



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	18th April 2024			
Title of report	Shropshire Integrated Place Partnership (ShIPP) Update			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	Information only (No recommendations) x
Reporting Officer & email	Penny Bason Penny.Bason@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
What inequalities does this report address?	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

2. Recommendations – N/A

3. Report

The ShIPP Board meeting 21.03.24 was well attended and there was good discussion and engagement across the membership, Penny Bason chaired the meeting.

Long Term Conditions Strategy

Simon Collings, Associate Director, Specialised Commissioning, NHS England

Background: As the impact of infectious diseases has been successfully reduced the health and care system now needs to tackle early death from non-communicable diseases. People are spending a greater proportion of their lives with a long-term condition which impacts on quality of life compared to a decade ago, while more people have multiple long-term conditions (MLTC); by 2035, two-thirds of adults aged over 65 will have 2 or more conditions and 17% will have 4 or more. The Long-Term Conditions Strategy aims to improve people's quality of life in later years, with prevention at the forefront of these actions.

Discussion

- Huge opportunity on a Primary Care level; this leads into how we connect into local care neighbourhood working and commissioning intentions.
- Primary care were very positive about the recognition of the opportunities at Primary Care and PCN level, and investment and joint working is needed to continue to develop the opportunities.
- How do we, as a Place based group, feed into this strategy? Important to link with other major strategies and health inequalities.
- Focussing on prevention and early intervention is important to pull the impact back from acute hospital care.
- Need to look further into people using the first outpatient appointment to manage long term conditions and not using primary care properly.
- Primary Care Networks are constrained in the use of their resources by contractual obligations rather than using the money on the things that we know we need. We need to think differently around commissioning.

Next steps: proposed development of the strategy will involve four workstreams to be established under the population health management group, each one led by a primary care clinician. These workstreams would include one for each of the key focus areas and one to provide commissioning support including the development of the collaborative agreement. Simon and Nick White (who will be the Clinical Director) are looking for someone to chair the Primary Prevention Panel if anyone would like to be involved.

The Chair stated that the subject of the Long-Term Conditions Strategy should be included in the April HWBB/SHIPP Planning event, particularly the prevention element and how it feeds into our plan for next year.

Shaping Places for Healthier Lives: Year 2 progress report

Emily Fay Programme Manager, Shaping Places for Healthier Lives, Shropshire Council

Shaping Places for Healthier Lives, is a 3-year partnership programme that aims to:

- mobilise cross-sector action through sustainable system change at a local level
- support local authorities to facilitate and enable local partnerships for system change
- learn how to make changes that impact on the wider determinants of health so that learning can be shared

The Board was asked to note that:

- Shaping Places ends October 2024
- Food Partnership developing bid around Healthy Food for All
- How can we embed what has been learnt from this programme into other workstreams (e.g. One Shropshire, Community & Family Hubs)
- How can we maximise the reach of the Ask, Assist & Act toolkit/training?

Discussion:

- Links with personalised care - helping people understand how people are living and the impact that can have on their health outcomes.
- Shropcom adult community services often come across food insecurity in people's homes, sometimes caused by access or income. The Divisional Clinical Manager, Adult Community Services, Shropshire Community Health Trust would like to talk further with Emily.
- Proactive care and case finding: do we take a broader view and include food insecurity in our risk stratification?
- Links between food insecurity and long-term health conditions

Shropshire Food Poverty Network Report

Helen Brown, Shropshire Food Poverty Alliance Co-ordinator, Shropshire Citizen's Advice

The Shropshire Food Poverty Alliance (SFPA) report sets out the current climate for food banks in Shropshire, post-pandemic and during the ongoing cost-of-living crisis. The SFPA wanted to observe how food banks are operating in an increasingly difficult environment and what they could do to support them.

Discussion:

- The link between foodbank use and registration with GP practices: some food bank users were unaware that they could register. The way that they then access health services i.e. using emergency

care inappropriately when they could be using primary care and other services like social prescribing. How do we reach people and improve this?

- Quality Team ICB: how often are we treating the symptoms of poverty in the NHS? Missing opportunities to interact more holistically and effectively with patients and families. Could we signpost better? Link with equality, diversity and inclusion strategies?

Rural Proofing in Health and Care Report

Cllr Heather Kidd, Chair of Rural Proofing in Health & Care Group, Shropshire Council & Cllr Geoff Elner, Chair of Health Overview & Scrutiny Committee, Shropshire Council

Presenters outlined the recent work of the Rural Proofing in Health and Care Task and Finish Group of the Health Overview and Scrutiny Committee. The group's objectives were to define what 'rural' and 'rurality' means for the Shropshire Council area, including inequalities and access to services, to understand what rural proofing means for Shropshire, and to identify a view on rural proofing affecting Shropshire communities and services. The group also aimed to use the evidence collected to propose a consistent set of criteria to evaluate rural proofing in strategies, plans, policies, and service design and provision in health and care in Shropshire. The key findings were that for many of those living in rural areas, especially those with additional needs or vulnerabilities, rural life can be very different to the rural idyll that people imagine. The Group have made 14 recommendations, they relate to: Shropshire Council, the Integrated Care Board, promoting a system working approach across all Integrated Care System stakeholders and promoting a consistency of approach with local and regional partner Councils.

Discussion:

- The work links to Women's Health Hubs – developing services in a more local way to improve access
- Rural health Strategy development by NHS STW – how are we working with local populations to understand need and develop appropriate services. This will build on and be informed by the rural proofing and toolkit work, the progress of integrated neighbourhood teams, the outputs of the Big Conversation and place based JSNA engagement activity. Engagement action plan in development.
- Could digital and the Digital Inclusion Network support? Maybe we could some information into skills programmes - also to understand where we gather insights to enable inclusion
- Other risks in rural proofing - power outages, energy poverty and access to sufficient connectivity affecting some remote monitoring and other digital solutions
- The Head of Digital Innovation and Transformation (ICB) suggested that mapping Simon Collings' long term conditions analysis with digital exclusion indicators and digital inclusion resources/support might be of interest.

Shropshire Council Adult Social Care – CQC Self-Assessment Summary 2024

Cath Challinor, CQC Service Lead/Service Manager, In House Provider Services, Shropshire Council

A presentation was given on Shropshire Council Adult Social Care – CQC Self-Assessment Summary. It was noted that the Care Quality Commission (CQC) may be contacting SHIPP members in the near future as contact details have been shared with the CQC as part of the assurance process.

Discussion:

- The Chief Officer of Healthwatch has emailed Cath regarding Healthwatch's place in the process.
- Assistant Dir. of Joint Commissioning, Adult Services (SC) flagged that there may be some readiness sessions with stakeholders and staff. Please feel free to share any experience of CQC inspections as this process is new to the Council. Date for site visits have not been confirmed yet.
- The Interim Deputy Chief Nurse and ICB Patient Safety Specialist offered support from the ICB Quality Team
- Assistant Dir. of Joint Commissioning, Adult Services (SC) would welcome a conversation with Sharon Fletcher, Gemma Smith & Vanessa Whatley regarding the CQC Inspection

Shropshire Smoking Cessation

Gordon Kochane, Consultant for Public Health, Shropshire Council

A presentation was shared on the "Smokefree Generation – Local Stop Smoking Services (LSSS) and Support Grant".

This is based around four pillars:

1. Stopping people from starting to smoke – Prohibition of sale or supply tobacco products to anyone born on or after 1st Jan 2009 (bill) and age restrictions to be introduced on nicotine pouches (bill)
2. Increasing enforcement – Stubbing it out new enforcement strategy (backed by additional £30m/year) and on-the-spot fines for non-compliant retailers
3. Stopping young people from vaping – disposable vapes will be banned (statutory instrument) and restriction on vape flavouring and packaging (bill)
4. Supporting people to quit smoking LSSS and support grant (s.31) – Swap to Stop scheme and pregnancy incentive scheme

Discussion:

- Shropshire Council delighted by the investment locally, the plan is to work very closely with partners to avoid duplications and make best use of resources
- The Chief Officer, Shropshire Local Pharmaceutical Committee asked to join the next working group meeting, he highlighted an opportunity to use existing resources.
- The Interim Deputy Chief Nurse and ICB Patient Safety Specialist, NHS, offered to connect with Gordon around the three-year delivery plan for maternity around relevant workstreams.

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	N/A
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Financial implications (Any financial implications of note)	There are none associated directly with this report.
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Climate Change Appraisal as applicable	N/A
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Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
N/A

Cabinet Member (Portfolio Holder) Portfolio holders can be found [here](#) 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

Appendices

None