

Shropshire Council  
Legal and Democratic Services  
Guildhall,  
Frankwell Quay,  
Shrewsbury  
SY3 8HQ

Date: 14 January 2026

**Committee:**  
**Health and Wellbeing Board**

**Date:** Thursday, 22 January 2026  
**Time:** 9.30 am  
**Venue:** The Council Chamber, The Guildhall, Frankwell Quay,  
Shrewsbury, SY3 8HQ

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email [democracy@shropshire.gov.uk](mailto:democracy@shropshire.gov.uk) to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Tim Collard  
Service Director – Legal, Governance and Planning

## **Members of Health and Wellbeing Board**

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)  
Councillor Heather Kidd – Leader, Shropshire Council  
Councillor Ruth Houghton – PFH Social Care  
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
Tanya Miles – Interim Chief Executive and Executive Director of DASS  
David Shaw – Director of Children's Services  
Laura Fisher – Housing Services Manager, Shropshire Council  
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)  
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin  
Claire Horsfield - Director of Operations & Chief AHP, Shropcom  
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT  
Nigel Lee - Director of Strategy & Partnerships SATH  
Paul Kavanagh-Fields – Chief Nurse and Patient Safety Officer, RJA  
Lynn Cawley - Chief Officer, Shropshire Healthwatch  
Jackie Jeffrey - VCSA  
David Crosby - Chief Officer, Partners in Care  
Mo Lansdale - Superintendent, West Mercia Police

Your Committee Officer is Michelle Dulson

Tel: 01743 257719    Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

# **AGENDA**

## **1 Apologies for Absence and Substitutions**

## **2 Disclosable Interests**

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting."

## **3 Minutes of the previous meeting (Pages 1 - 8)**

To confirm as a correct record the minutes of the meeting held on 20 November 2025 (attached).  
Contact: Michelle Dulson Tel 01743 257719

## **4 Public Question Time (Pages 9 - 10)**

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 12 noon on Friday, 16 January 2026.

## **5 Special Educational Needs and Disabilities & Alternative Provision (SEND & AP) Board update (Pages 11 - 22)**

Report attached.  
Contact: David Shaw, Director of Children's Services, Shropshire Council  
John Rowe, Head of Education Quality and Safeguarding, Shropshire Council

## **6 Children's Service Reforms & Families First (Pages 23 - 46)**

Report attached.  
Contact: Natasha Moody, Assistant Director for Families First Partnership, Shropshire Council

## **7 Housing & Health Action Plan update (Pages 47 - 66)**

Report attached.

Contact: Laura Fisher, Head of Housing, Resettlement and Independent Living, Shropshire Council

**8 Healthwatch Shropshire – recent activity & Forward Plan 2026-27 (Pages 67 - 90)**

Report attached.

Contact: Lynn Cawley, Chief Officer, Healthwatch Shropshire

**9 Health & Wellbeing Strategy Delivery Progress (Pages 91 - 112)**

Report attached.

Contact: Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

**10 ICB update (Pages 113 - 122)**

Report attached.

Contact: Claire Parker, Director of Strategy and Development, NHS STW

**11 SHIPP Update (Pages 123 - 126)**

Report attached.

Contact: Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

For information on Health Overview & Scrutiny Committee please see most recent meeting papers here:

[Agenda for Health Overview and Scrutiny Committee on Monday, 20th October, 2025, 10.00 am — Shropshire Council](#)





## Committee and Date

Health and Wellbeing Board

INSERT NEXT MEETING DATE

### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 20 NOVEMBER 2025 9.35 - 11.50 AM**

**Responsible Officer:** Michelle Dulson

Email: michelle.dulson@shropshire.gov.uk      Tel: 01743 257719

#### **Present**

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)  
Councillor Heather Kidd – Leader, Shropshire Council  
Councillor Ruth Houghton – PFH Social Care  
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
David Shaw – Director of Children's Services  
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin (remote)  
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT (remote)  
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS  
STW (ICB)  
Lynn Cawley - Chief Officer, Shropshire Healthwatch  
Jackie Jeffrey - VCSA  
Mo Lonsdale - West Mercia Police (remote)

Also in attendance: Naomi Roche, Ally Davies, Helena Williams, Natasha Moody, Pete Ezard and Chris Scott (remote)

#### **24 Apologies for Absence and Substitutions**

Tanya Miles – Executive Director for People  
Laura Fisher – Housing Services Manager, Shropshire Council  
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin  
(Co-Chair)  
Claire Horsfield - Director of Operations & Chief AHP, Shropcom  
David Crosby - Chief Officer, Partners in Care

#### **25 Disclosable Interests**

No interests were declared.

#### **26 Minutes of the previous meeting**

#### **RESOLVED:**

That the minutes of the meeting held on 18 September 2025 be approved and signed as a correct record.

#### **27 Public Question Time**

No public questions were received.

## **28 The National Neighbourhood Health Programme (NNHIP) progress update**

The Public Health Principle for Shropshire Council and the National Neighbourhood Health Improvement Programme Coach (Shropshire) introduced and amplified the report which provided details of the NNHIP, its aims and progress to date. The Board were informed that Shropshire was one of 43 areas selected for Wave 1 of the National Neighbourhood Health Programme, out of 142 applicants. The programme aimed to address rural health inequalities, advance integration in communities, and align with strategic priorities of the Health and Wellbeing Board and ShIPP, and national health goals.

The Public Health Principle for Shropshire Council explained that the programme built on previous local plans and strategies, focusing on prevention, integrated practitioner teams, community and family hubs, and key areas such as ageing, frailty, housing, children and young people's mental health, and diabetes. The programme sought to improve population health, foster joined-up working, develop strong and vibrant communities, enable the community and voluntary sector, and reduce inequalities, especially considering Shropshire's rural geography.

The National Neighbourhood Health Improvement Programme Coach (Shropshire) described the neighbourhood health model as moving from a biomedical to a psychosocial approach, empowering individuals, focusing on prevention, and leveraging trusted community partnerships (e.g., general practice, opticians, village halls). Immediate work would target complex individuals with multiple long-term conditions and rising risk of intervention, with neighbourhoods focusing on priorities like frailty and isolation.

Achieving the ambitions of the programme would require a culture shift, long-term infrastructure changes, workforce collaboration, and funding adjustments. Difficult conversations and structural changes were anticipated.

The programme was developing joint work plans with shared governance, feeding into existing priorities, and aligning with national guidance (e.g., NHS 10-year plan, commissioning frameworks). A model Neighbourhood Framework was expected by the end of November. Locally, an 18-person team from across partnership organisations were involved with workshops and stakeholder briefings underway to define local delivery and ensure wide engagement.

The Health and Wellbeing Board were being asked to provide strategic leadership, support for partnership working, and help with structural changes as the programme progressed. The importance of aligning programmes, engaging hard-to-reach communities, and considering transport challenges in rural areas were emphasized.

In response to a query and concerns from local members regarding the geographies, it was explained that five neighbourhoods had been defined around primary care network geographies (Southeast, Southwest, North Shropshire, Shrewsbury, Shropshire Rural Alliance). Concerns were raised about the definition of these neighbourhoods and the need for local consultation on them.

A detailed discussion took place around geographies, that these needed to make sense for patients, that definitions need to be clearer and that services needed to be local as possible to residents, taking account of more rural areas. It was agreed that a follow-up meeting be convened before Christmas to resolve neighbourhood definitions.

## **29 Youth Transformation Pilot**

The Youth Support Team Manager and the Families First Partnership Strategic Lead introduced the local youth transformation pilot, aiming to reconnect youth work with public health and prevention outcomes. It was explained that Shropshire had seen a 98% reduction in youth service funding since 2010, leading to fragmented provision and increased isolation among young people.

The Board were informed that Shropshire was one of 12 national pathfinders funded by DCMS and selected due to its low youth service spending. £620,000 had been allocated to rebuild statutory youth offers and workforce capacity until March 2026. The pilot covered seven workstreams included culture change (with Local Government Association support), youth governance (participation and co-production), local youth partnerships (with town/parish councils and VCS), infrastructure development, workforce development, targeted youth work in schools, and project management.

The pilot reframed youth work as a health and prevention duty under Section 507B of the Education Act, aiming for a co-produced youth offer plan that ensured all young people had access to appropriate services. Focus areas included rural and socioeconomic barriers, lack of provision in isolated communities, early intervention for mental health and isolation, and ensuring youth voice in system leadership.

Board members discussed the need for inclusive provision for children with disabilities and SEND, the importance of measuring both collective and individual outcomes (especially mental health and social inclusion), and the integration of youth voice at all governance levels. The critical role of the voluntary sector, town/parish councils, and police in supporting youth work, outreach, and safeguarding was emphasised.

Concerns about sustainability post-funding were addressed, emphasising the pilot's focus on building infrastructure and partnerships (including with voluntary, community, and statutory sectors) to ensure continuity and highlighting ongoing efforts to align with other initiatives such as Families First and social prescribing.

The Health and Wellbeing Board unanimously endorsed youth work as a preventative intervention, agreed to nominate a health representative for the Strategic Youth Partnership, and committed to participating in culture change workstreams, aligning evaluation metrics with JSNA/prevention indicators, and supporting shared investment and data models. It was agreed that training and ongoing support in this area would be critical, particularly once this current funding stream ran out.

## **30 Place Universal Offer (PUO)**

The Chief Executive Officer at Energize Shropshire, Telford and Wrekin presented the Sport England Place Universal Offer, outlining a £510,000 investment to increase physical activity and tackle inequalities through collaborative, system-wide approaches, with strategic alignment to existing local programmes and a focus on sustainability.

He explained that Energize, as the local active partnership funded by Sport England, would manage the Place Universal Offer, which aimed to use movement and physical activity to address health inequalities, aligning with local priorities such as the Neighbourhood Health Programme and Youth Transformation Pilot.

The planning process involved cross-departmental and cross-sector collaboration, including public health, adult social care, voluntary sector, and Sport England, with ShIPP acting as the scrutiny panel to ensure appropriate governance and alignment with local strategies.

The investment would support place-based test-and-learn projects, capacity building, and activation of tools and resources, prioritising initiatives that current budgets cannot fund, with an emphasis on learning and influencing future policy and strategic decisions.

It was noted that Sport England intended to maintain a place-based focus beyond 2028, and that the programme aimed to embed system changes and leadership that would inform more effective use of future resources, with ongoing measurement through the Active Life survey and targeted efforts to reach disadvantaged groups.

In order to promote health and wellbeing in the community, the Chair challenged Health and Wellbeing Board members to commit to a physical activity, encouraging them to either start or continue a specific form of exercise and to communicate their chosen activity to himself as Chair. He referred to his own commitment to a 75 km bike ride for Age UK and suggested others do something similar and publicise it.

### **31 Winter Support**

Jackie Jeffrey from Citizens Advice Shropshire provided an overview of voluntary sector winter support, highlighting increased demand, reduced volunteering, and limited resources as major challenges. She emphasized the importance of using the Voluntary Community Sector Assembly (VCSA) for coordination and communication among organizations.

Community-based support included warm spaces, special Christmas events to combat loneliness, food banks, support for those struggling with heating and utility bills, and activities for children and young people receiving free school meals, with coordination through the VCSA and partnerships with Shropshire Council and other agencies.

Food banks were operating and experiencing high demand, with changing demographics including more working families seeking help. There were referral schemes, and information was available on the Shropshire Larder website. Only a few food banks were supported by the Trussell Trust; others relied on local infrastructure support, which was currently under strain.

The Hardship and Support Fund, managed by Shropshire Council with government funding, was used for community resource support (e.g., heating bills for those off-grid), utility bill assistance, and free school meals during holidays.

Community transport and support for older people were available year-round, but winter brought increased demand to overstretched services. Updates on mental health support during winter would be shared via the VCSA newsletter.

It was noted that the voluntary sector was not included in the rural winter well-being project funded through the ShIPP and requested earlier involvement in future initiatives.

The critical role of the voluntary and community sector in supporting vulnerable residents, especially during winter was reiterated, and the need for sustainable funding and better coordination was stressed.

The Board were informed that the VCSA AGM would be taking place on 27 November 2025, and it was hoped that Board Members would attend.

### **32 Better Care Fund 2025-26 quarter two template**

Jackie Robinson, the Senior Integrated Commissioning Lead reported that the Better Care Fund (BCF) quarter 2 performance status shows Shropshire was back on track to achieve its metrics and plans for emergency admissions, delayed discharges, and residential admissions.

It was explained that the BCF plan would transition to a one-year plan for 2026/27, after which it would become part of the neighbourhood health plan. Guidance on the new format was pending, but the team were prepared for the change. The Board retrospectively approved the BCF quarter 2 template, noting positive performance against key metrics.

Concerns were raised about potential winter spikes affecting progress. In response, the Senior Integrated Commissioning Lead reported that a winter plan was in place, which had been started earlier this year, and was informed by local authorities, trusts, and ICB colleagues and she was confident in the system's preparedness, though ongoing vigilance and adaptability were acknowledged as necessary.

### **33 Health Protection- update on vaccinations**

The Executive Director of Public Health provided an update focused on immunisation and vaccination, highlighting eligibility criteria and addressing confusion around flu and COVID vaccine eligibility, especially for older adults. Vaccination rates were increasing and were nearly back to last year's levels, but uptake among those over 65 for flu was still lower than desired.

There was ongoing work to promote vaccination, especially for 2–3-year-olds and healthcare workers. Social media campaigns and communication efforts were being intensified to improve uptake, and partners were encouraged to cascade these messages.

There was discussion about low school-age vaccination rates, with the Executive Director of Public Health explaining that data collection issues and the timing of school visits had affected reported numbers. Catch-up clinics and outreach were planned to address this. It

was confirmed that capacity for vaccine delivery was being monitored, with plans to revisit schools where needed and ensure all eligible individuals were reached.

The Board was reminded of the importance of vaccination for community health and reducing pressure on healthcare services.

In response to a query about what happens to unused vaccines and whether they could be given to people outside eligibility criteria, the Executive Director of Public Health explained that there were specific rules around this but that it was being investigated for future years.

The Board agreed to promote vaccinations and share communication resources to maximise uptake.

### **34 ICB Update**

The Director of Strategy & Development and the Chief Strategy Officer NHS STW provided the ICB update, highlighting improvements in elective, diagnostic, and cancer waiting times. The 52-week wait position had decreased by 97% over the past year, and the 18-week referral to treatment target was at its best in five years. Cancer diagnosis standards were also at record highs locally.

Urgent and Emergency Care capacity plans were on track, with new wards scheduled to open in December. It was confirmed that general practice was fully integrated into the Urgent and Emergency Care plan.

The new GP out of hours contract (Health Hero) was operational and delivering as expected, with close collaboration with the ambulance service for appropriate signposting.

Shropshire Community Trust had expanded its urgent community response and expertise at hospital front doors to support patients closer to home.

The Board were informed that the CAMHS service had recently been re-tendered and had been awarded to Midlands Partnership Foundation Trust, with a focus on a new model of care and a three-year transformation plan, especially addressing neurodiversity service demand. Additional funding had been allocated to manage waiting lists during the transition.

The NHS Integrated Care Board's clustering arrangements and executive appointments were progressing, with a voluntary redundancy scheme to be launched.

Board members requested regular reports on urgent and emergency care metrics (A&E attendances, wait times, delayed discharges, mortality, etc.), and the Chief Strategy Officer agreed to provide these in future meetings.

### **35 Chair's Report**

The Chair gave an update on Shropshire Council's financial emergency, explaining that a detailed budget review had revealed a potential £50 million overspend by March 2026 if no changes were made. Immediate actions being taken included stopping spending, reducing

costs, increasing income, and delivering committed savings, alongside longer-term plans for sustainability.

The Council was seeking both immediate and long-term financial support from the Ministry of Housing, Communities and Local Government, aiming for funding to invest in transformation and maintain essential services. There may be changes to services, fees, and charges, but equality and social inclusion impact assessments would be produced and shared.

The Council remained committed to health, prevention, early intervention, and addressing inequalities, with a focus on partnership working and maintaining public services despite financial challenges. It was confirmed that partners would be kept informed, and further updates and engagement were planned as the situation developed.

36    **ShIPP Update**

Members noted the ShIPP update.

<TRAILER\_SECTION>

Signed ..... (Chair)

Date:

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## Health and Well Being Board

22 January 2026

### Public Questions

#### Question from John Palmer

re: agenda item 7 - Housing and Health Action Plan update

The outstanding progress outlined in the housing action plan (Appendix A) is invigorating, and reverberates positively, a testament to the energies, professionalism and caring attitudes of all those involved at the council and its partners.

Decent Homes 2 Standard - a commitment to 90% fulfil; housing stock now fully compliant with Awaab's Law; progress on prioritising housing for essential workers. All to be celebrated!

Ahead of the Renters Rights Act 2025 becoming law on 1 May, will the Board be actively encouraging the council and its partners to be alert, smart, get ready to challenge landlords at every turn, and hold them to the highest standards?

It's what the public across the age ranges passionately want, especially younger people - inspired in our campaigning focus by such essential books as Kwajo Tweneboa's "Our Country In Crisis: Britain's Housing Emergency and How We Rebuild" from 2024.

Locally, only the left are vocal and active in pursuing positive changes in our communities. You never hear a constructive peep on these vital issues from the inarticulate clueless morass.

*Sent To Rachel Robinson/Louisa Jones 15/01*

#### **RESPONSE -**

A working group for all of the services affected by the new statutory duties and powers is actively working on preparation for implementation of the act. New investigatory powers are already in force and the next phase of the implementation due in May of this year concerns the tenancy relations and anti eviction requirements. The government has awarded the Council £92000 in New Burdens Funding this year to help prepare, and a business case is being worked up to restructure the Housing Enforcement Team and bolster the tenancy relations role. The board can be assured that the Council is actively planning for the implementation of all parts of the Act and that landlords will be held to account against the new requirements, as they currently are with existing legislation.

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## SHROPSHIRE HEALTH AND WELLBEING BOARD

### Report

<b>Meeting Date</b>	<b>22<sup>nd</sup> January 2026</b>			
<b>Title of report</b>	<u>Special Educational Needs and Disabilities &amp; Alternative Provision (SEND &amp; AP) Board update</u>			
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	David Shaw, Director of Children's Services, <a href="mailto:David.shaw@shropshire.gov.uk">David.shaw@shropshire.gov.uk</a> John Rowe, Head of Education Quality and Safeguarding <a href="mailto:john.rowe@shropshire.gov.uk">john.rowe@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	
	Mental Health		Improving Population Health	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	X
<b>What inequalities does this report address?</b>	By implementing the outlined strategies and frameworks, the SEND partnership aims to address disparities in access to services and support for children and young people with special educational needs and disabilities (SEND). These measures are designed to ensure that all individuals, regardless of their background or circumstances, receive equitable opportunities and resources and that every child and young person thrives. Through continuous review and targeted action, the approach seeks to close gaps in outcomes and promote greater inclusion across Shropshire.			

### Report content

#### 1. Executive Summary

Over the last 12 months, significant improvements have been made across Shropshire's SEND provision. Collaborative work between the local authority, the Integrated Care Board, and the Parent and Carer Council (PACC) has led to enhanced co-production and the development of cohesive structures linking key aspects of SEND services. Notably, health wait times for children and young people have improved, aided by the introduction of a speech and language risk matrix tool, and therapy sessions are now more accessible within mainstream schools. The EHC plan team has focused on improving the quality and accuracy of plans, with further resource allocated to the annual review recovery plan to ensure all plans are up to date by Easter 2026. There has also been a substantial reduction in permanent exclusions, supported by the Inclusive Development Grant, strengthened inclusive practice, and increased training opportunities for school staff. Furthermore, the expansion of specialist places and the SEN hubs have improved access to support for children and young people across the county.

Despite these positive developments, challenges remain. Long waits for education, health and care (EHC) plans and neurodiverse assessments persist due to rising demand, although

steps have been taken to outsource services and commission new providers. Sufficiency of provision remains a priority. We also recognise the challenges around the growth in the proportion of children who are Electively Home Educated – reflecting a national trend. PACC have highlighted the need for further improvements in co-production and strategic involvement, for example, in hub development. Financial pressures and geographical challenges also continue to affect service delivery, and further work is required to ensure equitable access and high-quality practice across Shropshire. The partnership remains committed to addressing these areas, with ongoing monitoring and quality assurance to drive future improvements.

The papers attached, provide key evidence and strategic context for the recommendations and findings presented. These documents offer a comprehensive overview of the current status, recent developments, and future planning related to SEND (Special Educational Needs and Disabilities) services in the area:

- **SEND and AP Strategy and Outcomes Framework:** This strategy document sets out the long-term vision and specific objectives for improving outcomes for children and young people with SEND, including monitoring frameworks and key performance indicators. *It can be found here [SEND & AP Strategy 2024–2029 and Outcomes Framework | Shropshire Council](#)*
- **Shropshire APP review 30 month feedback letter:** This correspondence details progress against the Area Partnership Plan at the 30-month mark, highlighting achievements, ongoing actions, and areas where further improvements are required. *See Appendix A.*
- **Ofsted/CQC annual conversation letter:** The letter summarises discussions held with Ofsted and the Care Quality Commission, reflecting on local progress and identifying any areas for targeted support or development during the coming year. *See Appendix B.*
- **Area SEND SEF (last update Dec 2025):** This Self-Evaluation Form outlines the strengths, challenges, and priority areas for SEND provision across the locality, incorporating feedback from service users, parents, carers, and partner agencies.- please note that we can circulate this document after the meeting for those who are interested, please apply to [john.rowe@shropshire.gov.uk](mailto:john.rowe@shropshire.gov.uk)

## 2. Recommendations

The Board are recommended to note the contents of this briefing

## 3. Report

Please see documents in the appendices.

<b>Risk assessment and opportunities appraisal</b> <i>(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</i>	The recent developments in SEND in Shropshire present both risks and promising opportunities. Whilst changes may bring challenges such as ensuring sufficient resources, maintaining service quality, and managing transitions for children and families, they also open doors to improved outcomes through more integrated support, innovative practices, and greater collaboration across agencies. Through continued strong partnership working, informed by honest self-evaluation, Shropshire can further enhance the provision for children and young people with special educational needs and disabilities
<b>Financial implications</b> <i>(Any financial implications of note)</i>	The financial implications with respect to SEND significant, with a £41 million deficit in the High Needs Block (HNB) budget presenting a major challenge to sustainability. Added to this, there is considerable uncertainty regarding the future management of

	the HNB, following the Chancellor's recent announcement concerning national SEND funding, as well as the planned cessation of Change Programme funding from August. Despite these pressures, substantial efforts are being made to address demand through a focus on prevention and early intervention, aiming to reduce longer-term costs and improve outcomes for children and young people with SEND.	
<b>Climate Change Appraisal as applicable</b>	N/A	
<b>Where else has the paper been presented?</b>	System Partnership Boards	SEND and AP Partnership Board
	Voluntary Sector	Reports have been shared and, in some cases, co-produced with Shropshire Parent Carer Council (PACC)
	Other	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead</b>		
David Shaw, Director of Children's Services, Shropshire Council Cllr. Andy Hall, Children & Education Shropshire Council		
<b>Appendices</b> <ul style="list-style-type: none"> <li>• Appendix A. Shropshire APP review 30 month feedback letter</li> <li>• Appendix B. Ofsted/CQC annual conversation letter</li> </ul>		

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Department  
for Education

Department for Education  
Sanctuary Buildings  
Great Smith Street  
London  
SW1P 3BT

David Shaw, Director of Children's Services  
Vanessa Whatley, Chief Nursing Officer and Executive Lead for SEND

26 November 2025

Dear Colleagues,

### **ACCELERATED PROGRESS PLAN (APP): 30 MONTH PROGRESS REVIEW**

Thank you for meeting with DfE SEND and NHS England officials on 12 November 2025 to review the progress you have made against your APP.

The Local Area Partnership continues to make positive progress to address the three areas for improvements, identified during the last Area SEND inspection. The evidence submitted as part of the review meeting and the discussion with partners on the day demonstrated the following key findings:

#### **Successes**

- **Strategic SEND Transformation:** Leaders have established a fully integrated, strategic, and systematic approach to SEND improvement. This is driven by an ambitious partnership SEND and Alternative Provision (AP) strategy, and a robust, comprehensive outcomes framework that aims to deliver better experiences and outcomes for children and young people, through a focus on impact, not just delivery.
- **Impact and Outcomes:** Partners demonstrated evidence of positive impact against the APP and improving outcomes for children and young people, supported by a range of initiatives designed to ensure the right support is provided at the right time. This includes whole-school approaches to neurodiversity (PINS), the Working on What Works (WOWW) programme and Early Language Support for Every Child (ELSEC).
- **Quality of EHC Plans:** Partners remain committed to ensuring quality and meaningful plans are issued to children and young people. This is enabled through robust quality assurance mechanisms across the system partnership.
- **Strong Ordinarily Available Inclusive Provision (OAIP) and Support-While-Waiting Offer:** There is a robust OAIP and a well-developed support-while-waiting offer across health services, including service advice lines, sign posting to family hub provision and a range of resources including digital applications.
- **Co-Production with Families:** The local area partnership is committed to co-production through implementation of the co-production & participation strategy. Engagement with families is playing a meaningful and influential role in shaping service development and strategic decision-making, through the

understanding of lived experiences and outcome focused approaches. Changes to the Parent Carer Forum have been navigated and supported well by the partnership.

- **Graduated Support Pathway and Inclusive Practice:** A clearly defined graduated support pathway and enhanced inclusion offer is enabling early intervention to support children and young people with SEND.
- **Health Data Dashboards:** Improved health data dashboards are strengthening performance monitoring and providing robust operational and strategic oversight.
- **Workforce Investment:** Significant workforce investment has been made across key services, including the Speech and Language Therapy (SALT) service and the EHC Team (statutory assessment & review team). This includes establishing a permanent workforce structure, deploying additional recovery resources to address the annual review backlog, and jointly commissioning therapy roles within the SEND Hubs.
- **Training and Development:** A comprehensive training and development offer across education, health, and social care is contributing to continued practice improvement and enhanced service delivery. This includes mandatory social care training, EHC Team induction, development and supervision opportunities.

### **Next Steps & Recommendations**

Leaders recognise improvements are ongoing and some actions remain outstanding against the APP, but the partnership is making positive progress. The following next steps and recommendations will assist the partnership to continue delivering sustainable improvements.

- **Statutory Assessments:** Delays in 6-weekly advice from sector partners to support the 20-week statutory process and EHC team recovery plan. Delays and inconsistency in partners' contributions to annual reviews.

**Recommendations:** System partners to develop robust improvement plans to address delays with statutory assessment advice, with particular focus on health, and educational psychology contributions. Liaise with neighbouring systems to share good practice around reducing delays.

- **Strengthening Strategic Co-Production with Children & Young People:** Further development is required to strengthen children and young people voices & co-production strategically.

**Recommendations:** Embed co-production and the voices of children and young people at a strategic level by aligning with, and building upon, well-established mechanisms for understanding lived experiences. This includes systematically collating themes and trends to inform and influence ongoing SEND improvements.

- **Waiting times for those needing assessment:** Progress has been made in both the Neurodevelopmental and SALT waiting times. However, further work



is required to ensure that families' waiting times for accessing these services is reduced, including any waits for additional assessment or intervention.

**Recommendations:** SALT – continue to embed the 'Staffordshire Risk Matrix' and regularly review the impact on caseloads and flow through the service. Ensure the SALT service is closely aligned with the ELSEC programme and benefitting from the impact of earlier intervention for children with speech, language and communication needs. Neurodevelopmental – ensure resources are aligned to strengthen collaboration.

- **LAP Data Dashboard Development:** Delays in developing a LAP data dashboard.

**Recommendations:** Partners to take effective action to ensure ongoing developments including incorporating outcomes framework metrics.

- **Workstreams and Project Ambitions:** There are a range of workstream and delivery groups such as Children & Young People operational delivery groups, LD & ND Partnership workstreams.

**Recommendations:** Partners to align activity with established workstreams and project ambitions to reduce duplication and promote greater efficiency across the system.

- **Self-Evaluation Framework (SEF):** A revised SEF will enable partners to reflect the current context, celebrate achievements, and highlight priority areas for development.

**Recommendations:** Leaders to consider the reflection of risks & issues relating to local system transformation (alongside the SEF). This includes capturing the actions underway at both service and system levels to evidence effective risk management, demonstrate robust governance to drive ongoing improvement.

- **Joint Commissioning:** Changes in commissioner leads and lack of timescales.

**Recommendations:** Continue to develop the joint commissioning strategy and confirm timescale to finalise. Proactively explore opportunities for innovation through pilots and targeted projects, ensuring learning informs future system planning and practice.

Over the next 6 months, the partnership should continue to embed new initiatives and deliver against the SEND strategy and outcomes framework. We will be in touch soon to arrange your next six-month review meeting. In the meantime, your SEND Case Lead, Grace Rees, DfE commissioned SEND Advisor, Rebecca Hogan, and NHS England Advisor, Penny Teale, will continue to provide you with support and challenge. If you have any questions or need any further support, please contact any party in the first instance.

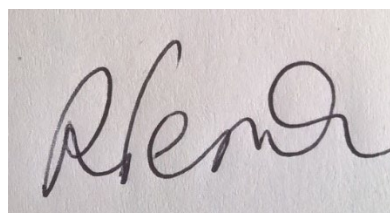
I am copying this letter to David Shaw (Assistant Director of Education Achievement), Laura Powell (SEND SRO), Jennifer Griffin (Designated Clinical Officer for SEND), Sharon Graham (Designated Social Care Officer for SEND), Helen Johns (DfE Lead

Professional Adviser), Lorraine Mulroney (Head of SEND, NHS England), Penny Teale (NHS England Adviser) and Rebecca Hogan (DfE Commissioned SEND Adviser).

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Kirsty Perry', with a stylized, cursive script.

Kirsty Perry, SEND Delivery Lead, West Midlands Vulnerable Children's Unit,  
Department for Education

A handwritten signature in dark ink, appearing to read 'Robert Ferris', with a stylized, cursive script.

Robert Ferris, Regional Programme Director – Learning Disabilities, Autism and  
SEND, West Midlands NHS England

23 Stephenson St  
Birmingham  
West Midlands  
B2 4BH

**T** 0300 123 1231  
**Textphone** 0161 618 8524  
[enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
[www.gov.uk/ofsted](http://www.gov.uk/ofsted)

**E:** [james.mcneillie@ofsted.gov.uk](mailto:james.mcneillie@ofsted.gov.uk)  
**E:** [ann.pritchard@ofsted.gov.uk](mailto:ann.pritchard@ofsted.gov.uk)

Date: 9 December 2025

By email: [david.shaw@shropshire.gov.uk](mailto:david.shaw@shropshire.gov.uk)

**James McNeillie HMI**  
Regional Director, West Midlands and  
South West Region

Dear David

Thank you to your colleagues, including colleagues from the Integrated Care Board (ICB) and the Parent and Carer Council (PACC) for meeting with Ofsted and the Care Quality Commission (CQC) on 8 December 2025. It was helpful to hear of the developments in the special educational needs and/or disabilities (SEND) provision across Shropshire and how you and the ICB are working together to enhance the provision for children and young people with SEND and their families.

The purpose of the meeting was to discuss special educational needs and/or disabilities (SEND) provision in your local area and specifically:

- The content of the self-evaluation and your SEND action plan
- The action the local area is taking to address the areas for improvement in the full inspection report
- What the local area partnership is doing to maintain or improve good practice
- How local area leaders are monitoring the impact of their actions
- Emerging local and/or national SEND issues that affect delivery of services.

Thank you for updating us on the political changes in Shropshire which have led to some oversight changes in the partnership. You explained that a corporate peer review will be carried out. You confirmed that you have maintained on-going engagement with NHSE and the DfE. You are continuing to work through the NHS Reset programme and confirmed that the ICB is expanding to include Staffordshire and Stoke. You also told us how you are working alongside West Mercia Police following their review. You explained that there are continued financial challenges across Shropshire. However, you emphasised that there remains a strong commitment across the partnership to work together to improve and develop the provision for children and young people with SEND. The SEND and AP strategy was approved by council with seven areas of priority identified. You said there are

cohesive structures in place that link key aspects together. You recognised that there are still areas of challenge in the partnership including the long waits for education, health and care (EHC) plans. You stated that co-production has improved in the partnership.

We heard that there has been some improvement in health wait times for children and young people in Shropshire, although you recognise there is still more to do to reduce these times. You introduced a speech and language risk matrix tool in October 2025 which you feel is further assisting you in identifying need and the required focused input by practitioners. You said you listened to children and young people's and parental feedback and now offer therapy sessions in mainstream schools rather than routinely in a clinic setting. You said the introduction of link SaLT practitioners with schools has been well received. You are now more confident that health data is both qualitative and quantitative and will inform how you continue to improve the services and experiences for children and young people with SEND.

You talked through the challenges that remain in neurodiverse assessments, especially for 5- to 18-year-olds. Although you feel you have addressed issues with workforce capacity, the demand for assessments has also grown which is impacting on reducing wait times for the assessments. However, you explained how you have been proactive in taking steps to outsource the service to help address the wait times. You said you have commissioned a new CAMHS provider who you feel will be able to provide a more holistic service that will focus on a needs-led approach and will consider a number of services that could meet children and young people's needs alongside the specialist CAMHS input.

We heard how PACC feel they are a well-established and active forum through work such as the PINS project and the community support offer. They are involved with a wide range of families and use the 'navigation offer' to signpost parents and carers to support and services. The navigation offer is now an all-age service. PACC feels that a significant amount of work has been completed, and the partnership is in a better place in areas such as the EHC plan team and improved communication with families. They also confirmed that they have had a reduction in queries in relation to SaLT. However, they stated that neurodiverse waits are still a challenge. They also feel that further improvements are needed in coproduction and that sufficiency remains a major issue. They reported that an increasing number of families are saying specialist settings cannot meet the needs of their children and therefore there is an increasing number of children and young people not in education. PACC said that they have not been involved in hub development and are concerned that they do not align with the PINS project. They also feel that hubs are becoming more and more specialized which means schools are struggling to provide for children and young people with a lower level of need but who still need support. PACC stated that they have a strong relationship with the health SEND team but are concerned about strategic coproduction as they are not as involved as have previously been. However, PACC confirmed that there has been lots of really positive work across the

partnership overall and they maintain positive relationships with senior colleagues in the area.

You reflected on the positive work to develop the quality of EHC plans to ensure they accurately reflect the children and young people's needs and the required provisions. You explained how you are in the process of introducing multi-agency audits. There is an annual review recovery plan in place, and you have reviewed the data to identify workflows that have not been completed. You feel that this has made a significant difference to understanding the challenges in this area. You are in the process of putting further resource into the recovery plan to ensure that all plans are up to date by Easter 2026. To avoid a further bulge, you have fixed-term case officers working on the reviews of children and young people in independent specialist providers. Social care colleagues told us how they are checking that plans are not ceased inappropriately. There is a ceasing panel in place to provide oversight of whether any additional support is needed to ensure that the young person's needs continue to be met without an EHC plan. You said preparation for adulthood (PfA) sessions had low attendance in the hubs. You said you now hold two sessions per term at Severndale which has increased access to the sessions.

Shropshire presents some significant geographical challenges. You said there are now 835 specialist places across 15 mainstream and resource provision with plans in place to increase this by a further 358 places over next few years. You are aiming to expand specialist placements outside Shrewsbury to ensure there is an equitable model across Shropshire and to ensure there is reasonable travel requirements and high-quality practice.

We heard how you have been working on strengthening inclusive practice in schools. This has been supported by the use of the Inclusive Development Grant. You feel the work on alternative provision (AP) and inclusion has been instrumental in driving down exclusions and suspensions in Shropshire. You confirmed that there has been a 50% reduction in permanent exclusions over the last year and since September there have only been two. You explained how you are ensuring that additional resourcing in schools is not leading to cases of 'internal exclusion'. You highlighted the work of your education quality advisors (EQAs) since 2024. You explained how they are challenging and supporting schools to develop inclusive practice. There is also increased access to specialist support through outreach services, including 'outshine', where specialist staff can work with schools to prevent exclusions and suspensions. You told us how you have widened training opportunities in schools. There are regular events for SENCos and staff focusing on inclusive practice. Academy inclusion audits are also in place. You said that where challenges emerge in terms of inclusive practice you have robust discussions with CEOs to address this.

You told us about the significant expansion of the SEN hubs. However, you said you have been careful not to lose the cohesion across the hubs when growing the model. For schools developing their own provisions you said you maintain oversight of these through the work of the EQAs. You feel that there has been a successful

development of the hub networks. There is quality assurance of the hubs through the Education Excellence Strategy process. In terms of unregistered AP, you explained how routine quality assurance checks maintain oversight of the provisions, including identifying where there is poor provision. You also support schools who are commissioning AP to ensure that they carry out their own checks.

Thank you for your responses to the areas we discussed. I look forward to hearing about further developments in Shropshire.

Yours sincerely

**Ann Pritchard**  
**Senior His Majesty's Inspector**  
**Ofsted**

**Elizabeth Fox**  
**Care Quality Commission**



## SHROPSHIRE HEALTH AND WELLBEING BOARD

### Report

Meeting Date	22 January 2026				
Title of report	Children's Services Reforms & Families First				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)
Reporting Officer & email	<a href="mailto:Natasha.moody@shropshire.gov.uk">Natasha.moody@shropshire.gov.uk</a>				
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	X	Working with and building strong and vibrant communities		X
	Workforce	X	Reduce inequalities (see below)		X
What inequalities does this report address?	The Children's Services Reforms specifically reference socioeconomic, educational, health, social and cultural, geographical, care and intersectional inequalities.				
Report content -  1. <b>Executive Summary:</b> A report has been prepared for scrutiny and cabinet within the Local Authority to provide an overview of the national reforms that will impact on Children's Services. These reforms include National Youth Strategy, Families First Partnership and Best Start in Life Family Hubs. All these reforms relate to rebalancing the system towards early help and support for children and young people in inclusive communities. As the report is a partnership endeavour which relates so closely to the Health and Wellbeing Board's priorities we wanted to ensure that this was shared with partners to ensure that people had an overview of the programmes and could consider how this links to areas of work underway to ensure strategic alignment and accountability for the work underway. We will present a short update on the Families First Programme at the meeting.  2. <b>Recommendations</b> The Board is asked to note the contents of Appendix A. Families First – presentation Appendix B. POSC Report - Children's Services Reforms January 2026  3. <b>Report:</b> Please see Appendix A & B.  Please apply to <a href="mailto:natasha.moody@shropshire.gov.uk">natasha.moody@shropshire.gov.uk</a> if you wish to be sent: The Children's Transformation Plan (and other supporting material).					
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	See report				
Financial implications	See report				

(Any financial implications of note)		
<b>Climate Change Appraisal as applicable</b>	See report	
<b>Where else has the paper been presented?</b>	System Partnership Boards	People Overview and Scrutiny Panel, Shropshire Council
	Voluntary Sector	
	Other	
<b>List of Background Papers:</b> All included in paper and appendices		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead</b>  Ruth Houghton (Lead Member) David Shaw (Director Children's Services)		
<b>Appendices</b> Appendix A. Families First Overview – presentation Appendix B. POSC Report – Children's Services January 2026		





Shropshire  
Council

# Overview of Families First Partnership

Page 25



# Overview

<https://youtu.be/RJJNibObBHU?si=shT2rB3wvzltcCpY>

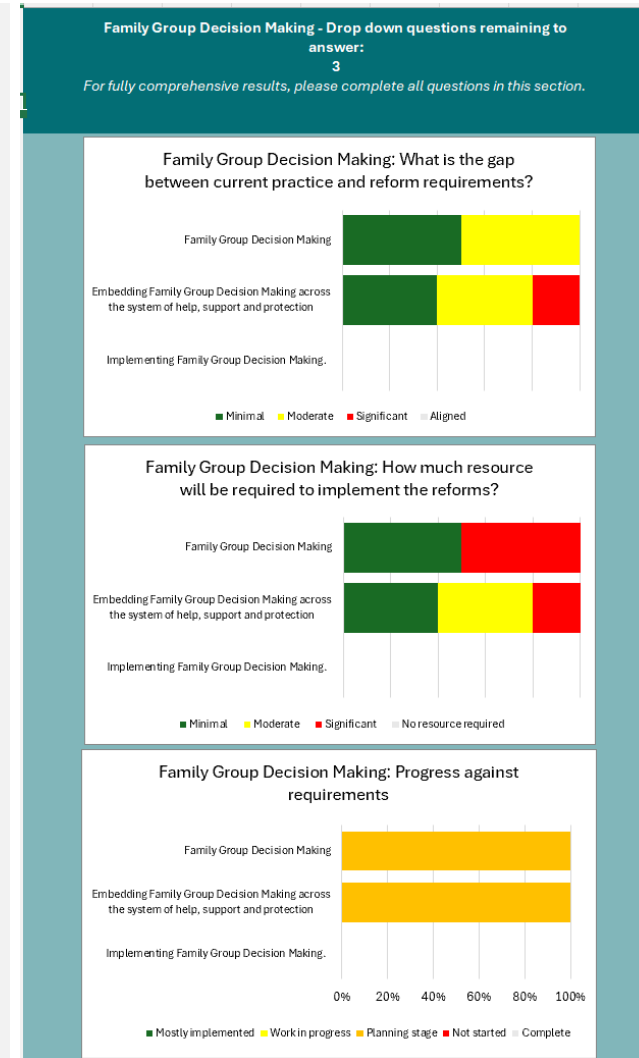
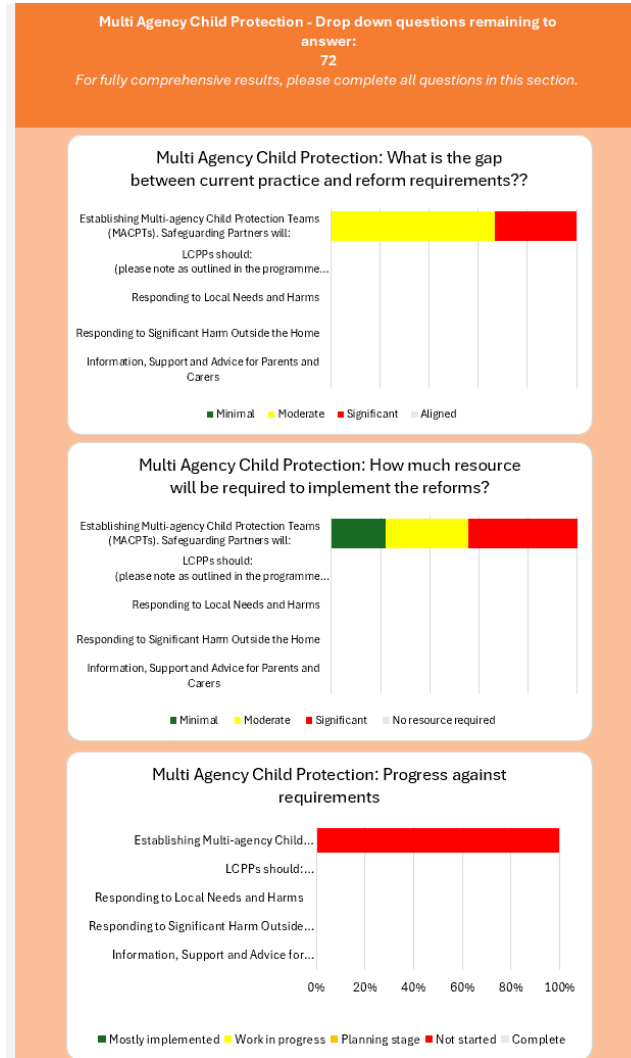
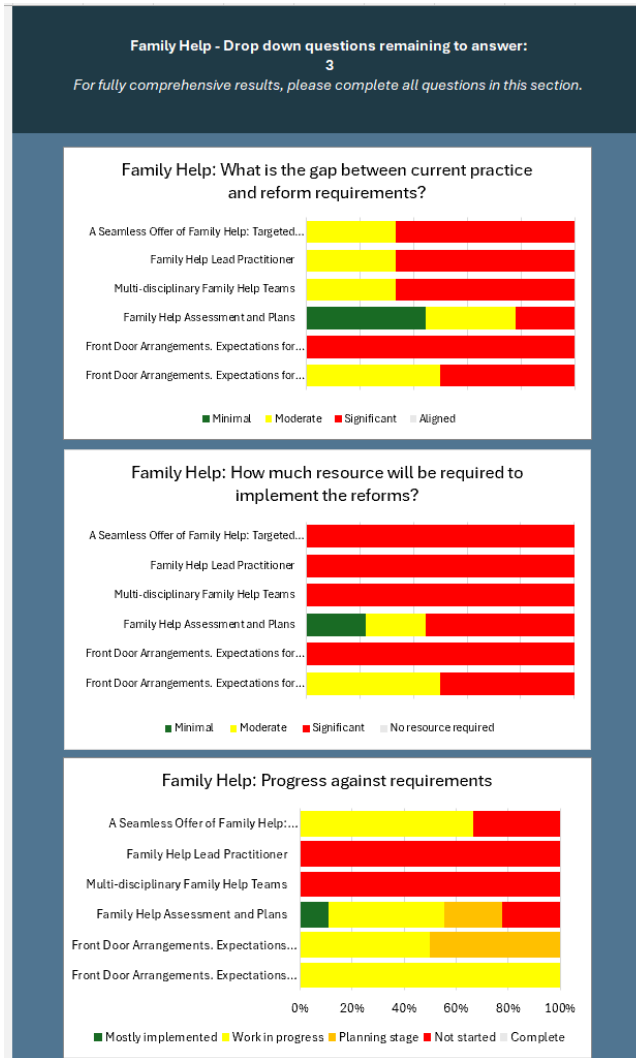
# What is FFP?

**Aim:** The aim of the Families First Partnership (FFP) programme is to transform the whole system of help, support and protection, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis.

**How:** Four key areas, Strengthened Partnership **Family Help (FH)**, with local **Multi-Disciplinary Teams (MDTs)** that wrap support around families to reduce escalating needs, where **families are engaged in group decision making** and their broader family network play a critical role in helping prevent crisis and where crisis does happen specialist **Multi-Agency Child Protection Teams (MACPT)** who are skilled to navigate complexity offer advice, support, challenge to help the care team.

- Our vision is a reformed system where Family Help Lead Practitioners (FHLPs), supported by expert multi-agency child protection teams (MACPTs) including social worker lead child protection practitioners (LCPPs), are responsible for and undertake direct child protection practice together with families where this is needed.
- When child protection concerns arise, FHLPs will maintain the relationship with the family and continue to coordinate the support and services for them.
- Where there are concerns about significant harm, the LCPP will take statutory child protection decisions with input from the wider (MACPT).
- The FHLP will remain involved in direct practice with the family throughout.
- There will be child protection expertise across the whole system of Family Help and multi-agency child protection, so effective action can be taken where concerns arise.

# Our Partnership Self Assessment (2025)



# Summary of key themes

- People felt Family Hubs were strong and we needed to build upon them.
- People described the system as reactive, siloed and confusing.
- People said that we were pushing children through a system rather than responding or meeting needs.
- People from the same team don't see each other in person regularly.
- People from the same team do not know data that is shared in a partnership arena.
- People want to know more about each others roles and how they can work effectively together.
- People are frustrated at the level of duplication and inefficiency of the systems and processes.
- People don't always feel safe enough to speak up with each other to address the behaviour we don't want to see in the system.
- People know that there is inconsistent practice but do not always address it.
- People know that supporting families earlier is the right thing to do but the resources needed to achieve this are not always in the right place.
- People were keen to be one partnership team supporting children and families but the system is described as too complex to change.
- There is a need to mature the way we work with representative groups.
- Language is getting in the way of us being an effective system.

# Transformation Agenda and Thematic Requirements

Theme	Families First Partnership	SEND	BSiL	Youth Strategy
Workforce	✓	✓		✓
Outcomes, Data and Systems	✓	✓		
Co-Production/Voice of CYP&F	✓	✓	✓	✓
Places and Spaces		✓	✓	✓
Inclusion		✓	✓	
Leadership, Partnership and Commissioning		✓		✓



# Themes

Inclusive Places  
and Spaces

Inclusive People  
and Practice

Data, Systems  
and Outcomes

Children and  
Family Voice

Leadership,  
Governance and  
Commissioning

# Working Out What, Where and When....

Theme	Chair Organisations	Chair	Representatives
Family Help	Education	Carla Wheelan	Sarah Shea (LA) Imogen Forrest (LA) Emma Harding (LA Education) Lindsay Morris - inclusion manager at Woodside Primary to represent education inclusion (Lindsay) David OToole / CEO- representing secondary and 6th form Andrew Morris /CEO - representing primary
Family Group Decision Making	Local Authority	Maxine Ellis (LA)	Gemma Onions (LA)
Multi Agency Teams	Health	Ellie Lloyd (ICS)	Jeanette Hill (LA) Helen Hooper (Shrop Comm) Sam Scott (Education) Zoe Webb Elaine Storey (LA)
Multi Agency Child Protection Teams	Police	Natalie Arrowsmith (Police)	Kate Owen (LA) Hannah Roberts (LA) Shakuntla Sian (LA) Amanda Beaufoy (LA)





Committee and Date

People Overview and Scrutiny

14<sup>th</sup> January 2026

Item

Public



## Children's Services Reforms

<b>Responsible Officer:</b>	Natasha Moody		
email:	Natasha.moody@shropshire.gov.uk	Tel:	01743 251446
<b>Cabinet Member</b> (Portfolio Holder):	Ruth Houghton		

### 1. Synopsis

- 1.1 This report provides an overview for People Overview and Scrutiny Committee on the reforms being implemented Nationally related to Children's Services and helps leaders across the organisation understand how this might impact locally on both Children's Services and also the expectations on how this will change the way the organisation works more broadly.
- 1.2 These reforms signal the largest changes within Children's Services in decades, and their impact are critical to achieving better outcomes for children but also ensuring good value for money. Their aim is to meet the needs of families as early as possible to prevent needs escalating.
- 1.3 The reforms will see us need to work more holistically as an organisation as they rely on the resources of other departments such as adults, housing, domestic abuse which are often contributory factors in children needing help and support.
- 1.4 There is likely to be a wider impact of this transformation that changing the way children's services work, as if successful, it should inform wider changes across the organisation to the way in which we work such as harnessing digital means to maximise our efficiency.
- 1.5 All of these reforms are expected to be delivered in partnership with statutory safeguarding partners (police, health, local authority and education) and children and families themselves.

## 2. Executive Summary

- 2.1 Since the new government formed, several initiatives, programmes and reforms related to Children have commenced. These have been initiated on the back of significant work a summary of this can be found here [Executive Summary of 'Stable Homes, Built on Love: strategy and consultation'](#)
- 2.2 This report will offer an overview of the reforms, the expectations being placed upon us, some initial reflections on how this might impact across a broader range of services outside of Children's Services and the progress to date.
- 2.3 These programmes are all aimed at how the safeguarding children's partnership in its broadest sense help to deliver better outcomes for children and their families. They are all focussed on how we intervene and support earlier and utilise technology to help us meet the needs of children and their families sooner and reflect the changes that were implemented in Working Together 2023 [Working together to safeguard children 2023: statutory guidance](#)
- 2.4 The key programmes are,
- Families First Partnership [The Families First Partnership \(FFP\) Programme Guide](#)
  - Best Start in Life [Giving every child the best start in life](#)
  - Family Hubs [Family Hubs and Start for Life programme - GOV.UK](#)
  - Local Youth Transformation [The Local Youth Transformation Pilot - GOV.UK](#)
  - Private Law Pathfinder [Private Law Pathfinder Delivery Update](#)
  - Reform of the SEND system [Reform of the SEND system: What might the next stage look like and how can we build consensus? | Local Government Association](#)
- 2.5 Each of these programmes seeks to reform the way we work preventatively with children and their families. Some are specific to age ranges where we see pressure in the system and others are more holistic. This is a whole system reform to rebalance the system towards more preventative Family Help.
- 2.6 All of these changes will result in changes to the statutory framework, guidance and inspection regimes over the coming years. This is still going through the stages before gaining royal ascent [Children's Wellbeing and Schools Bill](#)
- 2.7 Each requires partners and corporate support to achieve the ambitions set by central government and have a level of oversight nationally. This report seeks to provide an overview on our response, the support required and the benefits we might realise following implementation.

## 3. Recommendations

- 3.1 We ask that the Committee review the report and supporting documentation and make recommendations that it considers critical to inform Cabinet on the most effective way to deliver the programme.
- 3.2 Offer reflections on the assessment on our progress towards implementing the reforms and whether this is an accurate assessment based on your respective areas or portfolios.

- 3.3 Seek to understand the reforms well enough so that you can champion and advocate within your area or portfolio for the changes that will be needed.
- 3.4 Endorse the proposed strategic approach and plan that is set out and seek to integrate this into the overarching improvement, corporate and partnership planning currently underway.
- 3.5 Acknowledge that a key change to the way we need to work is ensuring that the voice of children, young people and families are heavily involved in shaping the reforms this will impact on our traditional ways of working.
- 3.6 Consider and agree the reporting to the scrutiny to maintain regular assurance on the progress being made to achieve these reforms.

## Report

### 4. Overview of Reforms

- 4.1 These reforms signal the most critical changes within Children's Services and the partnership for decades. The ambition is to rebalance the system towards greater early intervention and prevention as opposed to later acute care.
- 4.2 Each of the aspects of reforms has its own requirements a summary of these is provided below,
- 4.3 **Best Start in Life Family Hubs**, We are required to:
  - 4.3.1 Prepare a readiness survey that tells the Department for Education how well prepared we are for the reforms (Appendix A.)
  - 4.3.2 Identify our local Best Start in Life Family Hubs site, this has a strong criterion based on deprivation. Data is currently being analysed which indicates Shrewsbury is the site we ought to select based on the criteria from the Department for Education.
  - 4.3.3 Review our parenting programmes so that parents can access parenting support either via parenting programmes or through supporting them to enhance the home learning environment from April 2026. The DfE have stipulated the courses we can provide.
  - 4.3.4 Publish the 'Best Start in Life Plan' this should be available to the public to explain to them the actions our partnership is taking to achieve the good level of development target set.
  - 4.3.5 For Shropshire our Target is 77% this is a 9% increase and is ambitious given children will need to be 3-4 years old ideally to reach this target.
- 4.4 **Families First Partnership**, We are required to:

- 4.4.1 Deliver a seamless system of support across **Family Help**, this is a newly defined continuum which would have previously been known as, 'Early Help and Children in Need.' There is a requirement of the Safeguarding Partnership to identify a broad range of partners who can deliver early help outside of the local authority. The partnership is required to deliver several key milestones (Appendix B) which will help us secure more effective earlier support for families.
- 4.4.2 Develop a **Multi Agency Child Protection Team (MACPT)** This is a completely new aspect of the system the multi-agency partnership are being asked to develop. This should be a team that provides a 'second look' at the partnership support and provides 'high support, high challenge' to ensure that our practice is as effective as it can be to prevent poorer outcomes for these children.
- 4.4.3 Embed **Family Group Decision Making (FGDM)** throughout the system so that at the earliest point in a family's journey opportunities to utilise and build upon the family's strengths including their widest family network are explored and built upon.
- 4.4.4 Each of these aspects has a partnership task and finish structure. Each is led by a multi-agency partner – education lead Family Help, MACPT led by Police and FGDM led by the Local Authority.
- 4.4.5 All aspect of this reform will require a change to the way we work placing much more focus on:
  - a. Engaging Children and Families
  - b. Multi-Disciplinary and Joint Working, there is a need to consider fully where the partnership should be building multi agency capacity rather than single agency responses.
 It is envisaged all of these changes will reduce the number of children in care and see more children being worked with within Family Help and Child Protection.

#### 4.5 Youth Strategy (precursor was the Local Youth Transformation Fund)

We are required to deliver:

- 4.5.1 Trusted Adults: We are required to upskill people working with young people to identify the early signs and intervene to help children feel connected and supported to be emotionally well. This could include mentors from the private sector alongside public partners. Placing Youth Workers in localities where there is a high level of need so that targeted interventions can take place.
- 4.5.2 Strengthening the Workforce: Developing and growing a skilled and sustainable paid and volunteer youth sector workforce, with the highest standards to meet young people's needs.
- 4.5.3 Friends and Relationships: Helping young people to develop positive social connections in schools and colleges, in their communities, and online.
- 4.5.4 Richer Lives: Providing enriching and meaningful activities for young people in and outside of education.

- 4.5.5 Good Work: Providing better education, guidance, training, and support for young people to get a great job.
- 4.5.6 Keeping Young People Safe: Intervening earlier to increase young people's safety in communities.
- 4.5.7 Health and Wellbeing: Supporting young people's physical and mental health to allow all young people to take up opportunities and live richer lives.
- 4.5.8 Engaging Young People in decisions: Putting young people in the driving seat of their own lives. This includes lowering the age at which they can vote.

#### **4.6 Private Law Proceedings**

- 4.6.1 It allows the court to identify families' needs earlier and fosters improved multiagency working between HMCTS, Cafcass, Cafcass Cymru, local authorities, specialist domestic abuse support providers and the police. This approach is designed to improve experiences for families by reducing the time from application to a court order and requiring fewer court hearings for each family.

We are required to:

- 4.6.2 Collate information to inform an assessment
  - 4.6.3 Work as a multiagency partnership to understand the best resolution.
- f. Work with the court to achieve timely resolution for families.

#### **4.7 SEND Reforms**

- 4.7.1 The Government have committed to the reform of the SEND system, we await the formal papers but in December 2025 the Department for Education wrote to Local Authorities to ask them to start to work as a partnership to work towards a rebalanced more inclusive system of early intervention and support, to support them to achieve this they asked that local partnerships assess their maturity against seven key pillars,
  - a. Co-Production with parents and carers and children and young people.
  - b. Effective System's Leadership and Governance
  - c. Accurate understanding of needs through effective use of data
  - d. High quality deliver at all levels
  - e. Effective partnerships across health, education and social care
  - f. A skilled partnership workforce
  - g. Targeted, judicious and sustainable use of resources

There is a clear indication that the reforms will be built upon existing reforms to compliment the wider system reforms.

## **5. Our Local Context**

- 5.1 The case for change locally, Shropshire has a high number of children in care; we stand second highest regionally which seems at odds with the local context in which there are relatively low levels of poverty.
- 5.2 We spend £1,400 per child per year, this is in line with the national average level of spend for Children's Services.
- 5.2 What is in stark contrast to the national picture is the proportion of this spend on Children's Social Care, in Shropshire we spend circa 80% of every pound on Children's Social Care whereas the average is 47% spent on Children's Social Care this reflects the fact that Children's Services has a broad range of statutory duties outside of Children's Social Care. As budgets have tightened, spend on earlier intervention and prevention services have reduced to such a low level that it is ineffective at helping to prevent children coming into care resulting in unaffordable spend on children's care.
- 5.3 Following an initial assessment of needs, the majority of children known to Children's Services will be due to the needs of their parents, hence the need for greater collaborative working with adults' services and those services commissioned by the Local Authority and its partners.
- 5.4 Within the SEND system is under pressure. There is a recognition nationally that the High Needs Block DSG deficit is at unprecedented levels and is estimated to reach £5 billion at the end of the 2025/26 financial year. Shropshire's cumulative DSG deficit is circa £41 million. The Department are committed to rebalancing this system towards more inclusive systems of support building on the existing reforms.
- 5.4 These change programmes represent a chance to rebalance the system. However, it is important to recognise that the overall amount of spend on Children's Services (total budget across LA education, early help and social care services) is in line with the national average. Our priority is to reallocate the resources we have, so that we reinvest into earlier help and support to prevent rising demand and reduce children looked after numbers.
- 5.5 A key area of scrutiny is therefore consideration of how this spend is being rebalanced.
- 5.6 Baseline Self-Assessment**
- 5.7 We conducted a self-assessment across the partnership to ascertain the baseline position from which we are starting and a summary of this has been included below

## Our Partnership Self Assessment (2025)



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- 5.8 This tells us that,
- We have the conditions to embed FGDM as this has been an area of progress in recent years.
  - We have made some strides to embed Family Help within the Local Authority but the preventative work has shrunk to such a level we are ill equipped to identify people preventatively. This is because 80% of the budget for Children's Services is spent on Children's Social Care. We need better tools to help us know and understand people who are likely to need help and support and provide this prior to referral. There is also a need to increase the range of partners supporting and leading in the Family Help space as this is largely delivered through the Local Authority.
  - We have significant work to develop and embed MACPT, this will be an area of challenge as we seek to work with partners who have a larger geographical patch (NHS and Police), with already stretched resources whilst navigating the changing roles that may exist across our partnership moving forwards.

### 5.9 Initial Stakeholder Feedback

To compliment this, we held an initial stakeholder session to add value to this self-assessment the findings of this are below,

## Summary of key themes

- People felt Family Hubs were strong and we needed to build upon them.
- People described the system as reactive, siloed and confusing.
- People said that we were pushing children through a system rather than responding or meeting needs.
- People from the same team don't see each other in person regularly.
- People from the same team do not know data that is shared in a partnership arena.
- People want to know more about each others roles and how they can work effectively together.
- People are frustrated at the level of duplication and inefficiency of the systems and processes.
- People don't always feel safe enough to speak up with each other to address the behaviour we don't want to see in the system.
- People know that there is inconsistent practice but do not always address it.
- People know that supporting families earlier is the right thing to do but the resources needed to achieve this are not always in the right place.
- People were keen to be one partnership team supporting children and families but the system is described as too complex to change.
- There is a need to mature the way we work with representative groups.
- Language is getting in the way of us being an effective system.

## 6 Our Plan

- 6.1 In order to deliver these ambitious changes we feel strongly that there is a need for one plan to guide them all. We think that these programmes represent a change to the way we work as a whole system which means we need to see them as one integrated package of reforms. We will seek to deliver the change needed through a single Children's Transformation as part of the wider corporate improvement plan. A copy of the full document is included Appendix C
- 6.2 We have agreed a thematic roll out approach and are in the scoping phase to understand more about how we may need to sequence some of this roll out to meet the needs of national departments and achieve local ambitions.
- 6.3 Our plan will reiterate as key milestones are met, for example once we are clearer about the outcome of the needs and harms assessment this is likely to provide much more detail on how this will affect the composition of our teams. Regular oversight and scrutiny from Members is welcome as we move throughout the delivery of this programme.
- 6.4 We have developed in partnership our draft plan (Appendix C.) We welcome feedback from scrutiny to ensure that these plans are impactful and reflect the views of residents that they represent.
- 6.5 The pillars of the changes will be,
- a. Workforce
  - b. Children and Family Voice
  - c. Outcomes, data and systems.
  - d. Inclusive Places and Spaces
  - e. Leadership, Governance and Commissioning
- These are aspects of all the reforms that connect the key changes being sought.

## 7 Our Structure



7.1 Good governance will be critical for the success of the programme. Given the breadth of the change required the relationships with key external governance structures is critical.

7.2 Our proposed governance structure for internal delivery is as follows;

Meeting	Purpose	Role	Frequency	Responsible Officer
Children's Ambition Board	Strategic Partnership Board driving ambitious outcomes for children and families. to oversee the Children's Transformation	Sets the vision, oversees the Children's Transformation Programme and ensures multi-agency alignment	Every 2 months	Tanya Miles – Interim Chief Executive
Shropshire Safeguarding Children's Partnership	Statutory Safeguarding board for Children & Adults in Shropshire	Overseeing the FFP Implementation. Decision making board for the Families First Partnership	Monthly	David Shaw - DCS
Internal Children's Transformation Board	<b>Internal</b> Governance ensuring delivery assurance and compliance for Children's Services Transformation projects.	Monitors progress, manages risks and aligns internal workstreams with strategic priorities. Internal Workstreams to provide updates monthly	Monthly	David Shaw - DCS
FFP Tactical Delivery Group	Provides strategic direction for the Families First transformation programme, ensuring alignment of Start for Life and Family hub, and the Local Youth Transformation Pilot.	Provide governance and oversight for the programme's delivery plan & progress of the Task and Finish Groups ;FH, MDT's, MACPT's & FGC.	Monthly	Natasha Moody – Assistant Director for FFP
Operational Task & Finish Groups	Short-term, outcome focused groups delivering specific objectives within defined timeframes. •Family Help •Family Group Conferencing •Multi-Disciplinary Teams •Multi-Agency Child Protection Teams	Each Tactical Delivery Lead will co-ordinate their T&F Group regularly to deliver the detailed work required to achieve the programme objectives.	TBD	Task & Finish Group Leads
Operational Internal Workstreams	Thematic areas of delivery; •Places and Space •Children & Family Voice •Commissioning •Data & Systems •Inclusion •Workforce	Each internal workstream lead will co-ordinate their workstream regularly to deliver the specific objectives and deliver the work identified.	TBD	Workstream leads

## 8 Risk Assessment and Opportunities Appraisal

- 8.1 The key risks related to this programme of change are detailed below. There are many risks that are documented but the most critical is the priority of these reforms amongst the broader context the council faces in terms of the financial emergency. This is undoubtedly drawing focus towards short term savings as opposed to long term change of this nature.
- 8.2 These changes are due to become statutory and whilst this is not a current risk, there is an emerging risk about our ability to remain statutorily compliant.
- 8.3 There is a very real challenge that the Local Authority faces with a high number of children in care, for this programme to be successful there is a key interdependency with practice for Children in Care. As reducing the number of children in care will help us to achieve the overall rebalance of the system as circa 80% of children's services spend in on Children's Social Care currently (for most Local Authorities this is closer to 50%.)
- 8.4 Strategic Risk:

<i>Risk</i>	<i>Response</i>
<p>Overwhelming Volume of Change</p> <ul style="list-style-type: none"> <li>There is change to the way aspects of Public Sector delivery takes place e.g. change of the footprint of the ICB's, LGR and removal of Police and Crime Commissioners. All of this change alongside these service level changes can become overwhelming for people and there is a risk that we lose momentum as these changes are deemed as less important than other more strategic issues,</li> </ul>	<ul style="list-style-type: none"> <li>a. Ensure good communication and alignment with the other changes to ensure that where possible these dovetail together.</li> <li>b. Ensure that communications are sympathetic to the volume of change and make sure that the methods used to communicate are clear.</li> <li>c. Ensure good feedback loops from a range of people to understand how well the changes are landing and if any barriers or if there is pulls in different directions to ensure these are escalated to the respective governance structures</li> </ul>
<p>Financial:</p> <ul style="list-style-type: none"> <li>There is a risk that the budget is not sufficient to deliver the required change across the local authority and the broader partnership.</li> <li>There is a risk that the budget constraints in place make it challenging to spend the allocation on time which could result in claw back from Department for Education.</li> </ul>	<ul style="list-style-type: none"> <li>a. Gants being mapped and a clear breakdown of spend being developed.</li> <li>b. Broader range of grants being drawn together to ensure that where possible the programmes align and income can be used efficiently to deliver all programme objectives.</li> <li>c. Partners making necessary representation to raise this risk e.g. DfE if required.</li> <li>d. Continue to monitor the spend and raise key concerns.</li> <li>e. Seek exceptional arrangements for grant funding to enable swift spend against the agreed plan. Any deviation from plan would be subject to normal spend control processes.</li> </ul>
<p>Scale of Culture Change:</p> <ul style="list-style-type: none"> <li>There is a risk that the scale of change needed at a time of</li> </ul>	<ul style="list-style-type: none"> <li>a. Resources allocated</li> <li>b. Leadership buy in secured from Leadership Board</li> </ul>

<p>considerable strain within the council is not achievable.</p> <ul style="list-style-type: none"> <li>There is a risk that the organisation and the partnership see this as a programme related to Children's Services missing the critical role that they need to play in these reforms.</li> </ul>	<ul style="list-style-type: none"> <li>c. Woven into the fabric of how we work around here as part of the improvement plan, corporate plan and partnership plan.</li> <li>d. Representation and deliverables from across the organisation and partnership secured.</li> <li>e. Regular monitoring and progress by Leadership Board.</li> <li>f. Partnership leads appointed.</li> <li>g. Partnership support to develop the 'what good looks like' for us collectively.</li> <li>h. Sequencing of the aspects of change.</li> <li>i. Frequent monitoring and oversight by partnership and DfE.</li> </ul>
<p>Risk to Safety:</p> <ul style="list-style-type: none"> <li>Rebalancing a system of support to children and families brings a risk that children and families needs are not met resulting in a risk of harm.</li> </ul>	<ul style="list-style-type: none"> <li>a. Practice Lead a requirement of the programme.</li> <li>b. Learning from pathfinders and other local authorities.</li> <li>c. Regular check and challenge from Department for Education.</li> <li>d. Sequencing of change and roll out approach considered thoughtfully.</li> <li>e. Working with Telford and West Mercia footprints to test and learn on some aspects of the programme.</li> <li>f. More frequent oversight of the programme and reporting to the safeguarding partnership.</li> </ul>
<p>Delivery:</p> <ul style="list-style-type: none"> <li>There is a risk that this work is not prioritised meaning that key milestones are not met this is also pertinent to partners who are straddling up to four Local Authority Areas.</li> </ul>	<ul style="list-style-type: none"> <li>a. Regular reporting to Leadership Board, Cabinet, Scrutiny and Partnership Boards.</li> <li>b. Tactical Delivery Group to ensure alignment with all 4 LA's.</li> <li>c. Alignment with the overarching council improvement and partnership plan.</li> <li>d. PM support secured.</li> <li>e. Regular reporting to DfE to maintain progress and oversight of progress.</li> </ul>
<p>Workforce:</p> <ul style="list-style-type: none"> <li>There is a risk that the workforce are not equipped to support the changes, they are resistant to change and/or burnt out from the level of change.</li> </ul>	<ul style="list-style-type: none"> <li>a. Developing a coherent narrative and approach to integrating reforms so we have a systematic way of enveloping all changes.</li> <li>b. Skills Audit and Population Needs Analysis.</li> <li>c. Engagement of workforce a critical component of the change programme.</li> <li>d. Regular communication.</li> <li>e. 'Go and See' partnership leaders to visit practitioners to ascertain the appetite and acceptance of change to refine the delivery methods.</li> <li>f. Independent scrutineer utilised at critical points to check and challenge.</li> </ul>
<p>Reputation and Public Trust:</p> <ul style="list-style-type: none"> <li>There is a risk that the public lose faith or see the changes in a critical light.</li> </ul>	<ul style="list-style-type: none"> <li>a. Co-production and measuring families perception is a key aspect of the programme.</li> <li>b. Monitor feedback</li> <li>c. Regular communications with members, MPs and community influencers such as PCF.</li> <li>d. Regular audits and reports to maintain an overview of practice.</li> <li>e. Examples of the change and it's benefits shared widely.</li> <li>f. Communications support secured.</li> </ul>

## 9. Financial Implications

- 9.1 Shropshire Council continues to manage unprecedented financial demands, and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival.
- 9.2 The budgets for local authorities have previously been made via grant agreements for different programmes of work such as Holiday Activities and Food, Supporting Families, Children's Social Care Prevention Grant. From 2026/2027 financial year, these grants will be consolidated into a Children, Families and Youth Grant. **This ringfenced grant is designed to strengthen local authority support for children and families across England, reducing inequalities and breaking down barriers to opportunity (Appendix E.)**
- 9.3 The financial aspects of this programme are two-fold, there is an income coming into the local authority which is summarised below and there is an anticipated cost avoidance which is being attributed to achieving this change nationally.

Programme of Work	Funding Allocated 2025/2026	2026/27	2027/28
Families First Partnership	£1.759m	£2.872m (this has increased due to the consolidation of a number of grants. However, we are yet to understand if this is a real terms increase or decrease.)	£2.872m
Best Start in Life	£0.152m	£0.811m (see full details Appendix D)	£0.742m

- 9.4 The Department for Education are investing earlier as Local Authorities have been clear they cannot reduce demand without twin tracking investment.
- 9.5 We need to reinvest savings into prevention we will not be able to realise the full anticipated benefits.
- 9.6 The DfE have made the case to the treasury that investment in prevention will realise a reduction in the high costs of care, however this is a 5-year plan to reduce the overall costs at the more acute end.
- 9.7 The first Pathfinders such as Wolverhampton (which started in 2023) are seeing this reduction in care numbers within 2025/26 but later Pathfinders are not seeing this reduction yet.

- 9.8 We assume that Shropshire will follow a similar trajectory where investment in this approach will start to realise the benefits 2-3 years after the reforms being implemented within the cost of care.

## 10 Climate Change Appraisal

- 10.1 It is envisaged that these changes will have limited effect on Climate Change, the small impact will mean more locality working with teams based in local communities as far as possible.

## 11 Conclusions

- 11.1 These changes represent the single biggest set of changes to the way Children's Services and the partnership work in a lifetime. They provide a unique opportunity to support more children closer to home, in their community as soon as they face challenges to help them resolve them quickly to achieve better outcomes for families.
- 11.2 The landscape within which we operate nationally, regionally and indeed locally present challenges to the effective deliver particularly given the financial challenges the local authority is currently facing and the fact that increased funding is being targeted towards areas of deprivation means that Shropshire will have to work hard to rebalance the system without the same financial investment.
- 11.3 Commitment from the council to reinvest spend into early intervention will be critical to achieve the rebalancing of spend towards the national average of 50% spend.
- 11.4 We seek your feedback and support to ensure that these changes are successfully embedded.

## Appendices

**Appendix A: Readiness Survey**

**Appendix B: Summary of Minimum Expectations**

**Appendix C: Delivery Plan**

**Appendix D: Best Start in Life Family Hubs Grant**

**Appendix E: Letter from Josh McAllister**

**Appendix F: DfE-NHSE Joint Letter to Local Authorities and ICBs**

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## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	22.01.2026					
Title of report	Housing and Health – Update report					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)	
Reporting Officer & email	Laura Fisher Laura.fisher@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	x	Working with and building strong and vibrant communities			x
	Workforce	x	Reduce inequalities (see below)			x
What inequalities does this report address?	This paper demonstrates the importance and approach to reducing inequalities through housing and good quality housing.					

### 1. Executive Summary

This update builds on the housing and health strategic initiatives discussed in previous reports submitted to the board. The framework for this work has been shaped by two workshops and several task and finish group meetings, alongside the Local Government Association's October 2022 publication, *Improving Health and Well-being Through Housing: A High Impact Change Model*. This model encourages integrating housing delivery with health and care commissioning and service provision, directly aligning with Shropshire Council's strategic objectives to support population health and independent living.

Due to increased pressure within the Housing service and the need for work to be focussed on key statutory duties, work on this project has not progressed as quickly as we would have liked. Despite the challenges, much of the work has had a beneficial impact on the Housing & Health agenda, resulting in meaningful improvements to the Housing and Health actions.

#### Increased Regulation:

Councils, such as Shropshire, that are registered as social housing providers in England are now subject to the Regulator of Social Housing's (RSH) consumer standards, which encompass safety, quality, transparency, tenant engagement, and neighbourhood management. These standards, reinforced by the Social Housing (Regulation) Act 2023, require local authorities to embed tenant feedback into strategic decision-making, ensure robust risk oversight with up to date asset and safety data, and demonstrate value for money in managing and maintaining housing stock. Under the new regulatory regime, councils can receive graded judgements—ranging from C1 (meets standards) to C4 (serious failings)—with C3 or C4 verdicts triggering mandatory improvement plans, potential structural changes, and increased scrutiny.

Meeting the Regulator of Social Housing standards ensures safe, well-maintained homes, which directly supports better health outcomes and reduces risks associated with poor housing conditions. An example of the changes can be demonstrated with Awaabs Law which is named after two-year-old Awaab Ishak, who tragically died in December 2020 from a severe respiratory condition caused by prolonged exposure to black mould in his social housing flat in Rochdale. Despite numerous complaints by his family dating back to 2017, the housing provider—merely advised to “paint over” the mould and failed to carry out effective repairs. A coroner's 2022 prevention-of-future-deaths report concluded that Awaab's death was entirely preventable and urged urgent regulatory reform. In response, Parliament enacted Section 42 of the Social Housing (Regulation) Act 2023, giving rise to

Awaab's Law, which came into force on 27 October 2025 via the Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025. The legislation mandates strict response times that registered provider (which the Council is) must investigate serious damp and mould concerns. It also compels landlords to provide written updates, audit their investigative processes, and offer alternative accommodation if hazards cannot be resolved promptly.

Shropshire Council is leading preparations for our inspection working closely with Shropshire Towns & Rural Housing as our Arm's Length Management Organisation to ensure we are in a robust position to demonstrate compliance with the standards. The Consumer Standards and regulations apply to all Registered Providers, and all will receive inspections including those working across Shropshire such as Homes Plus, Connexus and others.

#### **Renters' Rights Act:**

Further to this, the Renters' Rights Act introduces substantial new powers and responsibilities for local councils. From late 2025, councils have gained enhanced investigatory authority—able to enter premises (business and residential), demand key documents, and seize evidence when probing potential landlord non-compliance—which marks a shift from optional to compulsory enforcement duty. It also empowers councils to levy higher penalties on rogue landlords and retain those revenues to reinvest in enforcement efforts. These reforms mean councils must invest in bolstering enforcement capacity—such as training officers, updating data systems, and reallocating budgets—to manage the stepped-up regulatory role and ensure compliance with new standards like the Decent Homes Standard and Awaab's Law applied to the private rented sector. Implementing the Renters' Reform Bill enhances housing security and quality by abolishing 'no-fault' evictions and enforcing rapid repairs, particularly addressing damp and mould under Awaab's Law, which in turn reduces tenant stress, improves respiratory and overall health outcomes, and eases the NHS burden from poor housing. A working group has been established at the Council to ensure compliance with the new regulations with close working between our housing and regulatory services teams.

#### **Improved Temporary Accommodation:**

Shropshire Council homeless service has also implemented 4 in house temporary housing schemes equating to over 100 units of accommodation and therefore a reduction in the use of Bed and Breakfast. This work has been completed in house and therefore required significant capacity from staff. Providing safe, warm, and hygienic temporary accommodation reduces exposure to damp, cold, and overcrowding, which lowers risks of respiratory illness, infections, and mental health deterioration. It also offers stability and access to support services, helping individuals recover from crisis and preventing long-term health complications. Examples include:

- **Improved mental health:** Stability and safety alleviate stress, anxiety, and depression associated with homelessness.
- **Better access to healthcare and support:** Secure accommodation enables engagement with health services and recovery programs.
- **Prevention of long-term health complications:** Early intervention through safe housing reduces chronic illness and hospital admissions.

Shropshire Council aims, through its improved offer of temporary accommodation to offer more intensive support as well as improved engagement from partner agencies such as mental health, substance misuse and Adult Social Care. So far, we have already seen individuals' needs more quickly recognised and support put in place when needed. Residents are also reporting that they feel better supported and more able to deal with some of the issues they may have i.e., mental health or substance / alcohol misuse.

Alongside priorities work to meet enhanced regulations we have also reviewed the Housing and Health action plan and combined actions together where relevant to develop a simpler version we can now take forward. We have identified actions that have been progressed as well as key priorities for the next 12 months and the proposed new plan is attached to this update report for Board's review at Appendix A.

#### **2. Recommendations** (*Not required for 'information only' reports*)

- The Board note the actions that have been progressed to date.
- The Board endorse the revised action plan and next steps.



- The Board agree to a future report detailing work on the Housing Lin recommendations as well as key examples of specialist housing being developed within the county.
- The Board receive a progress report on the Housing & Health work in 6 months.

### 3. Report

The table below illustrates key areas of progress to meeting the objectives of the Housing and Health Plan and should be read in conjunction with the draft revised health and housing action plan attached to this report.

Actions completed / in progress to date:

ACTION	UPDATE
Involve registered housing associations, social care, and specialist voluntary sector organisations to bring their perspectives and those of the people they support to better understand, for example, the housing needs of those with learning disabilities and complex support needs.	The Social Housing Forum has been reformed with a clear emphasis within the agenda on discussion around specialist housing. Initial meetings have already touched on this along with individual discussions with local Housing providers and these will continue in 2026.
Work with housing funders such as Homes England to identify and secure capital funding to develop specialist housing. –including SEND (Special educational needs and disabilities), Domestic Abuse, Mental Health, Substance misuse	Regular discussions with Home England are ongoing. Funding has been secured for single homeless individuals (inc. Domestic Abuse, Mental Health and substance misuse) and care leavers. Ongoing work is in place looking at the Affordable Homes Programme and schemes that can benefit from this funding.
Use data from the local joint strategic needs assessment and demographic data to assess the future housing needs of older people and working age adults with health and care needs which can be referenced in the council's local plan and other forward planning activity.	<p>Shropshire Council commissioned the The Housing LIN (Housing Learning and Improvement Network) to provide robust, evidence-based insights into the current and future need for specialist and supported housing across the county. The aim was to understand the number and types of homes required for people needing care and support—including older adults, people with learning disabilities or autism, those with mental health needs, young care leavers, and key workers—over the next 10 to 20 years. This comprehensive needs assessment is intended to inform the council's strategic planning, including the Market Position Statement, Housing Strategy, and Local Plan, ensuring that future housing provision is responsive, inclusive, and sustainable for Shropshire's diverse communities.</p> <p>Work is ongoing regarding outcomes developed from the Housing LiN report. I would suggest a specific item comes to HWBB regarding this to discuss further.</p>
Work with council planning policy colleagues to ensure that council Local Plan includes explicit reference to evidence housing needs of older people and working age adults with health and care needs.	Work is ongoing regarding outcomes developed from the Housing LiN report. I would suggest a specific item comes to HWBB regarding this to discuss further. The Housing LiN report will be used to help shape the Local Plan.

Work with council planning policy colleagues to develop supplementary planning documents which provide more detail of the types, location, and design of housing required by older people and working age adults with health and care needs.	Collaborative work with council planning policy colleagues is ongoing regarding development of supplementary planning documents that provide greater detail regarding the types, locations, and design specifications for housing required by older people and working age adults with health and care needs. As part of the Local Plan, these documents will inform planning decisions and support the delivery of appropriate housing solutions across the county.
With council housing strategy colleagues identify opportunities for the development of mainstream accessible housing for rent and for sale, and specialist housing, within general mainstream housing programmes and sites.	<p>Work is ongoing regarding outcomes developed from the Housing LiN report. I would suggest a specific item comes to HWBB regarding this to discuss further.</p> <p>Real-time examples from various sites can demonstrate the work done and the benefits for agencies, services, and individuals.</p> <p>Shropshire Council plans to undertake a strategic housing survey in 2026, as part of the development of the Local Plan. This will gather detailed data on current and future housing needs across all age groups and tenures. Explore preferences and need for affordable homes, temporary accommodation and low-cost home ownership, including adaptations, and community integration. Identifying barriers to moving, affordability challenges, and support needs for vulnerable groups. Engaging a wide range of stakeholders to ensure the strategy reflects lived experience and local priorities. The findings from this planned survey will directly inform the ongoing development and delivery of Shropshire's housing strategy, ensuring that investment and policy decisions are grounded in up-to-date, locally relevant evidence. This will support the Council's ambitions to deliver high-quality, sustainable, and inclusive housing, and to secure external funding by demonstrating a clear understanding of local needs.</p>
Pool funding for home improvement and adaptations through the Better Care Fund, or other local joint funding agreements, and develop a local action plan to provide a consistent baseline and enhanced home improvement and adaptations service.	Although the Disabled Facilities Grant funding has always formed part of the Better Care Fund, increased liaison between teams and development of outcome measures as ensured a true reflection of the benefits delivered.
Ensure that the type and range of home adaptations offered are as attractive as possible to avoid any stigma associated with having adaptations at home; draw on examples of home adaptations that are designed to be 'non stigmatising'.	Real-time examples from various sites can demonstrate the work done and the benefits for agencies, services, and individuals.

In summary, Shropshire Council has made significant strides in integrating housing and health priorities, strengthening regulatory compliance, and improving temporary accommodation provision. The revised action plan reflects a more streamlined, evidence-based approach, with ongoing collaboration across council teams, partners, and stakeholders.

To maintain momentum, the next phase will focus on delivering the new action plan, embedding impact and outcome measures, and ensuring robust monitoring of progress.

Key priorities for the coming months include robust monitoring of the revised action plan and detailed feedback on actions to date and continuing work on the Housing LIN recommendations.

The Board will receive a detailed progress report in six months, including headline outcomes, examples of best practice, and an appraisal of impact on population health and housing quality. This ongoing work will ensure Shropshire remains at the forefront of linking housing improvements to better health and wellbeing for all residents.

**Risk assessment and opportunities appraisal**

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

Inequalities and the most vulnerable should always be prioritised in the consideration of housing and work to support people to access and thrive in good quality housing.

**Financial implications**

*(Any financial implications of note)*

There are no financial implications as a direct result of this paper.

**Climate Change Appraisal as applicable**

Housing policy must comply with appropriate legislation.

**Where else has the paper been presented?**

System Partnership Boards

ShIPP Accelerator Group

Voluntary Sector

Other

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

**Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**

Cllr James Owen, Portfolio Holder for Housing & Leisure, Shropshire Council

**Appendices**

Appendix A. Housing and Health Revised Action Plan January 2026

Appendix B. Housing & Health Case Study

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ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<p><b>Ensure full compliance with the Regulator of Social Housing standards including Awaabs Law and Decent Homes 2.</b></p>	<ul style="list-style-type: none"><li>• Achieve full compliance with all consumer standards set by the Regulator of Social Housing.</li><li>• Secure a positive regulatory inspection outcome, meeting C1 and C2 requirements.</li><li>• Ensure timely compliance with statutory timescales.</li><li>• Eliminate damp and mould issues.</li><li>• Maintain all properties to meet the Decent Homes Standard 2.</li><li>• Adhere to the Housing Health and Safety Rating System (HHSRS) across all housing stock.</li></ul>	<p>Strategic Housing and Commissioning Manager, Shropshire Council</p>	<ul style="list-style-type: none"><li>• Structured governance through clear decision-making frameworks, documented policies, and regular governance reviews that ensure accountability and compliance.</li><li>• Completion of annual Self-assessment against regulatory standards and publishing improvement plans where needed.</li><li>• A positive regulatory inspection result, meeting C1 and C2 requirements</li><li>• Collaborative working with ALMO demonstrated through joint action plans, shared performance monitoring, and consistent delivery of housing standards.</li><li>• Completion of mandatory HHSRS training for all relevant staff, with competency checks and refresher sessions.</li></ul>	<p>The 2025 self-assessment confirms compliance with C1 and C2 regulatory requirements, demonstrating strong governance and service standards. Housing stock is now fully compliant with Awaab’s Law, ensuring timely action on damp and mould issues. The Council is actively working towards achieving 90% of properties meeting the Decent Homes 2 standard, reflecting our commitment to quality and safety. In addition, HHSRS training has been booked for staff to strengthen expertise in hazard identification and compliance.</p>

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Renters Right Act</b>	<ul style="list-style-type: none"> <li>Enforce new tenancy regime by preparing for the abolition of Section 21 no-fault evictions and introduction of assured periodic tenancies.</li> <li>Monitor landlord practices and respond to appeals or misuse of new Section 8 grounds.</li> <li>Maintain and manage the PRS database/portal Ensure landlords register on the national Private Rented Sector (PRS) portal and keep information up-to-date.</li> <li>Join and comply with the landlord Ombudsman scheme Enforce the legal requirement for landlords to be members of the Private Rented Sector Ombudsman, issue civil penalties for failures, and use Ombudsman resolutions to drive improvements.</li> <li>Implement enhanced enforcement powers and civil penalties Strengthen HHSRS enforcement Recruit and train enforcement officers, environmental health professionals, and legal staff. Develop streamlined processes, data analytics, and reporting systems to track enforcement actions and maintain transparency</li> </ul>	Housing Enforcement Principal Officer / Environmental Protection Manager, Shropshire Council	<ul style="list-style-type: none"> <li>Enforce New Tenancy Regime by monitoring copies of updated tenancy agreements</li> <li>Maintain and Manage PRS Database/Portal by reporting percentage of landlords registered on the PRS portal</li> <li>Maintain a list of landlords registered with the Ombudsman.</li> <li>Keep record of civil penalties issued for non-membership.</li> <li>Review case summaries of disputes resolved through the Ombudsman.</li> <li>Evidence implementation of Enhanced Enforcement Powers and Civil Penalties through Inspection reports (including warrant and non-warrant entries), evidence of Rent Repayment Orders issued and amounts recovered and register of civil penalties applied and enforcement outcomes.</li> <li>Ensure meeting of Decent Homes Standard and Awaab's Law through property condition surveys and compliance certificates, logs of improvement notices served and completion within statutory timeframes and review of damp and mould case resolution reports.</li> <li>Ensure HHSRS Enforcement is strengthened through review of HHSRS inspection records and hazard assessments, notices</li> </ul>	Shropshire Council has proactively prepared to implement key provisions of the Renters' Rights Bill. The Council's webpages clearly communicate landlord duties under the updated legislation, including guidance on repairs, safety standards, illegal eviction, and tenancy conditions. Additionally, our environmental health team is actively monitoring landlord compliance, getting ready to issue civil penalties or pursue rent repayment orders as the new tenancy regime comes into force. Through staff training, staff and member briefings and collaborative working across teams Shropshire is ensuring a seamless transition into the enhanced regulatory landscape anticipated under the Renters' Rights Bill.

			<p>served and prosecution outcomes for non-compliance and staff training completion records on HHSRS.</p> <ul style="list-style-type: none"><li>• Expand Investigation and Inspection Capabilities via records of inspections conducted without prior notice, documentation of information requests to third parties (banks, contractors) and evidence of enforcement actions resulting from investigations.</li><li>• Upgrade Local Capacity and Governance by recruitment and training records for enforcement officers and EHO staff.</li></ul>	
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ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Partnership Working and Market Shaping:</b>	<ul style="list-style-type: none"> <li>• Collaborate to identify, develop, and incentivize sites for accessible, specialist, and mainstream housing.</li> <li>• Increase delivery of additional mainstream housing which caters for people who need an accessible home and/or wheelchair adapted homes.</li> <li>• Increased delivery of housing that is capable of adaptation over time to meet people's changing needs.</li> <li>• Encourage the development of multi-generational homes that promote supportive neighbourhoods for older people and people with health and care needs.</li> </ul>	Strategic Housing and Commissioning Manager, Shropshire Council	<ul style="list-style-type: none"> <li>• Regular reporting on House2Home outcomes.</li> <li>• Development of Adaptations Register supported by all registered housing associations</li> <li>• Evidence of meeting Housing LIN Recommendations.</li> <li>• Building Stronger Relationships with RPs evidenced via minutes of partnership meetings and joint action plans and case studies of collaborative projects or co-funded initiatives.</li> <li>• Successful bid for Affordable Homes Funding.</li> <li>• Ongoing work with the West Midlands Combined Authority</li> <li>• Evidence of collaborative Working Across Council through cross-departmental meeting records and integrated action plans and evidence of shared outcomes in housing, health, and social care.</li> <li>• Publication of Local Plan.</li> <li>• Completion of Strategic Housing Review.</li> </ul>	Shropshire Council has made significant progress in advancing housing options that meet diverse needs. We have collaborated with partners to identify and incentivize sites for accessible, specialist, and mainstream housing, ensuring developments reflect local demand. We have a growing pipeline of properties designed for future adaptability to support changing needs over time. The Council is also actively encouraging multi-generational housing schemes that foster supportive communities for older residents and those with health and care requirements, aligning with our commitment to inclusive and sustainable neighbourhoods.



ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<p><b>Improve Hospital Discharge Options:</b></p>	<ul style="list-style-type: none"> <li>Work with Housing providers to commission housing that enables people to 'step down' from hospital or psychiatric inpatient settings and to develop housing-related services to support hospital discharge (ie, rapid home adaptations and 'decluttering'.</li> </ul>	<p>Senior Housing Options Officer / Homeless Operations Manager, Shropshire Council</p>	<ul style="list-style-type: none"> <li>Review and update the Hospital Pathway.</li> <li>Increase timely 'Duty to Refer' referrals from Hospital colleagues.</li> <li>Increase number of Multi-Disciplinary Meetings prior to discharge.</li> <li>Implement a rapid Home Adaptations process.</li> <li>Commission decluttering / deep clean teams linked to hospital discharge lists; integrate with fire service and social care risk assessments.</li> <li>Commission specialist Mental Health Step-Down &amp; Tenancy Sustainment.</li> <li>Develop lived experience group.</li> <li>Undertake Cost-Benefit &amp; System Impact work.</li> </ul>	<p>Shropshire Council has demonstrated significant progress in supporting hospital discharge through a well-established pathway developed with hospital social workers via the statutory "duty to refer" process.</p>

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Develop housing for essential workers including the care sector.</b>	<ul style="list-style-type: none"> <li>• Identify and secure suitable sites for key worker housing through Local Plan allocations and strategic land acquisition.</li> <li>• Work with Registered Providers and developers to deliver affordable rental and shared ownership homes specifically prioritised for essential workers.</li> <li>• Incorporate key worker housing quotas into Section 106 agreements and planning policy for major developments.</li> <li>• Develop financial incentives and funding models (e.g., discounted rents, shared equity schemes) to make housing accessible for care sector staff.</li> <li>• Ensure homes meet location and design standards that reduce commuting times and support retention of care workers in rural and urban areas.</li> <li>• Collaborate with health and social care partners to forecast demand and align housing delivery with workforce planning.</li> <li>• Monitor and report delivery progress against agreed targets for essential worker housing annually.</li> </ul>	Strategic Housing and Commissioning Manager, Shropshire Council	<ul style="list-style-type: none"> <li>• Develop a range of Housing options including Shared Ownership, Affordable Housing and Private Rented Sector.</li> <li>• Review allocations policy and key worker definition.</li> <li>• Further develop the Kettle mortgage product in conjunction with Cornovii Developments Limited.</li> <li>• Consideration of key worker need in all new developments.</li> <li>• Build stronger relationship with RP's.</li> </ul>	Shropshire Council has taken significant steps to support essential workers, including those in the care sector, by prioritising housing that enables them to live and work locally. As part of the reviewed Housing Strategy there is an aim to Support Key Workers via work with developers, registered providers, and its housing company (Cornovii) to deliver high-quality, affordable homes tailored to local workforce needs. For example, Cornovii has launched a private rent product explicitly giving priority to key workers, veterans, and individuals with a local connection.

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Remodelling and Innovation in Existing and New Housing</b>	<ul style="list-style-type: none"> <li>• Work with providers to remodel or redevelop outdated specialist housing (e.g., care homes, sheltered housing) to better meet future needs.</li> <li>• Encourage both private and social sector developers to align with commissioners' intentions and support the development of housing that meets identified needs.</li> <li>• Promote the HAPPI design principles for both new-build mainstream and specialist housing in order for it to be attractive to older people and people with disabilities.</li> </ul>	Strategic Housing and Commissioning Manager, Shropshire Council	<ul style="list-style-type: none"> <li>• Develop case studies of outcomes delivered with Adult Social Care.</li> <li>• Align housing design and policy with Housing LIN best practice and recommendations in commissioned report.</li> <li>• Develop formal partnership agreements, regular joint delivery boards, and co-funded housing schemes with local housing providers</li> <li>• Regularly report at Social Housing Forum</li> <li>• Successful bid for Affordable Homes Funding.</li> <li>• Ongoing work with the West Midlands Combined Authority</li> <li>• Evidence of collaborative Working through cross-agency meeting records and integrated action plans and evidence of shared outcomes in housing, health, and social care.</li> </ul>	Shropshire Council has made substantial progress in remodelling and innovating both existing and new housing to enhance energy efficiency, design quality, and sustainability. A key achievement is the first phase of a £2 million retrofit decarbonisation project in Gobowen, completed in partnership with STAR Housing; 26 homes received external wall insulation, upgraded windows, roofing improvements, ventilation systems, and new doors, raising their EPC ratings to Band C and significantly reducing energy costs and improving resident wellbeing. Additionally, STAR Housing successfully secured £9.4 million from the government's Warm Homes: Social Housing Fund to retrofit and decarbonise 1,300 affordable homes across Shropshire by 2028. These efforts reflect a clear shift towards a modernised, climate-resilient housing stock that supports health, safety, and future-proof living.

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<p><b>Work with housing funders such as Homes England to further identify and secure capital funding to develop specialist housing.</b></p>	<ul style="list-style-type: none"> <li>• Establish formal engagement with Homes England through quarterly strategic meetings and partnership agreements focused on specialist housing delivery.</li> <li>• Submit funding bids aligned to Homes England programmes (e.g., Affordable Homes Programme, Specialist Housing Fund) with robust business cases and cost-benefit analysis</li> <li>• Develop pipeline of specialist housing sites supported by feasibility studies and planning consents to meet Homes England criteria.</li> <li>• Ensure compliance with Homes England design and quality standards for all funded schemes, including accessibility and sustainability requirements.</li> <li>• Monitor and report on funded project delivery through quarterly progress reports and KPI dashboards shared with Homes England and internal governance boards.</li> <li>• Leverage match funding and partnership contributions to maximise investment impact and demonstrate value for money.</li> </ul>	<p>Strategic Housing and Commissioning Manager, Shropshire Council</p>	<ul style="list-style-type: none"> <li>• Successful bid for Affordable Homes Funding.</li> <li>• Successful bid for MHCLG funding.</li> <li>• Ongoing work with the West Midlands Combined Authority.</li> <li>• Completion of Weston Court development.</li> <li>• Establish formal engagement with Homes England and regular meetings planned into diaries.</li> <li>• Work with Housing partners to develop pipeline of specialist housing sites.</li> <li>• Demonstrate compliance with Homes England design and quality standards.</li> <li>• Monitor and report on funded project delivery.</li> <li>• Work with partners to leverage match funding and contributions.</li> <li>• Undertake Cost–Benefit &amp; System Impact work.</li> </ul>	<ul style="list-style-type: none"> <li>• Shropshire Council successful bid for and secured funding for Coton Hill House which is a 25 bed self-contained temporary accommodation scheme which opened in November 2025 along with 3 dispersed domestic abuse units.</li> <li>• Work is in process regarding submission of the Affordable Homes Funding bid.</li> </ul>

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Strategic Planning and Evidence-Based Policy</b>	<ul style="list-style-type: none"> <li>• Use local data to identify the future housing needs of older people and working-age adults with health and care needs.</li> <li>• Ensure these needs are explicitly referenced in the council's Local Plan and supplementary planning documents, setting clear expectations for housing providers regarding accessible and adaptable housing standards.</li> </ul>	Strategic Housing and Commissioning Manager, Shropshire Council	<ul style="list-style-type: none"> <li>• Review and publication of Shropshire Council Housing strategy</li> <li>• Publication of Shropshire Local plan and review of the Supplementary Planning Guidance.</li> <li>• Completion of Strategic Housing Review.</li> </ul>	Housing Strategy and Local Plan are currently being reviewed and due to be published during 2026.

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Increase awareness of Adaptations by:</b>	<ul style="list-style-type: none"> <li>• Undertake a local publicity campaign to promote the existence of home improvement, adaptation and related services to ensure these services are easily accessible to older people and other people with health and care needs.</li> <li>• Ensure that there is clear and comprehensive information, targeted to the local demographic about how to access home improvement and adaptations, equipment and aids.</li> <li>• Consider how to develop and offer an enhanced home improvement and adaptations service.</li> <li>• Ensure that the type and range of home adaptations offered are as attractive as possible to avoid any stigma associated with having adaptations at home.</li> </ul>	Senior Private Sector Housing Officer, Shropshire Council	<ul style="list-style-type: none"> <li>• Review and publication of updated Housing Adaptations Policy.</li> <li>• Development and implementation of local publicity campaign.</li> <li>• Completion of Strategic Housing Review.</li> <li>• Undertake Cost–Benefit &amp; System Impact work.</li> </ul>	Shropshire Council has continued to deliver significant improvements through its Disabled Facilities Grant programme, by enhancing its discretionary powers and developing a local offer. This has streamlined processes to reduce waiting times, and strengthened partnerships with occupational therapists and contractors to ensure timely delivery. These efforts have improved quality of life for vulnerable residents, supported hospital discharge, and reduced the need for residential care placements, aligning with the Council’s commitment to inclusive housing and health outcomes.

ACTION	OBJECTIVES / GOALS	RESPONSIBLE PERSON	HOW WILL WE MEASURE SUCCESS?	PROGRESS TO DATE
<b>Tackling housing and associated health inequalities:</b>	<ul style="list-style-type: none"> <li>• Review the condition and standards of social and private housing in the local area.</li> <li>• Establish referral pathways for energy efficiency and home improvement programmes.</li> <li>• Provide accessible information and advice about improving housing conditions and access to any grants/funding to tackle cold homes.</li> <li>• Set up a 'Warm and Well' service to improve people's homes through interventions to avoid and/or minimise the likelihood of health issues arising from people living in cold and/or damp homes.</li> <li>• Make use of the mandatory HMO licencing scheme to ensure shared accommodation, is safe and identify opportunities to improve housing standards.</li> </ul>	Principal Affordable Warmth and Energy Efficiency Officer, Shropshire Council	<ul style="list-style-type: none"> <li>• Record and evidence:               <ul style="list-style-type: none"> <li>• % of Allocated energy efficiency funding delivered.</li> <li>• No. of residents accessing advice and support surrounding housing condition and AWEE.</li> <li>• No. of Cat 1 Hazards identified and resolved</li> <li>• Work with registered Housing Associations regarding reports of Damp and Mould and EPC banding.</li> <li>• No. of private rented homes by SAP (Standard Assessment Procedure) band?</li> </ul> </li> <li>• Publish case studies demonstrating examples of work to date.</li> </ul>	Shropshire Council currently commissions the Keep Shropshire Warm service ensuring residents have advice on and support to apply for energy efficiency programme including providing insulation, heating upgrades, and referrals to national schemes to combat fuel poverty and cold homes.

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## **Appendix B – Housing and Health Case Study**

Working collaboratively with Social Care, Health, STaR Housing and Cornovii Developments, Shropshire Council Housing Team identified a property to meet the needs of an individual with complex requirements.

The overarching goal was to provide specialist adaptations while maintaining independence in a community setting.

This aligns with Shropshire Council's **Independent Living and Specialist Accommodation Strategy**, which emphasises promoting independence through accessible housing and tailored adaptations.

The following specialist modifications were made to ensure the property met the individual's needs while supporting independent living:

- **Structural Changes**
  - Removal of existing partitions and installation of new stud walls to create functional spaces, including a sensory room and wet room.
  - Adjustments to underfloor heating and drainage systems to accommodate new layouts.
- **Accessibility Enhancements**
  - Installation of moisture-resistant plasterboard and acoustic partitions for improved comfort and safety.
  - Modifications to external windows with obscure glazing and integrated blinds for privacy and sensory regulation.
- **Specialist Facilities**
  - Creation of a ground-floor wet room for ease of access.
  - Adaptations in bathrooms, including removal of existing sanitaryware and tiles to install suitable fixtures.
- **Additional Features**
  - Provision for a key safe and consideration of service charges for ongoing maintenance (e.g., fixtures, fittings, gardening).

These adaptations were designed to meet physical and sensory needs, ensuring the property could support daily living without reliance on institutional care.

The tenant has significant support requirements, necessitating collaboration between housing, adult social care, health and STaR Housing development team. The project successfully delivered a home tailored to specialist needs, enabling the individual to live independently with appropriate support.

This case exemplifies best practice in balancing adaptation for complex needs with integration into mainstream housing, reducing reliance on institutional settings and promoting autonomy.

Designing a property specifically to meet an individual's care and health needs is cost-effective because it reduces reliance on expensive residential care, prevents hospital admissions, and supports quicker recovery and independence. Purpose-built homes with features such as level-access showers, widened doorways, and assistive technology minimise risks of falls and health deterioration, lowering long-term health and social care costs. By enabling people to remain safely at home, these properties reduce demand for residential placements and emergency interventions, delivering significant savings for health and care systems while improving quality of life.



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	22 <sup>nd</sup> January 2025				
<b>Title of report</b>	<b>Healthwatch Shropshire Update and Next Steps</b>				
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)	Information only (No recommendations)	
<b>Reporting Officer &amp; email</b>	Lynn Cawley (Chief Officer) <a href="mailto:Lynn.cawley@healthwatchshropshire.co.uk">Lynn.cawley@healthwatchshropshire.co.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		Reduce inequalities (see below)		X
<b>What inequalities does this report address?</b>	Access to independent public voice and advocacy – particularly for people who are digitally excluded and those with protected characteristics				

### Report content

#### 1. Executive Summary

The report aims to update members of Shropshire Health and Wellbeing Board regarding the work undertaken by Healthwatch Shropshire since April 2025 in response to our own priorities and our partnership working across the Shropshire, Telford & Wrekin Integrated Care System. It also draws attention to the changes facing the Healthwatch network in 2026 following the publication of the Dash Review and NHS 10 Year Plan and the decision to abolish Healthwatch.

Healthwatch Shropshire has been part of this system since 2013. We are independent of the NHS and social care and non-political. We work to ensure the public voice is heard by completing face-to-face engagement projects, Enter & View visits and spotlight reports, reporting our findings to highlight what is working well, identifying gaps in services and where improvements should be made, as well as the work being done in response to public involvement and feedback. We are unique in that we publish reports focusing on qualitative feedback, including direct quotes from people. We ensure these reports are accessible to people providing and regulating services, and importantly, anyone using health and social care services in Shropshire.

Healthwatch Shropshire also offer information and signposting and deliver the Independent Health Complaints Advocacy Service for Shropshire residents and anyone using NHS services in Shropshire. We are trusted and respected for the work we do but have also shown we are keen to support system improvement, offering constructing challenge and a way for people to share their views and experiences anonymously with an independent body.

#### 2. Recommendations

The Health and Wellbeing Board is asked to consider the implication of the decision to abolish Healthwatch on the independent voice of people using health and social care services in Shropshire, particularly as this system has seen significant issues raised by reports such as the Ockenden Report into Maternity Care and the Dispatches programme about our Emergency Departments. At a time when it is important to build public trust and confidence in services and to ensure openness and transparency, we ask the Health and Wellbeing Board

1. To ensure the principle and function of independent feedback remains on the agenda and agree practical next steps.
2. To seek clarification on the mechanism for the transfer of Healthwatch functions into the ICB and Shropshire Council, expected implications for resources and whether any mitigations are envisaged with regards to its impact upon people's willingness to report experience and complain directly to providers and commissioners.

### 3. Report:

see Appendix A

<b>Risk assessment and opportunities appraisal</b> <i>(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</i>	<b>For information:</b> <a href="#"><u>Equalities impact assessment: 10 Year Health Plan for England - GOV.UK</u></a> Published 17/12/25	
<b>Financial implications</b> <i>(Any financial implications of note)</i>	To be determined	
<b>Climate Change Appraisal as applicable</b>	NA	
<b>Where else has the paper been presented?</b>	System Partnership Boards	
	Voluntary Sector	
	Other	Shropshire Council
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead – HWS is commissioned by SC and a statutory member of the HWBB</b>		
<b>Appendices</b> Appendix A. Healthwatch Shropshire & the Independent Voice – full report Appendix B. Healthwatch Shropshire – presentation		



# Update and next steps

Shropshire Health and Wellbeing Board

22<sup>nd</sup> January 2026



# Our role and functions

- **Healthwatch Shropshire** is the health and social care champion for the local population our function is to **understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf**
- Established by the **Health and Social Care Act 2012** to **drive patient involvement** and build on the functions of LINKs (Local Involvement Networks) in response to the **Frances Report into Mid Staffordshire NHS Foundation Trust** which states

‘local healthwatch is intended to be the local consumer voice with a key role in influencing local commissioning decisions’ (p.47)

- We have a duty to **involve the public** in our work and produce public reports
- We report to **Healthwatch England** and the **CQC, NHSE, NHS Shropshire, Telford & Wrekin, Shropshire Council** and are statutory members of the **HWBB**
- There is a **network of 152 local Healthwatch**



# What have we done?

Since we were **established in 2013**, we have:

- ✓ Published **over 120 reports about people's experiences** of local health and social care services
- ✓ Published **over 80 Enter & View reports following visits by our volunteers** to care homes across Shropshire, hospital wards and clinics and GP practices to speak to people face-to-face
- ✓ Since 2016, provided the **Independent Health Complaints Advocacy Service** for Shropshire residents / people using NHS services in Shropshire - **to support people to understand and use the NHS complaints process and give alternatives to complaining**

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## Tell us

We want to hear about your experiences. We use this information to influence and inform service change across Shropshire.

## Enter & View

We visit local services to see and hear for ourselves how they are provided. We collect people's opinions and produce reports to help improve these services.

## Information & Signposting

We use our local knowledge to let you know what health and social care services are available to you.

## NHS Complaints Advocacy

We have a free and independent advocacy service to support you with your NHS complaints.

# 2025-26: So far this year

## 1. Sustainability and resilience of Healthwatch Shropshire

- From July 2025 Healthwatch Shropshire became hosted by Community Resource (CR)



## 2. Public involvement

- Ensuring all **existing volunteers** are up-to-date with training and DBS, re-started our Enter & View visit programme, **on-going recruitment, promotion of opportunities** across health and social care (e.g. HTP)
- Currently developing a **Community Voice Panel** with CR – Q4

## 3. Inequalities

- Used our engagement functions to hear from –people who are living with **cancer** and shared our findings with the ICB to inform their Cancer Strategy, **Veterans** (including 'Veteran Aware'), people and staff at **HMP Stoke Heath** regarding support post-release, inpatients at **The Redwoods**, people using **spinal injuries services**.

## 4. Prevention

- All engagement aims to **raise awareness of services** (e.g. college students access to mental health support) and **promote system campaigns** (e.g. Think which service)

## 5. Access and quality of services

- Providing information and signposting, and sharing our intelligence



- July 2025 Publication of Dr Penny Dash's Review of patient safety across the health and care landscape which proposed the **abolition of Healthwatch England and local Healthwatch**, with the statutory functions of local Healthwatch transferring to Integrated Care Boards (NHS Shropshire, Telford & Wrekin) and local authorities (Shropshire Council)

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**Recommendation 5: bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services**

- The Dash report informed the Governments new NHS 10 Year Plan published in July 2025 - Fit for the future: 10 Year Health Plan for England (p.89)

# The risks, include...

- ❑ **Vulnerable people less able to advocate for themselves will not be heard.**  
This includes people at risk of health inequalities.
- ❑ People who want to share an experience of care with an independent organisation *which hasn't been involved in their care* will not be heard. **This could mean that important local quality of care issues are missed.**
- ❑ Providers will focus their listening activities only on issues that are a priority for them; rather than **issues that local people tell us matter to them**. This could result in increased health inequalities and poor outcomes for priority populations and other vulnerable groups.
- ❑ **A strong independent voice for patients/service users and the general public will not be heard in strategic decision-making.**
- ❑ If feedback is gathered by providers, in relation to their own services, no one is tasked with listening to holistic **experiences across pathways of care**, and on whether integration is working for people.
- ❑ Over reliance on digital feedback due to the shift from analogue to digital in the NHS 10 Year Plan **Equalities impact assessment: 10 Year Health Plan for England - GOV.UK** (p.50)

## What we know so far

### July 2025

We joined 130 other local Healthwatch to sign [an open letter to the Secretary of State](#), Wes Streeting. The letter asked the government to rethink the proposals and set out our concerns.

### October 2025

Local Healthwatch met with DHSC for the first time. We were told to expect a draft bill to go to Parliament between January and March 2026. This bill is expected to:

- Officially close Healthwatch
- Close NHS England
- Change how Integrated Care Boards work
- Make changes to health and social care laws.

### November 2025

The public petition passed 10,000 signatures. As this reached over 10,000 signatures, the [government provided a response](#).

### January 2026

Healthwatch Chairs and Chief Officers will meet again with DHSC on 28 January 2026. We expect to learn a lot more at this meeting.

Now 4<sup>th</sup> February

### Ongoing in 2026

The King's Fund is continuing to [work with local Healthwatch](#) to explore what new legislation and future models could look like.

### June 2025

The government announced that it [planned to close Healthwatch](#). They said our work would be taken over by the Department of Health and Social Care (DHSC) and the NHS.

### August 2025

Local Healthwatch [launched a public petition](#) asking the government to review the decision to close independent Healthwatch, and to protect the public's independent voice in health and social care.

### November 2025

The government confirmed that NHS restructures and redundancies will go ahead. This was announced in Wes Streeting's [NHS Providers Conference speech](#).

### December 2025

Louise Ansari, the [CEO of Healthwatch England](#), will [step down](#) on 16 December 2025. Chris McCann will lead Healthwatch England until the organisation closes.

### Early 2026

We expect more information about Healthwatch's future in the King's Speech. We do not yet know the date of this.

### Early 2027

Once a new Bill is introduced, it is expected to take about a year to pass through parliament and become law. This means the new law and system could come into place in early 2027.

Healthwatch Shropshire is part of the network group working together to

- **protect the independent voice** (including public reporting of people's views and experiences of services)
- ensure we are involved in local discussions about **future arrangements** so that our knowledge and learning is not lost

Petition and response:  
[Review decision to abolish independent local Healthwatch - Petitions](#)

## **Independence and credibility**

- Can the DHSC confirm that LAs and ICBs will be able to commission independent organisations/bodies to deliver 'Healthwatch functions' once legislation has passed'? And will it be possible for them to jointly commission?
- What mechanisms will exist to manage conflicts of interest, particularly where commissioning and engagement sit within the same organisation?

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## **Transparency, publication, and engagement**

- Will organisations delivering Healthwatch functions under the new arrangements be required to publish reports, findings, and recommendations publicly?
- Where will this information be published, and how will it be made accessible to local communities?
- Will there be a requirement for responses to recommendations to be public, as is currently expected?
- How will transparency be ensured where patient voice functions sit within LAs or ICBs rather than independent organisations?

# The ask today

1. There are a number of changes happening across the health and social care system at the moment, including the development of cluster arrangements as NHS Shropshire, Telford & Wrekin join with NHS Staffordshire and Stoke-on-Trent. Therefore, it is important for the **Health and Wellbeing Board to ensure the principle and function of independent feedback remains on the agenda and agree practical next steps.**

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Seek clarification on the **mechanism for the transfer of Healthwatch functions** into the ICB and Shropshire Council, expected **implications for resources** and whether any mitigations are envisaged with regards to its **impact upon people's willingness to report experience and complain directly to providers and commissioners.**





# Further information

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# The legislation and functions

Statutory activities of local Healthwatch		Examples
1	Promoting and supporting the <b>involvement of local people in the commissioning, the provision and scrutiny of local care services</b>	Volunteer roles for local people
2	<b>Enabling local people to monitor the standard of provision of local care services</b> and whether and how local care services could and ought to be improved	Enter & View (E&V) visits Attendance at system meetings and co-production events including Joint Health Overview and Scrutiny Committee (HOSC)
3	<b>Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known</b> to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England (HWE)	Engagement (regular stands and events 'Tell us' Co-optee on Joint Health Overview Scrutiny Committee (Shropshire Council) Report to HWE
4		<b>Making reports and recommendations about how local care services could or ought to be improved.</b> These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England

# The legislation and functions

Statutory activities of local Healthwatch		Examples
5	Providing <b>advice and information</b> about access to local care services so choices can be made about local care services	Providing information and signposting at events, over the phone, via email and through the website
6	<b>Formulating views on the standard of provision and whether and how the local care services could and ought to be improved</b> ; and sharing these views with Healthwatch England	Listening to the public and professionals and asking their views on how things can be improved and reporting these in our reports and ICS meetings
7	<b>Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations</b> (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues	Escalating local issues to Healthwatch England using our links with senior leaders and Regional Network arrangements. Actively involved in the Network and regularly join Chief Officer meetings and share information on Workplace
8	<b>Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively</b>	Timely sharing of feedback we receive from the public through regular reporting to HWE and all reports being included in the Network Reports Library Quarterly meetings with CQC inspectors
+	<b>In Shropshire, the Healthwatch funding currently includes the contract for delivering the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire</b>	Empowering the public to formally complain using the NHS Complaints Process and offering advocacy



# For more information

Healthwatch Shropshire

4 The Creative Quarter

Shrewsbury Business Park

Shrewsbury

Shropshire, SY2 6LG

[www.healthwatchshropshire.co.uk](http://www.healthwatchshropshire.co.uk)

t: 01743 237884

e: [enquiries@healthwatchshropshire.co.uk](mailto:enquiries@healthwatchshropshire.co.uk)

 @HWSHropshire

 [facebook.com/HealthwatchShropshire](https://facebook.com/HealthwatchShropshire)

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# Our role and functions

- **Healthwatch Shropshire** is the health and social care champion for the local population our function is to **understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf**
- Established by the **Health and Social Care Act 2012** to **drive patient involvement** and build on the functions of LINKs (Local Involvement Networks) in response to the **Frances Report into Mid Staffordshire NHS Foundation Trust** which states

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**‘local healthwatch is intended to be the local consumer voice with a key role in influencing local commissioning decisions’ (p.47)**

- We have a duty to **involve the public** in our work and produce public reports
- We report to **Healthwatch England** and the **CQC, NHSE, NHS Shropshire, Telford & Wrekin, Shropshire Council** and are statutory members of the **HWBB**
- There is a **network of 152 local Healthwatch**



# What have we done?

Since we were **established in 2013**, we have:

- ✓ Published **over 120 reports about people's experiences** of local health and social care services
- ✓ Published **over 80 Enter & View reports following visits by our volunteers** to care homes across Shropshire, hospital wards and clinics and GP practices to speak to people face-to-face
- ✓ Since 2016, provided the **Independent Health Complaints Advocacy Service** for Shropshire residents / people using NHS services in Shropshire - **to support people to understand and use the NHS complaints process and give alternatives to complaining**

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## Tell us

We want to hear about your experiences. We use this information to influence and inform service change across Shropshire.

## Enter & View

We visit local services to see and hear for ourselves how they are provided. We collect people's opinions and produce reports to help improve these services.

## Information & Signposting

We use our local knowledge to let you know what health and social care services are available to you.

## NHS Complaints Advocacy

We have a free and independent advocacy service to support you with your NHS complaints.

# 2025-26: So far this year

## 1. Sustainability and resilience of Healthwatch Shropshire

- From July 2025 Healthwatch Shropshire became hosted by Community Resource (CR)



## 2. Public involvement

- Ensuring all **existing volunteers** are up-to-date with training and DBS, re-started our Enter & View visit programme, **on-going recruitment, promotion of opportunities** across health and social care (e.g. HTP)
- Currently developing a **Community Voice Panel** with CR – Q4

## 3. Inequalities

- Used our engagement functions to hear from –people who are living with **cancer** and shared our findings with the ICB to inform their Cancer Strategy, **Veterans** (including 'Veteran Aware'), people and staff at **HMP Stoke Heath** regarding support post-release, inpatients at **The Redwoods**, people using **spinal injuries services**.

## 4. Prevention

- All engagement aims to **raise awareness of services** (e.g. college students access to mental health support) and **promote system campaigns** (e.g. Think which service)

## 5. Access and quality of services

- Providing information and signposting, and sharing our intelligence

# The future of Healthwatch

- July 2025 Publication of Dr Penny Dash's Review of patient safety across the health and care landscape which proposed the **abolition of Healthwatch England and local Healthwatch**, with the statutory functions of local Healthwatch transferring to Integrated Care Boards (NHS Shropshire, Telford & Wrekin) and local authorities (Shropshire Council)

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**Recommendation 5: bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services**

- The Dash report informed the Governments new NHS 10 Year Plan published in July 2025 - Fit for the future: 10 Year Health Plan for England (p.89)

# The risks, include...

- ❑ **Vulnerable people less able to advocate for themselves will not be heard.**  
This includes people at risk of health inequalities.
- ❑ People who want to share an experience of care with an independent organisation *which hasn't been involved in their care* will not be heard. **This could mean that important local quality of care issues are missed.**
- ❑ Providers will focus their listening activities only on issues that are a priority for them; rather than **issues that local people tell us matter to them**. This could result in increased health inequalities and poor outcomes for priority populations and other vulnerable groups.
- ❑ **A strong independent voice for patients/service users and the general public will not be heard in strategic decision-making.**
- ❑ If feedback is gathered by providers, in relation to their own services, no one is tasked with listening to holistic **experiences across pathways of care**, and on whether integration is working for people.
- ❑ Over reliance on digital feedback due to the shift from analogue to digital in the NHS 10 Year Plan **Equalities impact assessment: 10 Year Health Plan for England - GOV.UK** (p.50)



## What we know so far

### July 2025

We joined 130 other local Healthwatch to sign [an open letter to the Secretary of State](#), Wes Streeting. The letter asked the government to rethink the proposals and set out our concerns.

### October 2025

Local Healthwatch met with DHSC for the first time. We were told to expect a draft bill to go to Parliament between January and March 2026. This bill is expected to:

- Officially close Healthwatch
- Close NHS England
- Change how Integrated Care Boards work
- Make changes to health and social care laws.

### November 2025

The public petition passed 10,000 signatures. As this reached over 10,000 signatures, the [government provided a response](#).

### January 2026

Healthwatch Chairs and Chief Officers will meet again with DHSC on 28 January 2026. We expect to learn a lot more at this meeting.

Now 4<sup>th</sup> February

### Ongoing in 2026

The King's Fund is continuing to [work with local Healthwatch](#) to explore what new legislation and future models could look like.

### June 2025

The government announced that it [planned to close Healthwatch](#). They said our work would be taken over by the Department of Health and Social Care (DHSC) and the NHS.

### August 2025

Local Healthwatch [launched a public petition](#) asking the government to review the decision to close independent Healthwatch, and to protect the public's independent voice in health and social care.

### November 2025

The government confirmed that NHS restructures and redundancies will go ahead. This was announced in Wes Streeting's [NHS Providers Conference speech](#).

### December 2025

Louise Ansari, the [CEO of Healthwatch England](#), will [step down](#) on 16 December 2025. Chris McCann will lead Healthwatch England until the organisation closes.

### Early 2026

We expect more information about Healthwatch's future in the King's Speech. We do not yet know the date of this.

### Early 2027

Once a new Bill is introduced, it is expected to take about a year to pass through parliament and become law. This means the new law and system could come into place in early 2027.

Healthwatch Shropshire is part of the network group working together to

- **protect the independent voice** (including public reporting of people's views and experiences of services)
- ensure we are involved in local discussions about **future arrangements** so that our knowledge and learning is not lost

Petition and response:  
[Review decision to abolish independent local Healthwatch - Petitions](#)



# Key questions to consider, include **healthwatch** Shropshire

## Independence and credibility

- **Can the DHSC confirm that LAs and ICBs will be able to commission independent organisations/bodies to deliver 'Healthwatch functions' once legislation has passed?** And will it be possible for them to jointly commission?
- What mechanisms will exist to manage **conflicts of interest**, particularly where commissioning and engagement sit within the same organisation?

## Transparency, publication, and engagement

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Will organisations delivering Healthwatch functions under the new arrangements be required to **publish reports, findings, and recommendations publicly?**

- Where will this information be published, and **how will it be made accessible to local communities?**
- Will there be a requirement for **responses to recommendations to be public**, as is currently expected?
- **How will transparency be ensured** where patient voice functions sit within LAs or ICBs rather than independent organisations?

# The ask today

1. There are a number of changes happening across the health and social care system at the moment, including the development of cluster arrangements as NHS Shropshire, Telford & Wrekin join with NHS Staffordshire and Stoke-on-Trent. Therefore, it is important for the **Health and Wellbeing Board to ensure the principle and function of independent feedback remains on the agenda and agree practical next steps.**

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Seek clarification on the **mechanism for the transfer of Healthwatch functions** into the ICB and Shropshire Council, expected **implications for resources** and whether any mitigations are envisaged with regards to its **impact upon people's willingness to report experience and complain directly to providers and commissioners.**





## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	<b>22<sup>nd</sup> January 2026</b>				
<b>Title of report</b>	<b>Health &amp; Wellbeing Strategy Delivery Progress</b>				
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	Rachel Robinson rachel.robinson@shropshire.gov.uk				
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address? Please tick all that apply</b>	Children & Young People		Joined up working		
	Mental Health		Improving Population Health	x	
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		
	Workforce		Reduce inequalities (see below)		
<b>What inequalities does this report address?</b>	This report summarises the progress across all areas of the HWBB Strategy including inequalities				

### 1. Executive Summary

This report provides an update on progress made towards delivery of the HWBB Strategy during the period from the publication of the strategy in 2022 to the end of 2025

### 2. Recommendations

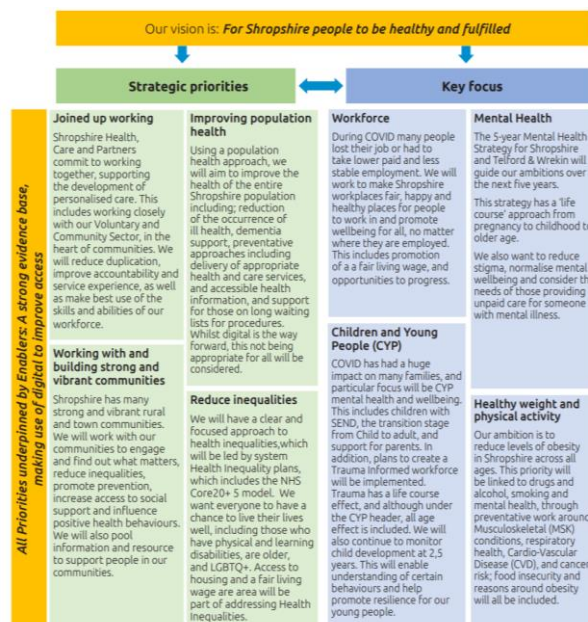
- 2.1 Acknowledge the delivery progress made against the HWBB Strategy priorities since 2022-2025 with 2 years remaining.
- 2.2 Make comments and recommendations for future reporting format and content to ensure robust oversight of progress.

### 3. Report

The HWBB approved its refreshed Strategy for 2022 – 2027 on 3<sup>rd</sup> March 2022, and since the adoption of the Strategy the Board has received updates on delivery of the priorities individually and with an annual review at its workshop meetings. This is the first formal report presenting a draft structure for discussion that will be used for quarterly monitoring for this and future strategies.

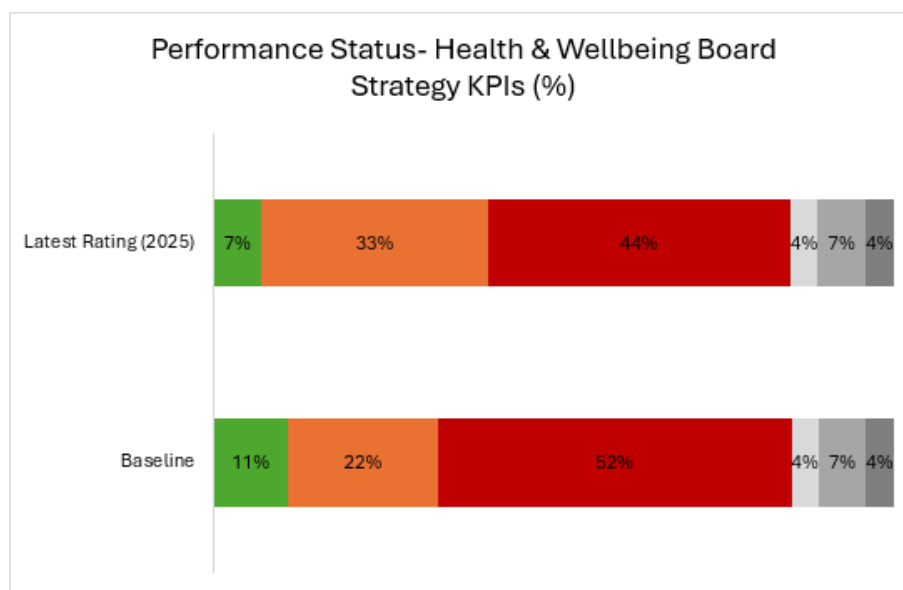
The strategy sets out the long-term vision for Shropshire and identifies the immediate priority areas for action and how the Board intends to address these. The HWBB Strategy refresh was shaped by: a wide range of existing partnership plans, data and intelligence from the Joint Strategic Needs Assessment (JSNA) Health & Wellbeing Strategy Refresh 2022 - 2027 and through insight and engagement with our residents, communities and partners.

Our vision for the strategy is for Shropshire people to be healthy and fulfilled. Our priorities take two forms: Strategic: These are the long-term aims and how we will achieve them and key focus: These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA). There is a broad scope of priorities across public health and prevention agendas, integrated community care and the wider determinants of health.



The delivery report in Appendix 1 details progress against the overall outcome/metrics within the strategy and also specific delivery progress against key strategy priorities, including highlights on performance and outcomes, case studies and good practice.

Overall metrics have seen a reduction in those outcomes significantly below national performance from 52% to 44% however, the proportion of metrics significantly higher than the England average as fallen. It should be noted that while the strategy covers the period post COVID many of the metrics and baselines include that period.



#### Areas showing improvement since baseline:

1. Excess under 75 mortality rate in adults with severe mental illness (SMI)
2. Personalisation- NHS GP Patient Survey
3. Hospital admissions caused by unintentional and deliberate injuries in children
4. Emergency hospital admissions for pneumonia
5. Hospital admissions as a result of self-harm
6. Coronary heart disease: hospital admissions
7. Average weekly earnings (aged 16+)-
8. Excess under 75 mortality rate in adults with severe mental illness (SMI)
9. School pupils with social, emotional and mental health needs
10. Child development: percentage of children achieving a good level of development at 2 to 2 and a half years

11. level in communication skills at 2 to 2 and a half years
12. Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)
13. Smoking in early pregnancy-
14. Smoking status at time of delivery

Key Activity includes: Place Based Joint Needs Assessment and Children and Young People JSNA, Children and Young People Social Prescribing, Suicide Prevention Strategy, Youth Transformation Planning and Trauma informed updates, Smoking Cessation including Vaping.

**Areas worsening since baseline:**

1. Healthy life expectancy for males and females
2. Health life expectancy at 65 for males and females
3. Improving access to health and care services - Barriers to housing and services domain IMD score
4. Suicide rate
5. School pupils with social, emotional and mental health needs-
6. Children in care
7. Adults Overweight/Obese
8. Diabetes prevalence age 17+ (QOF)

Key activity includes:

Healthy Weight Strategy, Child Safeguarding Annual Report, Children and Young People Social Prescribing.

<b>Risk assessment and opportunities appraisal</b>	N/A	
<b>Financial implications</b>	N/A	
<b>Climate Change Appraisal</b>	N/A	
<b>Where else has the paper been presented?</b>	System Partnership Boards	-
	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>		
Shropshire Health and Wellbeing Strategy 2023-2027; <a href="#">2022-27-hwbb-strategy.pdf</a>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead</b>		
Co-Chairs: Cllr Bernie Bentick Portfolio Holder for Health and Public Protection Simon Whitehouse Chief Executive Officer for NHS Staffordshire, Stoke on Trent and NHS Shropshire and Telford and Wrekin		
<b>Appendices:</b>		
Appendix A. HWBB Strategy – Progress against Measures of Success January 2026		

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# Shropshire's Health and Wellbeing Board Strategy 2022-2027

## Performance against measures of success: January 2026

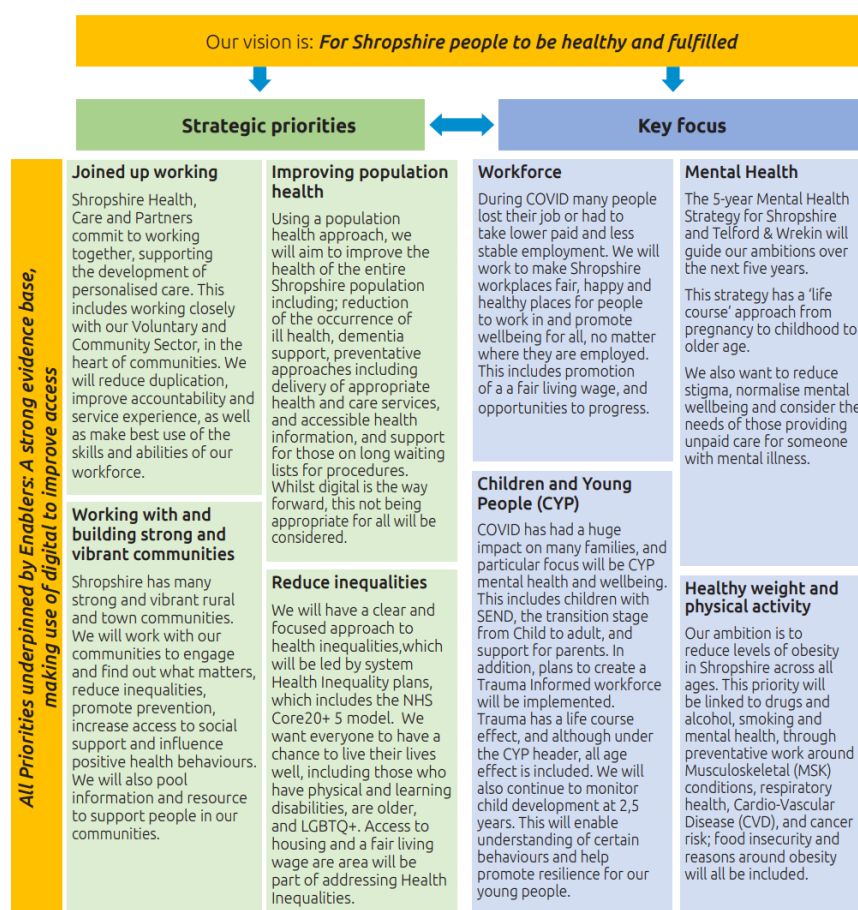
### 1. Executive Summary

This report provides an update on progress made towards delivery of the HWBB Strategy during the period from the publication of the strategy in 2022 to the end of 2025

### 2. Background

The HWBB approved its refreshed Strategy for 2022 – 2027 on 3<sup>rd</sup> March 2022, and since the adoption of the Strategy the Board has received updates on delivery of the priorities individually and with an annual review at its workshop meetings. This is the first formal report presenting a draft structure for discussion that will be used for quarterly monitoring for this and future strategies.

The strategy sets out the long-term vision for Shropshire and identifies the immediate priority areas for action and how the Board intends to address these. The HWBB Strategy refresh was shaped by: a wide range of existing partnership plans, data and intelligence from the Joint Strategic Needs Assessment (JSNA) Health & Wellbeing Strategy Refresh 2022 - 2027 and through insight and engagement with our residents, communities and partners.



Our vision for the strategy is for Shropshire people to be healthy and fulfilled. Our priorities take two forms: Strategic: These are the long-term aims and how we will achieve them and key focus: These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA). There is a broad scope of priorities across public health and prevention agendas, integrated community care and the wider determinants of health. The areas of key focus are specific

areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA)

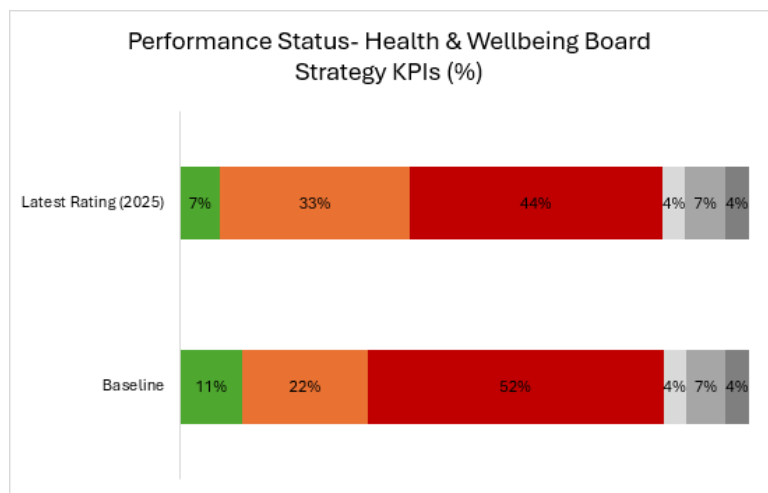
In addition to the above the Strategy identified ten other key identified priorities:

1. Social Prescribing
2. Drugs and Alcohol
3. Domestic Abuse
4. County Lines
5. Smoking in Pregnancy
6. Food Insecurity
7. Housing
8. Suicide Prevention
9. Killed and Seriously Injured
10. Air Quality

### 3. Overview Measures of Success

This delivery report details progress against the overall outcome/metrics within the strategy and also specific delivery progress against key strategy priorities, including highlights on performance and outcomes, case studies and good practice.

The overall metrics have seen a reduction in those outcomes significantly worse than national performance from 52% to 44% however, the proportion of metrics significantly better than the England average has fallen, with more metrics now similar to the national rates. It should be noted that while the strategy covers the period post COVID many of the metrics and baselines include that period.



#### Summary of Overall ratings compared to national for the 27 indicators

Rating against National in chosen 27 indicators	Rating at Baseline		Latest Rating	
	Number	Percentage	Number	Percentage
Green	3	11%	2	7%
Amber	6	22%	9	33%
Red	14	52%	12	44%
Data no longer available	1	4%	1	4%
No metric decided yet	2	7%	2	7%
No rating	1	4%	1	4%

#### Areas showing improvement since baseline:

1. **Excess under 75 mortality rate in adults with severe mental illness (SMI) (Persons, 18-74 yrs)**- reduced but still worse than national rate
2. **Personalisation- NHS GP Patient Survey Q44: Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your conditions or illness?** – people answering ‘Yes’ has increased from 32% to 40%, but still below national figure of 42%
3. **Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)** - reduced and now similar to national rate



4. **Emergency hospital admissions for pneumonia** (Shropshire, Telford and Wrekin)- reduced but still worse than national rate
5. **Hospital admissions as a result of self-harm** (Persons, 10-24 yrs)- reduced and better (lower) than national rate
6. **Coronary heart disease: hospital admissions (Persons, All ages)- DSR rate per 100,000** – rate has decreased since baseline which was significantly above national rate, but is now similar but better (lower) than national rate.
7. **Average weekly earnings (aged 16+)**- increased since baseline, but below still national rate.
8. **16 to 17 year olds not in education, employment or training (NEET)** or whose activity is not known- reduced since baseline, but still worse than national rate
9. **Excess under 75 mortality rate in adults with severe mental illness (SMI)** – reduced since baseline, but still above national rate
10. **School pupils with social, emotional and mental health needs (Persons, School age)** – Shropshire's baseline was lower (better) than national, and while it has increased since it is now just under national.
11. **Child development: percentage of children achieving a good level of development at 2 to 2 and a half years (Persons, 2-2.5 yrs)** – at baseline rate was well below national and while it has increased very slightly it remains well below national.
12. **Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)** – at baseline rate was well below national and while there has been a very small increase, this continues to be significantly worse than national.
13. **Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)** – was significantly below national at baseline and continues to be in most recent period despite a very small increase
14. **Smoking in early pregnancy**- since baseline of 22/23, Shropshire was well above national and while it reduced in 23/24 was still well above national. Data not since over concerns about data quality.
15. **Smoking status at time of delivery** – baseline was significantly above national figure, but most recent figure has dropped, and while higher than England, is no longer significantly higher.

#### **Areas worsening since baseline:**

1. **Healthy life expectancy for males and females**- reduced for both since baseline but still higher than national rate for both – significantly higher for males.
2. **Health life expectancy at 65 for males and females** – has slightly dropped for both since baseline, but both are still slightly higher but not significantly to nation.
3. **Improving access to health and care services - Barriers to housing and services domain IMD score** – there is no value for England for this sub-domain of the IMD, however Shropshire's score for this domain rose from the 2019 IMD to the 2025 version – a rise means more deprivation
4. **Suicide rate**- risen since baseline and now worse than national rate
5. **School pupils with social, emotional and mental health needs**- rising since baseline and now similar to national rate, having been lower at baseline.
6. **Children in care** – rise since baseline and continues to be above national rate.
7. **Adults Overweight/Obese** – slight increase from baseline, but has fallen from previous few years, remains slightly higher than national but not significantly
8. **Diabetes prevalence age 17+ (QOF)** (previously diabetes diagnostic rate which has been discontinued) - risen since baseline, but still slightly lower than national rate.

#### 4. Progress Delivery Report

At each HWBB meeting the strategic priorities drive the majority of the agenda items with 90% of the items covering at least three of the four strategic priorities. The four priorities areas are routinely reported also to the board meetings with updates on delivery.

Area	Key Focus Area
Focus	Workforce
Key Progress	<p>The Board has received several updates on the work of the Social Task Force Poverty and Hardship Group on their Action Plan and support to those impacted by the Cost-of-Living crisis, including CAB report - when the Safety Net Fails. A Cost-of-Living Dashboard has been developed to support monitoring and regular comms/website updates have been provided including a focus on Winter Wellness/Cost of Living Support VCSE with updated information to share with partners and the public, the last update was received in Sept 2025.</p> <p>The Shaping Places project was a three-year partnership project funded by the Health Foundation. The wider objectives of the programme are to mobile cross-sector action on the wider determinants of health through adopting a systems change approach. Our local focus was on reducing food insecurity, particularly in Southwest Shropshire. The board received updates on progress against delivery, prior to the completion of the project.</p> <p>The third year of delivery led into the Ask, Assist and Act toolkit and training which was in development to support frontline staff and volunteers to hold effective conversations with residents to support them to maximise their incomes which was then able to be used as a locally designed approach aligned to Making Every Contact Counts. This is an area of further work.</p> <p>Armed Forces Covenant recognises the valuable contributions of organisations across the UK in support of the Armed Forces. Progress was received on the ongoing work in Shropshire in this regard in April 2023 – a further update is required.</p>
Success/outcome measure	<p>This priority looks to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all, no matter where they are employed. This includes promotion of a fair living wage, and opportunities to progress. Rates of in-work poverty have increased, and Shropshire is a low wage economy. Shropshire often loses young people due to lack of opportunity to progress, or lack of employment sector/industry which they wish to enter. In addition this includes across all sectors (Health, Local Authority, Business, VCS) senior leadership commitment, embedment in policies and training plans to enable:</p> <ul style="list-style-type: none"> <li>- Promotion of a fair living wage to reduce in-work poverty and promote better health</li> <li>- Adoption of 'Thrive at Work' West Midlands across all sectors. A workplace commitment that promotes employee health and wellbeing. Make Every Contact Count or Ask Assist Act (AAA) training to build an informed workforce on preventative health choices.</li> </ul>
Issues/challenges for HWBB	<p>Initial focus was on the work of the cost of living task force and shaping place project – both have now become mainstreamed but still remain a concern and area of focus. Resourcing and capacity for this and the AAA to ensure an ongoing programme of work is adequately resourced, supported and delivered.</p>
Plans for next period	<p>Roll out of AAA needs to be a focus moving forward – as one of the key priorities of the board in delivering a sustainable and preventive, early intervention approach to support for residents</p> <p>Update to the Board in 2026</p>

Area	Key Focus Area
------	----------------

Focus	Mental Health and Suicide Prevention
Key Progress	<p>The Board have received a number of updates and decisions regarding Mental Health, including Suicide prevention regularly over the past 3 years. This work is overseen by the Mental Health Partnerships and STW Suicide prevention group and reports into this board and the ICB. Health Overview and Scrutiny also had this as a focus area during 2024/2025.</p> <p>Progress reports to the board by subgroups and organisations included the Healthwatch - Crisis mental health services for CYP report. Several updates including the Suicide Prevention Strategy for approval and a paper on a Population Health Management Approach to Severe Mental Illness, CYP Mental Health Transformation Plan and Complex need. This area also links into the work on Domestic Abuse.</p>
Success/ outcome measure	<p>Mental Health The 5-year Mental Health Strategy for Shropshire and Telford &amp; Wrekin has guided our ambitions over the next five years. This strategy has a 'life course' approach from pregnancy to childhood to older age. It also shows our ambition to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness. This includes the Community Mental Health Transformation programme which will help improve access, deliver better outcomes and experiences for people through a more integrated and a holistic care model. A key element is increasing physical health checks for people with Serious Mental Illness.</p> <p>Suicide prevention remains a priority, and work will continue through the Shropshire, Telford &amp; Wrekin Suicide Prevention Strategy and action plan. This includes raising awareness of suicide risk, promoting access to support services (including those bereaved by suicide) from a wide range of sources and encouraging more people to talk about self harm, suicide and the risk factors associated with suicide in order to destigmatise and encourage people to seek help when they feel it is needed.</p>
Issues/challenges for HWBB	<p>This remains an area of focus for the Board and partners.</p> <p>Suicide rates have continued to deteriorate and are significantly above the England average, as are rates in similar rural authorities.</p>
Plans for next period	<p>Further partnership working is required to renew focus on this area of work.</p> <p>Update to the Board in 2026</p>

Area	Key Focus Area
Focus	Children and Young People (CYP) including Mental Health
Key Progress	<p>The Board receives regular routine reporting on childhood vaccinations and progress to increase uptake through the Health Protection Report with focused sessions as needed on specific vaccinations including MMR.</p> <p>In addition to Healthwatch report Crisis mental health services for CYP report, the board also receives updates on areas that link into this focus area including the SEND Local Area Inspection Plan update, vaping CYP update and the Trauma Informed Approach up to 2024. The board has also received reports and made recommendations regarding the early Intervention/Prevention - Test &amp; Learn site Oswestry which has developed into the Community and Family Hubs, also reported to Health Overview and Scrutiny. Hub and Neighbourhood work is progressing at pace with regular updates being brought to the board of alignment and oversight including in November 2025.</p> <p>A Focus for the JSNA has also been a significant piece of work to understand the needs of our Children and young people including discussions with Young People - this should provide the evidence base for future work.</p> <p>The Youth Strategy and Youth Transformation Pilot have been brought to the board to update on the progress made and to support alignment across wider programmes of work.</p> <p>Regular updates on social prescribing including the work around CYP Social Prescribing have been received by the board and SHIPP showing the significant outcomes achieved through this service. Investment by Shropshire Council and a number of Primary Care Networks has allowed this work to continue with additional and sustainable funding sought.</p>
Success/outcome measure	<p>Children and Young People (CYP) COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age is included.</p> <p>We will also continue to monitor child development at 2.5 years.</p> <p>As a system, create a trauma informed workforce through training and implementation. This will help professionals, volunteers and communities better identify and support people who have suffered from trauma and build a trauma informed workforce. We will continue to receive and scrutinise reports to the Board for the 0-25 Emotional Health and Wellbeing service provision for CYP. Mental Health work will be led by the 5-year strategy above. Social Prescribing will remain a HWBB priority, and a pilot for CYP in south-west Shropshire is rolling out.</p> <p>In August the Department for Education sent a letter to all local authorities confirming that, following the publication of 'Giving Every Child the Best Start in Life', we will be setting a specific statutory numerical target for each local authority to increase the proportion of children achieving a good level of development (GLD) in our local area by the end of 2027/28.</p>
Issues/challenges for HWBB	<p>Moving forward the work on the Best Start in Life strategy will continue to be shared with the board. In addition to Best Start in Life, there is a Children's Transformation programme underway that includes implementing the Families First programme across the system and the Youth Transformation programme.</p> <p>Funding for CYP Mental Health Social Prescribing remains a challenge in the long term but short-term prevention grant funding has been secured</p>

Plans for next period	Continued work on Community and Family Hubs update to be received Regular updates on the Giving Every Child the Best Start in Life target progress through the early help prevention board
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Area	Key Focus Area
Focus	Healthy Weight and Physical Activity
Key Progress	<p>The development of a strategy to draw together the strategic direction and delivery plan to move forward this area of work has been a significant piece of work for the board. The Strategy was approved in 2023 with updates being received by the board in late 2024. <a href="#">June 2023 HWBB Healthier Weight Strategy - Appendix A Draft Strategy.pdf</a></p> <p>The Strategy 2023 –2028 Healthier Weight Strategy sets out our system-wide approach and priorities to improve health and promote healthier weight among the Shropshire population. Our ambition is to ensure Shropshire residents have the opportunity to eat healthy, nutritious food and enjoy physical activity in a way that best suits them. Evidence supports this in helping reduce levels of unhealthy weight and weight related illness in Shropshire. The Strategy has 3 broad themes: healthy environment, prevention in early years and empowering system partners.</p> <p>In addition to overall updates on the strategy – other reports have been brought to the board which align to the strategies themes; the MSK Strategy, Healthy Ageing &amp; Frailty Strategy and the Place Universal Offer from Energize, all which support delivery of the ambition/vision.</p>
Success/ outcome measure	<p>Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-vascular disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included</p> <p>6 4.6% of adults in Shropshire are classed as overweight or obese. Health risks associated with excess weight include: type 2 diabetes; coronary heart disease; some types of cancer, such as breast cancer and bowel cancer, stroke and self-esteem.</p> <p>his work, including actions, will be driven by the Shropshire Healthy Weight Strategy, currently in development. This will also include the effect of food insecurity and build on work being undertaken currently into the causes and links to the CYP priority above. Promotion of e.g. NHS on line 12- week weight loss plan, Couch to 5k running plan and referral to and uptake of NHS Health Check, National Diabetes Prevention Programme and Social Prescribing development will continue. Exercise costs will also be considered.</p>
Issues/ challenges for HWBB	This is a systemwide approach/strategy and requires continued cross organisational support to ensure delivery of its themes. Capacity to track and monitor progress remains a pressure
Plans for next period	Update on progress against the Healthier Weight Strategy

Area	Other Key Priorities
Focus	Social Prescribing
Key Progress	The Board and ShIPP have received regular reports on progress and outcomes for social prescribing, moving to a position where Shropshire has a Countywide SP offer
Success/outcome measure	Social Prescribing will remain a HWBB priority, and a pilot to expand the programme for children and young people in south-west Shropshire has commenced. Loneliness will continue to be addressed through this priority
Issues/challenges for HWBB	Funding – particularly for the CYP SP offer remains a challenge
Plans for next period	Continued reporting through ShIPP Prevention Funding to be received to support continuation of the offer aligned to other programmes of work

Area	Other Key Priorities
Focus	Smoking in Pregnancy
Key Progress	This work has been monitored through Healthy Lives Group, Infant Mortality Steering Group and the System Quality and Performance Committee
Success/outcome measure	Smoking in pregnancy Babies born to mothers who smoke are more likely to suffer from respiratory disease as well as being at greater risk of sudden infant death. For mothers there is an increased risk of miscarriage, stillbirth, premature delivery and having a low birth weight baby. Rates of smoking in early pregnancy remain higher in Shropshire compared to the England average. The HWBB will continue to have smoking in pregnancy as a priority until rates decrease further.
Issues/challenges for HWBB	Overall progress has improved but still remains high
Plans for next period	Ongoing monitoring of progress with Telford and Wrekin

Area	Other Key Priorities
Focus	Food Insecurity
Key Progress	See above for Workforce
Success/outcome measure	Food insecurity Food insecurity has a physical and mental impact on the wellbeing of everyone experiencing it. Food insecurity remains a HWBB priority, and the developing Healthy Weight Strategy and our partnership with Shropshire Food Poverty Alliance to help address this issue will continue. An award of £300,000 over the next 3 years, to tackle food insecurity in South-West Shropshire will be integral to this priority. Financial insecurity is also linked to this priority.
Issues/challenges for HWBB	Shaping Places programme is now complete, need to ensure work remains embedded and focus on AAA
Plans for next period	Ask, Assist, Act (AAA) focus

Area	Other Key Priorities
Focus	Housing and Health



Key Progress	Two workshops were held to develop an action plan for this programme and reported back to HWBB in 2024. A further update will come to the Board in early 2026. Health Overview and Scrutiny are now focusing on Health in All and this will be one of the programmes of work that will be reviewed during 2025
Success/outcome measure	Access to a safe, secure, warm home is an essential part of good health and wellbeing. If this is not available or affordable negative impacts occur. The current Housing Strategy objectives include how the Council will: ensure people whose housing needs are not met through the local open market housing can access housing that meets their needs, and work to reduce and prevent households from becoming homeless and where this is not possible ensuring they have safe, secure and appropriate accommodation until they are able to resettlement. Housing team have continued to strengthen the in-house temporary accommodation offers which has led to a significant reduction in Bed and Breakfast numbers from the post pandemic peak. Work continues across the Council's social housing stock to ensure the quality of housing meets the Social Housing Regulator's consumer standards for safety and quality, and through the Council's affordable warmth team to retrofit private properties to improve energy efficiency and affordability. Other registered providers working across Shropshire also have to meet the social housing regulators consumer standards, and all RPs will be inspected Strategy updates will come to the HWBB.
Issues/challenges for HWBB	There is a need to reprioritise Capacity to move the programme forward and reprioritisation of resources
Plans for next period	Update report to the board in early 2026 including reprioritisation of the action plan

<b>Area</b>	<b>Other Key Priorities</b>
<b>Focus</b>	<b>Air Quality</b>
Key Progress	The board received regular reports on air quality including publication of the Air Quality Action Plans for both areas of Shropshire published in November 2024.
Success/outcome measure	Air Quality Shropshire Council's 2020 Air Quality Annual Status Report (ASR) report that Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. Shropshire Council has a Climate Strategy and Action Plan and Shropshire, Telford & Wrekin ICS has climate change as a pledge. Linked to this priority alongside Healthy Weight and Physical Activity, is Active Travel, - increasing walking/cycling but also route availability to enable this.
Issues/challenges for HWBB	Delivery of the action plans requires support from across the Council and Partners to ensure delivery
Plans for next period	The Board should receive and update on the Annual Status Report during 2026

Community Safety Partnership (CSP) report on the following items at each bi-monthly, now quarterly meeting. The CSP Annual Report will be brought to the board in early 2026 :

- a. Drugs and Alcohol
- b. Domestic Abuse
- c. County Lines

d. Killed and Seriously Injured on roads



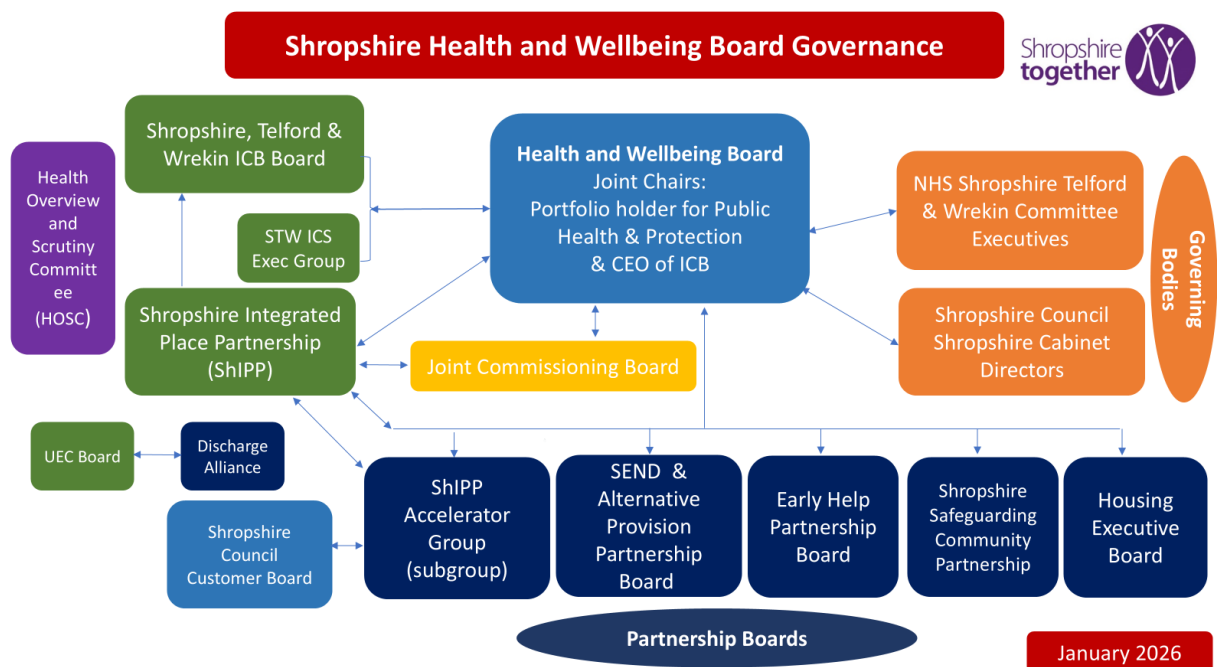
## Appendix 1: Overall Measures of Success

Strategic Priority Name	Key Indicator	Shropshire						England		KPI in Shropshire Plan Performance Report
		Baseline Value	Baseline Rating	Latest Value	Latest Rating	Trend since Baseline	Trend Latest value compared to previous year	Baseline Value	Latest Value	
Improving population health; Reducing inequalities, Working with and building strong and vibrant communities, Joined-up working	Healthy life expectancy at birth (Male, All ages) - Years	65.3		64.7				62.7	61.5	No
	Healthy life expectancy at birth (Female, All ages)- Years	66.1		64.8				63.7	61.9	No
	Healthy life expectancy at 65 (Male, 65)- Years	11.5		11.3				10.4	10.1	No
	Healthy life expectancy at 65 (Female, 65)- Years	12.3		12.2				11.7	11.2	No
	Improving access to health and care services - Barriers to housing and services domain IMD score	24.5	* no rating	29.6	* no rating			no value for England	no value for England	No
	Excess under 75 mortality rate in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	455.1%		436.0%				385.9%	383.7%	Yes
	Personalisation- NHS GP Patient Survey Q44. Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your conditions or illnesses?	32%		40%				35%	42%	No
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)- Crude rate per 10,000	106.2		68.5				93.6	72.7	No
	Emergency hospital admissions for pneumonia (Persons, All ages)- DSR per 100,000 <b>Shropshire Telford and Wrekin ICB</b>	549.7		470.1				489.7	430.2	No
	Hospital admissions as a result of self-harm (Persons, 10-24 yrs) - DSR per 100,000	368.6		129.9				426.4	266.6	No
Workforce	Coronary heart disease: hospital admissions (Persons, All ages)- DSR rate per 100,000	453.7		374				369.4	386.6	No
	Average weekly earnings (Persons, 16+ yrs)	£426.60		£550.00				£475.60	£603.50	No
	16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons)	7.2%		6.3%				5.5%	5.4%	Yes
	Make Every Contact Count (MECC) training. Numbers of staff trained	Metric to be decided	-	-	-	-	-	-	-	No
	Workforce who works together to improve access to the right services at the right time	Metric to be decided	-	-	-	-	-	-	-	No
Mental Health	Excess under 75 mortality rate in adults with severe mental illness (SMI)	455.10%		436.0%				385.9%	383.7%	Yes
	School pupils with social, emotional and mental health needs (Persons, School age)	2.2%		3.9%				2.8%	4.0%	No
	Suicide rate (Persons, 10+ yrs)- DSR per 100,000	10.0		13.5				10.0	10.9	Yes
Children and Young People	Child development: percentage of children achieving a good level of development at 2 to 2 and a half years (Persons, 2-2.5 yrs)	65.0%		65.6%				83.3%	81.4%	Yes
	Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)	78.2%		78.4%				88.9%	87.6%	No
	Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years (Persons, 2-2.5 yrs)	84.0%		84.5%				92.9%	91.8%	No
	Children in care (Persons, <18 yrs)- Crude rate per 10,000	86		121					70	Yes
Healthy Weight and Physical Activity	Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (Persons, 18+ yrs)	65.0%		65.3%				62.6%	64.5%	Yes
	Obesity in early pregnancy (Female, All ages)	Data no longer available	Data no longer available	Data not available				25.40%	26.2%	No
	Diabetes prevalence aged 17+ (QOF)	6.9%		7.8%				7.1%	7.9%	No
	Smoking in early pregnancy (Female, All ages)	21.8%		18.4%				17.2%	13.6%	No
	Smoking status at time of delivery (Female, All ages)	11.4%		7.1%				8.8%	6.1%	No

## Appendix 2: Delivery Governance

To ensure delivery we must have clear principles and arrangements to ensure accountability and responsibility and regular reporting on progress and impact against the Strategy and its programmes of action – using activity milestones and KPIs

In 2022 we outlined how the priority outcomes and areas of focus were delivered through the governance. Showing the links between the HWBB, Integrated Care Board and Integrated Place Partnerships and the Shropshire Integrated Place Partnership. The governance also highlighted other key partnership boards which oversee activity to support improvement of the priorities within the report, this includes the Mental Health Partnership Board, Shropshire Community Safeguarding Partnership and Early Help Prevention Board. These are updated as below:



### Appendix 3: Summary of HWBB strategic agendas aligned to priorities (NB HWBB only)

HWBB Strategic Priorities																			
HWBB Meeting date	03.03.22	19.05.22	14.07.22	08.09.22	17.11.22	19.01.23	20.04.23	15.06.23	14.09.23	16.11.23	18.01.24	18.04.24	16.07.24	19.09.24	21.11.24	13.02.25	19.06.25	18.09.25	20.11.25
Joined up working	HWBB Strategy 2022-7  Better Care Fund  ICS Involvement Strategy  ShIPP update	ShIPP update  Better Care Fund	Shrewsbury Wellbeing Hub engagement  ICS update  ShIPP update  Better Care Fund	ICS update	ICS update  ShIPP update  Better Care Fund	ICS Strategy update  ShIPP update  Joint Commissioning & better Care Fund	Early Intervention  Test and Learn site, Oswestry  ICS Joint Forward Plan  ShIPP update  Better Care Fund	ShIPP & Better Care Fund  ICS Strategy & Forward Plan	Joint Commissioning - Winter Support Service & Prevention Commissioning  Joint Commissioning & Better Care Fund	CAB report "When the Safety Net Fails"  ICS Strategy update  Joint Commissioning - BCF and Winter Planning update  ShIPP update  Air Quality update	JSNA Place Plan  ShIPP update	JSNA Update - focus on CYP JSNA and Youth Survey  ICB update  ShIPP update	ShIPP Strategic Plan & Local Care Neighbourhood Working Update  Better Care Fund - end of year  ICS Joint Forward Plan	Integrated Care Partnership Dashboard  ShIPP update	STW Digital Strategy  ICB update  Better Care Fund - Q2  ShIPP update	Shropshire Neighbourhood Working  Better Care Fund Q3  Winter Resilience Plan  ShIPP update	Better Care Fund end of year and 2025-6 Plan  ICB update  ShIPP update	Winter Preparedness & Wellbeing Overview  Better Care Fund Explainer & Q1  ICB update  ShIPP update	National Neighbourhood Health Implementation Programme (NNHIP) update  Better Care Fund  ICB update
Improving population health	Routine Childhood Vaccinations  Covid 19 update  MSK Strategy	Ophthalmology Transform. Prog.  Health Protection update  STW Urgent & Emergency Care Improvement Plan  Air Quality	Health Protection update (inc. C19)	The Khan review: making smoking obsolete  Health Protection update (inc. C19)  Innovative Practice - Digital Report	Health Protection update, inc. Covid 19  Air Quality report	Health Protection update  Vaping & young people update  Air Quality Report	Health Protection update  Dentistry Briefing paper	Health protection update  Vaping & CYP update  Healthier Weight Strategy	Health protection update	Smoking Cessation, inc. Vaping  Health Protection update  Healthier Weight Strategy  Prevention Framework  Health Protection update	Health Protection update  DPH Annual Report  Prevention Framework	Health Protection update	Primary Care update		Healthier Weight Strategy	Dental Access update	Health Protection Update inc. imm's, vacc's and sexual health	Vaccination Improvement Plan  DPH Annual Report 2024/5	Place Universal Offer

Working with & building strong communities		Healthy Lives update  Healthwatch - mental health crisis care  JSNA update	Social Action Taskforce action plan  GP Access	Shaping Places	Healthy Lives update  Cost of Living Crisis  JSNA update	Healthy Lives update  Shropshire Safeguarding Community Partnership  Shropshire Drug and Alcohol Strategy	Trauma Informed Approach  Healthwatch - calling for an Ambulance	Healthwatch - your care your way report  JSNA  Healthy Lives	Suicide Prevention Strategy  Physical Activity inc. Beat the Street  Safeguarding Annual Report  Trauma Informed update	JSNA - place based & themed  Healthwatch - NHS & Social Care complaints	Social Prescribing  Transport & Community Transport	Children & Young People's Social Prescribing  Shropshire Food Poverty Alliance & Shaping Places	SHIPP Strategic Plan & Local Care Neighbourhood Working Update  JSNA	Rural Proofing Plan  Women's Health Hubs  CYP JSNA  Cost of Living Dashboard	Digital Skills Programme  Annual Report 2024/5 Shropshire Safeguarding Community Partnership  Trauma Informed update  Housing & Health workshop update	CYP JSNA  Youth Strategy  Healthwatch - Cancer Care report		Winter Wellbeing Support inc. Cost of Living	National Neighbourhood Health Implementation Programme (NNHIP) update  Youth Transformation Pilot  Winter Wellness Cost of Living support VCSE
Reducing inequalities  Page 108			Creative Health  SEND Local inspection update	Severe Mental Illness - a qualitative review	Inequalities Plan		Armed Forces Covenant  All Age Carers Strategy		SEND Action Plan update	Strategic Housing Report	Substance Misuse strategy & action plan	CYP Mental Health Transformation Plan		Inequalities Plan update  Suicide Prevention Strategy	Digital Exclusion		Draft Pharmaceutical Needs Assessment (PNA)  Domestic Abuse  The RESET Programme - Drugs, alcohol & Homelessness Support	Healthy Ageing Strategy  Draft Pharmaceutical Needs Assessment 2025	Draft Pharmaceutical Needs Assessment 2025

HWBB Key Focus areas																			
HWBB Meeting date	03.03.22	19.05.22	14.07.22	08.09.22	17.11.22	19.01.23	20.04.23	15.06.23	14.09.23	16.11.23	18.01.24	18.04.24	16.07.24	19.09.24	21.11.24	13.02.25	19.06.25	18.09.25	20.11.25
Workforce			Social Task Force Action Plan	Shaping Places project	Cost of Living Crisis, Inequalities Plan		Armed Forces Covenant			Strategic Housing Report/ CAB report - when the Safety Net Fails	JSNA Place Plan update/ Transport inc. Community Transport	Shropshire Food Poverty Alliance Report/ Shaping Places	JSNA update	Rural Proofing strategy/ Cost of Living Dashboard	Housing & health update			Winter Wellbeing Support including cost of Living	Winter Wellness/ Cost of Living Support VCSE
Mental Health		Healthwatch - Crisis mental health services for CYP	Public Question - Healthy Lives & Mental Health	Severe Mental Illness and Complex need					Suicide Prevention Strategy			CYP Mental Health Transformation Plan/ CYP Social Prescribing		Suicide Prevention Strategy			Domestic Abuse		
Children & Young People	Routine Childhood Vaccinations	See HW report above	SEND Local Area Inspection Plan - update			Vaping CYP update	Trauma Informed Approach, Early Intervention/Prevention - Test & Learn site Oswestry	Vaping CYP update	SEND Action Plan update/ Trauma Informed update			JSNA Update - focus on CYP JSNA and Youth Survey/ see CYP Mental Health Transformation Plan/ see CYP Social Prescribing		CYP JSNA update	Trauma Informed update	CYP JSNA update <ul style="list-style-type: none"> <li>• Maternity</li> <li>• School aged children</li> <li>• Young People / Youth Strategy</li> </ul>			Youth Transformation Pilot
Healthy Weight & physical activity	MSK Strategy		Health Inequalities - creative Health	The Khan review: making smoking obsolete		Shropshire Drug & Alcohol Strategy		Healthier Weight Strategy	Beat the Street project	Healthier Weight Strategy/ Smoking Cessation inc. vaping	Update on the Shropshire Substance Misuse Strategy and Action Plan			Inequalities Plan update	Healthier Weight Strategy		The RESET Programme - Drugs, alcohol & Homelessness Support	Healthy Ageing & Frailty Strategy	Place Universal Offer - Energize

Other Identified priorities																			
HWBB Meeting date	03.03.22	19.05.22	14.07.22	08.09.22	17.11.22	19.01.23	20.04.23	15.06.23	14.09.23	16.11.23	18.01.24	18.04.24	16.07.24	19.09.24	21.11.24	13.02.25	19.06.25	18.09.25	20.11.25
Social Prescribing:		Healthy Lives update	Public Question on HL & MH		Healthy Lives update	Healthy Lives update		Healthy Lives update			Social Prescribing	CYP Social Prescribing							
Drugs & alcohol:						Drug & Alcohol Strategy					Substance Misuse Strategy and Action Plan						The RESET Programme - Drugs, alcohol & Homelessness Support		
Domestic abuse																	Domestic Abuse		
County Lines: monitored through Shropshire Safeguarding Report						Safeguarding Community Partnership Annual Report			Safeguarding Community Partnership Annual Report						Safeguarding Community Partnership Annual Report				
Smoking in Pregnancy				Khan Review- making smoking obsolete		see Vaping CYP update		Vaping CYP update		Smoking Cessation inc. vaping									
Food Insecurity:			Social Action Taskforce Action Plan	Shaping Places project	Cost of living crisis				Joint Commissioning - Winter Support Service & Prevention	CAB report "When the Safety Net Fails"		Shropshire Food Poverty Alliance update Shaping Places		Cost of Living Dashboard			Winter Wellbeing Support including cost of Living	Cost of Living Support VCSE	
Housing										Strategic Housing report					Housing & Health Workshop				
Suicide Prevention:		Healthwatch Shropshire Crisis mental health services for CYP		SMI & Complex need. review of service user experience			Trauma Informed Approach		Suicide Prevention Strategy  Trauma Informed Approach			CYP Mental Health Transformation Plan		Suicide Prevention Strategy	Trauma Informed update				
Killed and Seriously Injured on Roads																			
Air Quality:	Public Question - AQ	Air Quality - update			Air Quality update/Public Question	Air Quality - update				Air Quality - update									



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**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

# **Monthly Stakeholder Briefing Pack**

December 2025

Agenda Item 10

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## Current Activity/Key Actions

**Most improved Trust in country for reducing waiting times for planned care patients.** Secured £2m in NHSE funding. End of Q2 2025/26, moved up 17 places in the National Oversight Framework (NOF). Now positioned at 96 out of 134 Trusts.

**Resident doctor strike action (17-22 December).** Plans in place to maintain safe levels of patient care, particularly Urgent and Emergency Care (UEC) pathway for time-critical planned care, and to minimise impact on wider services.

### Performance:

- Diagnostics: DM01 for October – 86.9% of patients waiting less than 6 weeks, best performance for 5 years and now in top performing half of the country.
- Number of patients waiting for tests reduced from over 18,000 last year to 13,000 this year.
- Elective care – reduced overall elective waiting list by 30% in the last year. Elective list for children reduced by 46%.
- % of patients treated within 18 weeks rose from 48.1% in April to 62.3% in September 2025. Further increased to 65.5% at the end of November 2025. Ahead of SaTH's improvement target of 60% and national improvement target is to get to 65% by March 2026.
- Reduced proportion of patients waiting over 52 weeks from 7% to 0.2%. Now in top performing quartile of the country (national target <1% over 52 weeks by March 2026).
- 28-day cancer Faster Diagnosis Standard (FDS) improved further in October to 80.3%, best performance on record for the Trust. Now well into the top performing half of the country (national target 80% by March 2026).
- 62-day cancer Referral To Treatment (RTT) standard in October was 71.4%, no longer in the bottom quartile nationally and best performance in over three years (national target 75% by March 2026).
- UEC - 4hr/12hrs/ambulance handover remain highly challenged, although 4hr performance is demonstrating statistically significant improvement (national 4hr target 78% by March 2026).

### Finance:

- Deficit of £3.9m to breakeven plan at end of month 8 (November) predominantly driven by premium staffing costs and unavailability with additional actions being taken. Great progress towards eliminating agency spend, leading to improved patient care and financial savings. Need to continue to reduce bank spend.
- £24.9m efficiencies delivered in 2025/26 to date – £7m more compared to the same time last year. Accelerating transformational work will improve efficiency, reduce escalation costs and add value for patients.

## Other Key Developments

**As part of the UEC improvement plan and to increase resilience during winter:**

- Two new modular wards bringing an additional 56 inpatient beds at RSH opened earlier this month (December).
- Significant investment and changes at PRH to improve flow and reduce unnecessary hospital admissions. Forty new acute assessment space, including a Frailty Same Day Emergency Care Unit, to also open in December.
- New initiatives with partners include Integrated Community Front Door service at both Emergency Departments to help patients who need urgent care get the community support they need quickly.

### Hospitals Transformation Programme (HTP):

- Topping-out ceremony of the new four-storey healthcare facilities at Royal Shrewsbury Hospital (RSH). Development includes four new clinical floors and an expanded and modernised Emergency Department.

### Flu Vaccination Campaign:

- More than 4,195 staff vaccinated to date - more than 6% up on the same time last year.

### Digital:

- Digital investment and pilots of AI Scribe and the Patient Engagement Portal recently rolled out.

### 2025 CQC Maternity Survey:

- Survey found women at Trust's maternity services feel treated with kindness and compassion and are spoken to in a way they can understand.

## Hot Topics/Current Activity

### NHS England Waiting times:

- At the end of November, 57.29% of patients were being seen within 18 weeks. This is well ahead of our planned position (which was 51.08% for the end of November). We remain well on target to achieve or exceed our 60% target for the financial year end.
- The proportion of patients waiting for a first outpatient appointment <18 weeks was 74.46% at the end of November – an improvement of 20.74% since April.
- RJAH remains in Tier 1 for elective performance, with specific challenges in some key services – most notably the wait for spinal disorder treatment.
- Due to varying performance and contracting expectations, Welsh patients are waiting longer, however there is effort internally to address the disparity.

### People/Workforce:

- Vacancy rates fell again in October to 7.04% (against a target of 8%), and are projected to fall further in coming months, based on recruitment to new posts as per our workforce plan.
- Sickness absence remains low at 5.06% and we continue to cope well despite high community prevalence of flu at present.

### Industrial Action:

- The Trust managed a period of industrial action at the end of November, managing to avoid any significant disruption to patient care and without compromising patient safety.
- At the time of writing, another five days of industrial action by Resident Doctors is about to start. The Trust has again got plans in place to mitigate.

## Other Key Developments

### National Oversight Framework:

- RJAH was ranked 25th among all 134 NHS Acute Trusts in the second iteration of the NHS National Oversight Framework (NOF) published earlier this month. This is an improvement of two places since the tables were launched in September.
- The league tables form part of an interactive dashboard which was launched by NHS England as part of its commitment to drive transparency and improvement.

### Green Plan Investment:

- The first phase of work to install solar car ports in several of our car parks is almost complete, with the ports in our main patient car park to be ready by the end of the year.
- This has been made possible by the securing of £2.4m from Great British Energy to significantly expand the amount of self-generated renewable energy we produce.

### New Quality Management System:

- RJAH will soon be introducing a new Trust-wide system, called Radar Healthcare, which will improve how we manage information relating to patient safety, patient experience, risk management and clinical and quality audits.
- Currently all these elements are managed by multiple digital systems, but Radar Healthcare brings all this information together into one easy-to-use system.

## Current Activity

### National Oversight Framework Q2:

- MPFT has once again been rated in segment 1 – the highest possible category – in the latest quarterly results published under NHS England’s new NHS Oversight Framework (NOF).
- The framework provides a national assessment of how NHS trusts are performing across a range of measures, including access to services, quality of care, patient experience, safety, workforce, finance and productivity.
- Retaining a segment 1 position continues to put MPFT among the best performing trusts in the country, and is a significant achievement given the size, breadth and diversity of services the Trust provides.
- MPFT sits in the non-acute category of the NOF ratings and has moved from second to third position out of 61 trusts since quarter 1.

### Financial Wellbeing and Housing Support Team:

- Along with supporting a high volume of clients and delivering life-changing outcomes, the financial well-being and housing support team, who are integrated with MPFT’s community mental health services, has helped secure 23 new tenancies, supported clients to be £400,071.00 better off through grants, benefits and appeals and saved £15,460 through formal debt management.

### Talking Therapies – Adult Mental Health:

- Shropshire, Telford and Wrekin Talking Therapies is among the best performing Talking Therapies services in the country for the percentage of patients seeing a significant improvement in their symptoms of anxiety and depression.
  - The service’s ‘reliable improvement’ rate for 2025/26 is 74.6%, above the national average of 68%.
  - The service is seeing improvements in reliable recovery for people from the global majority – 66% compared with baseline of 50%.
  - The number of people to completed a course of treatment has increased from 3,942 from Apr-Nov 2024 compared to 4,484 in the same period in 2025.
  - The number of referrals has also increased for the same period, up from 8,264 in 2024 to 9,261 in 2025.

## Other Key Developments

### Child and Adolescent Mental Health Service (CAMHS) mobilisation:

- MPFT have been awarded the 2026–31 contract to deliver a new CAMHS model for STW, replacing BeeU in April 2026.
- Mobilisation work is underway to implement the ‘I Thrive’ framework, improve access for CYP (0–25) with focus on prevention, early help, and address inequalities through a co-produced, partnership approach.

### Crisis text message service – Adult Mental Health:

- A new crisis text messaging service is now live. The service is hosted through the support of SHOUT.
- Residents of Shropshire, Telford & Wrekin can text ‘STW’ to 85258 and they will receive free and confidential mental health support 24/7.



## Access and Experience:

- Access to General Practice in STW remains broadly in line with national performance.
- 55% of appointments were delivered within 0–1 days, exceeding the national average of 52%, indicating continued capacity for same-day access.
- 80% of appointments took place within 14 days, compared to 76% nationally, demonstrating sustained performance against national access expectations.
- The GP Patient Survey 2025 shows 75.2% of patients reporting a good overall experience, consistent with the national average of 75.4%, reflecting stable patient confidence in local services.

## Workforce and Capacity:

- Workforce indicators suggest that system-level GP capacity pressures remain comparable to the national picture.
- The proportion of patients registered with practices exceeding 4,000 patients per fully qualified GP is 10.2%, slightly below the national rate of 10.3%, indicating STW is not disproportionately exposed to workforce pressure.

## Demand and Activity:

- Appointment volumes remain stable at over 250,000 appointments per month, reflecting sustained demand across system.
- Digital and telephone consultations now account for 47% of all activity, supporting same-day access while helping to manage workforce and estate constraints.
- Escalation protocols continue to be used selectively in a small number of practices that are experiencing sustained demand pressure.

## Digital Access and Records:

- Digital enablement across Primary Care continues to improve and is largely compliant with national requirements.
- 100% of practices now have GP Connect access enabled for both HTML and structured records.
- 98% of practices can update records via GP Connect.
- Prospective Records Access is enabled in 78% of practices, with further improvement expected.
- Online consultations are switched on in 76% of practices, providing an expanding route of access for patients.

## Service Transformation:

- Optometry First continues to reduce demand on General Practice, with minor eye condition referrals to GPs down 18% since full rollout across 10 PCNs.
- The Community Pharmacy cardiovascular pilot remains active, with 76% of participants achieving improved blood pressure control and 92% patient satisfaction, supporting prevention and early intervention.

## Next Steps

### Practice Level Support (PLS):

- Evaluation of 8 pilot practices concluded in November, focusing on resilience, access, and workforce sustainability, with shared learning informing future support.

### Workforce:

- Recruitment through the Additional Roles Reimbursement Scheme (ARRS) continues, with 28 new posts in development.
- A regional retention forum took place in late November to review flexible career options and retention approaches.

### Digital Resilience and Access:

- Testing of new digital backup infrastructure is underway in two practices.
- Cybersecurity and data awareness sessions for Practice Managers are progressing, with completion expected by end of year.
- Targeted support will continue to increase Prospective Records Access and online consultation utilisation.

### Prevention and Community-Based Care:

- Evaluation of the cardiovascular pharmacy pilot will inform future alignment with the NHS Health Check digital pathway.

## Current Activity

ShropCom has consistently supported partners in addressing increased demand while remaining committed to expanding community services and achieving the key milestones set out in the Winter Plan:

- We are continuing to deliver our financial plan. The Trust is reporting an adjusted financial surplus of £1,523k after eight months of the year, which is a favourable variance to plan of £274k.
- Percentage of patients waiting less than 18 weeks – Referral to Treatment (RTT) has shown an improvement from 80.47% in September to 82.46% in October (unvalidated).
- Children's Speech and Language Services have seen a steady improvement of waiting lists. A combination of early intervention programmes, holiday clinics and revalidation of waiting lists has resulted in a drop in children and young people (CYP) waiting over 52 weeks and an improvement for those waiting over 40 weeks.

### Quality:

- The falls per 1,000 occupied bed days has fallen for the second consecutive month to 3.60 and is below our target of 4.0. Plans are in place to reduce this further. Several initiatives have been introduced, including:
  - Extending the Urgent Community Response (UCR) team hours to midnight daily.
  - Assigning Integrated Front Door practitioners at PRH and RSH Emergency Departments from 08:00–20:00 every day.
  - Expanding Care Transfer Hub and Therapy Hours to 08:00–20:00, seven days a week.

The second Group Model staff engagement session was held on Wednesday 19 November 2026 at AFC Telford. This provided a valuable opportunity to exchange ideas and collaboratively co-design some of our workstreams, identifying how we can enhance pathways for both patients and staff together.

The second quarter national NHS Oversight Framework (NOF) results have been published with ShropCom retaining our overall NOF rating of 2 (above average). ShropCom also achieved an Oversight rating of 1 (high performing ) for finance and productivity.

**Flu vaccination uptake** - 47% of staff have received their flu vaccination.

## Next Steps

- Developing the medium-term plan (5 years) for ShropCom and aligning activity with the Group.
- Continuing to reduce waiting times of over 52 weeks for community services.
- Collaborating with system partners in Shropshire as part of phase one of the National Neighbourhood Health Implementation Programme (NNHIP).
- Group Model Engagement: Additional sessions are scheduled, focusing on smaller, specific staff groups and services to agree on actions and plan next steps.
- A staff engagement survey will be issued to gather feedback on the new Group name.
- Flu vaccination uptake: Further staff engagement is planned to promote uptake.

## Current Activity

### NHS Government Reset Programme:

- A local voluntary redundancy scheme for staff across NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent launched on 1 December and will close on 22 December 2025.
- A formal Management of Change consultation will open in early January 2026 which will include Senior Leadership Teams (Bands 8C to 9 + VSM2) from across the wider cluster.

### UEC/Winter pressures:

- The system is working hard to mitigate winter pressures (e.g. an early rise in flu cases, high number of respiratory-related emergency department (ED) attendances, IA (17-22 Dec), and is focusing on improving patient flow, enhancing community care and preventative measures like vaccinations. Helping to reduce unnecessary hospital admissions and speed up discharge processes.
- Key initiatives include the British Red Cross ED Support Service, Shrewsbury PCN's Winter Wellness Clinic, the expansion of the Urgent Community Response (UCR) teams, as well as encouraging the public to support discharge if loved ones are ready to go home.

### Lung Cancer Screening:

- On 1 December, a new Lung Cancer Screening (LCS) Programme was launched for people living in STW. The aim of the LCS Programme is to identify lung cancer early, often before symptoms appear, when treatment is more effective and more lives can be saved.

### Locally Commissioned Services (LCS) Review:

- NHS STW is reviewing Locally Commissioned Services in General Practice to ensure funding is fair, sustainable, and better matched to local population needs. LCS in STW currently vary significantly due to historical development. Introducing a more consistent approach will improve fairness in patient access, reduce differences in services between practices, align provision with national best practice, and help ensure long-term financial sustainability.

## Next Steps

### Reset Programme:

- Staff who have submitted applications for voluntary redundancy will be informed of decisions in early January 2026. A selection process for a cluster Senior Leadership Team will take place in early March.

### Lung Cancer Screening:

- The programme will start in areas of highest deprivation, lung cancer prevalence and smoking rates, and will be rolled out to other areas across the county over the next 4 years. It forms part of a national NHS programme which is aiming to achieve 100% coverage across England by 2029.

### LCS Review:

- The review is being conducted with GP leaders and the Local Medical Committee (LMC), with a new service model planned for implementation in April 2026. A more detailed Case for Change document will be shared with stakeholders shortly.

### Promotion of Public Health Messages:

- Public Health and NHS leaders are urging simple steps to help prevent spread of winter illness- get vaccinations if eligible, clean hands regularly, open a window when inside, and stay at home when unwell - to curb rising winter illness admissions.





**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

# Thank you

For more information, please contact:  
[stw.communications@nhs.net](mailto:stw.communications@nhs.net)

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## SHROPSHIRE HEALTH AND WELLBEING BOARD

### Report

<b>Meeting Date</b>	22 <sup>nd</sup> January 2026			
<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>	Rachel Robinson <a href="mailto:Rachel.robinson@shropshire.gov.uk">Rachel.robinson@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	x	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 Committee 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 Committee. 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. ShIPP is a formal subcommittee of the ICB Board.

This report provides an update of discussions in October 2025.

#### 2. Recommendations – N/A for information only

#### 3. Report

#### Shropshire Integrated Place Partnership Briefing Report (meeting held on 18<sup>th</sup> December 2025)

##### 1. Summary of Key Discussions and Decisions

1.1 ShIPP meets Bi-monthly, with the last meeting on the 18<sup>th</sup> December 2025. The meeting covered

- ShIPP Accelerator Group update
- National Neighbourhood Health Implementation Programme (NNHIP) update
- ShIPP Prevention Funding update
- Healthy Ageing update

- Draft Special Educational Needs and Disabilities for 0–25-year-olds Joint Strategic Needs Assessment
- Lung Cancer Screening update
- Urgent & Emergency Care Winter Plan

1.2 The meeting was quorate

1.3 No conflicts of interests were declared

1.4 The meeting was well attended

## 2. Recommendations to the Board

2.1 The Board is asked to note the following briefing report from the Shropshire Integrated Place Partnership.

- **The ShIPP Accelerator group:** presented a written report on progress for information. Carla Bickley and Naomi Roche shared highlights and discussed membership of the group.
- **NNHIP update:** Naomi Roche presented an update and in response to the update there was discussion on capturing shared learning and public communication and engagement.
- **ShIPP Prevention Funding update:** Bev Baxter and Pete Ezard proposed a new plan for the VCSA to lead a partnership to carry the funding process forward, there was discussion about making sure that the process was fair and transparent.
- **Healthy Ageing update:** Anne Marie Speke detailed the outcomes of recent community engagement and mapping work that will be incorporated into the Healthy Ageing Strategy.
- **Draft SEND for 0–25-year-olds JSNA:** Jess Edwards highlighted key data findings and the committee agreed to review the recommendations.
- **Lung Cancer Screening update:** Dr Emma Crawford detailed the roll out of the programme across the region.
- **Urgent & Emergency Care Winter Plan:** Gareth Wright presented the five-phase winter plan. There was discussion on communication and alignment with the NNHIP.
- **Any other business:** the committee were asked to attend the upcoming annual planning event on the 12<sup>th</sup> February at Guildhall.

## 3. Key Risks and Mitigations

There were no risks raised at this meeting

## 4. Performance and Assurance

4.1 **Assure** - positive assurances and highlights of note:

- **The ShIPP Accelerator group:** the group noted the update and agreed to use the upcoming February workshop to review terms of reference, clarify group roles, and ensure appropriate representation.
- **NNHIP update:** the committee noted the contents of the update, including an upcoming visit from the national SRO in February.
- **ShIPP Prevention Funding update:** ShIPP approved and endorsed the new proposals and operational delivery plan.
- **Healthy Ageing update:** the committee noted the outcomes of the engagement and mapping work, which will inform the implementation of the Healthy Ageing and Frailty Strategy.
- **Draft SEND for 0–25-year-olds JSNA:** ShIPP noted the information contained in the draft SEND JSNA and the request to provide feedback.

- **Lung Cancer Screening update:** the committee noted the contents of the update including the two-stage screening process and the increase in early-stage lung cancer detection
- **Urgent & Emergency Care Winter Plan:** The committee noted the progress of the system winter plan, to mitigate additional seasonal pressure, and safely maintain quality of care.

## 5. Next Steps & Forward Plan

5.1. The following actions were agreed by presenters and committee members to carry the work forward:

### ShIPP Accelerator Group

- **Planning workshop:** review terms of reference, clarify group roles, and ensure appropriate representation at joint HWBB/ShIPP Planning Workshop in February.
- **Merge groups:** merge the Healthy Lives Steering Group into the ShIPP Accelerator Group, reviewing membership and operational aspects to reduce duplication.

### ShIPP Prevention Funding

- **CYP Social Prescribing Funding:** Clarify the position on funding for children & young people's social prescribing and the PCN's financial contributions going forward.
- **Prevention Funding Workshop Participation:** Ensure that those unable to attend the Joint Design Workshop for prevention funding can provide input and have their views represented in the process.
- **Prevention Funding Communication:** Send immediate communications to all applicants explaining the revised prevention funding process and timelines and provide ongoing updates following the Joint Design Workshop and funding review panel.

### Draft SEND JSNA

- **Review Recommendations:** committee members were asked to review the detailed recommendations presented, with the aim of finalising the documents for Health and Wellbeing Board sign-off in March.

### Urgent & Community Care Winter Plan

- **Winter Plan and Community Services Communication:** Clarify and communicate the differences and referral processes for urgent community response, rapid response, and virtual ward services to all relevant stakeholders, ensuring terminology is consistent and easily understood.
- **Neighbourhood Health and UEC Programme Alignment:** Arrange a meeting to align the National Neighbourhood Health Implementation Programme with UEC and other system programmes.

**Risk assessment and opportunities appraisal** -

**Financial implications** -

**Climate Change** -

**Appraisal as applicable**

**Where else has the paper been presented?** System Partnership Boards ICB Board  
Voluntary Sector  
Other

**List of Background Papers** N/A

**Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead**

Rachel Robinson – Executive Director of Public Health (DPH), Shropshire Council

Cllr Bernie Bentick - Shropshire Council Portfolio Holder for Health and Public Protection

**Appendices**

None