

The Shropshire Integrated Place Partnership (ShiPP)

The ShiPP is looking for a Patient Representative to join them after the resignation of the last holder of this position.

The SPG has been contacted to see if any member is interested in taking up this post.

I am attaching the Terms of Reference of the ShiPP.

If anyone is tempted by this offer, please contact Julian - jjulian.birch@gmail.com – for further information and how to proceed with an application

Shropshire Integrated Place Partnership

Terms of Reference

Version Control			
Version	Date	Description	Owner
V1	14/01/2021	Final version of Draft drawn up collaboratively to be collectively agreed and signed off SHIPP on 28/01/2012	Deborah Shepherd Medical Director Shropshire, Telford and Wrekin CCGs
V2	20/05/2021	Updated draft following agreement at SHIPP to consider language Updates include: <ul style="list-style-type: none">- Language throughout the document, to reinforce our commitment to work with our communities and to replace patient to individual or citizen, as well as acknowledging carers- Additions to the membership (including System Finance Lead, comms lead, roles to ensure appropriate seniority)	Penny Bason

V3	5/07/2021	Added RJAH	Penny Bason
V3	Nov/Dec 21	Updated governance section and diagram Updated Membership to reflect new positions, and advise that people may attend on request Date of next review	Penny Bason
V4	Jan 22	Updated Membership to reflect new positions	Penny Bason
V5	December 2022	Following workshop comments: Updated principles (to include Person Centred care, innovation, VCSE, Housing, and investment in prevention), updated Principles in line with the Strategic Plan, Updated governance section	Penny Bason

Shropshire Integrated Place Partnership

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Our Vision

HWBB Vision: *For Shropshire people to be the healthiest and most fulfilled in England*

SHIPP vision:

“Working together to ensure people in Shropshire are supported to lead healthy, fulfilling lives.”

Background

The NHS Long Term Plan (2018) (LTP) recognised that health and social care commissioning and delivery systems often appeared to be fragmented, resulting in organisations competing with each other rather than working together, and uneven quality of care which exacerbated inequalities. The LTP proposed a move to a new way of providing care which is more joined up and coordinated, more proactive in the services it provides and more differentiated in the services it offers to individuals. This new model of care, through Integrated Care Systems (ICSs), focusses on population health, prevention and local partnerships, aiming to expand the care provided outside hospitals, to remove divisions between secondary, primary and community services, and to work with people so they have more control over their health, with more personalised care when they need it.

Shropshire people and communities are central to developing new ways of working. Ensuring that we understand our population, their needs, assets and aspirations are all key to developing the SHIPP priorities and work programmes.

Developing our partnerships in which providers and people work together to deliver shared ambitions and outcomes with the population, is vital to delivering the Long Term Plan.

The NHSE *New Models of Care* programme has been central to the development of integrated working in England. It has been able to build on pre-existing partnerships between local services in some parts of the country and has encouraged the development of partnerships in others. Such partnerships are using flexibilities within the current legislative framework to form alliances and deliver services and have agreed to collaborate rather than compete.

Purpose

The purpose of Shropshire Integrated Place Partnership (SHIPP) is to act as a partnership board of commissioners, providers of health and social care and involvement leads, in Shropshire, to ensure that the system level outcomes and priorities agreed at ICS and Programme boards are implemented at place level in Shropshire. The Board takes into account the different communities and people we work with, the individuals/ citizens (including carers) that we serve, the different delivery models needed, and our focus on reducing inequalities.

The Board focusses on objectives and outcomes, not organisations. It is a partnership of equals with shared collaborative leadership and responsibility, enabled by the ICS governance and decision-making processes. People in Shropshire who make use of our services form a central part of the

design and implementation of our new approaches; part of this approach is to consider the assets in a community (human and physical) and how these assets are part of our solutions.

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.

Principles of Working

Following insight gained through speaking to Shropshire people and the workforce, we aim to deliver the following with our communities:

- More community-based non-clinical initiatives, such as social prescribing
- Support and services available closer to home, based on the health and care needs of the person
- Support and services address the needs of all age groups, including children and families as well as older people.
- Mental health and wellbeing have parity of esteem with physical health conditions
- There will be a greater focus on prevention
- Health inequalities will be identified and addressed
- Integrated care records will facilitate seamless, joined up care, without repeated assessments
- Services will be responsive and innovative, putting people at the heart of transformation, making use of technology where appropriate.

Additionally, STW has adopted the following principles for place-based working which have been developed by, the SROs for Population Health Management, Inequalities and Prevention:

- •Take a person centred approach to all that we do; celebrating and responding to the diversity within our population.
- Ensure all programmes involve local people and embed coproduction in all planning.
- Follow the Public Health England guidance described in the document Place Based Approaches to reduce inequalities, which involves 3 keys segments:
 - civic-level interventions, all aspects of public service from policy to infrastructure (including health in all policies)
 - community-centred interventions, asset (human and physical) and strength based community development
 - service-based interventions, including unwarranted variability in service quality and delivery (effectiveness; efficiency and accessibility), as well as embedded Brief Interventions and Making Every Contact Count pathways (including social prescribing).
- Seek to understand, take a Population Health Management approach to all transformation.

- Recognise the importance of system thinking for all ages and families, ensuring that inequalities are addressed from pre-birth.
- Systematically undertake integrated impact assessments to determine how its delivery could better reduce inequalities and support protected groups (9 protected characteristics);
- Value and support the community and voluntary sector and consider how the voluntary sector can work alongside statutory services to reduce inequalities.
- Promote understanding of how to prevent or reduce inequalities for staff working in all partner organisations.
- Use digital resources to remove geographical barriers to place based working.

The outcomes we will achieve include:

- People will be enabled to make healthy lifestyle choices
- People will stay healthy for longer
- People will have a more active role in their care
- People will feel that they have control of their health and care and are supported throughout their lives, when they need it
- Local communities will feel like they are central to the support offer for local people and services will make best use of local resources and adapt to meet the needs of local communities and populations

A strategic plan and community outcomes framework based on these principles will provide a framework for delivery of our objectives, and this will be reviewed at least annually.

The Partnership is responsible for ensuring that:

- Assuring that locally designed and delivered services deliver the agreed outcomes
- Programme activities are delivered within agreed timescales
- Requirements for additional activities are highlighted
- Risks are discussed and mitigations sought
- Progress reports are provided to the Health and Wellbeing Board, and to the Integrated Care System

Our way of working builds on and develops further the joint ways of working and enables integration of care delivery teams and services, removing organisational boundaries and ensuring a seamless service is received by care recipients.

To this end ShIPP members will:

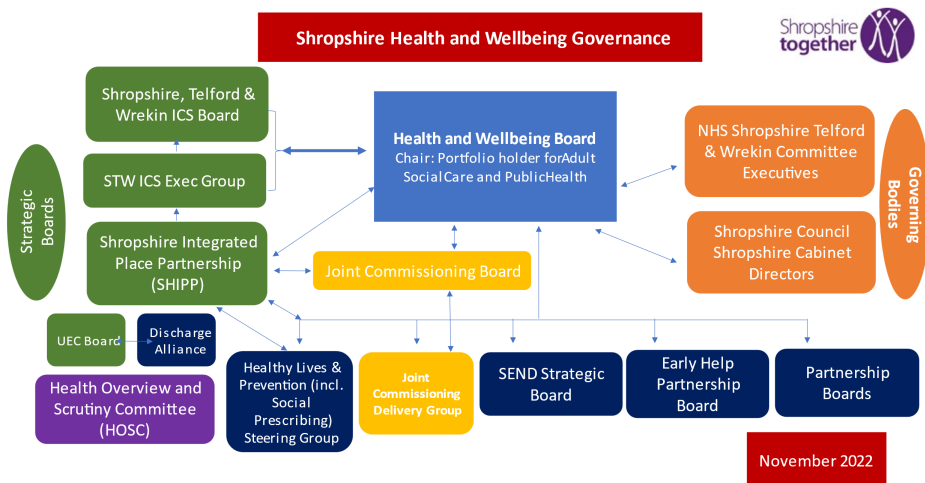
- Share information to achieve the stated aims of the Partnership
- Demonstrate through positive, proactive and inclusive behaviours, a commitment to making the Partnership's work a success
- Embed within our own organisations these values, behaviours and work programmes, leading by example, and holding each other to account
- Share information, experience and resource to learn and develop best practice; to work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk, reduce costs to our system, releasing resource to allow focus on transformation

- Adopt an approach of doing things once, together, trusting others to act on our behalf, and on behalf of and for the benefit of our system
- Work collaboratively to deliver our statutory duties to achieve best outcomes
- Be innovative and brave; thinking about the full breadth of services that can support the population including the VCSE and Housing
- Resolve differences of opinion positively and professionally
- Collaborate to jointly develop our workforce
- Work in accordance with the Alliance Agreement which underpins these principles

Accountability and Governance

SHIPP is accountable to the Shropshire Health and Wellbeing Board and the Shropshire, Telford & Wrekin Integrated Care System Chief Executive Group. The SHIPP will work with Local Government and ICS Partnership Boards as needed to deliver programmes of work.

This is illustrated in the diagram below:



System Governance will enable SHIPP and transformation programmes to deliver at Place. SHIPP will build appropriate connections to finance and clinical priorities to enable real transformation.

Where appropriate the SHIPP will also report into the Joint Health Overview and Scrutiny Committee which has responsibility for scrutinising the health services within Shropshire, Telford and Wrekin.

A number of task and finish groups will support SHIPP to deliver its strategic priorities and will report to the Partnership Board.

Membership

- Public/service user representative
- Healthwatch Shropshire – Chief Officer
- Shropshire Council – Executive Director People (Adults, Children’s and Housing)
- Shropshire Community Health Trust – Chief Executive & Chief Operating Officer
- Shropshire Telford and Wrekin CCG/ICS – Director Partnerships,
- Shropshire Telford and Wrekin CCG / ICS - Director Transformation,
- Shropshire Council – Executive Director Health and Wellbeing
- Shropshire Council – Head of Early Help
- Shropshire Council/ STW CCG – Head of Joint Partnerships

- Shropshire Council – Housing/ Place Directorate – Assistant Director
- All Shropshire Primary Care Network Directors
- Midlands Partnership Foundation Trust
- Robert Jones and Agnes Hunt Hospital Trust
- Shrewsbury and Telford Hospital Trust
- Voluntary and Community Sector Assembly
- West Midlands Ambulance Service
- System Finance Lead
- System Comms and Engagement Lead

Other members may be co-opted by the Partnership as required. System partners may attend the group as needed or by request.

Each member organisation will determine the most appropriate persons to represent them.

Commissioning and provider members will nominate both clinical/care delivery representatives and managerial/operational representatives, who are of sufficient seniority to be able to make decisions on behalf of their organisation. Where possible, the same individuals should attend the Board meetings consistently. However, when unable to attend they should endeavour to send an appropriate deputy.

Chair

There will be joint Chairs of the Partnership Board.

One Chair will be nominated by Shropshire Council And the co-chair will be the Chief Executive of Shropshire Community Health Trust

This arrangement will be reviewed at least annually.

Meetings

The Partnership will meet monthly on dates and times agreed in advance. Additional meetings may be held as necessary and agreed by the Partnership.

Any member may propose items for the agenda.

The meetings will be considered to be quorate if there is a minimum of one representative from each of: Shropshire Council, Shropshire CCG/ICS, a Shropshire PCN, Shropshire Community Health Trust, Midlands Partnership Foundation Trust, Shrewsbury and Telford Hospitals, VCSA rep, public representative. Each representative should have authority to make decisions on behalf of their organisation.

If a meeting is not quorate but an urgent decision needs to be made, the membership may agree to allow Chair's actions outside the meeting to determine the absent member's views and make a decision.

Programme Team

Delivery of the Partnership's programmes of work and meetings will be supported by a programme team made up of individuals from each of the main member organisations.

Review

In view of the rapidly evolving nature of our health and social care system, these Terms of Reference will be reviewed in six months (July 2023).