



## SHROPSHIRE HEALTH AND WELLBEING BOARD

### Report

<b>Meeting Date</b>	<b>21.11.24</b>				
<b>Title of report</b>	<b>Shropshire Integrated Place Partnership (ShIPP) Update</b>				
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	Information only (No recommendations)	x
<b>Reporting Officer &amp; email</b>	Penny Bason <a href="mailto:Penny.Bason@shropshire.gov.uk">Penny.Bason@shropshire.gov.uk</a>				
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People	x	Joined up working		x
	Mental Health	x	Improving Population Health		x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		x
	Workforce	x	Reduce inequalities (see below)		x
<b>What inequalities does this report address?</b>	The ShIPP Board works to reduce inequalities and encourage all programmes and providers to support those most in need.				

### Report content

#### 1. Executive Summary

The purpose of Shropshire Integrated Place Partnership (ShIPP) is Shropshire's Place Partnership Board.

It is a partnership with shared collaborative leadership and responsibility, enabled by ICS governance and decision-making processes. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

It is expected that through the programmes of ShIPP, and routine involvement and coproduction local people and workforce can feed ideas and information to inform and influence system strategy and priority development.

The new governance of the ICB has named ShIPP as a formal subcommittee of the ICB Board.

This report provides an update of discussions in September and October 2024.

#### 2. Report

The ShIPP Board meetings in September and October 2024 were well attended and there was good discussion and engagement across the membership, Andy Begley chaired the meetings.

Alert - Matters of concern, gaps in assurance or key risks to escalate:

New Terms of Reference for ShIPP were approved:

- **Revised Terms:** the revised terms of reference were presented, noting the alignment with the Integrated Care Board and the inclusion of new members such as the Deputy Director of Quality from the ICB and Dr. Deborah Shepherd as GP partner member. The terms also included representatives from primary care networks and the strategy team within the ICB.
- **Meeting Frequency:** The group discussed the meeting frequency, deciding to move to bimonthly meetings starting from November.
- **Approval:** The terms of reference were approved by the board, with the understanding that

they are live documents and will be revisited as needed, at least within six months.

### **Voluntary and Community Sector Infrastructure Support**

Community Resource shared a presentation on VCS infrastructure that detailed support, training and capacity building activities and the threats to the sector posed by possible funding withdrawal in 2025.

It was highlighted the history of supporting infrastructure came through covid, a recognition that those networks were crucial to community services. The funding to support this work has come through grants and the UK Shared Prosperity funding, however now there is a risk to this work continuing. ShIPP have priorities around vibrant communities and working and supporting the voluntary sector and therefore ShIPP was asked to consider how we can support the continuation of this work.

Assure - Positive Assurances and highlights of note:

### **System Quality Group and Quality & Performance Committee**

There are currently 7 live system risks, though group reviewing others to add to the list.

- 2 extreme risks: Urgent and Emergency Care, Diabetes
- 4 red risks – C-difficile, adult ADHD, Shared Care, acute paediatric care is improving,
- Amber risk: CYP mental health
- Maternity & continuing healthcare have been de-escalated due to demonstrable improvements.

Currently looking at alignment with quality improvement and community-based options like social prescribing to the risk register. Also a project plan emerging Integrated care system risk principles, around shared language and risk appetite. Sharon will share related documents.

### **Healthwatch Update**

There is a challenge around system plans being much longer in scope, it's hard to isolate yearly priorities are.

This year's broad priorities are:

1. Access - to GP's dentists, waiting times and adult social care assessments
2. The support available to carers and young carers and impact of all other themes on carers
3. Inequalities - including rural inequalities, ageing population, women's health, digital, mental health, neurodiversity
4. Prevention - awareness raising campaigns, impact of support for health and wellbeing
5. Quality - which includes sharing information we get from the public to inform quality improvement across the system.

**Hearing and Sight Loss Service Presentation:** Community Resource presented the support provided by Community Resource for people with sensory impairments, including hearing loss hubs, home visits, and site loss groups. The presentation highlighted the impact of the service and the need for sustainable funding. A fruitful discussion was had regarding commissioning and provider collaboratives, with specific actions.

### **Integrated Neighbourhood Teams and Community and Family Hubs**

Head of Partnerships and Intelligence Lead provided an update on the development of integrated multi-agency teams and community and family hubs. They discussed the core offer, financial and non-financial benefits, and the importance of data and outcomes to measure success.

### **Healthwatch update:**

Healthwatch described the important work of Healthwatch in listening to and understanding need within vulnerable populations in Shropshire, including Stoke Heath Prison. Lynn described the social prescribing offer and requested that the system consider the needs of those in the judicial system, particularly on discharge from prison.

### **Children's Mental Health Update**

ICB provided an update on the recommissioning of children's mental health services, including the needs assessment, engagement with professionals, and the market engagement event. It was outlined that the next steps and the establishment of a CYP Mental Health Partnership group.

Rachel Robinson highlighted that Shropshire Council would provide a response to the commissioning specification and that it would focus on prevention.

Actions - to be considered

In relation to developing provider collaboratives with the VCSE the actions were:

- **Provider Collaborative:** Coordinate the provider collaborative work and outcomes piece with Gemma Smith and other relevant stakeholders. (Claire Parker)
- **Inequalities funding** - Discuss with Tracy the health inequalities element and funding for the hearing and sight loss service. (Claire Parker)
- **Voluntary Sector Contracts:** Review the process for voluntary sector contracts to ensure timely planning and support for continuity. (Claire, Rachel Robinson, partners)

In relation to the INT and C&F Hubs

**Actions**

- **SEND Community Involvement:** Ensure the SEND community is involved in the integration work and clarify how they can contribute as partners. (Penny Bason)
- **Social Care Prevention Paper:** Prepare and bring a paper to SHIPP Committee on the work needed to prevention children and young people entering social care in Shropshire. (Tanya Miles)

In relation to involvement update

**Actions**

- **Cancer Care Report:** The Healthwatch Cancer Care report will be published by Monday next week, and will come to the next ShIPP Committee meeting. (Lynn Cawley)

Recommendations:

- Approve the Terms of Reference as endorsed by the ShIPP Board (item attached)
- Note the contents of the report
- Consider Provider Collaboratives with regard to the VCSE

<b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	N/A	
<b>Financial implications</b> (Any financial implications of note)	There are none associated directly with this report.	
<b>Climate Change Appraisal as applicable</b>	N/A	
<b>Where else has the paper been presented?</b>	System Partnership Boards	ICB
	Voluntary Sector	
	Other	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b> N/A		
<b>Cabinet Member (Portfolio Holder)</b> Portfolio holders can be found <a href="#">here</a> or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Cllr Cecilia Motley – Portfolio Holder for Adult Social Care, Public Health & Communities		

Rachel Robinson – Executive Director, Health, Wellbeing and Prevention
<b>Appendices</b>
None