and other system partners across the STW ICS.

Details for the publication of and engagement with the IC Strategy have been set out in the Engagement Strategy submitted under point 7 of the agenda for the ICP board meeting on 21 December 2022.

Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	X
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Partnership is asked to:

- **Agree the Draft Interim Integrated Care Strategy**
- **Approve publication of the Draft Interim Integrated Care Strategy**

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

4. Appendices

Appendix 1 – Interim Integrated Care Strategy

5. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	NHS Shropshire, Telford and Wrekin is required to generate an interim integrated care strategy for publication by 31 December 2022.
Conflicts of Interest	No implications

Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

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Shropshire, Telford and Wrekin

Integrated Care Partnership Strategy

Interim (December 2022- March 2023)

Draft V 0.7

Telford & Wrekin Co-operative Council

Shropshire together

Integrated Care System
Shropshire, Telford and Wrekin

Contents

Executive summary

- The Shropshire, Telford and Wrekin ICP is responsible for the development of an Integrated Care Strategy, against which the ICB will reflect and respond in its development of the systems multi-year planning and commissioning response.
- It is acknowledged nationally, that in this first and short year of development, the Integrated Care Strategy will be considered an interim document, to allow more time to adequately shape the vision and assessment of need.
- The work, engagement and knowledge of the two STW Health and Wellbeing Boards will be consolidated as the foundation for further ICS development. We are not starting from a blank piece of paper, and neither are we concluding our activities to better understand the priorities for our system.
- The Health and Social Care Act outlines a statutory requirement for ICBs to undertake a 12 week consultation and engagement program with system stakeholders, to inform the development of a 5 year forward plan for STW by the end of March 2023.
- In progressing the engagement on the strategy development, STW ICB will include, amongst other priorities those identified in the interim ICS document and will continue to support its further development in partnership.

Introduction

- We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. This includes working with partners in the wider economy to create good jobs and increase everyone's prosperity with investment in skills, housing, culture and infrastructure. To have the best chance of achieving this, we need to think and work differently with each other and with our communities.
- A greater emphasis on prevention is crucial, to improve the quality of people's lives and the time they spend in good health. We recognise that not everyone has an **equal** chance of a happy, healthy long life and therefore we need to do more to tackle inequalities, including health inequalities.
- As a Partnership we are embracing our communities and community partners in our conversations and are listening to what staff and local people have to say, so that everyone in Shropshire, Telford and Wrekin is part of our shared purpose.

How we will work and what is different

People First

- People are at the heart of everything we do
- Ensure community-centred co-production (with staff, partners, patients, carers, VCS and residents) underpins the development of services

Prevention and inequalities

- Act sooner to help people with preventable conditions
- Enable people to stay well and independent for longer by providing a greater emphasis on proactive prevention and self-care
- Tackle the wider determinants of health – homes, jobs, education
- Offer accessible, high quality health and care services, which are equitably targeted towards people in the greatest need

Subsidiarity

- Things should be done, services and decisions made at the level that is most relevant, effective and efficient
- These actions at every level work together to contribute to the overall ambition of the ICS.

Joint working

- Both in the way we commission and the way we deliver services, from shared funding, and collaboration to health and care teams designed around people and their lives.

Empowerment

- Enabling people to navigate our system when they need help. We will need every organisation to think harder about access, inclusion, cultural safety and health literacy in the services they provide.

Innovation, evidence and research

- Should be at the heart of our approach to the challenges we face and the opportunities to deliver
- Maximise innovation and digital opportunities
- Adopt an intelligence-led population health management approach

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Shropshire, Telford and Wrekin

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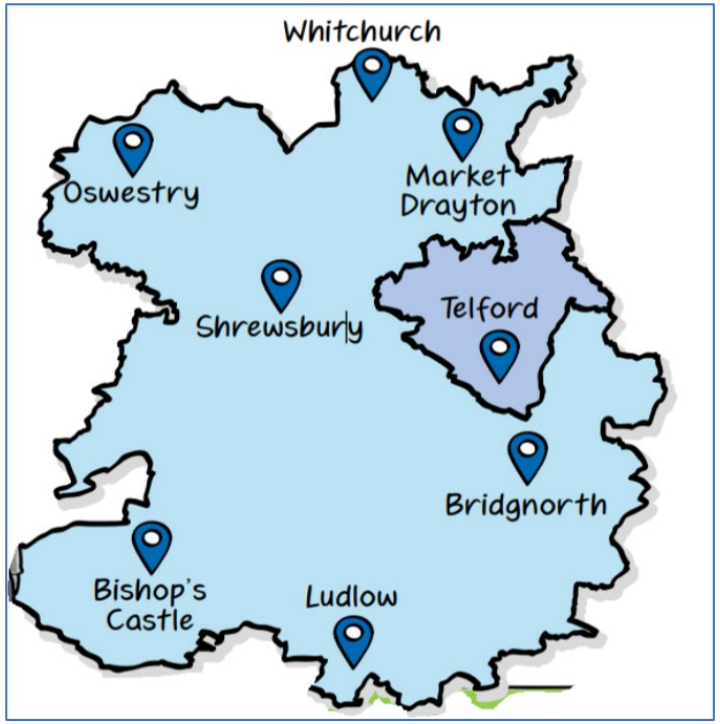
Overview of Our Integrated Care System

Chapter 1

Our system partners

Shropshire, Telford and Wrekin Integrated Care System includes the following partners:

- NHS Shropshire, Telford and Wrekin
- Shropshire Council (our Shropshire Place)
- Telford and Wrekin Council (our Telford and Wrekin Place)
- Shrewsbury and Telford NHS Trust (SaTH)
- Shropshire Community Health NHS Trust
- Robert Jones and Agnes Hunt Orthopaedic NHS FT
- Midlands Partnership NHS FT
- West Midlands Ambulance Service NHS FT
- Primary Care Networks – 8 PCN's (4 PCN's Telford and Wrekin, 4 PCN's Shropshire) and General Practice
- Community and Voluntary Sector organisations



We are an ambitious ICS and we want to make a real difference to the lives of local people.

We have previously engaged with our residents, patients, health and care staff, our local system partners and the voluntary, community and social enterprise (VCSE) sector and used this insight to develop ten pledges.

The pledges will be the golden thread through all the work we deliver.

Our ICS Pledges

1. We will improve **safety and quality.**

2. We will integrate services at **place and neighbourhood level.**

3. We will tackle the problems of **ill health, health inequalities and access to health care.**

4. We will deliver improvements in **mental health, learning disability and autism provision.**

5. We will support **economic regeneration** to help improve the **health and wellbeing of our population.**

6. We will respond to the threat of **climate change.**

7. We will strengthen our **leadership and governance.**

8. We will increase our **engagement and accountability.**

9. We will create a **financially sustainable system.**

10. We will make our ICS a **great place to work** so that we can attract and keep the **very best workforce.**

Our STW Integrated Care Partnership

- **Our Integrated Care Partnership (ICP),** is responsible for bringing together our system partners to develop a plan to address the broader public health, health and social care needs of our local populations and tackle health inequalities.
- Our ICP wants to make home and the community the hub of care and aims to ensure that services are personalised and seamless; empower patients; promote health; and prevent illness, where possible.
- The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with key stakeholders from across the system and community.
- Together, the ICP is producing an integrated care strategy to improve health and care outcomes and experiences for the populations. This will be followed by a co-produced integrated 5 year plan to be in place by March 2023 which will inform the 'how' we deliver outcomes.

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Integrated Care Partnership Purpose and Vision

Chapter 2

Developing the ICP Mission and Vision

- Our ICP Vision and Mission statements are currently in draft as we co-produce, through a series of engagement events the further development of the ICP five year plan that supports out strategy document.
- Our partnership is developing the priorities from the two Health and Wellbeing boards across our places and listening to the voices of our partners and stakeholders as we develop our plan.
- Our partnership priorities need to be understood by our residents and all stakeholders.
- Our 5 year plan needs to underpin the delivery of our strategy. The plan needs to be developed by March 2023.

Integrated Care Strategy Vision and Objectives

We want everyone in Shropshire, Telford and Wrekin to have a great start in life and to live healthy, happy and fulfilled lives.

We will work together with our communities and partners to improve health and wellbeing by tackling health inequalities, encouraging self-care, transforming services and putting people at the heart of all we do.

Our ambition is to provide our communities across Shropshire, Telford and Wrekin with safe, high-quality services and the best possible experience from a health and care system that is joined up and accessible to all.

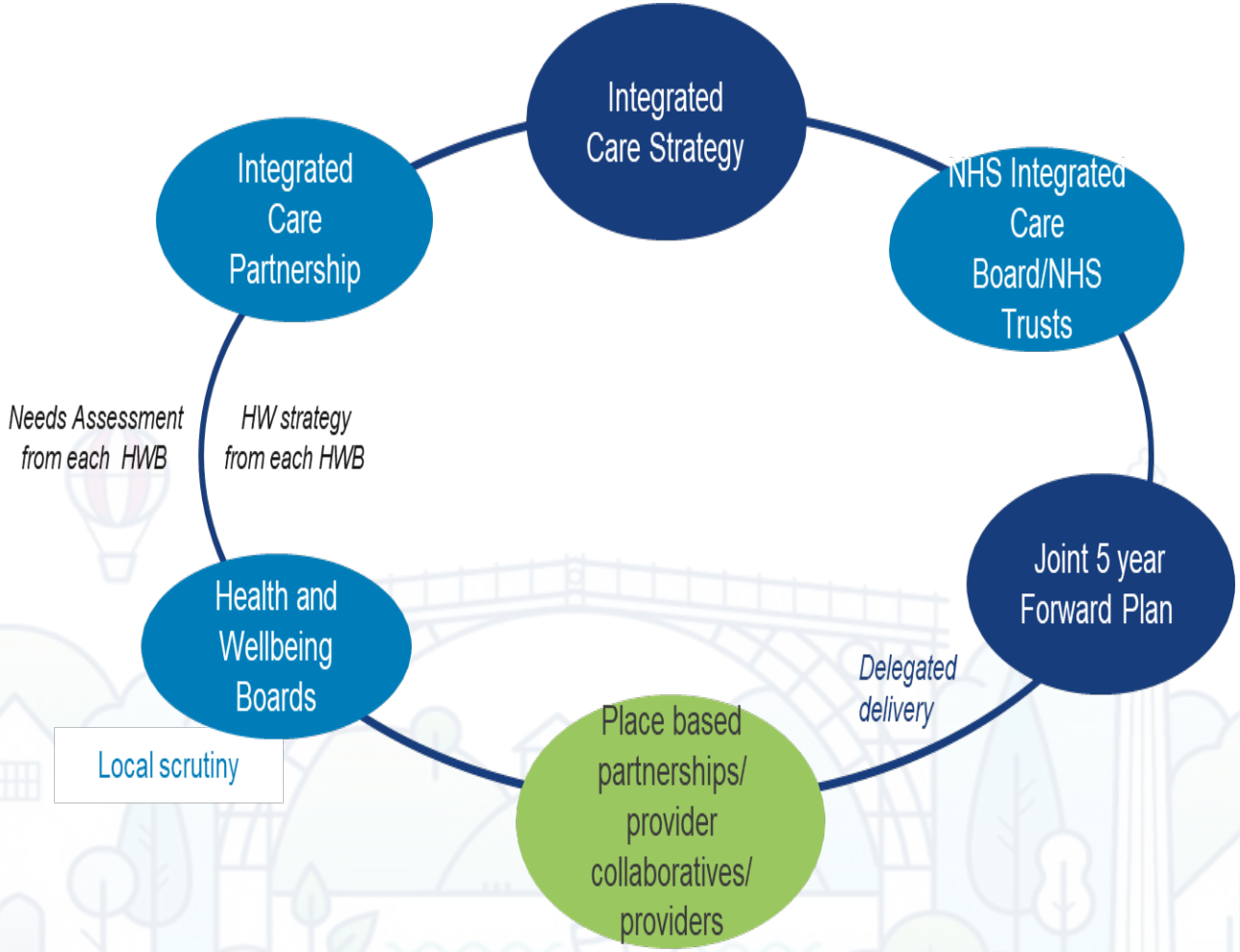
By transforming how and where we work, improving access to services and using our resources in the very best way for our communities, we will meet the needs of our population now and in the future.

Joining up health and care is not new – a lot of work has already been done towards this and we will build on this work. This includes building on the positive joint working we saw in the system throughout the Covid 19 pandemic.

Our Four Strategic Objectives

Integrated Care Strategy: Cycle of development

This Integrated Care Strategy development through the ICP, is a key step in setting out the high level needs assessment and long term health and wellbeing priorities for Shropshire, Telford and Wrekin. A clear governance, planning and delivery cycle exists to support partnership working across the system. A comprehensive consultation and engagement process will wrap around this development cycle and support co-design.



Integrated Care Strategy Priorities

(from JSNA's to inform the HWB strategies and the interim integrated care plan)

Population Health Priorities

- Best start in life
- Healthy weight
- Mental wellbeing & Mental Health
- Preventable conditions – heart disease and cancer
- Reducing impact of drugs, alcohol and domestic abuse

Health Inequalities priorities

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

Health and Care priorities

- Proactive approach to support independence
- Person – centred integrated within communities
- Best start to end of life (life course)
- Children and Young people physical and mental health and a focus on SEND
- Mental, physical and social needs supported holistically
- People empowered to live well in their communities
- Primary care access
- Urgent and Emergency care access
- Clinical priorities e.g. MSK, respiratory, diabetes

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Shropshire, Telford and Wrekin

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Improve Outcomes in Population Health and Healthcare

Consolidating Knowledge and Findings

Chapter 3

Improve outcomes in population health and healthcare

Content:

- **Joint Strategic Needs Assessments (JSNA)**
- **Population Health Intelligence**
- **Strategic Priorities**
  - Health and Well Being Board Priorities
  - What our residents have told us
  - What our stakeholders have told us

Improve outcomes in population health and healthcare

- Each Health and Wellbeing Board has a statutory duty to publish a Joint Strategic Needs Assessment (JSNA) to inform the development of the Health and Wellbeing Strategies for each HWBB.
- Telford & Wrekin Health & Wellbeing Strategy refresh proposals have been developed based on JSNA intelligence and informed by engagement with residents as part of the development of the Vision 2023 - Building an Inclusive Borough – including circa 3,000 residents contributing through a telephone survey and focus groups in 2022 and also the residents survey in 2020 completed by circa 5,500 residents. Further engagement and community consultation on the proposed health & wellbeing refresh priorities is planned for February 2023.
- Shropshire Health and Wellbeing Strategy is being developed at a community level by engaging with the residents and local Town Councils using the data from the JSNA.
- The ICP has brought together the available intelligence from the HWBB strategies the system to inform the priorities for the interim Integrated Care strategy.
- The JSNAs and population health intelligence and the interim Integrated care Strategy should inform system partners about where there are areas of need, such as, health and social need, and the inequalities gaps in our communities.
- The interim Integrated Care Strategy will inform the development, with stakeholders through engagement into a five year plan to support the commissioning and provision of services and support that meet the needs of the population.

The intelligence in this section shows the key themes and headlines from the JSNAs and the population health priorities for our places and our system.

STW - Demographic & socio-economic headlines

Telford & Wrekin

- Fastest population growth in the West Midlands (2011-2021 = 11.4% growth). 2nd fastest growth nationally in 65+ population (35.7%)
- Population changing - becoming more diverse & ageing (median age now same as WMs at 39.6 years)
- 27% Telford & Wrekin residents live 20% most deprived areas in England – circa 45,100 people (= NHSE CORE20) significantly higher than the England average and just over a fifth (21%) of children and young people are living in poverty
- Life expectancy at birth & at age 65 for men and women significantly worse than England average and there are significant inequalities gaps

Shropshire

- 139,000 households - predicted to increase 28% by 2043
- 23% of the population +65 years (18.5% England Age)
- 26% increase in LAC 2019/20 to 2020/21
- 44,969 people are 30 minutes or more by public transport to the closest GP
- An estimated 3,740 people are currently living in care home settings in Shropshire, with this figure likely to increase in the future
- The relatively affluent county masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate

STW Area

- Total Population in 2020 506, 737 (Shropshire 325,415 Telford 181,322)
- Male 49.5 % Female 50.5%
- Across a total Area 3,487 sq km
- Average Annual Births 4,600 and Deaths 4,920
- Shropshire is predominately 66% rural (101 people/sq km) Telford and Wrekin is predominantly urban (620 people/sq km)
- By 2043 there will be an estimated 589,330 people in STW - 30% will be over 65 (currently 21%)
- There are over 155 care homes in the area with more than 4,320 beds
- Across STW there are 88,000 people with a long term limiting illness (18%)

Population Health Priorities

Using evidence from our JSNAs and our two Health & Wellbeing Strategies the following shared priorities emerged:

- Give every child the best start in life (including healthy pregnancy)
- Encourage healthier lifestyles with a priority focus on unhealthy weight
- Improve people's mental wellbeing and mental health
- Reduce the impact of drugs, alcohol and domestic abuse on our communities

STW JSNAs – Key Headlines

- Trends show that overall life expectancy for males and females has stalled and inequalities are clear across both Places. Life expectancy at birth for both males and females is significantly worse than the England average in Telford & Wrekin and significantly better than the national average in Shropshire
- The inequalities gap in life expectancy (between the most deprived and least deprived areas within each local authority):
  - for men is 7.3 years in Telford & Wrekin, compared to 7.2 years in Shropshire
  - for women is 4.1 years in Telford & Wrekin, compared to 5 years in Shropshire
- The gap in life expectancy is driven by mortality from cardiovascular disease, followed by cancers
- Early death rates from preventable cardiovascular disease and cancer in Telford & Wrekin are significantly worse than the England average, and this contributes to the reduced life expectancy picture
- Excess weight is the most significant lifestyle risk factor in the population with the level of adult excess weight in both Telford & Wrekin and Shropshire are significantly higher than the England average
- The level of alcohol related-hospital admissions in Telford & Wrekin are also significantly higher than the England average
- Adult smoking rates in routine and manual groups in both Shropshire and Telford & Wrekin are a key driver of inequalities
- Smoking in pregnancy is a particular issue for Shropshire and Telford & Wrekin, with levels of maternal smoking at birth significantly worse than England overall, the highest levels are seen amongst younger mothers and those living in deprived communities
- Unhealthy weight in children & young people in Telford & Wrekin are also worse than the national average
- Mental Health is a key cause of poor health amongst our communities and levels of poor mental health in children and younger people is increasing. The physical health of adults with Serious Mental Illness is also a cause for concern with both Shropshire and Telford & Wrekin having high rates of excess mortality in this group compared to the national average

Deprivation, ethnicity & access to services

Deprivation

- Shropshire is a relatively affluent county which masks pockets of high deprivation, growing food poverty, and rural isolation.
- More than 1 in 4 people in Telford and Wrekin live in the 20% most deprived areas nationally and some communities within the most deprived in the country.

Ethnicity

- In Shropshire, in 2011 there were approximately 14,000 people (5.6%) from BAME and other minority ethnic groups. Data suggests this has increased particularly in Eastern European populations.
- In Telford and Wrekin 10.5 % of the population from BAME and other minority ethnic groups, however more recent estimates, including the school census and midyear estimates suggest the percentage is closer to 17%.

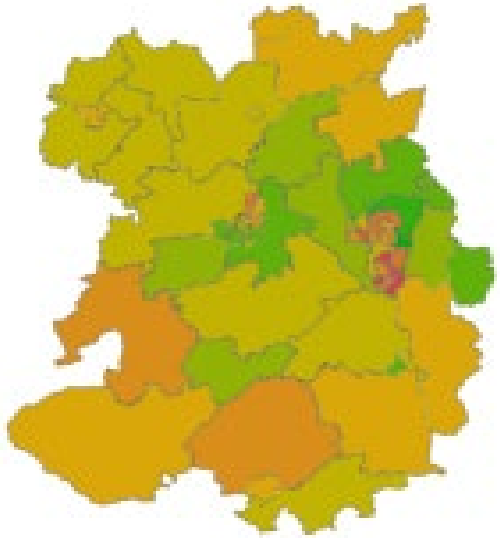
Access

- The access domain highlights significant areas of Shropshire, Telford and Wrekin that have the lowest level of access to key services including GP services, post office and education

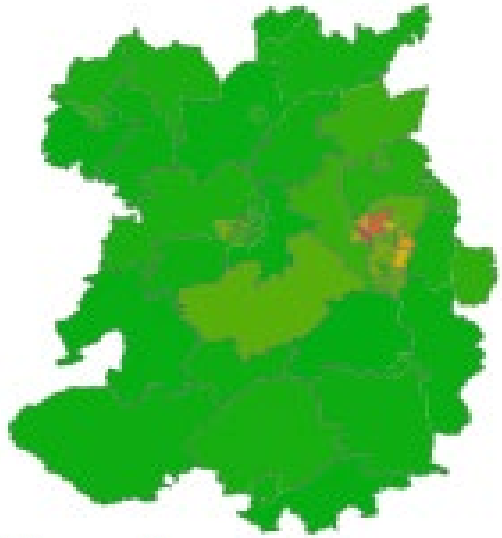
Cost of Living

- The Cost of Living Vulnerability Index is 1,203 for Shropshire and 1,348 for Telford and Wrekin – both in the highest quartile of local authorities nationally

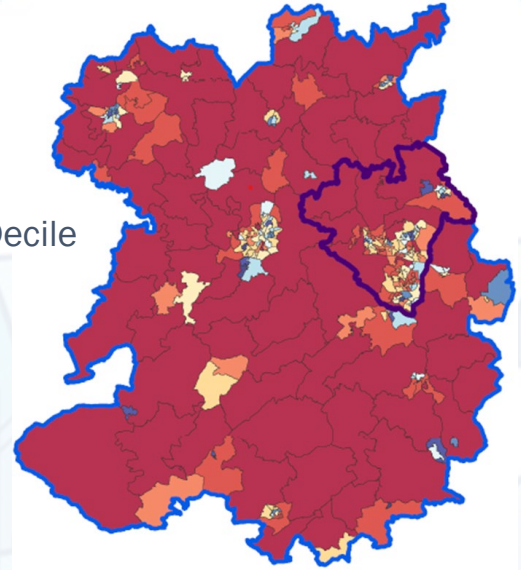
Deprivation - IMD 2019 Decile



Ethnicity - % BAME 2011 Census



Access - IMD 2019 Decile



Wider determinants of health

Public Health Outcomes Framework Indicator	Period	Telford & Wrekin	Shropshire
Children in relative low income families (under 16s)	2020/21	21.4	16.8
School readiness: percentage of children achieving a good level of development at the end of reception	2018/19	71.3	72.6
School readiness: percentage of children achieving the expected level of development in the phonics screening check in Year 1	2018/19	83.5	80.9
First time entrants to the youth justice system	2021	108.9	64.2
16-17 year olds not in education, employment of training (NEET) or whose activity is not known	2020	7.4	10.3
Adults with a learning disability who live in stable and appropriate accommodation	2020/21	77.8	85.6
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	59.0	71.0
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2020/21	11.8	16.3
Gap in the employment rate for those with a learning disability and the overall employment rate	2020/21	70.2	70.8
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2020/21	63.9	67.4
Percentage of people aged 16-64 in employment	2020/21	72.9	76.4
Sickness absence – the percentage pf employees who had at least one day off in the previous week	2018-20	1.7	1.6
Sickness absence – the percentage of working days lost due to sickness absence	2018-20	1.0	0.7
Violent crime – hospital admissions for violence (including sexual violence)	2018/19-20/21	27.8	20.0
Homelessness – households owed a duty under the Homelessness Reduction Act	2020/21	12.3	7.9
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2019/20	40.8	51.4
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	2018/19	36.0	35.4

Population Health Outcomes

	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Overarching	Life expectancy at birth (males)	78.2	80.2	• Overarching Health Inequalities Outcomes
	Life expectancy at birth (females)	81.9	83.7	
	Healthy life expectancy at birth (males)	57.6	62.8	
	Healthy life expectancy at birth (females)	60.3	67.1	
	Life expectancy at 65 (males)	18.0	19.3	
	Life expectancy at 65 (females)	20.2	21.5	
Maternity & Early Years	Teenage pregnancy	16.8	11.5	• HI 5 key clinical areas: maternity • LTP NHS prevention priority health weight
	Obesity in early pregnancy	29.5	24.1	
	Baby's first feed breastmilk	63.8	70.8	
	Smoking at time of delivery	14.3	11.0	
	Children overweight (including obese) – reception	26.1	22.6	
	Children overweight (including obese) – year 6	40.0	29.7	

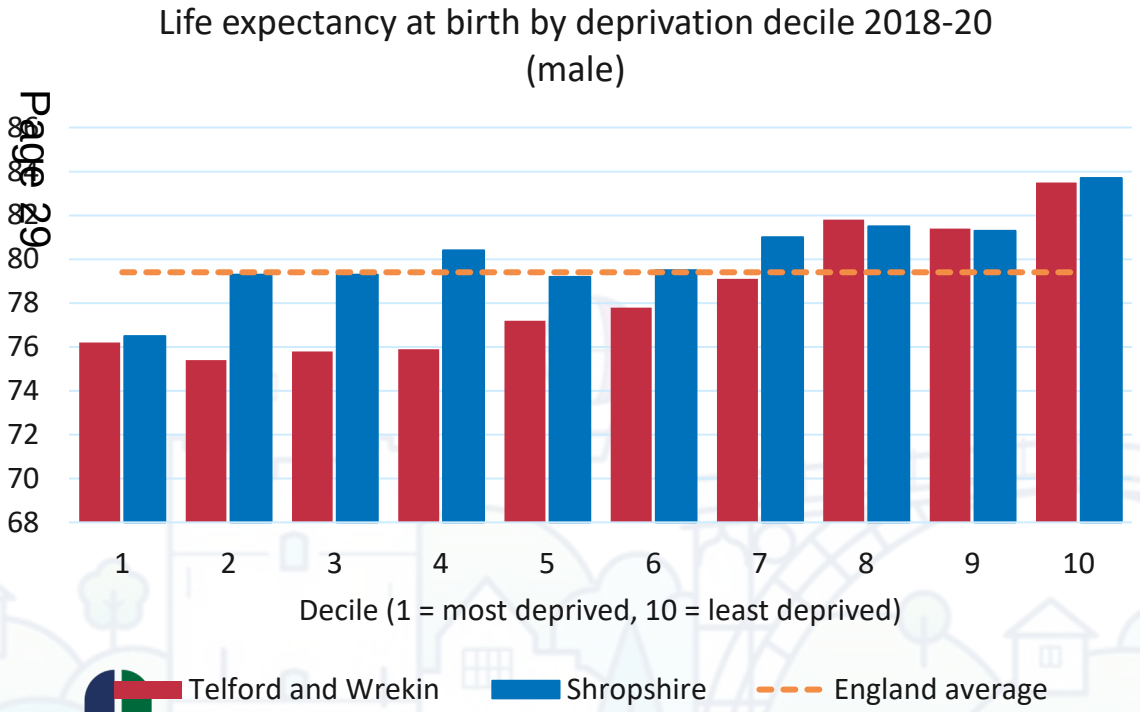
Population Health Outcomes

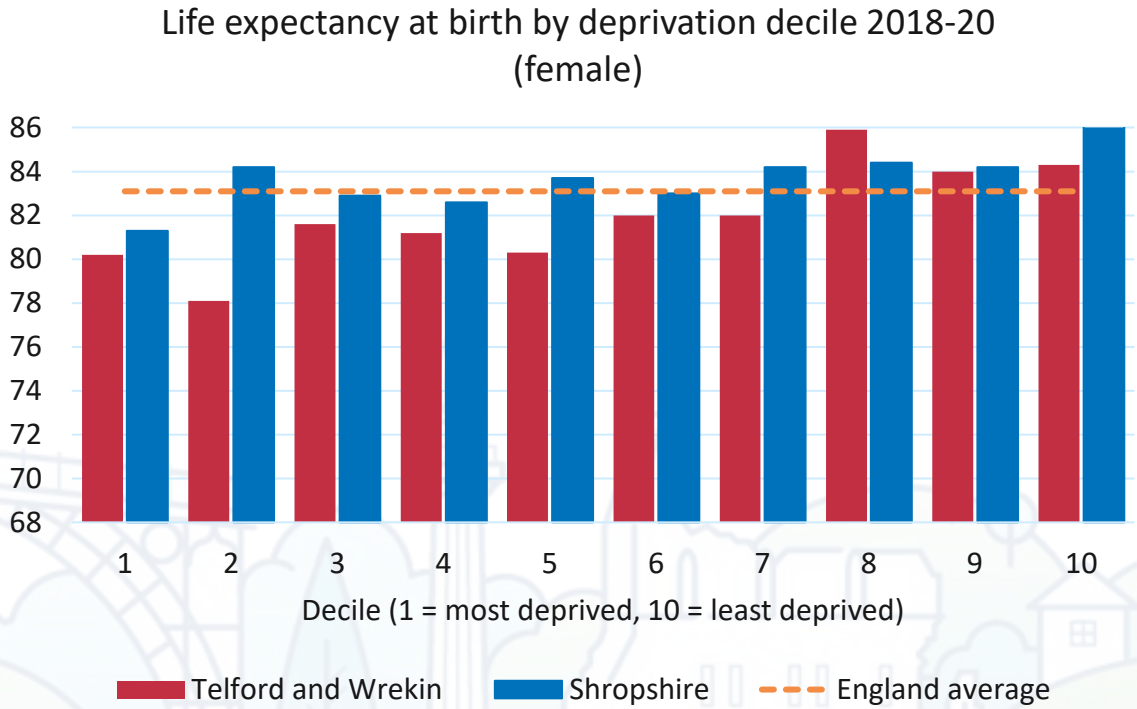
	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Prevention	Adults classified as overweight or obese	70.6	68.0	• HI 5 key clinical areas: hypertension case finding • LTP accelerate diabetes & CVD prevention programmes • LTP NHS prevention priority healthy weight
	Diabetes diagnosis rate (estimate)	85.6	71.4	
	Early mortality from preventable CVD	38.4	24.8	
	Early diagnosis cancer (stages 1 and 2)	50.3	53.3	• HI 5 key clinical areas: early cancer diagnosis
	Cancer screening coverage – cervical cancer	74.4	76.8	
	Cancer screening coverage – bowel cancer	65.1	69.4	
	Early mortality from preventable cancers	66.2	38.7	
	Early mortality from preventable respiratory disease	18.6	12.6	• HI 5 key clinical areas: chronic respiratory disease
	Flu vaccination coverage – at risk individuals	55.5	60.6	
	Early mortality in adults with severe mental illness	134.4	89.0	• HI 5 key clinical areas: severe mental illness
	Excess mortality in adults with severe mental illness	475.4	477.6	
	Emergency hospital admissions for self harm	182.4	146.8	
	Admissions for alcohol related conditions	512	460	• LTP NHS prevention priority: alcohol care team
	Early mortality from preventable liver disease	19.6	14.7	
	Smoking attributable mortality	246.1	173.7	• LTP NHS prevention priority: NHS tobacco dependency programme
	Smoking attributable hospital admissions	1,944	1,475	
	Smoking prevalence routine & manual occupations	21.4	25.6	

Inequality in Life Expectancy

In both Shropshire and Telford and Wrekin life expectancy at birth is lower in the most deprived areas than in the least deprived areas and there are clearly inequalities gaps.

However life expectancy at birth in the most deprived parts of Telford and Wrekin is considerably lower than the national average and most deprived parts of Shropshire.





What our residents have told us

As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health.

Our residents have said they wanted 'A person-centred approach to our care,' and this is central to all the work we are doing.

People are at the heart of everything we do and by delivering joined up services in both the acute and community settings we can give everyone the best start in life, creating healthier communities and helping people to age well.

The top 10 statements from all respondents for the Shropshire, Telford & Wrekin questionnaire which described the measures were the most **important to our residents**:

- 1. "Professionals that listen to me when I speak to them about my concerns"
- 2. "Access to the help and treatment I need when I want it"
- 3. "I want to be able to stay in my own home for as long as is it is safe to do so"
- 4. "I want my family and me to feel supported at the end of life"
- 5. "Choosing the right treatment is a joint decision between me and the relevant health and care professional"
- 6. "I want there to be convenient ways for me to travel to health and care services when I need to"
- 7. "Easy access to the information I need to help me make decisions about my health and care"
- 8. "Having the knowledge to help me to do what I can to prevent ill health"
- 9. "Communications are timely"
- 10. "I have to consider my options and make choices that are right for me

What our residents have told us

Those who had long term conditions told us to focus on:

- Getting help and communications
- Impact of having more than one conditions
- Waiting Times
- Access to ongoing care and support
- Transport and Travel

When asked what our residents would do to, to be supported to live a healthier life? What can services do to provide you with better care and support? What would make it easier for you to take control of your health and wellbeing?

People told us that a number of things are important and should be priorities:

1. Access and timely intervention e.g. local services that people know about, that are available when people need them (including 24 hour) and that they can get to easily, including services that can help people to live healthy lives such as affordable gyms and social groups
2. Tackling isolation and loneliness e.g. Making sure socially isolated people know what support is available to them and how to access it, including homeless people and people who do not have a named GP or relationship with services
3. Consistent and reliable information and education for all ages e.g. reducing confusion by giving clear and consistent information that can be trusted, including information about services such as available appointments and giving people a single point of contact to improve consistency, including appropriate signposting and offering information and advice (e.g. advice about medication)
4. Services working together, including information sharing and a flexible approach to working e.g. ensuring staff know what other services are out there and talking to each other, improved referral processes, social services and the NHS working together
5. Building strong communities and investment in local people e.g. supporting and promoting local groups to enable and encourage people to get together, e.g. walking groups, dementia groups

What our stakeholders have told us

Together with the views of our partners, clinicians, staff and service users we can identify what is working well, what can be improved and what is important to them. This will enable us to plan, design and deliver health and social care services that are right for our local population of Shropshire, Telford & Wrekin.

Our clinical priorities identified through the HWBB consultations and engagement:

- Cancer
- Cardiac
- Respiratory
- Urgent and Emergency Care
- Diabetes
- Orthopaedics
- Mental Health

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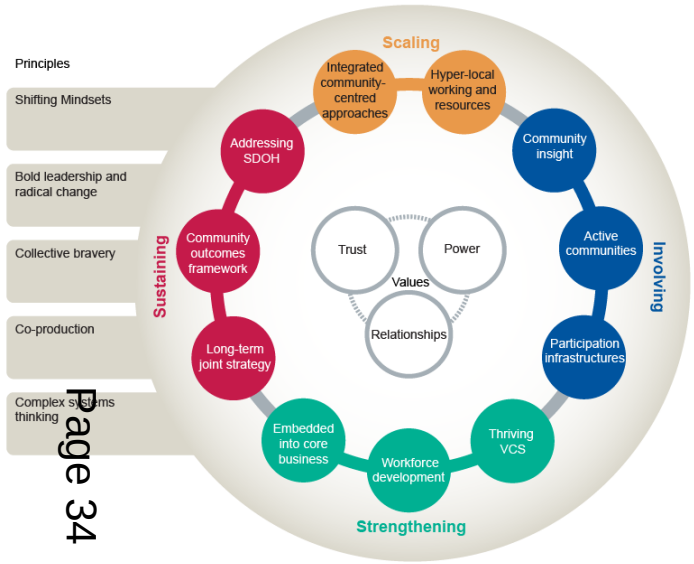
Tackle Inequalities in Outcomes, Experience and Access

Consolidation of Knowledge and Findings

Chapter 4

Tackling inequalities – approach

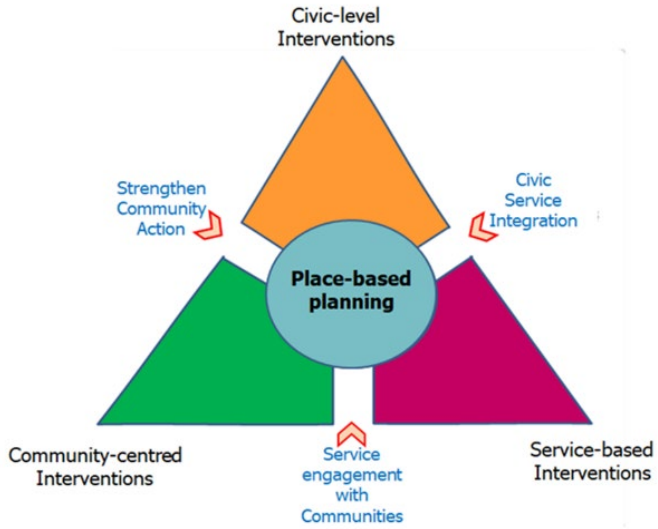


Community focused co-production

Place-based system wide

Intelligence-led

Equitable targeting



Intelligence-led population health management, including equity profiling for inclusion groups

Narrow the gap in service and support uptake and outcomes by proactively targeting people in inclusion based on equity profiling and engagement insight

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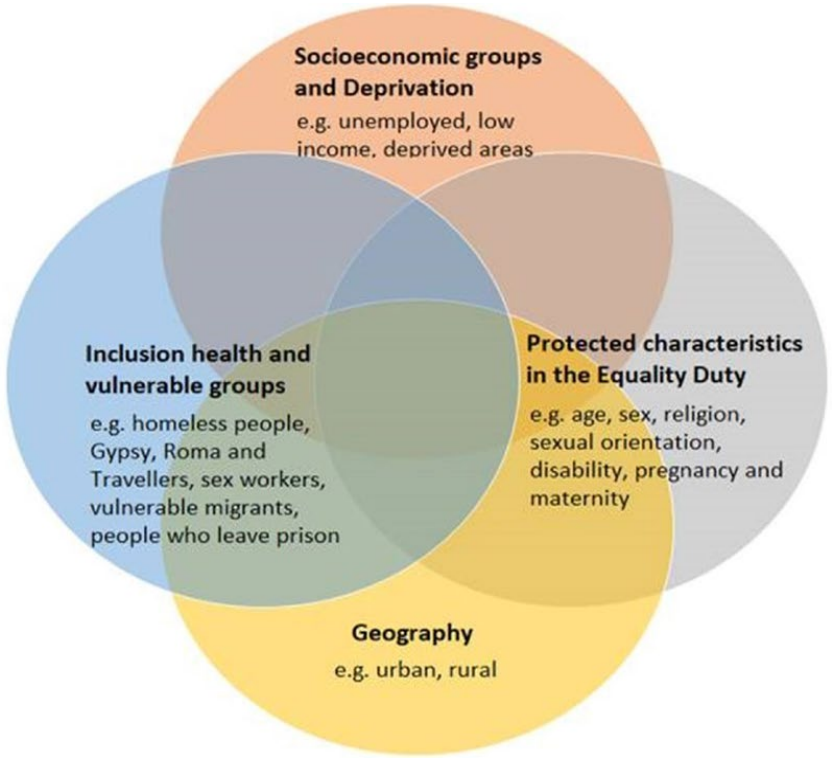
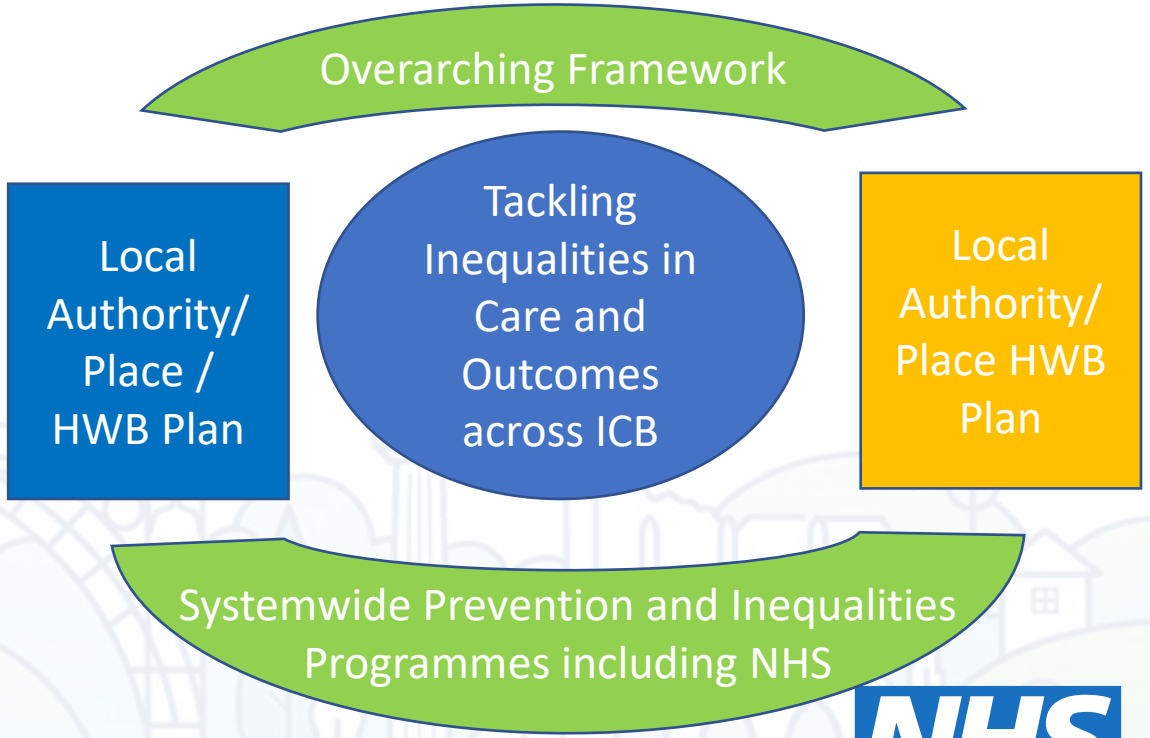
Inequalities and Health Inequalities

Health inequalities are unfair, systematic and avoidable differences in health.

Inequalities in the wider determinants of health (such as housing, education and access to green space) translate into health inequalities.

Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. Approx 10% of our health is impacted by the healthcare we receive.





Tackling inequalities – inclusion groups

Clear focus where outcomes are poorest for people and families who are:

- from black and minority ethnic groups
- living in deprived communities, including rural deprived
- affected by alcohol and other drugs
- victims and survivors of domestic abuse
- experiencing poor emotional and mental health
- living with physical, learning disabilities and autism
- within Equality Act protected characteristic groups
- at risk of exploitation
- LGBTQ+
- service personnel and veterans
- looked after children and care leavers
- asylum seekers and refugees

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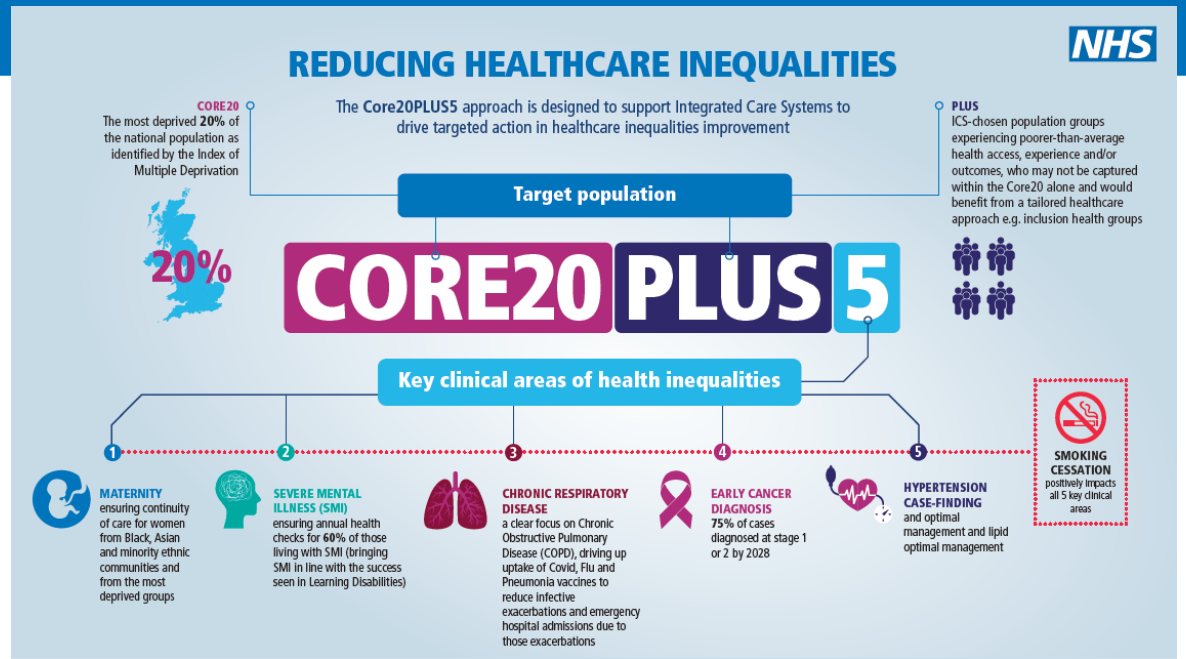
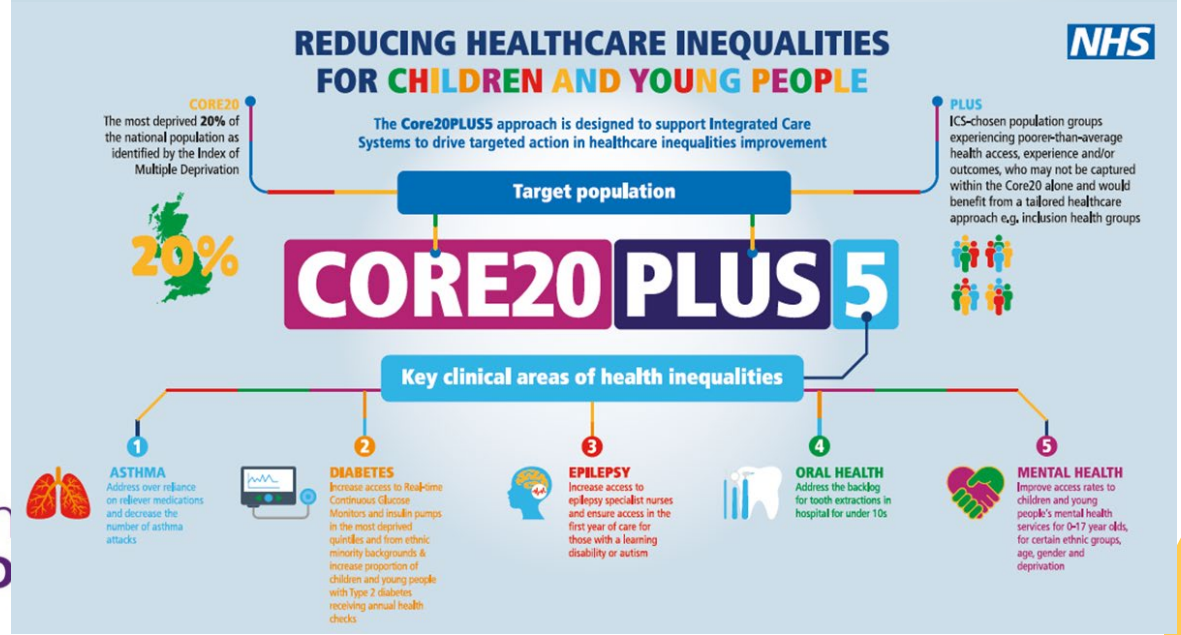
Tackling inequalities - overview

Wider determinants cost of living crisis, housing, employment

Inclusive, connected, healthy & sustainable communities





Healthy behaviours & lifestyles strengthening prevention

Best start in life for every child

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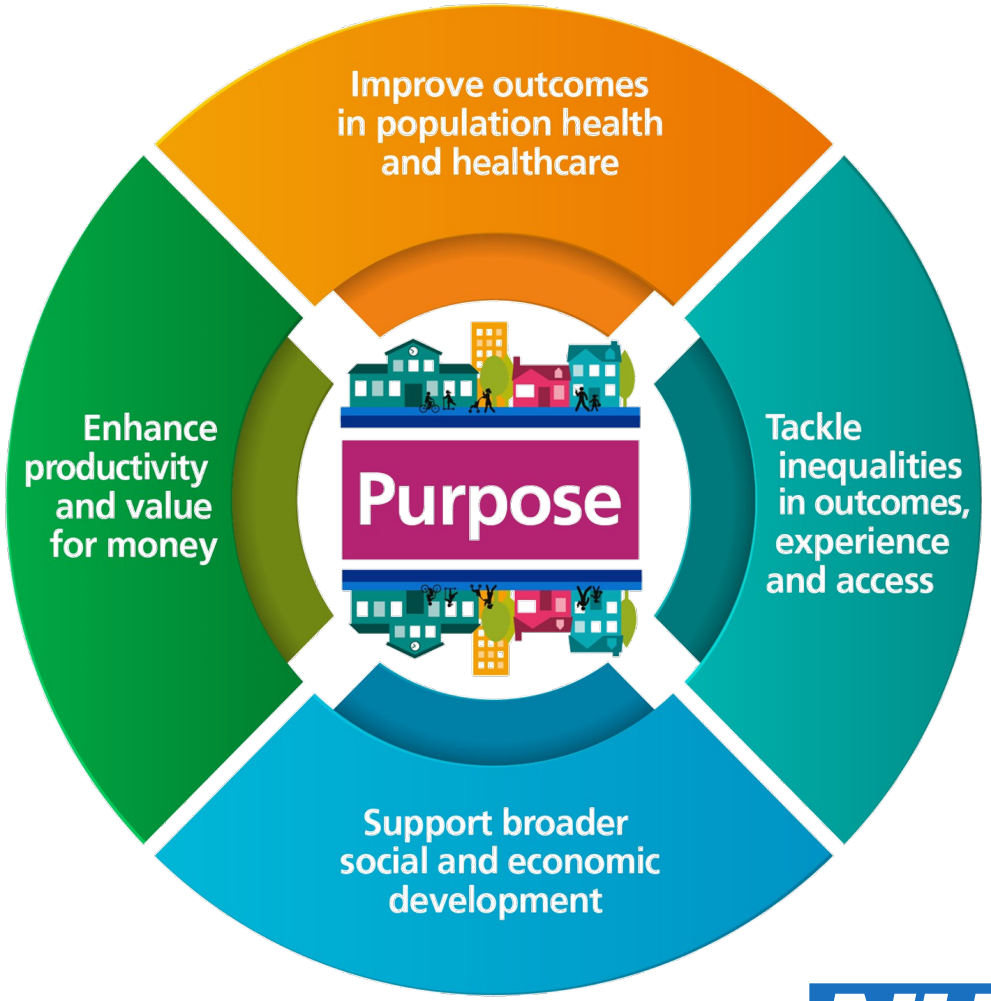
Health Inequalities

Health inequalities are widening, our partnership needs to focus on the root causes of health inequalities, the wider determinants, and address inequity of access to services for those most in need. We need to understand the multiple barriers people can face in accessing our services more fully.

We therefore commit to accelerate, targeted collaborative local action to reduce health inequalities, by the following priorities:

- Tackling the wider determinants of health
    - homelessness, healthy homes, poverty & cost of living, positive work and employment
    - Giving every child the best start in life – to influence a range of outcomes throughout people's lives
    - Improving equity of access to healthcare for those living in our most deprived areas, including rurally excluded as well as other forms of exclusion (for example Core20 plus 5 programme and a focus on healthcare preventable diseases)
    - for adults this includes hypertension, early cancer diagnosis, health checks for SMI and LDA, vaccinations, continuity of carer in maternity.
    - For children this includes epilepsy, diabetes and asthma



Telford & Wrekin Health and Wellbeing Proposed Priorities

INTEGRATION PRIORITIES

	START WELL	LIVE WELL	AGE WELL
Population health & prevention	excess weight and obesity		
	mental & emotional health		
	impact of alcohol and other drugs		
	preventable diseases (e.g. CVD, diabetes, cancer, respiratory)		
Inequalities	Marmot Borough		
	cost of living crisis		
	barriers to access (transport & digital)		
	domestic abuse, alcohol, drugs and dual diagnosis		
	healthcare inequalities (NHS restoration/CORE20PLUS5)		
	homelessness, affordable housing & specialist accommodation		
Health & care	• healthy and safe pregnancy • parents/carers empowered to care for & nurture their children	• Community Mental Health Services Transformation	• proactive prevention to maximise independence • control, choice & flexibility in care and support
	strong integrated model of community-centred care (e.g. local care programme)		
	integrated primary care in the heart of our communities		
Enablers	population health management →	workforce →	sustainability of resources

Shropshire Inequality Plan

Wider Determinants	Healthy Lifestyles	Healthy places	Integrated Health and Care
Marmot: (i) Create fair employment (ii) Ensure healthy living standard	Marmot: (iii) CYP and adults – maximise capability and control (iv.a) strengthen Ill-health prevention (lifestyles)	Marmot: (i)v Create healthy and sustainable places and communities	Marmot: (vi) Give every child the best start in life (iv.b) strengthen Ill-health prevention (transformation/disease programmes)
Inequalities Work Programmes			
Embed Health in all polices	Smoking/tobacco dependency	Air Pollution	Restore NHS services inclusively
Housing – affordable/specialist/supported	Healthy weight	Planning	Rurality
Economy and skills	Physical Activity	Culture & Leisure	Mitigate Digital Exclusion
Workforce		Licensing	Datasets complete
Education incl. SEND		Food Insecurity	Strengthen leadership & accountability
Early Years			Population Health Management
Virtual School			Personalisation/ Personalised Care
Post 16			COVID and flu vaccination
SEND			Annual health checks for people with LD/SMI
Transport			Continuity of Carer (Maternity)
			Chronic Respiratory Disease
Social Inclusion Groups	**Social Inclusion Groups (Continued)**	**PCN Health Inequality Plans**	Early Cancer Diagnosis
Domestic Abuse	Drug and Alcohol Misuse		Hypertension Case-Finding
Exploitation	Looked After Children		Diabetes
Homelessness	Ethnic Minority Groups		Children & Young People
Learning Disability	Prisoners and their families		Trauma Informed Workforce
Autism			Healthy Start
Gypsy and traveller families			Oral Health
Asylum seekers/ refugees			Best Start in Life
Unpaid Carers			Children/Families in Need
Physical disabilities			Complex Need
LGBTQ+			Mental Health (MH Transformation Plan)
Services personnel & (families & veterans)			Suicide Prevention
			Social Prescribing
			Integrated Impact Assessment (IIA

Shropshire Joint Health and Wellbeing Strategy priorities 2022-2027

Strategic Priorities Long-term aims and how we will achieve them	**Key areas of focus** Identified areas of health and wellbeing need in Shropshire
Joined up working	Workforce
Working with and building strong and vibrant communities	Healthy Weight and Physical Activity
Improving Population Health	Children & Young People incl. Trauma and ACEs (All-age)
Reducing Inequalities	Mental Health

Other – These form part of the Key Priorities			
Social Prescribing	Drugs and Alcohol	Smoking in Pregnancy	Housing
Suicide Prevention	Food Poverty	Killed and Seriously Injured on Roads	Air Quality
Exploitation			

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Support broader social and economic development

Chapter 5

Support broader social and economic development

As our Partnership develops the 5 year plan we need to take into account broader system working. Other programmes need to demonstrate how they will deliver against the integrated care strategy.

This includes:

- Local Planning and regeneration
- Climate and green planning
- Hospital Transformation Programme
- Local Care Integration Programme

Enabling strategies need to support the integrated care strategy within the 5 year plan

- Workforce
- Digital
- Communications and Engagement
- Population Health Management

Enablers

Workforce:

- Our local people plan outlines and supports our system response.
  - Looking after our people
  - Belonging in STW
  - New ways of working and delivering care
  - Growing for the future
  - Focus on Nursing and Health Care Support Workers (HCSW)

Communication and Engagement:

- Communication and Engagement Plan
- The STW 5 year Plan is the "*How*" element of delivering the ICP's Strategy and its priorities. Partnership workshops are planned to inform the consultation plan narrative, approach, methods, and key questions
- Equalities Involvement Committee will guide and advise on inclusion of protected groups and seldom heard voices
- Ongoing dialogue will be supported by developing a citizens panel, working local involvement networks, VCSE, Healthwatch, and NHS/LA enabling workstreams

Digital:

- Our ICS Digital Strategy continues to develop.
  - Shared Care Record
  - Care Delivery systems
  - Remote monitoring
  - Population analysis
  - Artificial intelligence

Population Health Management (PHM):

- Development of a PHM Strategy to ensure accurate data, insights, and evidence to support system decision making
  - Development of an engine room
  - Grow analytical skills and capacity
  - Delivery of systemwide work programme
  - Ongoing development of JSNAs as foundation

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Enhance productivity and value for money

Chapter 6

Enhance productivity and value for money

Our ICP will consider whether needs could be better met through arrangements such as the pooling of budgets, under Section 75 of the NHS Act 2006. Section 75 is a key tool to enable integration and will be part of delivery of the integrated care strategy.

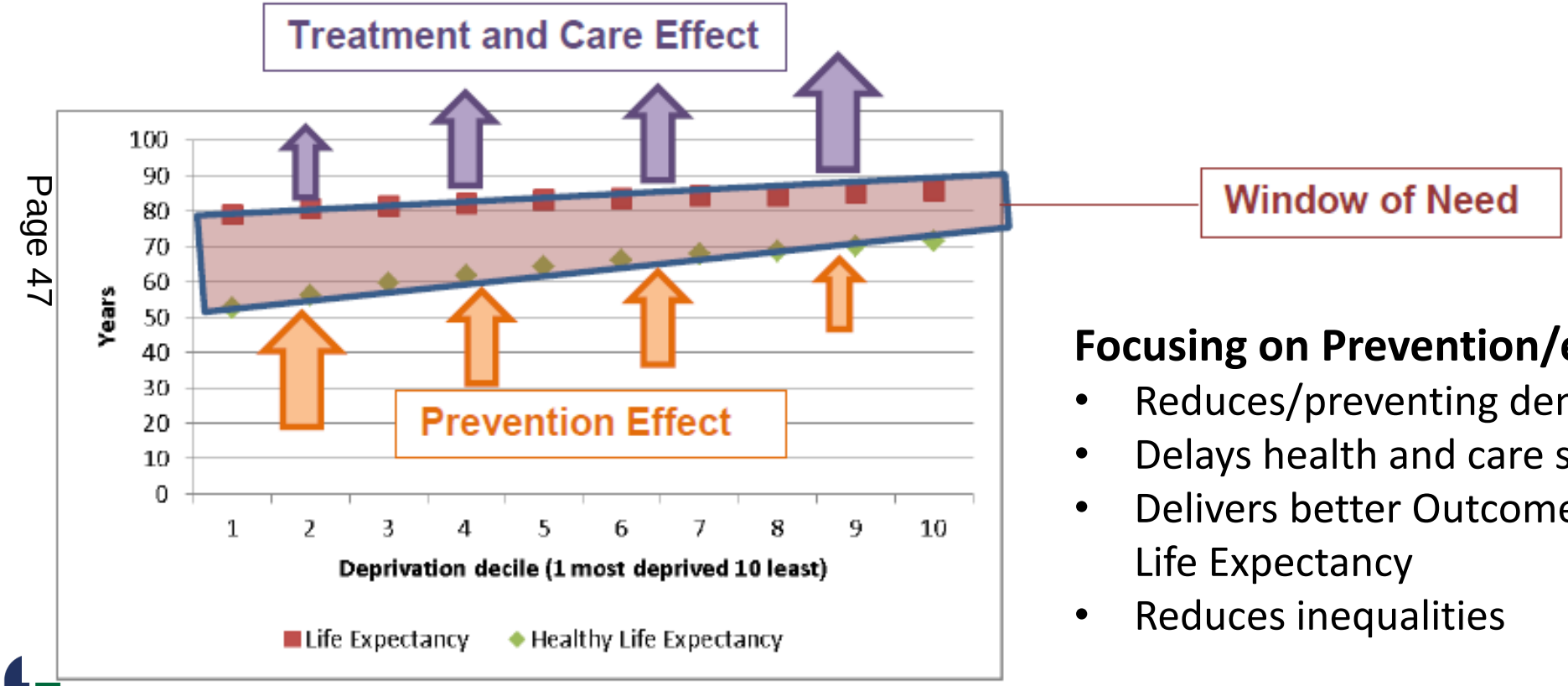
The term “left shift” is used to describe a strategic direction that supports more care being provided in lower cost out of hospital settings (ideally at home) and prevention. The underlying premise is that acute care is often likely to be the most costly care setting and can become the default option where services that have the potential to prevent patients requiring acute care are not optimal in either capacity, capability or delivery.

The point prevalence audit recorded that just under 20% of patients in acute care on the day of the audit could have been treated appropriately in “left-shift” settings such as community hospitals, care homes or in their own homes with additional primary care and social care support. However, this work needs to be further analysed and described in the 5 year plan to ensure that appropriate integrated primary and community services are being developed to support the ‘left shift’. ‘Left shift’ also applies to prevention and early support services that sit below primary, community and social care.

However, a move to left shift will not happen by default without a conscious effort by the system to support doing something different and recognising that costs and benefits of change will not fall consistently across the system.

The Left Shift – preventive approach

- **Closing the Care and Quality Gap** *"To narrow the gap between the best and the worst whilst raising the quality bar for everyone"*
- **Closing the Health Gap** *"We are living longer lives but we are not living healthier lives. The overwhelming majority of ill health and premature death in this country is due to diseases that could be prevented"*



Focusing on Prevention/early intervention;

- Reduces/preventing demand
- Delays health and care service need
- Delivers better Outcomes by extending Healthy Life Expectancy
- Reduces inequalities

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Performance Monitoring and Scrutiny

Chapter 7

Performance monitoring and scrutiny

- High level outcomes for the system are broadly agreed but may develop during further consultation and co-production
- Interim Integrated Care Strategy will be further developed with residents, partners and stakeholders and a five year system plan for delivery will be in place by March 2023.
- Delivery of the five year plan will be overseen by the Integrated Care Board and developed closely with the ICP
- Scrutiny of the high level strategy and the subsequent five year plan will be overseen by the Joint Health Overview and Scrutiny Committee

Outcome Focus – potential high level outcomes

The health of our population will be improve through a focus on….	Our Outcomes
The health of our RESIDENTS	1. We will increase healthy life expectancy across STW and narrow the gap between different population groups 2. We will reduce early deaths from preventable causes – cardiovascular and respiratory conditions, cancers and liver disease – focussing on those communities which currently have the poorest outcomes 3. We will improve life expectancy of those with Serious Mental Illness 4. We will increase the proportion of people in STW with a healthy weight 5. We will improve self-reported mental wellbeing 6. We will reduce the number of children & young people who self-harm 7. We will reduce alcohol related hospital admissions 8. We will reduce the proportion of pregnant women who smoke 9. We will lower the burden and minimise the impact of infectious disease in all population groups
The health of our SERVICES	1. We will increase the proportion of our residents who report that they are able to find information about health and care services easily 2. We will increase the proportion of our residents who report that they are able to access the services they need, when they need them 3. We will increase the proportion of our residents who report that their health and care is delivered through joined up services as close to home as possible

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Outcome Focus – potential high level outcomes

The health of our population will be improve through a focus on….	Our Outcomes
The health of our STAFF	1. We will improve our ability to attract, recruit and retain our staff 2. We will improve staff training and development opportunities across all our partners 3. We will improve self-reported health and wellbeing amongst our staff 4. We will increase Equality and Diversity workforce measures in all organisations
The health of our COMMUNITIES	1. We will reduce the impact of poverty on our communities 2. We will reduce levels of domestic violence and abuse 3. We will reduce the impact of alcohol on our communities 4. We will reduce the impact of Adverse Childhood Experiences (ACEs) on our communities 5. We will reduce the number of young people not in education, training or employment 6. We will increase the number of our residents describing their community as a healthy, safe and positive place to live
The health and wellbeing of our ENVIRONMENT	1. We will increase the proportion of energy used by the estates of our partner organisations from renewable sources 2. We will reduce the total carbon footprint generated through travel of patients using our services 3. We will increase the use of active travel, public transport and other sustainable transport by our staff, service users and communities

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Next steps

- Work continues to develop the Interim Integrated Care Strategy into a high level assessment of the systems challenges, needs and priorities, with broader stakeholder input.
- A comprehensive engagement plan has been drafted to guide our next step approach, reach and methodology and will be launched in January 2023 and run for 8 - 12 weeks.
- Key lines of enquiry with stakeholders, patients and the public will sense check the feedback received to date; check if the priorities are the right areas to focus on.
- *By listening* to our stakeholders, and public *and reflecting their feedback in our strategic and operational plans will enable a local ownership and buy in to change moving forward*.
- In conjunction with the engagement program, the ICB will start to shape the 5 year system plan, for completion March 2023 and the ICB commissioning response, ensuring to utilise the knowledge to date from the interim ICS document.

Outline strategy and plan development timeline

Strategy development & Five Year plan engagement set up – Sept to Dec 2022

- ICP and ICB review existing data and outputs and agree strategy & plan development approach
- Develop the Integrated Care Strategy
- ICP sign off draft strategy
- Submit strategy to NHS E
- Begin planning for the broad public engagement to inform the Joint Five Year Plan and strategy
- Map engagement & comms gaps & key groups
- Warm up and engage partners on 'Big Conversation' and plan development

Comms & engagement – Dec – late Feb 2023

- Begin engagement for Joint Five Year Plan and strategy
- Launch STW 'Big health and care Conversation' engagement (8 weeks)
- Provide regular updates to ICP & ICB and other key groups and partner stakeholders
- Engagement with key system partner staff and groups with specific roles in the plan development and drafting (e.g. ICP, JOSC, H&WBBs,)
- Begin drafting plan informed by engagement feedback

Late Feb 2023 to mid March 2023

- Progress drafting the plan informed by engagement outputs
- Share strategy and plan with stakeholders for comments and input
- Continue engaging ICP, ICB, key system groups and partners
- Conclude the Big Conversation engagement and feedback 'you said, we've incorporated'
- Prepare final strategy and plan for sign off

Sign off – End of March 2023

- Strategy and plan signed off by ICB
- Submit to plan NHS E
- Share with key stakeholders and partners

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