



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Joint HOSC Monday 12 September

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Overview of our ICS

Shropshire, Telford and Wrekin ICS will include the following healthcare providers:

- The Shrewsbury and Telford Hospital NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT
- Shropshire Community Health NHS Trust
- Midlands Partnership NHS FT
- West Midlands Ambulance Service FT

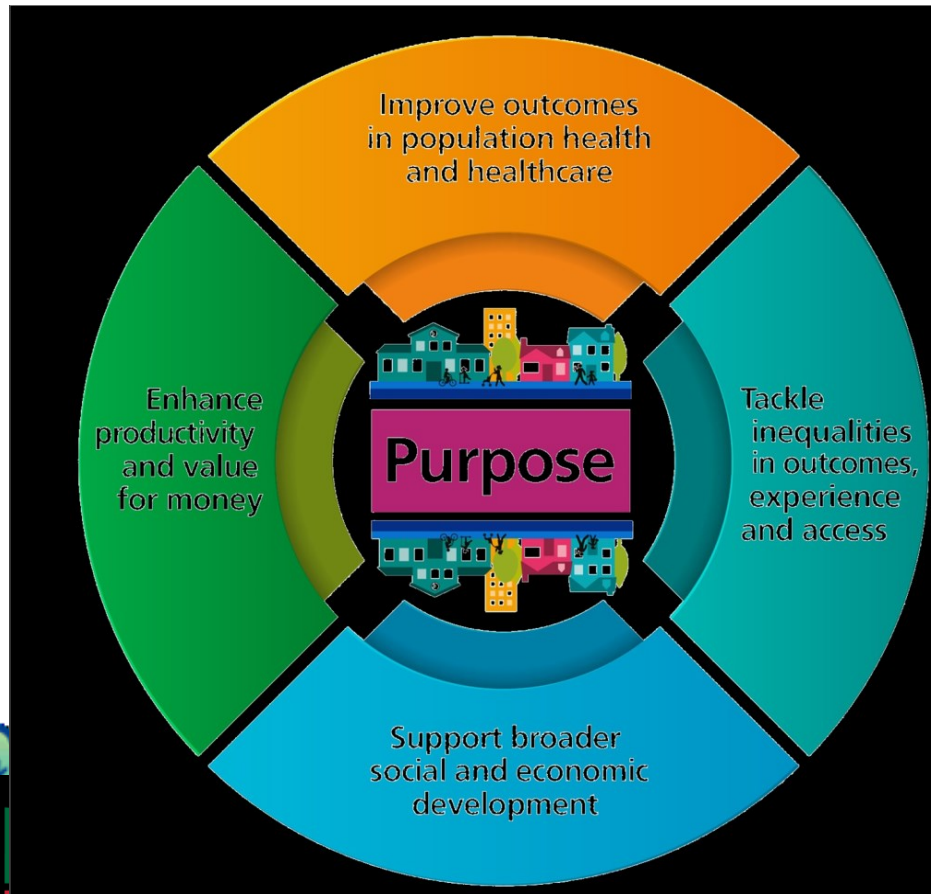
Our ICS will span two Places: Shropshire and Telford & Wrekin. Each of our Places has 4 Primary Care Networks.

NHS Shropshire, Telford & Wrekin is the commissioning body within the ICS. There are also 2 local authorities within our ICS; Shropshire, and Telford & Wrekin.

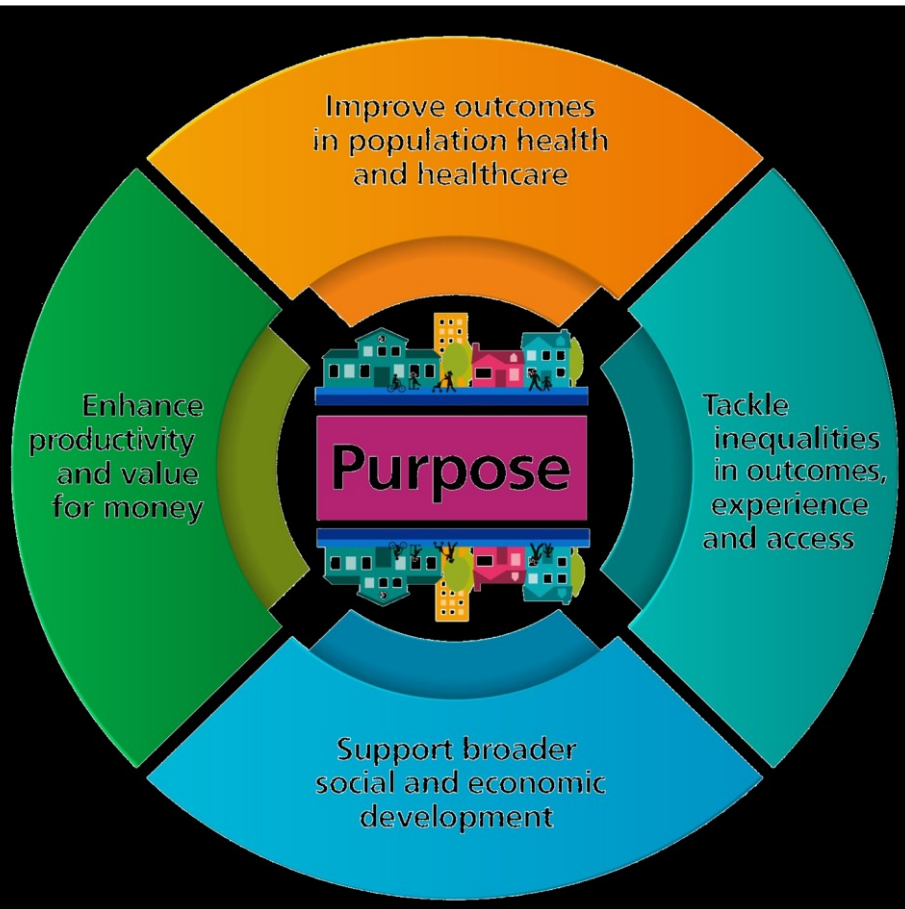


Integrated Care Systems

Partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area.



ICS 4 aims driving ICS purpose and priorities



The ICS delivery requirements are effectively driven by the 4 aims of what it means to be an ICS, with integration at the centre of our strategy to wrap around our populations and communities.

We will address integration from different perspectives;

NHS to NHS integration – This involves primary and secondary care working more effectively, reducing duplication and addressing gaps.

Mental Health and Physical Health – It is unacceptable that people with a MH diagnosis may have a worse outcome if they also have a physical health issue. This is not equity.

The NHS with the LA and wider partners – Offers opportunity for developing system integration in our planning and delivery of services.

An example - is the need to ensure that our 2 large change programs for HTP and LCP contribute to a model of care that moves our system to sustainable, high quality care.



What the new system looks like

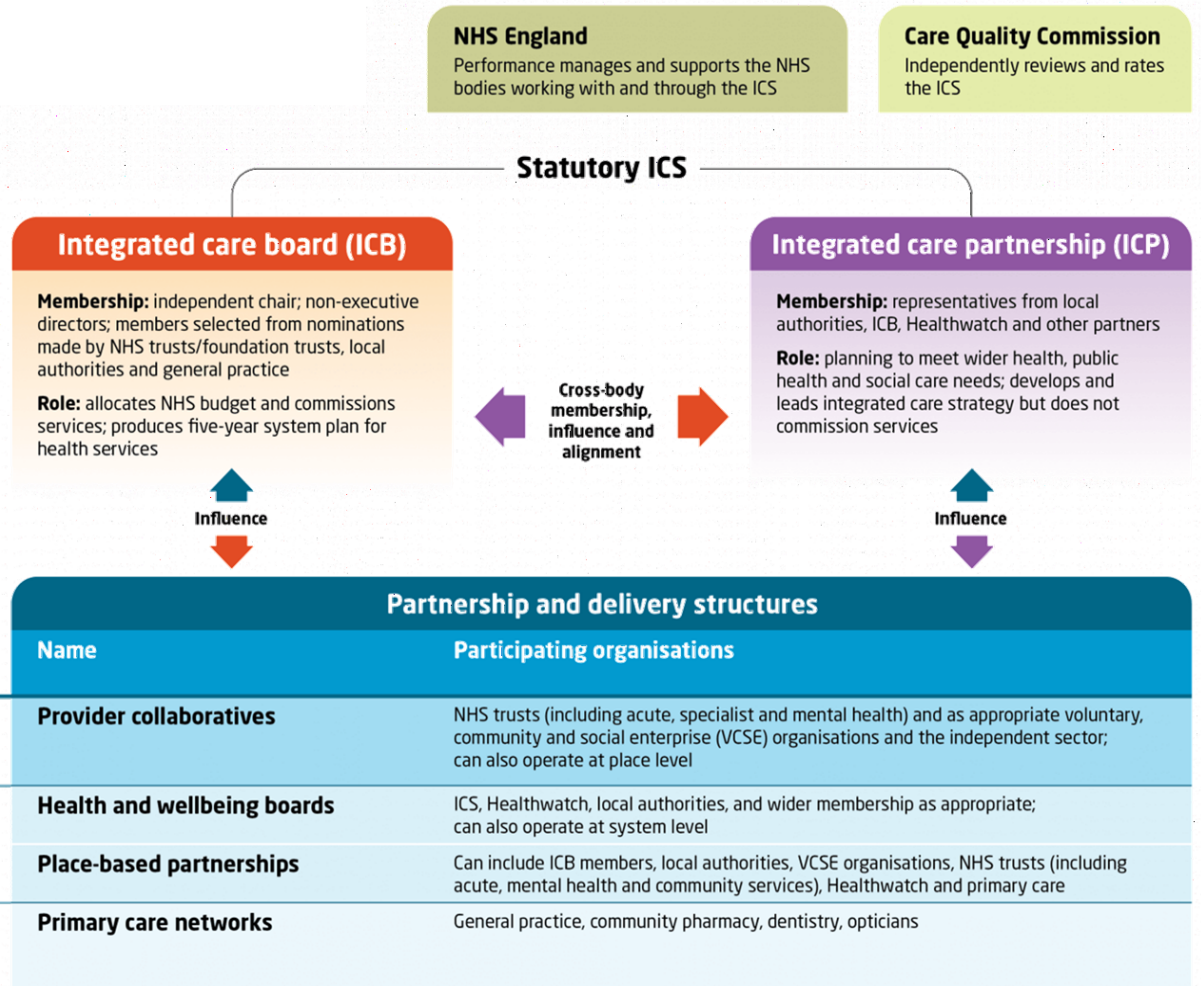
Two-part statutory integrated care systems (ICSs) comprised of:

- An integrated care board (ICB), known as NHS Shropshire, Telford and Wrekin responsible for NHS strategic planning and allocation decisions; and
- An integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.



Geographical footprint

System	Usually covers a population of 1-2 million
Place	Usually covers a population of 250-500,000
Neighbourhood	Usually covers a population of 30-50,000



Our ICB Governance



Unitary Integrated Care Board: ICB

NHS Shropshire, Telford and Wrekin Health and Care Senate

Integrated Care Executive Committee

Strategy

Strategy Committee
(Inc Digital & Sustainability)

System People Committee

Primary Care Commissioning Committee

Delivery

Integrated Delivery Committee
(oversight of operational structure)

Shropshire Integrated Partnership Place Board
(Joint Committee of ICB)

Telford & Wrekin Integrated Partnership Place Board
(Joint Committee of ICB)

Assurance

Quality and Performance Committee

Finance Committee

Audit & Risk Committee

Remuneration Committee



Developing the ICP Strategy and Forward Plan



What is the ICP strategy AND Joint Forward Plan?

- The ICP will develop an Integrated Care Strategy which will identify priorities based on the assessed needs in STW, building on the work, knowledge and engagement of the 2 HWBs, population health data and community intelligence.
- Drawing on the four key aims of the new ICS, the ICB will develop in greater detail how NHS STW with system partners, will meet those priorities and the identified population health needs. This will be captured in a 5 year forward view plan.
- NHS STW has a duty to consult (Health and Care Act 2022) its local population and communities on the NHS STW Joint Forward Plan.
- The STW Joint Forward Plan will be heavily influenced by the ICP's Strategy which will require a partnership/system approach).

We will avoid the jargon of strategies and joint forward plans, this is the NHS and Local Authorities together asking people to help shape the future delivery of health and care.

Our Ten Principles for involving people and communities

1.



The voices of people and communities are central to everything we do at every level of the ICS.

6.



Provide different ways people can get involved to accommodate a range of needs and empower people to engage.

2.



Staff across the ICS understand the legal duties, benefits, and ways of involving people.

7.



Work with organisations that support and represent our communities, as well as individuals who have lived experience of using services, building relationships and connections with seldom heard groups.

3.



Relationships with people and communities are based on equality and mutual respect.

8.



Provide clear and accessible information about our vision, priorities, plans, and progress and the ways people can get involved to build understanding and trust.

4.



Understand our community's needs, experience and aspirations for health and care, using existing and new insight and engagement.

9.



Learn from what works, build on the engagement assets and intelligence of all ICS partners, and provide our staff with the tools they need to support good involvement.

5.



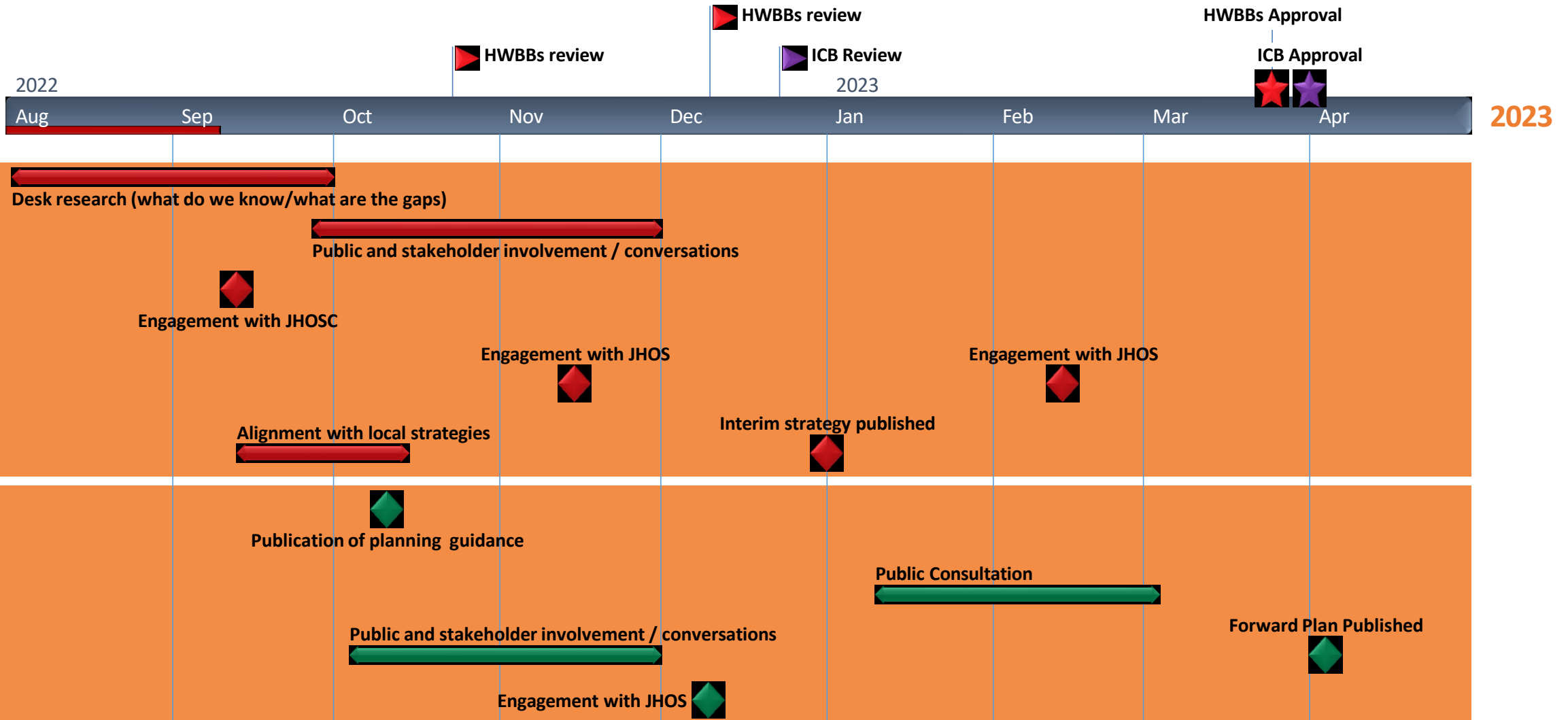
Engage people from the start, to shape the involvement, and feed back how their engagement has influenced activities and decisions.

10.



Co-produce and redesign services and tackle system priorities in partnership with and through engaging people and communities.

Indicative Timelines



Workforce Development



Workforce Development

Workforce is increasingly our biggest challenge.

We not only have an aging population, but an aging workforce, with changing expectations on what, where and how they want to develop their careers. We need to respond to this systematically and with a broad approach to the issues.

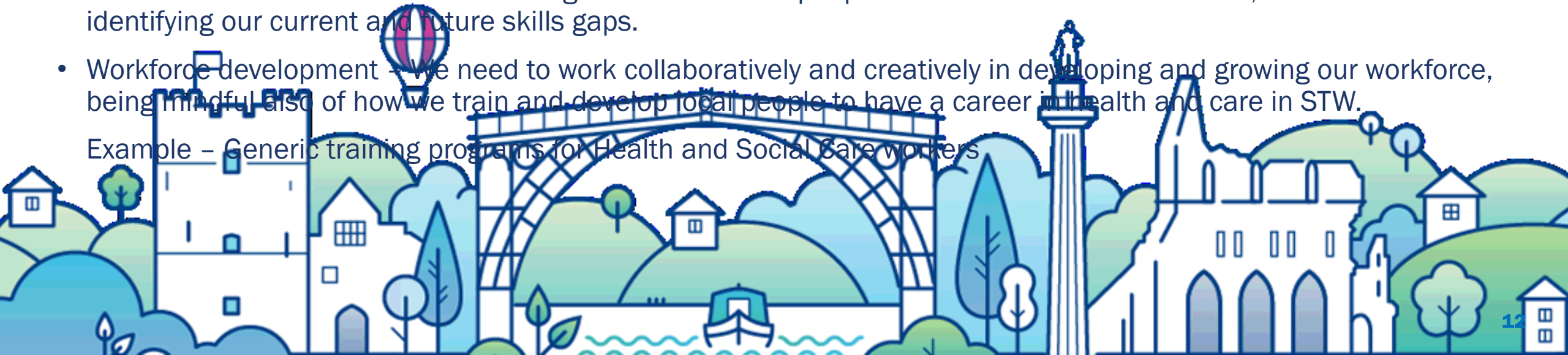
An interim system CPO is in place to begin shaping this important agenda.

- Retention – We need to develop strategies to ensure we keep the staff that we have. This includes supporting work/life balance, ensuring our staff feel supported in their work and feel as though they make a difference in the work they do.

Example - System wide adoption of increased car mileage rates for non-lease vehicle users (increase of 10 p/mile)

- Recruitment – We need focused strategies to attract new people to come and work in our area, as well as identifying our current and future skills gaps.
- Workforce development – We need to work collaboratively and creatively in developing and growing our workforce, being mindful also of how we train and develop local people to have a career in health and care in STW.

Example – Generic training programs for Health and Social Care workers





Working with HOSC

Discussion on future
working opportunities





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NHS

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Thank you