

HTP Focus Group

Presented by

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Introduction to SCHAT



Background – The 10-Year Plan

An NHS fit for the future

The 10 Year Health Plan will set out how we create a truly modern health service designed to meet the changing needs of our population. This will be focused on the three shifts that the government, health service, and clinical leaders agree need to happen. These are:



Our population and patients

Our patients live in Shropshire, Telford and Wrekin and surrounding areas

Shropshire, Telford & Wrekin

- We provide a range of community-based health services to nearly **511,000 people of all ages** in over 40 different locations and in homes across **1,347 square miles** of Shropshire, Telford & Wrekin.

Dudley

- We provide community based 0-19 integrated health services to more than 75,000 children and families across Dudley.

Beyond Our Borders

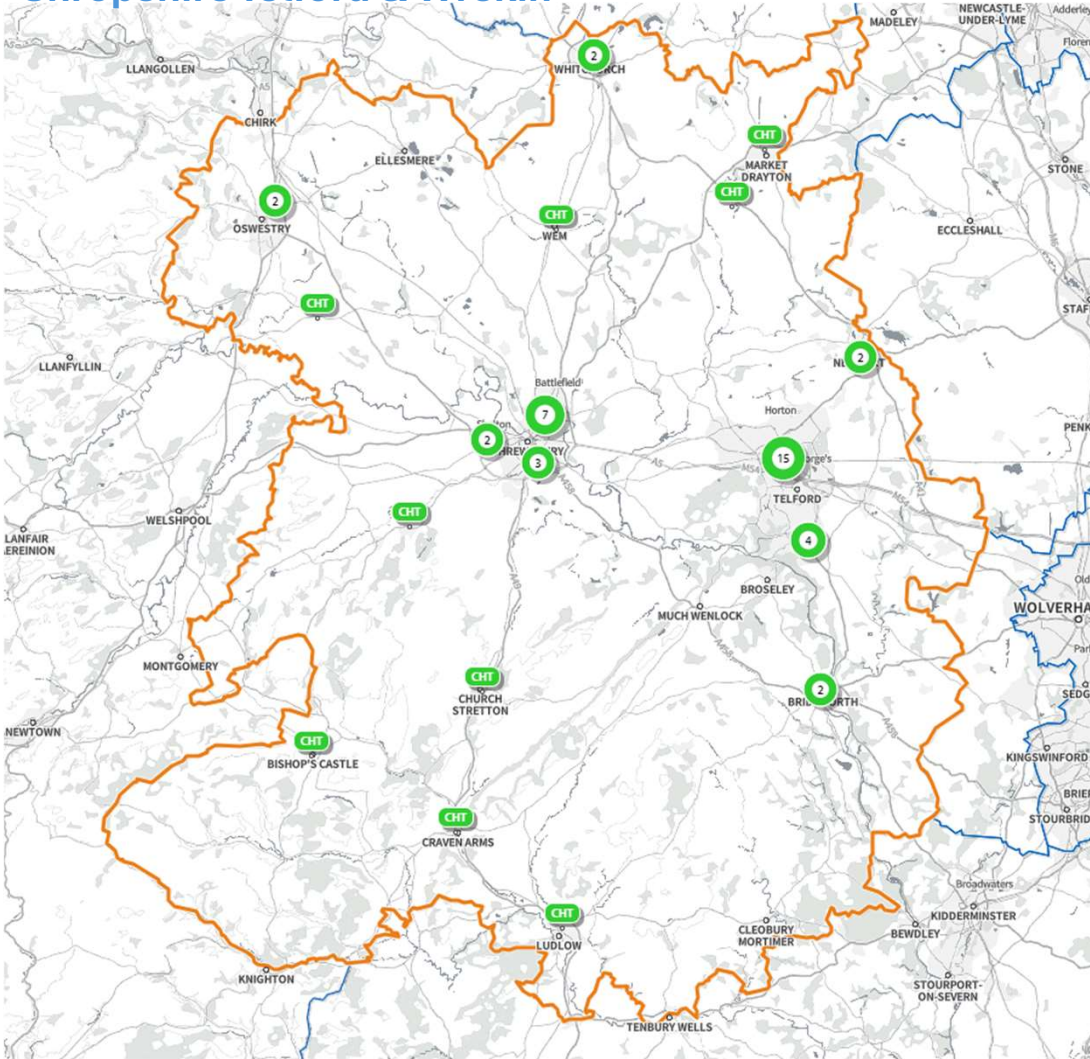
- We also provide clinical services to patients and carers living closely beyond our Shropshire, Telford and Wrekin and Dudley borders.



Shropshire	Telford & Wrekin	STW Totals	Dudley
325,415	185,542	Population – 510,957	323,488
66,266 (0-19)	45,467 (0-19)		75,030 (0-19)
44.9 years	39 years	Average age	41 years
101 persons per square kilometre	639 per square kilometre	Population density	3,302 per square kilometre
Male 49.5%	Male 49.2%	Gender	Male 49.2%
Female 50.5%	Female 50.8%		Female 50.8%

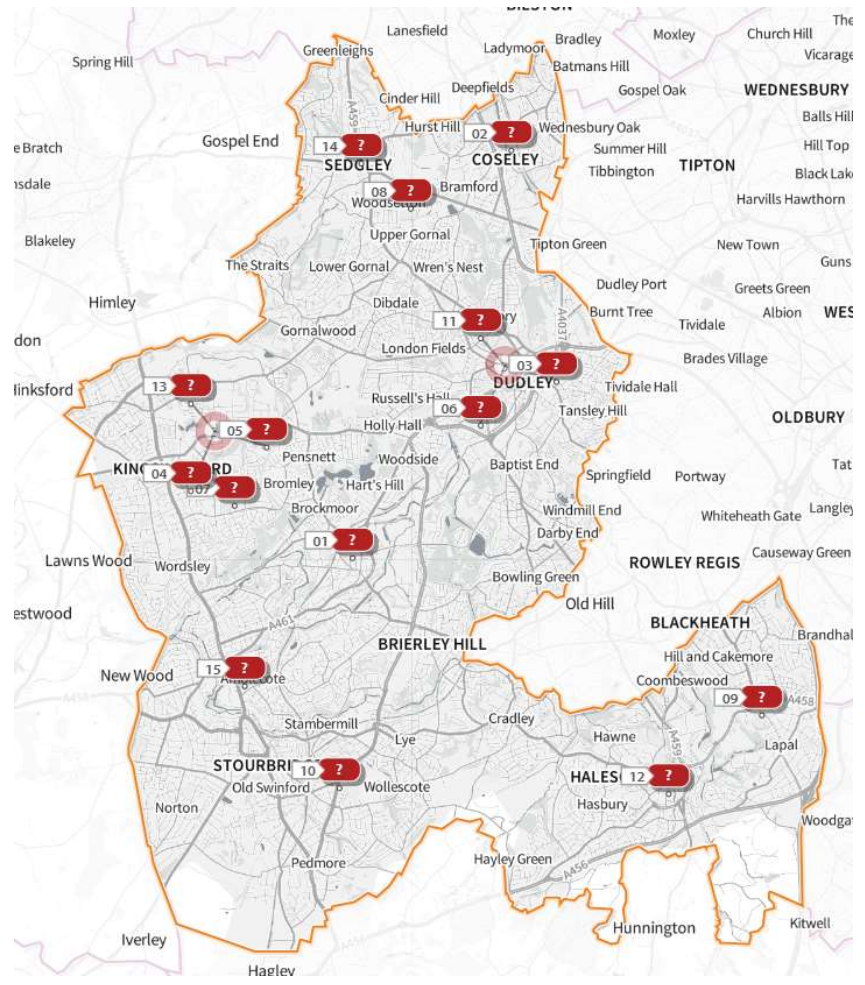
Our Bases

Shropshire Telford & Wrekin



Dudley

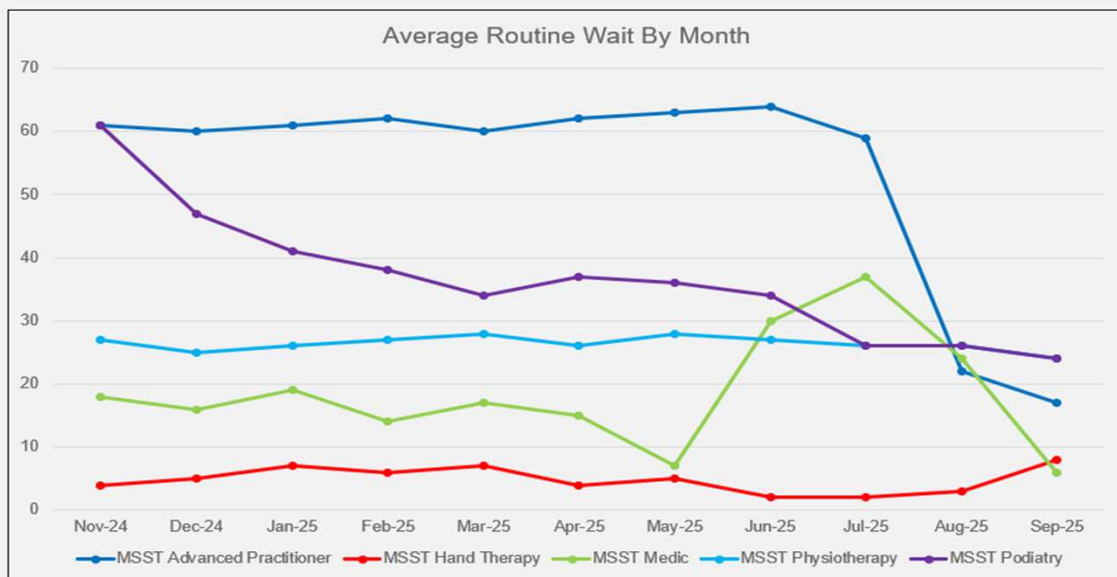
Shropshire Community Health NHS Trust



Services we deliver

Urgent Emergency Care	Adult Community services	Planned Care	Children, Young People & Families	Vaccinations	Corporate/ Support Services
<ul style="list-style-type: none"> • Virtual wards • Rapid Response • Care Home VW • Single Point of Referral (SPR) • Long Covid coordination (SPR) • Capacity Hub • Complex discharge • Discharge liaison • Diagnostic Assessment & Access to Rehab & Treatment (DAART) • MIU • OPAT 	<ul style="list-style-type: none"> • Community Hospitals • Rehab and recovery units • Community nursing • Community therapy/IDT • Admiral nursing • ACP in Care Homes Service • Respiratory • Pulmonary Rehab • Tissue Viability • Wound Healing • Continence • Diabetes 	<ul style="list-style-type: none"> • Advanced primary care services (APCS) • Community consultant outpatients • Prison Healthcare • Falls (Prevention) • Podiatry • TeMS & MSST musculoskeletal services • Shropshire Physio • Day surgery unit (Bridgnorth) • Wheelchair services • Dental services • Community Neuro Rehab Team CNRT 	<ul style="list-style-type: none"> • Child development centres (CDC) • Community paediatrics • Child health and audiology • Children's therapy services • Community children's nurses • Children's Phlebotomy • Paediatric diabetic specialist nursing • School nurses • Special school nursing • Children's Enuresis and Constipation • Family nurse partnership (FNP) • Health visitors • Children's School Aged Imms & Vaccs • Paediatric Psychology Service 	<ul style="list-style-type: none"> • Covid-19 vaccination service • Neutralising monoclonal antibodies (nMABS) 	<ul style="list-style-type: none"> • Finance • Workforce/HR • Organisational Development • IT and Informatics • Hotel Services • Administration Support • Business Development • Performance • Complaints and PALS • Emergency Planning • Patient Experience and Involvement • Assurance (non-clinical) <ul style="list-style-type: none"> • Quality • Communications and Marketing • Pharmacy • Emergency planning

MSST/MSK reduction of wait times



- ↓ **Advanced Practitioner Waits:**
 44 weeks over 12 months
 72%
 Average wait now 17 weeks
- ↓ **Podiatry Waits:**
 37 weeks over 12 months
 61%
 Average wait now 24 weeks
- ↓ **Medic Waits:**
 31 weeks over last 3 months
 84%
 Average wait now 6 weeks
- **Physiotherapy Waits:**
 Ongoing work to improve waits
 Waits have remained static for 10 months
 small improvement seen in last 2 months
 Average wait now 24 weeks

Waiting List Reduction (all areas):

- - 4604 over last 12 months
- - 39%



Winter Initiatives



UCR EXPANSION:

URGENT COMMUNITY RESPONSE HOURS EXTENDED FROM 8AM–8PM TO 8AM–MIDNIGHT, PROVIDING A 2-HOUR EMERGENCY RESPONSE ACROSS STW.



INTEGRATED COMMUNITY FRONT DOOR:

ADDITIONAL CLINICAL STAFF AT BOTH HOSPITAL SITES TO DIVERT PATIENTS FROM HOSPITAL TO COMMUNITY SERVICES.



ADDITIONAL GP:

EMPLOYED TO SUPPORT PATIENT CARE & DISCHARGE DECISIONS, 7 DAYS A WEEK, 9AM–5PM.



2-HOUR DOMICILIARY CARE BRIDGING:


ENABLES QUICKER PATIENT DISCHARGE TO RETURN HOME WHILE AWAITING LOCAL AUTHORITY CARE PACKAGES.




EXTENDED DISCHARGE PLANNING:

CARE TRANSFER HUB HOURS EXTENDED TO 9AM–8PM FOR MORE TIMELY DISCHARGES.




 **WEEKEND THERAPY COVER:** MORE THERAPISTS RECRUITED TO MOBILISE PATIENTS AND SUPPORT HOME RECOVERY.




 **CTH SYSTEM MANAGER:** RECRUITED TO COORDINATE WINTER PLANS WITH SCHAT, SATH AND LOCAL AUTHORITIES.



 **REMOTE MONITORING:** ROLLOUT OF LUSCII DIGITAL SYSTEM AND POINT-OF-CARE TESTING FOR SAFE HOME MONITORING.



 **TEMPORARY ESCALATION SPACES:** ABILITY TO INCREASE COMMUNITY HOSPITAL CAPACITY DURING HIGH DEMAND.

Care Transfer Hub

Sifelani, Social Worker

Hub with nurses and therapists.

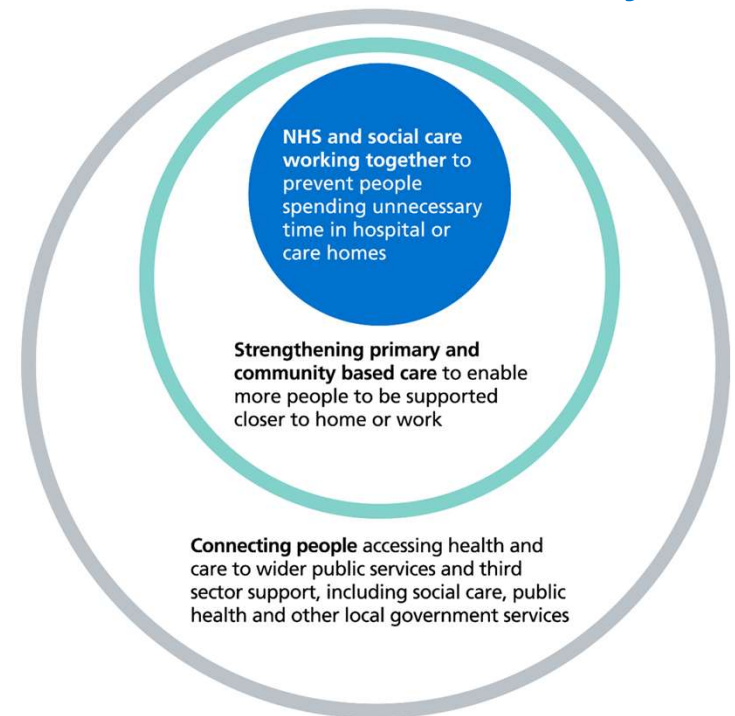
Neighbourhood Health – A ‘New’ Approach

“There is an urgent need to transform the health and care system. We need to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people’s access, experience and outcomes, and ensure the sustainability of health and social care delivery.”

(NHSE Neighbourhood Health Guidelines 2025/26, 30 January 2025)

All parts of the health and care system – primary care, social care, community health, mental health, acute, and wider system partners – will need to work closely together to support people’s needs more systematically, building on existing cross-team working, such as primary care networks, provider collaboratives and collaboration with the voluntary, community, faith and social enterprise (VCFSE) sector.

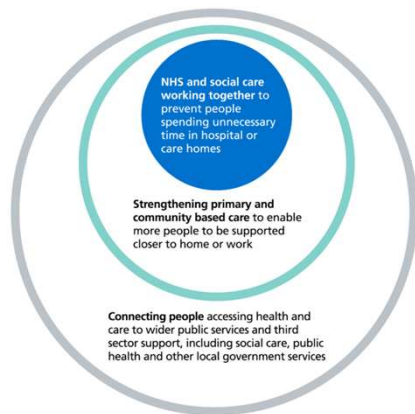
In the coming months, drawing on learnings from existing work, the focus will be on creating the national and local conditions for different ways of working.



2025/2026 Focus – The ‘How’

The 6 Core Components:

Population Health Management	• Data Driven Approach using linked data sets
Modern General Practice	• Focus on improved access and continuity of care
Community Health Services	• Local standardised community services
Neighbourhood Multidisciplinary Teams	• Coordinating care across services
Integrated Intermediate Care	• Delivering a ‘Home First’ approach for rehabilitation
Urgent Neighbourhood Services	• Delivering local emergency response services



Integrated Neighbourhood Teams

An Integrated Neighbourhood Team (INT) is a collaborative approach to community health and wellbeing.

It provides

Patient-Centered Care:

Tailoring health and social services to meet individual needs and preferences.

Collaboration Across Services:

Teams work jointly across health, social, and community sectors to improve outcomes.

Responsiveness to Community:

Services are adapted based on local community needs and priorities

Its goals are to:

Improve Access to Care:

Enhancing availability and affordability of healthcare services.

Enhance Patient Experience:

Providing respectful, compassionate, and personalised services.

Reduce Duplication:

Streamlining healthcare processes to minimise redundant tests and procedures.

Holistic Support:

Addressing both health needs and social determinants for comprehensive wellbeing support

It is built of:

Multidisciplinary Team Members: Including general practitioners, nurses, social workers, and therapists.

Community Health Workers Role:

Connecting healthcare services with the community's needs.

Ensuring Diverse Expertise:

Comprehensive care addressing various community health needs



Virtual Ward Video

