



Borough of Telford and Wrekin

Health Scrutiny Committee

Tuesday 17 January 2023

2.00 pm

**The Telford Room, Addenbrooke House, Ironmasters Way,
Telford, TF3 4NT**

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Committee Members:	Councillors	D R W White (Chair), A R H England, V A Fletcher, E J Greenaway, V J Holt, L A Murray, G L Offland, S J Reynolds and J M Seymour.
	Co-optees	F Doran, J Gulliver, H Knight and D Saunders

	Agenda	Page
1.0	Apologies for Absence	
2.0	Declarations of Interest	
3.0	Minutes of the Previous Meeting	3 - 10
4.0	Terms of Reference 2022/2023	11 - 18
	To receive the Terms of Reference 2022/2023.	
5.0	Work Programme	19 - 20
	To receive the work programme of the Health Scrutiny Committee for 2022/2023.	

6.0	Primary Care Services - Call to Action	21 - 24
	To receive a report on Primary Care Services – Call to Action.	
7.0	Integrated Care Partnership Progress Update	25 - 78
	To receive the report on the Integrated Care Partnership Progress from the NHS.	
8.0	Adult Social Care Regulation	79 - 86
	To receive an update on Adult Social Care Regulation.	
9.0	Chair's Update	

HEALTH SCRUTINY COMMITTEE

**Minutes of a meeting of the Health Scrutiny Committee held on Thursday
10 March 2022 at 2.00 pm in Addenbrooke House, Ironmasters Way,
Telford, TF3 4NT**

Present: Councillors A R H England, V A Fletcher, E J Greenaway,
L A Murray, S J Reynolds, J M Seymour and
D R W White (Chair).
Co-optees: H Knight and J O'Loughlin

Also Present: Councillor A Burford (Cabinet Member: Adult Social
Care and Health, Integration and Transformation)

In Attendance: L Gordon (Democracy Officer (Scrutiny))

Apologies: Councillors J Gulliver, V J Holt and D Saunders

HAC-23 Declarations of Interest

None

HAC-24 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 28 July 2021 be confirmed and signed by the Chair.

HAC-25 Telford & Wrekin Safeguarding Partnership Annual Report

The Committee heard an overview of the Telford & Wrekin Safeguarding Partnership Annual Report from the Independent Chair of the Local Safeguarding Partnership. They heard that this was the last time that the report was to be presented in this format and the Committee would receive a dedicated Adult Safeguarding report moving forwards. This was due to the decision to create a separate Children and Adults Board. It was noted that it had been a challenging year but that partners had continued to provide effective safeguarding as indicated by the positive results of assurance exercises.

Members heard that they received equal funding from Health, the Local Authority and the police which was also reflected in their executive. The Independent Chair cited the success of the Adult Criminal Exploitation Sub-Group which worked with those who didn't meet the threshold but still required help. This alongside a recently set up perpetrators group provided key early intervention. They commended the work of the Adult Social Care team who were found to be exceptional as part of ADAS peer review. There was also more that could be done, but the Independent Chair highlighted that they had strong partnership working.

Members asked a number of questions:

Where there any weaknesses that they had identified or areas where the Health Scrutiny Committee could add value?

Capacity was always an issue. They had focused on children's mental health issues as SaTH had prevented access to services due to oversubscription. This had only be worsened by the pandemic. The Independent Chair sought the Committee's assistance in assuring that the right communication was going out to adults regarding accessing the correct services. Members of the Committee concurred that mental health was a concern and would be subject to further scrutiny.

There were also concerns about the level of influence they would have once the Clinical Care Group moved to an Integrated Care System.

In the report it was indicated that the number of children subject to child protection was lower than at the same point in 2020. However, the Borough's number of looked after children rose. How were the two related as they appeared contradictory?

The numbers reported throughout the pandemic were not necessarily accurate, with some things being hidden. The Independent Chair noted that it was doubtful that there was a dramatic reduction in the number of referrals but with school closures during the pandemic they were not being referred through that route. He stated that this was not a challenge that was going away but Family Safeguarding did work very hard to prevent children going into care.

There were case studies cited in the report. What was support was offered in these cases and what was the monitoring process?

Whilst the Independent Chair was unable to provide the outcomes of individual cases but the priority was always to prevent children going into care so ongoing support to the family to prevent that. In the instances where it could not be presented, ongoing support was provided. Recommendations made as a result of those cases would have been implemented and monitored through a sub-group, with the Independent Chair stating that they would be happy to ask someone to provide a more detailed answer on the specifics.

What support was provided to adults and children following incidents involving the Police?

They received ongoing support. Members heard that there was a process named encompass which meant that after an incidence is reported to the police where a child was involved, the school is notified the next day in order for them to observe their behaviour and provide additional support where needed.

What was being done to identify those children who had not returned to education following school closures?

The Independent Chair was unable to provide number but explained that each school had their own process for this situation but did believe that the rules around home schooling required review nationally. They did carry out an exercise during the pandemic on children that had been highlighted as a concern. They found all were receiving regular contact to ensure they were not in danger. The Independent Chair did ensure members that it was an area that they would look at a future board meeting.

The residents of some of the most deprived areas in Telford & Wrekin were facing high pressures which at times resulted in them taking it out on their loved ones. Did they have the capacity to deal with that?

The safeguarding systems within schools were tried and tested and all designated safeguarding leads were well trained.

The number of completed concerns which progressed to S42 had decreased in comparison to 2019/2020. This drop coincided with a change in how it was recorded, but was the benchmarking the same?

The Independent Chair was not able to confirm if the benchmarking was the same but noted that it was difficult to compare when things had changed externally. Will request that it is looked into and that the Committee is updated. They added that a high number of referrals were raised out of concern and were often not substantiated.

The Annual Report related to last year. Was it possible for the Committee to be updated more regularly?

The Independent Chair stated that they would be happy to look at more ways of communicating more regularly and agreed to liaise with the Council's partnership team in order to facilitate this. They wanted to ensure that they were responding to concerns quickly and whilst they were still relevant.

The Committee thank the Independent Chair for their report.

HAC-26 Telford & Wrekin Adult Social Care Update

The Director: Adult Social Care provided the Committee with an update on the position of Adult Social Care within Telford & Wrekin. Members heard that the Adult Social Care Service Plan and Position Statement were informed of partners and strategies and underpinned by the Adult Social Care Charter. They highlighted the recently finished Autism consultation and the upcoming update to the Place Based Mental Health Strategy in conjunction with the Telford & Wrekin Integrated Place Partnership (TWIPP). Providing specialist and supported accommodation was key to keeping people in their own homes in their own community. The Director: Adult Social care advised that the

quality assurance framework related to this could be provided following the meeting.

Post-Covid there had been an increase in demand and the complexity of the issues they were dealing with. In order to manage these challenges they had worked closely with Shropshire Providers in Care and the Making It Real Board. The experience of people with lived experience had also been invaluable. The Director: Adult Social Care informed the Committee that the lessons learnt through Covid had made them appreciate the role of their partners even more.

Members heard that workforce recruitment and staff retention continued to be key across the system. This had led to the commissioning of different types of care to manage those challenges. Enablement grants had allowed care providers to manage staffing gaps and the introduction of new technology had allowed for virtual visiting. This was all in aid of supporting people at home where possible. It was noted that the Independent Living Centre was closed during Covid but was now re-opened and providing bookable appointments and drop-in sessions with health professionals. The Council had been actively involved in a dedicated recruitment campaign that included promotion of the 'you can care' social media campaign. It was noted that partnership working had been essential to support the care provider market to be more flexible.

The Director: Adult Social Care informed the Committee that they had worked with the Inter-Disciplinary Discharge Team based within SaTH to co-ordinate a 7 day hospital discharge service. This had ran into difficulty though when outbreaks had prevented 91% of care homes in the Borough from accepting people. It was advised that they were in a much better position now though. Members heard that the Health & Social Care Rapid Response Team had continued to receive an average of 55 referrals a week, which worked to avoid hospital admission through targeted support.

Looking to the future there was a number of upcoming consultations regarding the supporting older people strategy and the placed based carers strategy that the Director: Adult Social Care was happy to discuss with the Committee at a later date. Members heard that the first part of the Autism Strategy consultation had just come to an end and that an analysis report would be published by Autism West Midlands in May 2022 for further consultation. The learning disability strategy that was discussed at a previous meeting of the Committee subject to the Partnership Board. The Committee were informed that after listening to residents and families about where they wanted to live in the future they were not looking at creating quality accommodation and respite facilities for adults with learning disabilities. Two sites that were being explored were Lakewood Court and the Wellbeing Centre in Wellington.

The Committee heard that there were two recent White Papers that impacted Social care. The People at the Heart of Care: Adult Social Care Reform White Paper introduced the care cap and the Care Quality Commission's regulation of adult social care departments from 2023. They were advised that whilst there was still much to be done around charging and people contributions, the

Council were in a good position in terms of providing a digital offering. The other White Paper which had an effect was Joining Up Care for People, Places and Populations. Members were informed that conversations had taken place with TWIPP regarding more integrated support. The Director: Adult Social Care advised that they were happy to take direction from the Committee regarding what they would like to look at in more detail.

Members of the Committee asked a number of questions

It was clear that a number of big changes were coming that we cannot overcome alone. Were we working with other Councils to find solutions?

Our regional and national connections have been invaluable. The Council regularly shared best practice and would come together with other Councils to find solutions where necessary. The Director: Adult Social Care mentioned that only earlier that day had they been involved in a regional webinar regarding the care cap.

Were we in a position financially to carry out our social care ambitions?

Cabinet had agreed further growth in adult social care. It would still be challenging but it was important that this commitment was made. Members heard that the Council would maximise their resources by finding creative ways to commission services and work with our partners to get the most for local people.

Were the thresholds for older people living with long-term conditions still too high?

The Care Act set out the eligibility criteria for meeting people's care needs. However, the wellbeing principles of delaying or preventing were also considered. Most of the services provided were not subject to threshold as resources had been dedicated to keeping people connected, reducing isolation and easily accessible community services. Members heard that a number of technological initiatives that were introduced during Covid had provided additional opportunities for residents to keep their independence.

Did Lakewood Court and the Wellbeing Centre belong to the Council currently?

The provider for both was My Options which was ran as a department within the Council.

Have we seen a rise in more complex requirements coming forward since Covid, and have we been able to meet the need for the different services required?

They had seen a marginal increase in adults with more complex needs. The Director: Adult Social Care advised that they were well placed to meet needs

with the resources available. They noted that the challenge during Covid had been their ability to respond quickly due to absences.

The way people accessed the services had previously been changed which caused a number of issues. Had these issues since been resolved?

The Committee was reassured that these issues had been resolved. The system had been changed to prevent people from having to call multiple times to speak to different services. Instead there issue could be dealt with in one call. Members heard that they were continually asking what more could be done to improve the first point of contact. This had included a review of peoples thoughts on their experiences.

What was being done to support the welfare of both home carers and those employed in care homes?

They recognised the impact of Covid on carers. In conjunction with the Carers Partnership Board and the Carers Centre they have looked at the best ways to provide support.

Had the recruitment drive made up for the loss of staff in care homes?

The support the Council had provided towards the recruitment campaign had bolstered applicants. Additionally, the Quality Team had assisted homes to implement changes needed as a result of staff losses.

Given the likely shortfall in care packages given financial pressures and the increasing numbers of older people. What. How many care packages have been put in place over each of the last five years?

The Director: Adult Social Care advised that there had been a slight rise in the number of people referred to them for support. The majority of which were discharged from hospital. It was noted that there had been an increase in complexity, pace and demand which meant they needed to be flexible enough to meet needs. In order to keep people at home they were looking at potential virtual care homes combined with physical at home support.

How were micro providers monitored if they were not CQC registered?

They are not required to be CQC registered if they do not provide personal care. Typically they provide services such as shopping and cooking and activities to reduce isolation. Members heard that there services were used in lower level cases. The Director: Adult Social Care assured the Committee that there was a monitoring process for checking their providers.

HAC-27 Work Programme 2021/22

The Committee agreed to discuss this item at a later date in a workshop setting.

HAC-28 Chair's Update

The Chair advised that Scrutiny Work-Programme planning was underway for the next municipal year and members should direct any suggestions to Democratic Services.

The meeting ended at 4.02 pm

Chairman: _____

Date: Tuesday 17 January 2023

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Telford & Wrekin
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Borough of Telford and Wrekin

Health Scrutiny Committee

Tuesday 17 January 2023

Terms of Reference 2022/2023

Cabinet Member:	Cllr Rae Evans - Cabinet Member: Finance, Governance and Customer Services
Lead Director:	Anthea Lowe - Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Sam Yarnall - Democracy Officer (Scrutiny)
Officer Contact Details:	Tel: 01952 382193 Email: sam.yarnall@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health Scrutiny Committee - 17 January 2023

1.0 Recommendations for decision/noting:

It is recommended that the Health Scrutiny Committee:

- 1.1 Review and reconfirm the Terms of Reference set out at Appendix A.

2.0 Purpose of Report

- 2.1 To set out the Terms of Reference for the Health Scrutiny Committee as outlined in Appendix A.

3.0 Background

- 3.1 The Constitution requires that Full Council should agree at its Annual Meeting the Terms of Reference for each of its Committees to enable the Council to efficiently conduct its business.

3.2 At the Annual Meeting of the Council on 19 May 2022, Full Council delegated authority to each Committee to review its own Terms of Reference.

3.3 The Terms of Reference forms part of the Constitution and was approved by Full Council in that context on 3 March 2022.

4.0 Summary of main proposals

4.1 For the Health Scrutiny Committee to review its Terms of Reference attached at Appendix 1 to clarify the procedure for election of a Chair and Vice-Chair of the Committee.

5.0 Alternative Options

5.1 There are no alternative options arising from this report.

6.0 Key Risks

6.1 There are no key risks arising from this report.

7.0 Council Priorities

7.1 A community-focused, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

8.1 There are no financial implications arising from this report.

9.0 Legal and HR Implications

9.1 There are no legal implications arising from this report.

10.0 Ward Implications

10.1 There are no ward implications arising from this report.

11.0 Health, Social and Economic Implications

11.1 There are no health, social and economic implications arising from this report.

12.0 Equality and Diversity Implications

12.1 There are no equality and diversity implications arising from this report.

13.0 Climate Change and Environmental Implications

13.1 There are no climate change and environmental implications arising from this report.

14.0 Background Papers

- 1 Council Constitution.

15.0 Appendices

- A Health Scrutiny Committee 2022/2023 Terms of Reference

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	30/11/22	30/11/22	RP

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HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE

Membership

1. The group will be made up of elected members of the Scrutiny Assembly, appointed at Annual Council in line with the political balance of the Council.
2. The Committee may include Co-opted scrutiny members but they must not exceed 50% of the number of elected members.
3. In addition to standing co-optees, the Committee may appoint additional cooptees for one-off reviews to supplement the skills, knowledge and experience of the Committee on that particular issue (subject to the rule on total number of co-optees above).
4. Vice-Chairs may be appointed by majority decision of the Committee.
5. The quorum required for a meeting is 3 elected members.
6. Three elected Members and 3 co-optees of this Committee will also be expected to take part in the Joint Health Scrutiny Committee set up with elected members and co-optees from Shropshire County Council to scrutinise substantial variations or developments in service that cut across both local authority areas. Separate terms of reference apply to the Joint Health Overview and Scrutiny Committee which have been agreed with Shropshire County Council.

Functions

7. The Committee will be the main mechanism by which Scrutiny members will scrutinise and monitor the planning and performance of the Council's adult social care services and health services matters under the Health and Social Care Act 2012. Full Council has delegated the health scrutiny powers to this Committee.
8. The Committees takes the key role in:
 - a) Monitoring the performance of NHS Trusts whose services effect local people;
 - b) Acting as the statutory consultee on NHS proposals for substantial variation in service and responding to these NHS consultations.
 - c) Participating in a Joint Health Overview and Scrutiny Committee with elected members from Shropshire Council to scrutinise and respond to NHS proposals that apply to both areas;
 - d) Responding to referrals from Health Watch regarding health services;
 - e) Monitoring the Council's performance in relation to social care service for adults;
 - f) Responding to referrals from Healthwatch regarding Adult Care Services
 - g) Scrutinising proposals for the provision of adult care services and the impacts of any proposed changes to services;

h) Scrutinising adult care services that are of concern to local people.

9. The Committee will set its own work programme. The main task of the Committee will be to scrutinise the planning, provision and operation of NHS health services and to scrutinise the performance of the Council's adult social care services that are provided to people in Telford & Wrekin. However, members can look at any other issues within these service areas. The following points should be taken into consideration when considering the work programme each year:

- ☐ areas where significant change is proposed and the potential impacts
- ☐ performance in areas where significant change has been implemented;
- ☐ areas of financial overspend;
- ☐ areas receiving a high level of budgetary commitment;
- ☐ areas where there is a high level of user dissatisfaction;
- ☐ reports and action plans produced/agreed with external inspectors;
- ☐ areas that are key issues for the public or have become a public interest issue covered in the media.

10. The Committee will consider matters referred by the Scrutiny Management Board, and will exercise discretion as to whether a suggestion falls within the remit of the Committee to scrutinise.

11. Following scrutiny of any proposals which constitute a substantial development or substantial variation in the provision of health services, to make recommendations to Full Council on the exercise of powers of referral to the Secretary of State.

Meeting Administration and Proceedings

12. The Committee procedure rules as set out in the Council's Constitution apply to this Committee.

13. The meetings will follow the principles of scrutiny ie no party whip will be applied and a constructive, evidence based approach will be used.

14. If the Chair and Vice Chair (if appointed) are unable to attend a meeting the members present will elect a Chair for the meeting.

15. The meetings will be administered by Scrutiny Services and Democratic Services. Frequency of meetings will be agreed by Committee members as deemed necessary to carry out the work programme.

16. Scrutiny Committee meetings will be held in public, unless matters exempt under legislation is being discussed, or the Scrutiny Committee is meeting with vulnerable groups to hear their views and it is not appropriate for these meetings to be open to the public. The Scrutiny Committees may appoint subgroups to carry out investigative work as part of a review, and these may be held as informal meetings, but evidence gathered in this way will be brought back to the overseeing Committee in a public forum. In case of dispute, the

Monitoring Officer will advise on the rules of exemption.

17. Relevant Cabinet Members, Executive Directors, Directors and Service Delivery Managers and representatives from NHS commissioners and providers will attend the Committee at the request of the Chair. Representatives from partner organisations may be invited to attend.

Sensitive and Confidential Information

18. From time to time members, as part of the work of the Committee, may become privy to information of a sensitive or confidential nature, if this happens members must maintain this confidence. Members are unable to request personal/confidential information from Officers about an individual or family.
Reporting Arrangements.

19. The Chair will provide regular updates to meetings of the Scrutiny Management Board to inform the other Scrutiny Chairs of performance and budget issues relating to the remit of their Committees.

20. The Chair of the Committee, or his/her representative, will provide and present reports and recommendations of the Committee to the Council's Cabinet, Full Council or other partner organisation when necessary.

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Health Scrutiny Committee Work Programme 2022/2023

Issue/Topic	Brief Description	Suggested by	Directorate
Youth Mental Health Services	Reviewing access and provision of services, and transition to adult services.	Rolled over	Multiple and External partners
A&E Provision	A&E access and ambulance response times.	New – Councillor	Health & Wellbeing and External partners
Access to GPs	A review of access to GPs in the Borough.	New – Cabinet	Health & Wellbeing and External partners
Best Practice in Adult Social Care	Seeking examples of best practice from other local authorities	New – Cabinet and SMT	Adult Social Care
Changes to CCGs and Integrated Care Boards	An update on changes to the CCGs and ICBs.	New – Councillor and Co-Optee	Health & Wellbeing and External partners
Experiences of urgent medical care in Shropshire, Telford & Wrekin Survey Report	Scrutinising Healthwatch patient survey responses and monitoring ICS responses.	New – Referred from HWB	Health & Wellbeing and External partners
Hospital Transformation Programme (HTP)	Continued oversight of the HTP's implementation	New – CCG	Health & Wellbeing and External partners
Suicide prevention planning	A review of the Suicide Prevention Strategy and effectiveness of the Suicide Prevention Network and Local Action Group	New – Councillor	Multiple and External partners
Wellbeing Agenda		New – Councillor	Health & Wellbeing and External partners



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Borough of Telford and Wrekin

Health Scrutiny Committee

Tuesday 17 January 2023

Primary Care Services – Establishment of a Working Group

Cabinet Member:	Cllr Andy Burford - Cabinet Member: Adult Social Care and Health, Integration and Transformation
Lead Director:	Anthea Lowe - Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Stacey Worthington - Senior Democracy Officer (Scrutiny)
Officer Contact Details:	Tel: 01952 384382 Email: stacey.worthington@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health Scrutiny – 17 January 2023

1.0 Recommendations for decision/noting:

It is recommended that the Health Scrutiny Committee:

- 1.1 Establish a working group to consider access into primary care services.

2.0 Purpose of Report

- 2.1 To seek agreement from Members of the Health Scrutiny Committee to establish a working group to examine concerns around access into local primary care services and how this impacts on the Borough's residents.

3.0 Background

- 3.1 Primary Care Services are the gateway into the health service, with 90% of all patient contact being within Primary Care.

Primary Care Services

- 3.2 During the coronavirus pandemic, many primary care services became 'telephone or digital first' services to limit the spread of the virus.
- 3.3 Many of the more vulnerable residents within the Borough struggle with accessing care this way and will attend A&E rather than try to access these services. Many different groups of people can be disadvantaged by digital appointments, including some older people, homeless people, people on low incomes, people whose first language is not English and people who work full time.
- 3.4 For some residents, digital services are more convenient; digital services mean that many residents don't have to travel to appointments and can save time for both clinicians and patients.
- 3.5 Concerns have also been raised in respect of call waiting times when trying to make an appointment, a 2020 Healthwatch Telford & Wrekin report found an average call waiting time of between 6 and 10 minutes (depending on time of day), with the longest waiting time of 45 minutes. The same report found that 21% of callers had to make multiple attempts to get through to a call handler.
- 3.6 There is concern within the community that primary care services are becoming less accessible for residents. The 2021 General Practice Patient Survey for NHS Shropshire, Telford and Wrekin found that 31% of respondents (on average across the CCG area) found it was not easy to get through to their GP on the telephone.
- 3.7 Nationally, a Healthwatch England Survey found that more than 80% of respondents felt negatively about GP services in December 2020, compared with less than 60% of respondents in April 2019.

4.0 Summary of main proposals

- 4.1 The Chair of the Health Scrutiny Committee requested that the Health Scrutiny Committee undertake a piece of work on access to primary care services within Telford and Wrekin. The Chair asked if this could be commissioned under the Councillor Call for Action framework.
- 4.2 The Call for Action legislation has been significantly amended, so with the Chair's agreement, work can be undertaken in the style of a call for action in order to drive forward the deep dive into primary care services.
- 4.3 A deep-dive into access into primary care services would enable the committee to understand the current service provision offered across the Borough, as well as the challenges and advantages this poses to service users. It is proposed this takes the form of a working group to enable evidence gathering to take place.
- 4.4 In order to undertake this work, it is proposed that officers will:

Primary Care Services

- Secure attendance from external organisations to give their views on the subject matter, such as Healthwatch and patient participation groups ;
- Look for areas of best practice; and
- Look at similar pieces of work that have been undertaken and how this could be used within Telford and Wrekin.

4.5 The working group will then feedback to a formal committee meeting with their findings and proceed to recommendations.

5.0 Alternative Options

5.1 The Committee could hear all representations for the issue in public session, however, this would not allow for members of the public to share their experiences openly as they may have confidential information that they would not want to share in public session.

5.2 Alternatively, the Committee may not undertake the review at all, however, this would mean that the issues facing primary care within the Borough would not be reviewed in any great detail.

6.0 Key Risks

6.1 There are no key risks associated with this report.

7.0 Council Priorities

7.1 Everyone feels the benefit from a thriving economy.

7.2 All neighbourhoods are a great place to live.

7.3 A community focused innovative council providing effective, efficient and quality services.

8.0 Financial Implications

8.1 There are no direct financial implications arising from establishing a working group as outlined in this report. Any financial implications that arise from findings and recommendations made by the working group will need to be considered in future committee reports.

9.0 Legal and HR Implications

9.1 There are no direct legal implications arising from this report.

10.0 Ward Implications

10.1 No direct implications for any individual wards.

11.0 Health, Social and Economic Implications

11.1 There are no direct Health, Social and Economic Implications from the proposals to create a working group, however it is possible that following completion of the working group that proposals will be brought forward which do impact on these implications.

12.0 Equality and Diversity Implications

12.1 There are no direct Equality and Diversity Implications arising from this report. However should the proposals be approved, consideration of equality and diversity issues will take place as part of the working groups work plan.

13.0 Climate Change and Environmental Implications

13.1 There are no direct Climate Change and Environmental implications arising from this report.

14.0 Background Papers

None.

15.0 Appendices

None.

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	04/01/23	05/01/23	RP
Finance	09/01/23	09/01/23	MLB

Borough of Telford and Wrekin

Health and Oversight Scrutiny Committee (HOSC)

17 January 2022

Integrated Care Partnership Progress Report

Report of Shropshire, Telford and Wrekin Integrated Care System

Organisation:	Shropshire, Telford and Wrekin Integrated Care System
Report Author/s:	Sarah Walker, Principal Improvement Consultant, MLCSU Irene Schwehla, Senior Improvement Consultant, MLCSU
Report presented by:	Nicola Dymond Director of Strategy and Integration
Contact Details:	Tel: 07876-851801 Email: irene.schwehla@nhs.net

1.0 Recommendations for decision/noting:

The Health and Scrutiny Oversight Committee is asked to note:

- 1.1 the update on the discussion held at the first Integrated Care Partnership (ICP) meeting
- 1.2 the update on the development of the Integrated Care Strategy (IC Strategy)

2.0 Purpose of Report

- 2.1 The purpose of the report is to
 - a) provide an update on the discussion held at the first ICP meeting
 - b) provide an update on the development of the Integrated Care Strategy.

3.0 Background

- 3.1 The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations. Shropshire Telford and Wrekin ICP held its inaugural meeting on 5th October 2022.

- 3.2 The IC Strategy will set a vision for what the Integrated Care System wants to achieve through greater partnership and collaboration. It must be built on the health and wellbeing strategies in Place as well as JSNA data.

4.0 Summary of main proposals

- 4.1 Update on the discussion held at the first ICP Board meeting on 5th October

Agenda items discussed were

- A presentation on the Integrated Care Strategy and ICS Priorities given by the Chief Executive of Shropshire Council where he set out how the ICP was a key part of setting strategic direction, building on the work undertaken by the two Health and Wellbeing Boards. Opportunities for joint and collaborative working across a wide range of partners in order to improve the health and wellbeing of the local population were discussed. Proposed next steps were consideration of key committees and agendas and consultation with organisations.
- An update on the Headlines of the Joint Strategic Needs Assessment (JSNA) from Shropshire and Telford and Wrekin Council was received and noted by the Board. A discussion took place in relation to the work on the JSNA and it was suggested that data was used to influence early intervention and prevention and these be key agenda items.
- The Director: Health & Wellbeing (TWC) and the Executive Director: Health, Wellbeing & Prevention (Shropshire Council) presented a joint report on the Health and Wellbeing Strategies for Shropshire and Telford & Wrekin. The ICP noted the points made in the presentation.
- Next steps suggested were
 - o To arrange a meeting at the end of the year to look at priorities utilising the work already undertaken by Healthwatch.
 - o To consider the totality of the funding and whether to switch from favoured services to be reallocated in a different way.

- 4.2 Progress update on the Integrated Care Strategy (IC Strategy)

An IC Strategy development working group, comprised of ICB, Local Authority and local Health Watch members has been meeting regularly since the beginning of October 2022 to progress the development of the draft IC Strategy.

The IC Strategy will be building on

- The four key national ICS aims
- The ICS vision
- The ten system pledges and key transformation programmes
- Health and wellbeing board strategies

- Other system strategies
- JSNAs
- Existing work

Engagement activities

The overarching strategic objectives of the engagement activity are to work collaboratively with all partners across the STW system to support and inform the development of the Integrated Care Strategy for the system to ensure they reflect the needs and views of its people.

A workshop for stakeholders from the Shropshire, Telford and Wrekin ICB, Healthwatch, local councils, provider and partnership organisations took place on 16 November 2022. It was attended by representatives from the voluntary sector and other bodies across the Integrated Care System. Participants were asked for input on the draft mission and values and the priorities of the ICS, how to embed new ways of working into the system and how to ensure effective partnership engagement and input moving forward, in the shaping and development of the ICS's plans.

Outputs of the workshop and a range of other engagement activities will be used to inform the development of the initial Integrated Care Strategy for the system. The strategy will be built around a succinct statement of the strategic purpose for the ICS and an overarching framework setting out the key elements of the long-term strategy to be developed over the following three months. This will inform the design and delivery of our Joint Five Year plan and transformation programmes.

A first draft of the IC strategy will be submitted to the ICP board meeting on 21 December 2022 with the aim for it to be published by 31 December 2022.

5.0 Alternative Options

5.1 No alternative options considered.

6.0 Key Risks

6.1 There are no key risks arising from this report.

7.0 Council Priorities

7.1 There are no direct Council Priorities addressed in this report.

8.0 Financial Implications

8.1 There are no financial implication directly arising from this report.

9.0 Legal and HR Implications

9.1 There are no legal implication directly arising from this report.

10.0 Ward Implications

Integrated Care Partnership Progress Report

10.1 There are no ward implication directly arising from this report.

11.0 Health, Social and Economic Implications

11.1 There are no health, social and economic implication directly arising from this report.

12.0 Equality and Diversity Implications

12.1 There are no equality and diversity implication directly arising from this report.

13.0 Climate Change and Environmental Implications

13.1 There are no climate change and environmental implication directly arising from this report.

14.0 Background Papers

1 n/a

15.0 Appendices

A n/a

Shropshire, Telford and Wrekin

Integrated Care Partnership Strategy

Interim (December 2022- March 2023)

Draft V 0.7

Page 29



Telford & Wrekin
Co-operative Council



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

Executive Summary

Introduction

- How we will work and what is different

Chapter 1 - Overview of Our Integrated Care System

- Our System Partners
- Our Ten Pledges
- Our STW Integrated Care Partnership

Chapter 2 - Integrated Care Partnership Purpose and Vision

- Developing the ICP Mission and Vision
- Vision and Objectives
- Integrated Care Strategy: Purpose
- Integrated Care Strategy Priorities

Chapter 3 - Improve outcomes in population health and healthcare

- Improve outcomes in population health and healthcare
- JSNA and Population Health Data

Chapter 4 - Tackle inequalities in outcomes, experience and access

Chapter 5 - Support broader social and economic development

- Enablers

Chapter 6 - Enhance productivity and value for money

- The Left Shift – Preventive Approach

Chapter 7 - Performance Monitoring and Scrutiny

- Outcome Focus – potential high level outcomes
- Next Steps
- Comms and Engagement Plan for next steps



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.

Page 32

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

Proportionality

- 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



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



**Shropshire, Telford
and Wrekin**

Page 34

Overview of Our Integrated Care System

Chapter 1

Our system partners

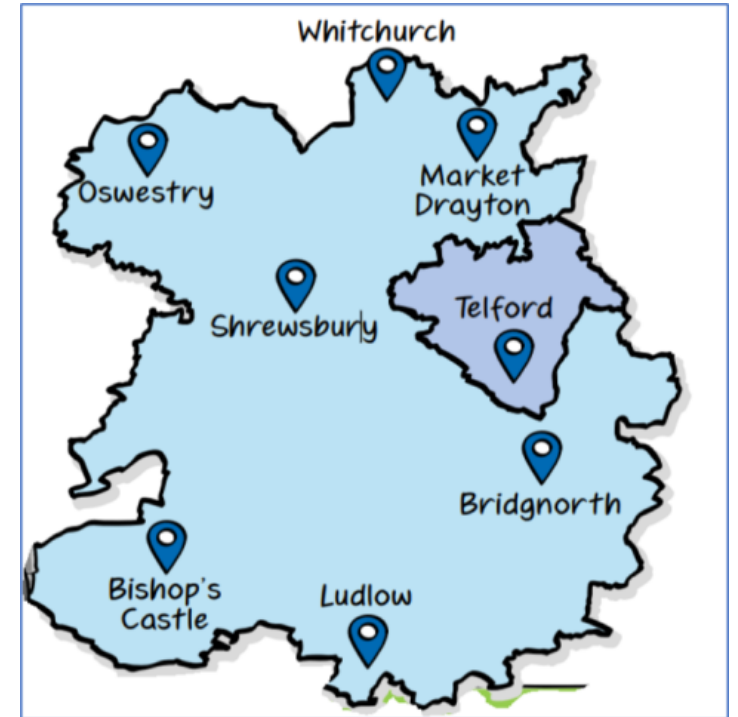
Shropshire, Telford and Wrekin Integrated Care System includes the following partners:

- NHS Shropshire, Telford and Wrekin
- Shropshire Council (our Shropshire Place)
- Healthwatch Shropshire and Healthwatch Telford and Wrekin
- 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



We will improve **safety and quality.**



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



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



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



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



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



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



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



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



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.

Page 37

- 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.





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



**Shropshire, Telford
and Wrekin**

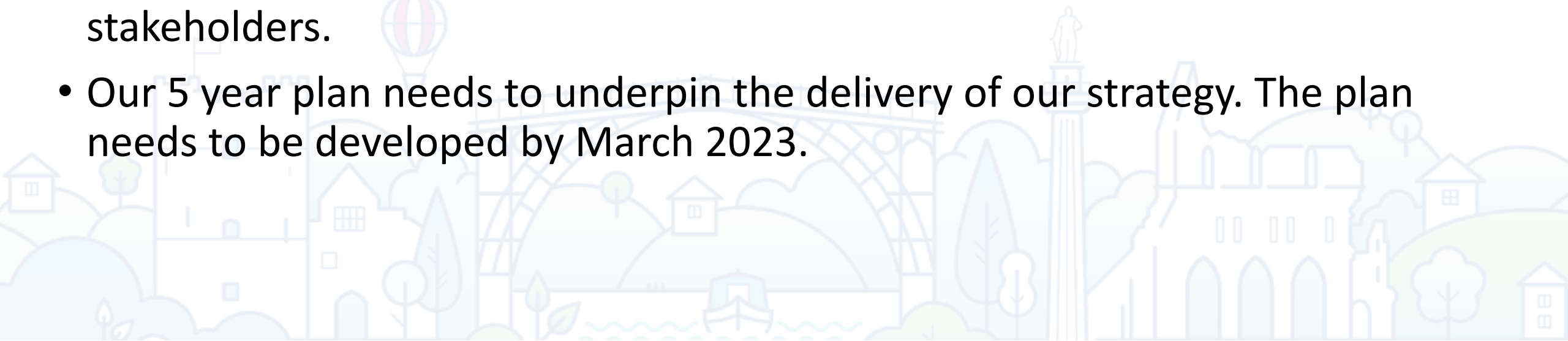
Page 38

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 our 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.

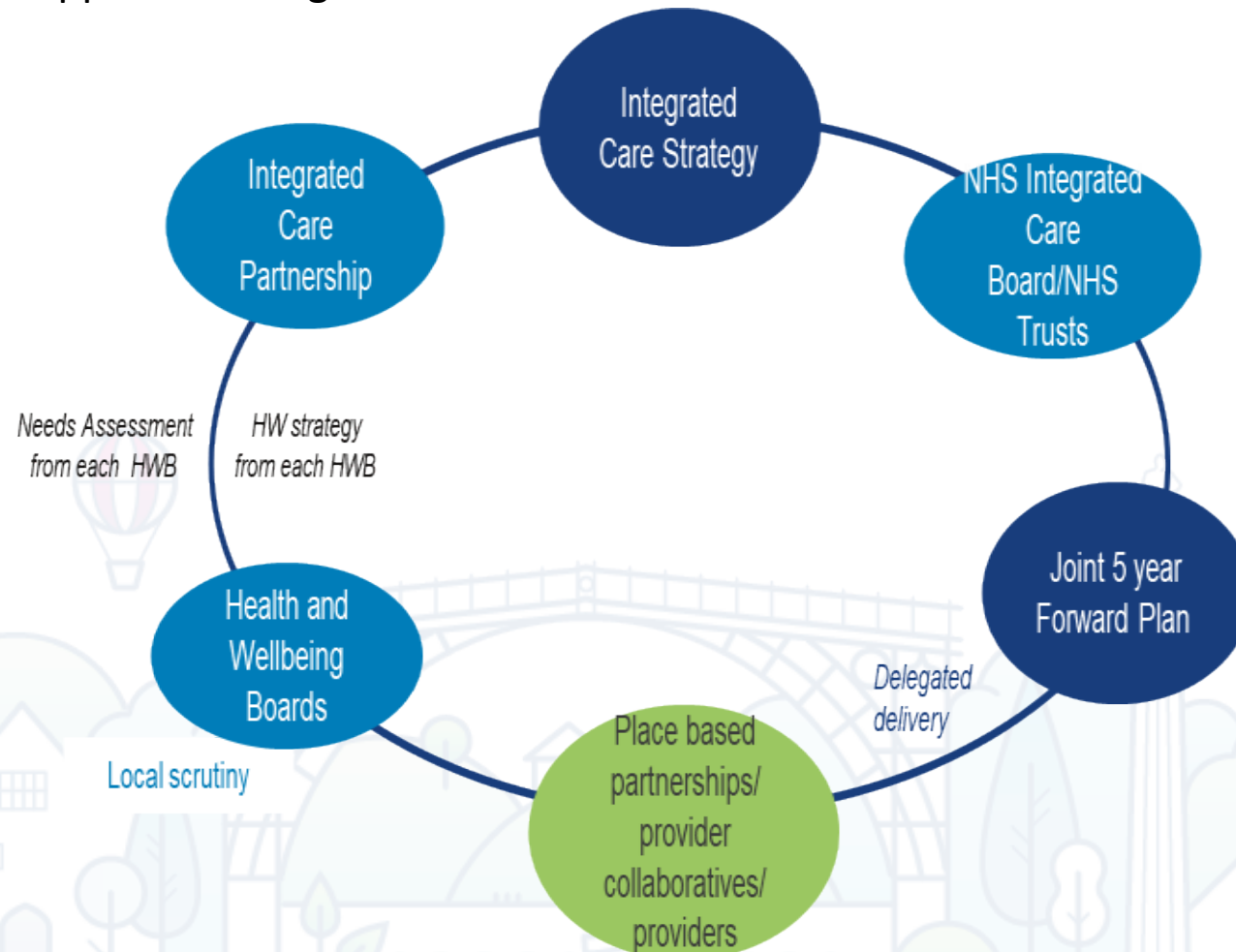
Joining up health and care is not new – a lot of work has already been done towards this and we will build on this work. This includes building on the positive joint working we saw in the system throughout the Covid 19 pandemic.

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



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



**Shropshire, Telford
and Wrekin**

Page 43

Improve Outcomes in Population Health and Healthcare

Consolidating Knowledge and Findings

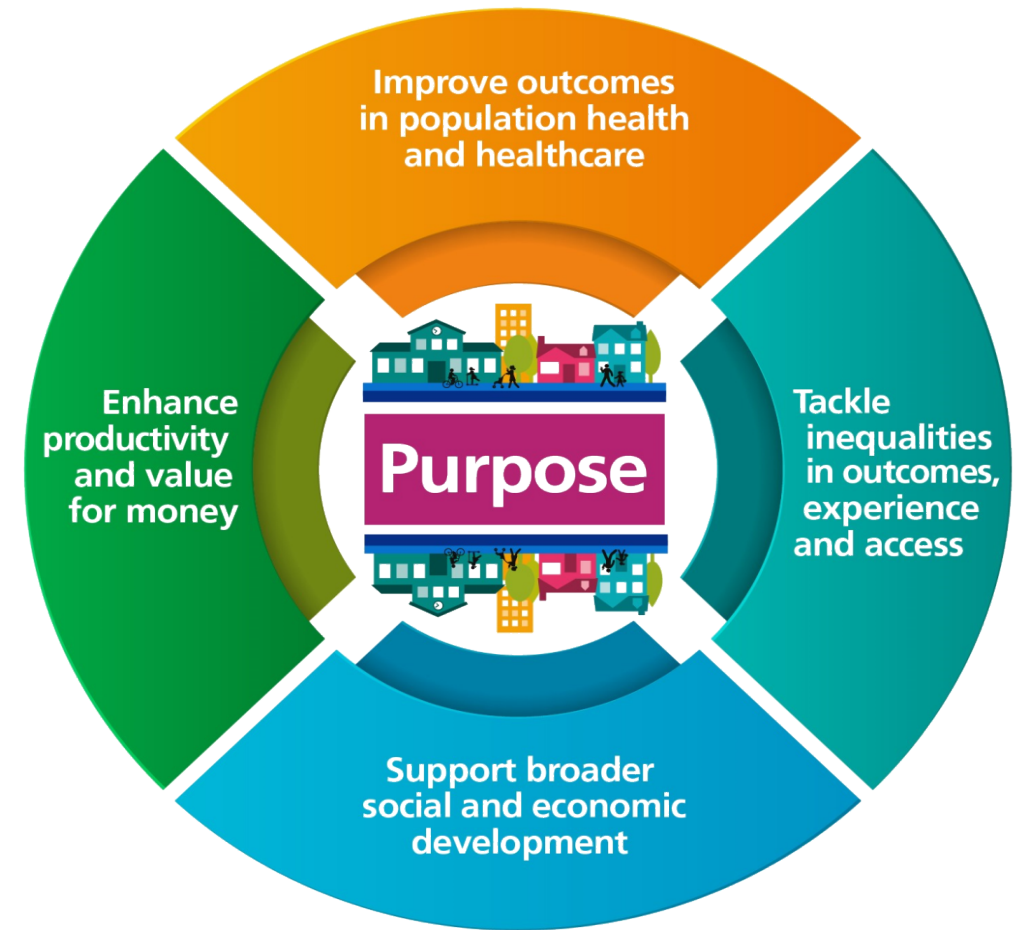
Chapter 3

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

Page 44



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.

Page 45

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%.

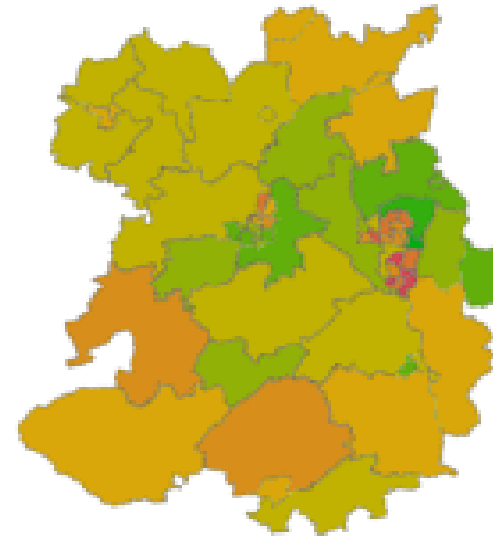
Access

- 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

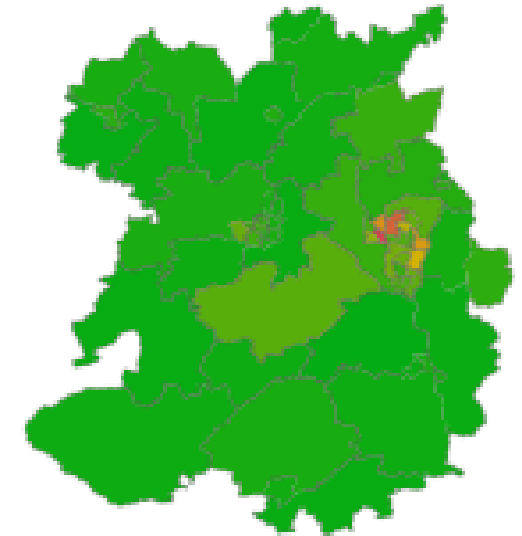
Cost of Living

- 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

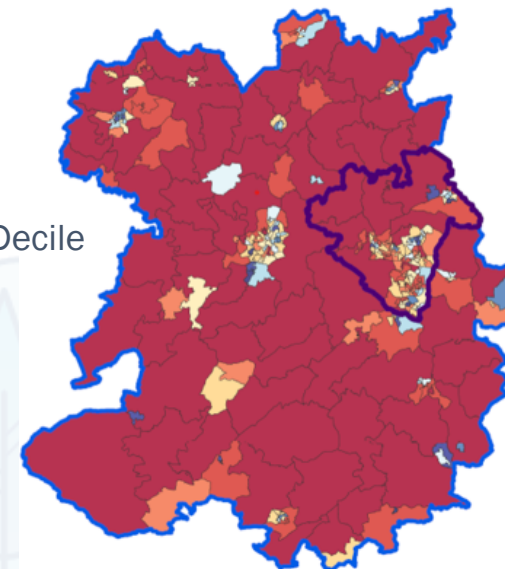
Deprivation - IMD 2019 Decile



Ethnicity - % BAME 2011 Census



Access - IMD 2019 Decile



Wider determinants of health

Page 50

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 or 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 of 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

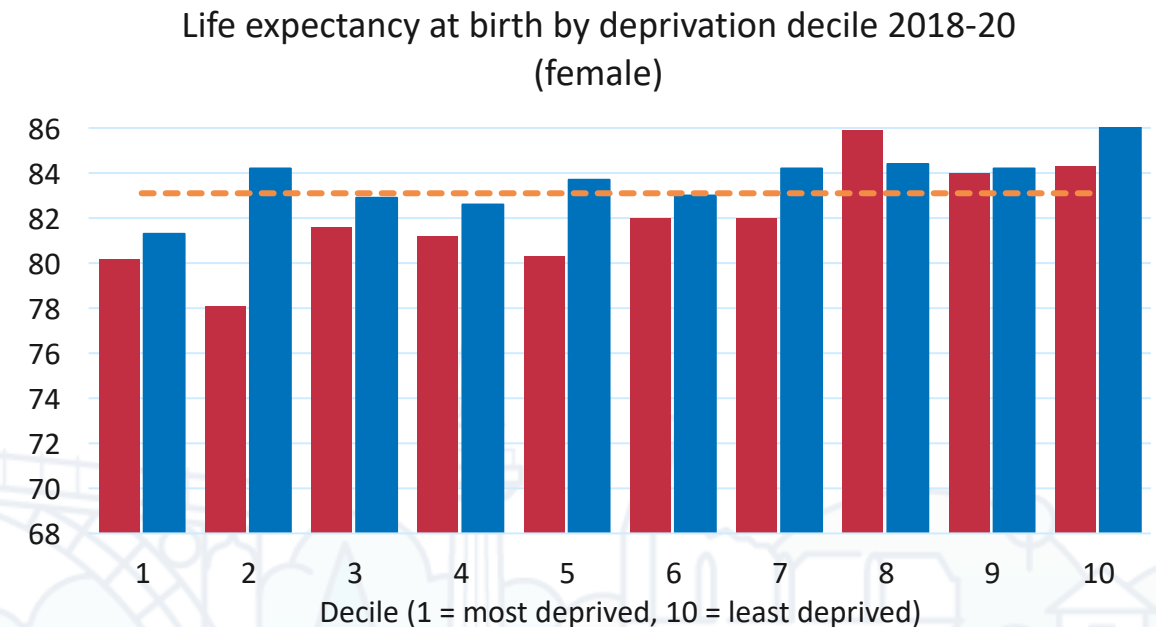
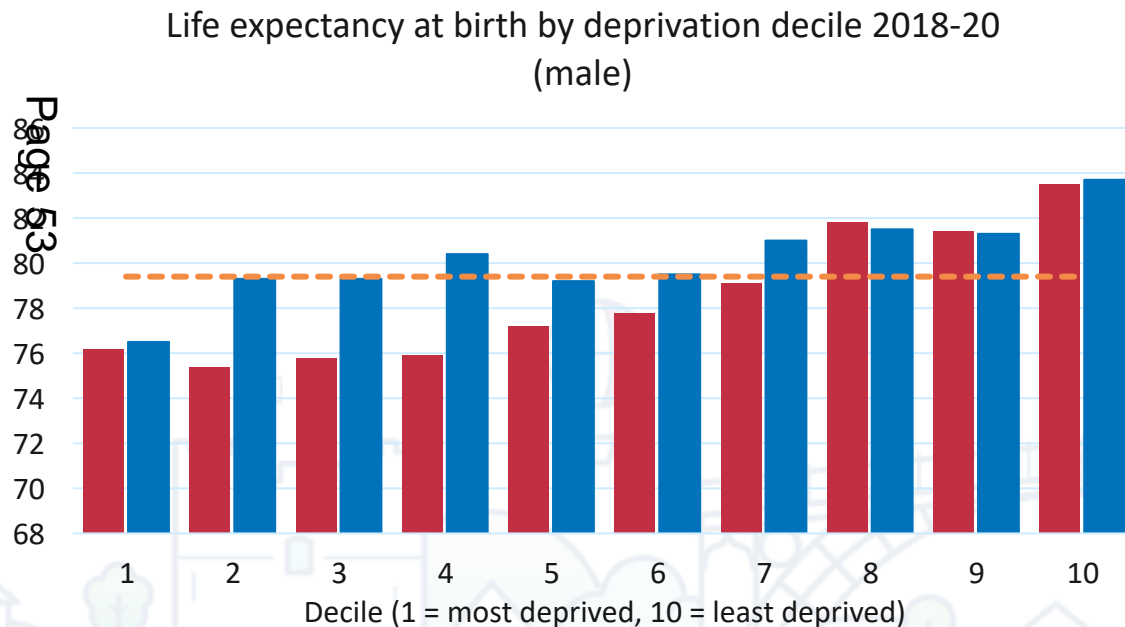
	Public Health Outcomes Framework Indicator	Telford & Wrekin	Shropshire	NHSE health inequalities & prevention priorities
Page 52 Prevention	Adults classified as overweight or obese	70.6	68.0	<ul style="list-style-type: none"> HI 5 key clinical areas: hypertension case finding LTP accelerate diabetes & 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> HI 5 key clinical areas: chronic respiratory disease
	Early mortality from preventable respiratory disease	18.6	12.6	
	Flu vaccination coverage – at risk individuals	55.5	60.6	
	Early mortality in adults with severe mental illness	134.4	89.0	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> LTP NHS prevention priority: alcohol care team
	Early mortality from preventable liver disease	19.6	14.7	
	Smoking attributable mortality	246.1	173.7	<ul style="list-style-type: none"> 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.



Telford and Wrekin Shropshire England average

Telford and Wrekin Shropshire England average

What our residents have told us (Healthwatch)

Healthwatch Shropshire and Healthwatch Telford and Wrekin work with the public to gather feedback about services. Both Healthwatch's produce different reports on a variety of services with links on their websites.

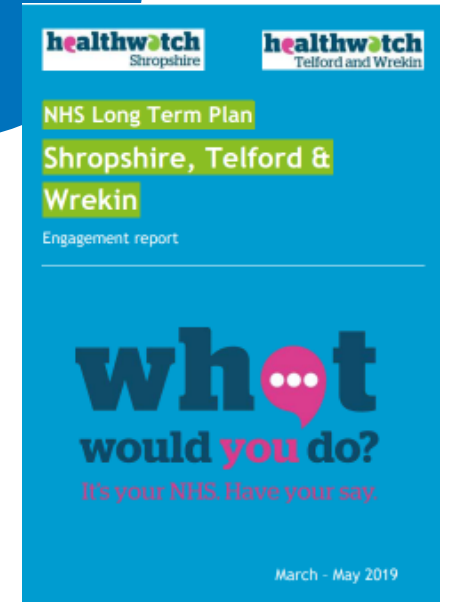
As an ICS we understand the importance of developing our health and care services based on the views of our local population, alongside the evidence on population health.

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

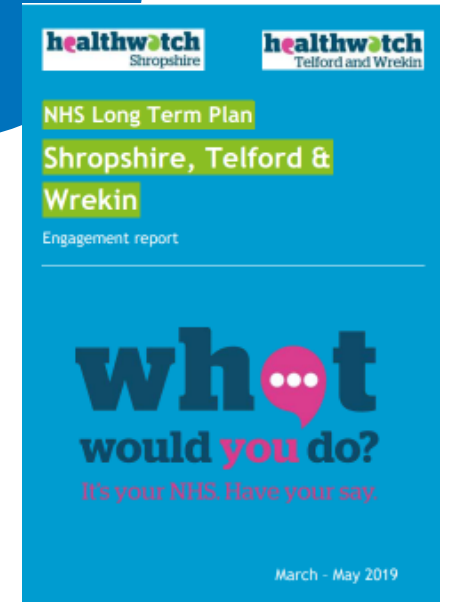
People are at the heart of everything we do and by delivering joined up services in both the acute and community settings we can give everyone the best start in life, creating healthier communities and helping people to age well.

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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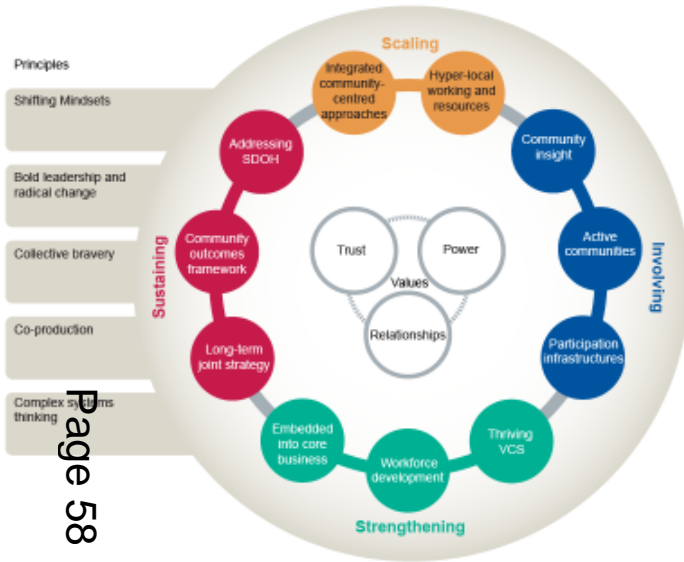
Page 57

Tackle Inequalities in Outcomes, Experience and Access

Consolidation of Knowledge and Findings

Chapter 4

Tackling inequalities – approach



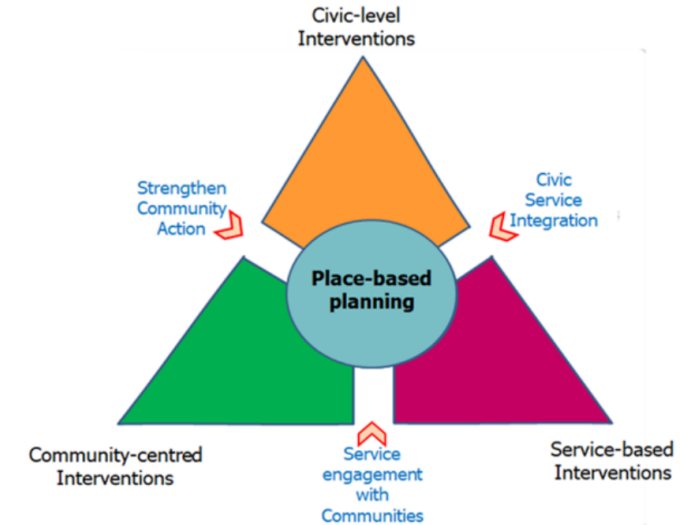
Community
focused co-
production

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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together



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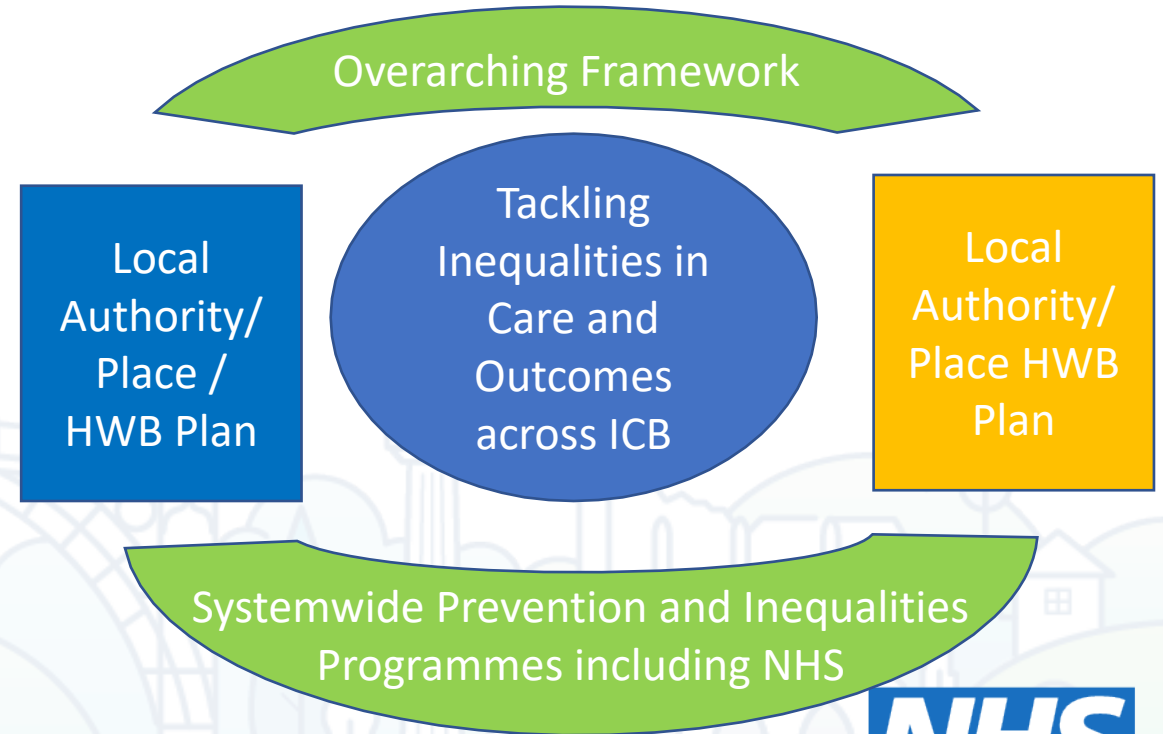
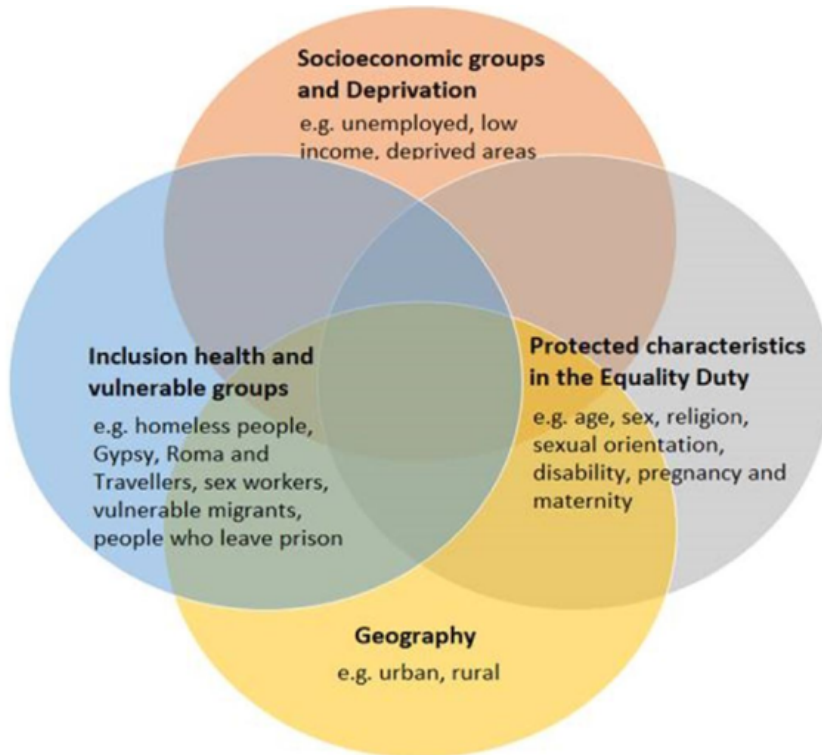
Inequalities and Health Inequalities

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.

Page 59



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

Page 60

Tackling inequalities - overview

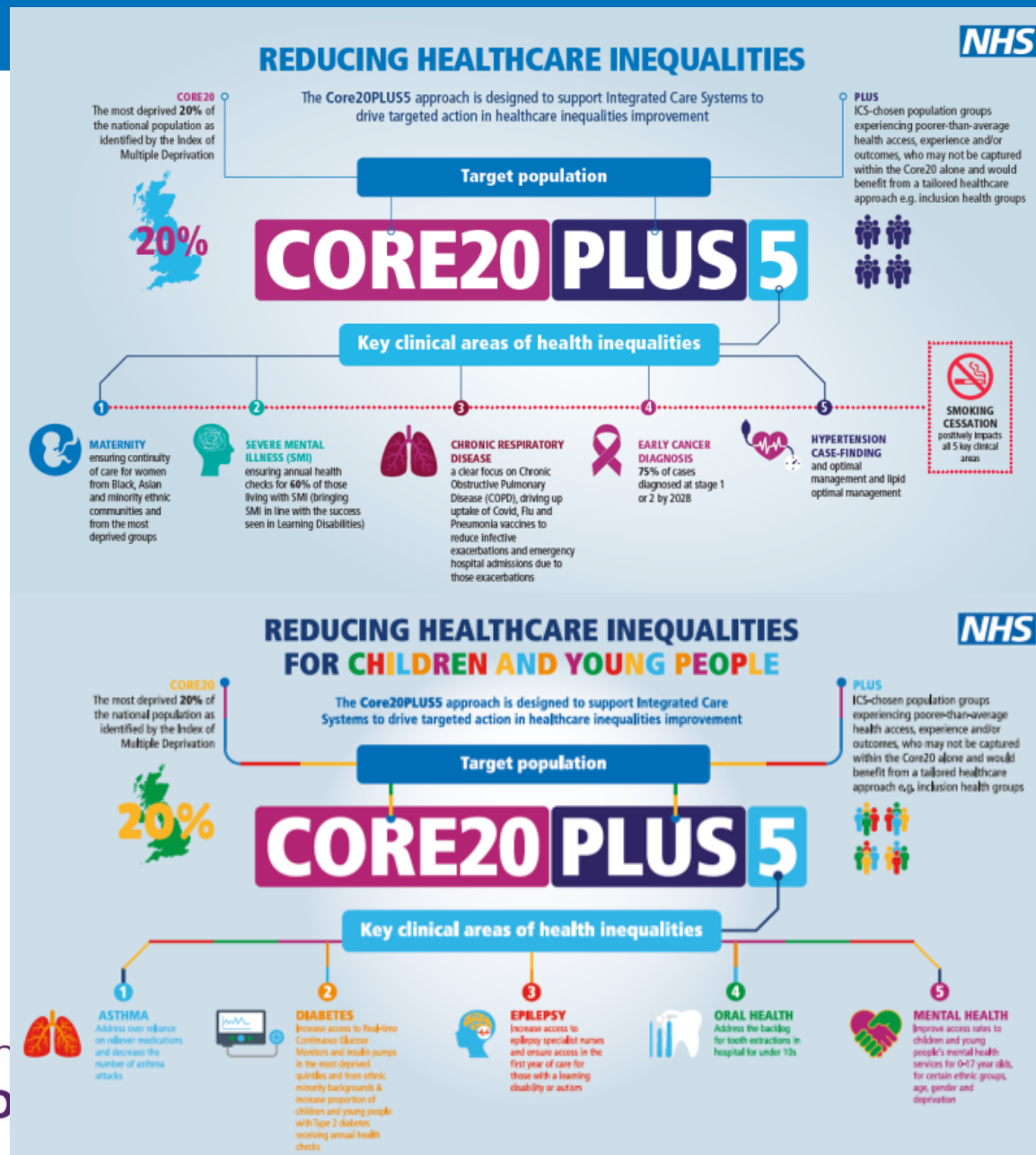
Wider determinants
cost of living
crisis, housing,
employment

Inclusive,
connected,
healthy &
sustainable
communities

Page 61

Shropshire

to



Healthy
behaviours &
lifestyles
strengthening
prevention

Best start in
life for every
child



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Council

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:

Page 62

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	<ul style="list-style-type: none">• healthy and safe pregnancy• parents/carers empowered to care for & nurture their children	<ul style="list-style-type: none">• Community Mental Health Services Transformation	<ul style="list-style-type: none">• 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	<div>population health management</div> <div>workforce</div> <div>sustainability of resources</div>		

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
Page 64	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		Key areas of focus	
Long-term aims and how we will achieve them		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

Page 66

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

Page 67

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

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



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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**Shropshire, Telford
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Page 69

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.

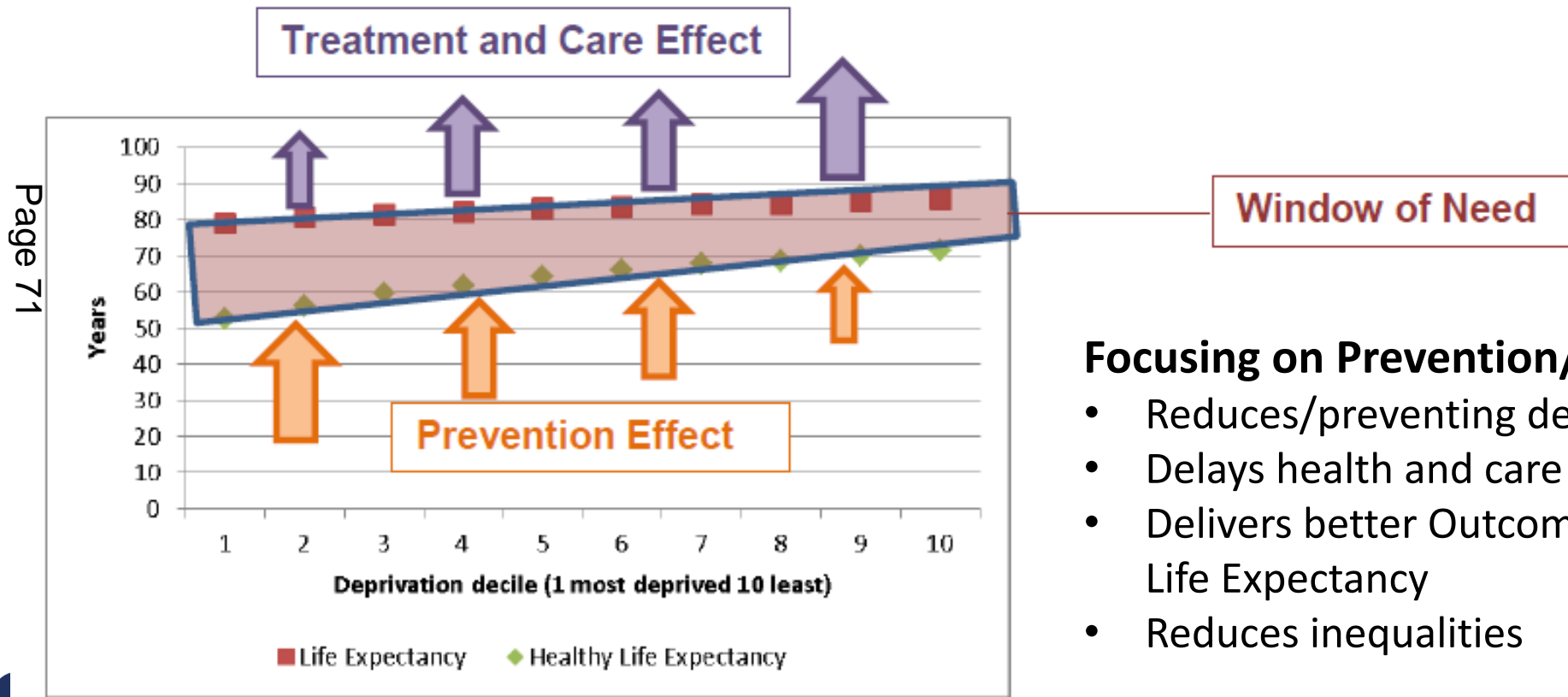
The point prevalence audit recorded that just under 20% of patients in acute care on the day of the audit could have been treated appropriately in “left-shift” settings such as community hospitals, care homes or in their own homes with additional primary care and social care support. However, this work 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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Page 72

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

Page 74

The health of our population will be improve through a focus on....	Our Outcomes
The health of our RESIDENTS	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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

Outcome Focus – potential high level outcomes

Page 75

The health of our population will be improve through a focus on....	Our Outcomes
The health of our STAFF	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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

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

ICB 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, JOSCS, 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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Care Quality Commission (CQC) Local Authority Assessment Framework

Presentation to Telford & Wrekin Council's Health and Care Scrutiny Committee
17.01.2023

Sarah Dillon, Director of Adult Social Care

Under the Care Act, local authorities have duties to:

- Prevent care needs becoming more serious and delay impact of needs;
- Ensure people can get information and advice and
- Have a range of high quality, appropriate services to choose from

The overall CQC rating (and scores for quality statements) will be published alongside a narrative report. Likely four rating levels:

Outstanding, Good, Requires Improvement, Inadequate.

Key points:

1. New duty to independently review and assess how Local Authorities are delivering their Care Act functions
2. The assurance framework will go live in April 2023

Areas of focus and framework

1. Working with people (inc unpaid carers)

Assessing needs, care planning and review, direct payments, charging policy, supporting people to live healthier lives, prevention, well-being, information and advice, addressing barriers to access and reducing inequalities in experience and outcomes.

2. Providing support

Market shaping, commissioning, workforce capacity and capability, integration and partnership working

3. Ensuring safety

Safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care

4. Leadership

Culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

Page 81

Choice, control and personalisation are threaded through the entire framework and approach

Single Assessment Framework:

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group

5 Key Questions

Quality Statements

Evidence

Specific evidence and quality indicators

Area 1: How LA's work with people (including unpaid carers)

This includes: Assessing needs, care planning and review, direct payments, charging policy, supporting people to live healthier lives, prevention, well-being, information and advice, addressing barriers to access and reducing inequalities in experience and outcomes.

- **Assessing needs** - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- **Equity in experiences and outcomes** - We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
- **Supporting people to live healthier lives** - We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

Area 2: How LA's provide support

This includes: market shaping, commissioning, workforce capacity and capability, integration and partnership working

- **Care Provision, integration and continuity** - We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
- **Partnerships and communities** - We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

I have care and support that is coordinated, and everyone works well together and with me.

Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

Area 3: How Local Authorities ensure safety within the system

This includes: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care

- **Safe systems, pathways and transitions** - We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- **Safeguarding** - We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

I feel safe and am supported to understand and manage any risks

Area 4: Leadership

This includes: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

- **Governance** - We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- **Learning, improvement and innovation** - We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Main areas of focus for Adult Social Care in 2023

- Flow through the system and access
- Market Shaping
- Unpaid carers
- Direct Payments
- Prevention and Early Intervention
- Workforce
- Quality Assurance and user feedback
- Co-production of place-based strategies (e.g. Autism, Carers, Mental Health)
- Safeguarding self-assessment