



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	16 th July 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	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
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 of 20th June was well attended and there was good discussion and engagement across the membership, Tanya Miles chaired the meeting.

Update on Primary Care Networks (inc. Shrewsbury and new Rural PCN) - Sharon Clennell & Nicola Williams

Sharon and Nicola presented an update on the primary care access recovery programme and the national delivery plan for recovery. They highlighted the improvements made in digital telephony, additional roles, patient experience, and waiting times. They also outlined the challenges and priorities for the next year, such as health inequalities, modern general practice, and estate strategy.

Discussion

- NHS England funding to ICBs to support appointment of Community Pharmacy/PCN engagement leads.
- Impact (existing and potential) of community pharmacy services on access to general practice – will be reported to the Committee as more data accrues.
- Request that partnership working that takes place often across the board through local care, social prescribing etc is reflected in the presentation.
- Wider geographical scope of the new PCN which is the Shropshire Rural alliance, not just Shrewsbury.
- Linking with Learning Disability and Autism Board regarding the new road map

- Request for fuller report on Winter Illness
- GP recruitment: there was discussion around the ARRS roles, government funding and the challenges around retention and recruitment.
- Connect with the national Reasonable Adjustment Digital Flag programme
- While looking at integrated pathway design, please consider where data, digital and technology are engaged/involved for tooling, digital services/products and integration to support requirements for analysis reporting, data security and user training (workforce and public) - for digital inclusion

Actions

- Nicola will link up with Julie’s suggestions regarding the LD & A Roadmap.
- Nicola will come back to the Board with a report of Winter Illness Service

Approvals

The Committee noted the progress made in 2023/24 and the planning process for the forthcoming year to build on the improvements in year one.

Virtual Care Delivery - Charlotte Hall

Charlotte Hall introduced the virtual care project within the tech programme, which aims to provide an alternative and flexible way of delivering care and support using advanced technologies. She explained how the devices, the care portal, and the virtual care team work together to monitor, support, and empower individuals. She also shared some case studies and outcomes of the project and invited the attendees to contact her for more information or demonstration.

Discussion

- The council is at the forefront of this technology
- Further conversations with the Neighbourhood working group needed
- Main demographic is older people, they have taken the technology on board easily due to the simplicity of the technology.
- RCS are currently looking at the digital offer across the system, this should be included.
- Where this sits within the Better Care Fund going forward will be reviewed. The team has been working with providers to develop applications, this will help with long term sustainability.
- Taking Part would like to link their digital skills lead up with Charlotte’s Team.

Actions

- Claire/ Penny to invite Charlotte to Neighbourhood Working Group meeting to talk about Virtual Care Delivery, to ensure system connectivity
- Julie to link Charlotte up with Taking Part’s Digital Skills Lead.

Approvals

The Committee noted the report and presentation

CAMHS Recommissioning Verbal Update - Vicki Jones, Naomi Roche

Vicky Jones and gave an update on the CAMHS review and the recommissioning process for the next contract.

Discussion

- Shifting demand by looking at Prevention is crucial, but with such urgent clinical demand at the moment it is a challenge
- Shropshire and Telford & Wrekin areas are very different in terms of need – i.e. travel can be a real issue for young people in Shropshire
- The commissioning process will be signed off via ShIPP, TWIPP and the LD&A
- VCSE Engagement – VCSA has the Youth Forum, Mental Health Summit and wider membership that would welcome engagement.
- Wider conversation is needed to reframe a more holistic view of commissioning.
- All GPs are concerned by the current CAMHS service, though improvements have been noticed and the 111 number and urgent access are much improved.
- The move to Beeu 0-25 was a great step but there still are lots of areas to improve. One key improvement was single point of referral and self-referral being available for children's and families.
- The recommissioning of CAMHS feeds into the i-thrive model. We need to look at doing this together and concentrating prevention or we will never shift from urgent clinical need. There is a real opportunity to co-produce the model for the future.

Action

- Vicky to contact Fran Romberg re VCSE engagement

Approvals

The Committee noted the report and presentation

Better Care Fund – Planning Template for approval – Laura Tyler

Laura wanted to make the group aware of the Better Care Fund 2024/25 plan. This will go to the Health & Wellbeing Board in July for sign off. The focus on supporting Home first and reablement which has made huge differences in the first year.

Approvals

BCF Planning template approved ahead of the Health and Wellbeing Board.

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

N/A

Financial implications

(Any financial implications of note)

There are none associated directly with this report.

Climate Change Appraisal as applicable

N/A

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