

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

Date: 9 October 2026

Committee:
Health Overview and Scrutiny Committee

Date: Monday, 19 October 2026

Time: 10.00 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 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](#)

Richard Phillips
Director – Legal and Governance (Monitoring Officer)

Members of Health Overview and Scrutiny Committee

Bernie Bentick (Chair)	Adam Fejfer
Dawn Husemann (Vice-Chair)	Rhys Gratton
Neil Bentley	Christopher Lemon
Andy Davis	Colin Stanford
Susan Eden	Beverley Waite

Your Committee Officer is:

Ashley Kendrick Democratic Services Officer

Tel: 01743 250893

Email: ashley.kendrick@shropshire.gov.uk

When attending this meeting, Members are reminded of the three principles of the Jo Cox Foundation and Compassion in Politics Civility Pledge:

1. *Use a civil and constructive tone in debate*
2. *Act with integrity, honesty and compassion*
3. *Behave respectfully towards others, including those I disagree with*

*(Please note that while we strive to live stream meetings, technical issues may occasionally occur. In the event of a technical disruption, the meeting will be paused to try to resolve the issue. Should it not be possible to resume the live stream, the meeting will proceed as scheduled, and a backup recording will be made available after the meeting. Any disruption to the live stream does not affect the legality of the meeting).

AGENDA

1 Apologies for Absence

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 (Pages 1 - 4)

To confirm the minutes of the previous meeting held on 29 June 2026.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. Deadline for notification is not later than 12 noon on Tuesday 13 October 2026.

5 Members Question Time

To receive any questions from Members of the Council. Deadline for notification is not later than 12 noon on Tuesday 13 October 2026.

6 Healthy Neighbourhoods Programme Update (Pages 5 - 18)

To provide the Committee with an overview of the Healthy Neighbourhoods programme within the Shropshire Council area, including its vision, governance, delivery priorities, partnership working, community involvement, and the anticipated impact on residents' health and wellbeing.

7 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

To receive a verbal update from Councillor Bernie Bentick.

8 Update from the Health and Wellbeing Board

To receive a verbal update.

9 Work Programme (Pages 19 - 20)

To receive a verbal update.

10 Date of Next Meeting

To note that the next meeting of the Health Overview and Scrutiny Committee is scheduled to take place on Monday 25 January 2027.



Committee and Date

Health Overview and Scrutiny
Committee

19 October 2026

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 29 June 2026

**In the Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ
10.00 am**

Responsible Officer: Ashley Kendrick

Email: ashley.kendrick@shropshire.gov.uk Tel: 01743 250893

Present

Councillor Bernie Bentick (Chair), Dawn Husemann (Vice-Chair), Neil Bentley, Andy Davis, Susan Eden, Adam Fejfer, Rhys Gratton, Christopher Lemon, Colin Stanford and Beverley Waite

5 Apologies for Absence

No apologies had been received.

6 Disclosable Interests

No declarations were received.

7 Minutes

RESOLVED: That the minutes of the meetings held on 20 April 2026 and 14 May 2026 be approved and signed as a correct record.

8 Public Question Time

There were no public questions.

9 Members Question Time

There were no members' questions.

10 0-19 Healthy Child Programme

The Committee received an update on the Public Health Nursing Service, including health visiting, school nursing and the Family Nurse Partnership. Members were advised that the service is a statutory public health function funded through the Public Health Grant and provides universal, targeted and specialist support to children, young people and families across Shropshire.

Officers outlined the recommissioning process undertaken following a strategic review and options appraisal. The Committee noted that a Provider Selection Regime assessment

had supported a direct award to Shropshire Community Health Trust, with an 18-month contract awarded due to updated procurement guidance.

During discussion, Members sought further information regarding the independent review undertaken as part of the recommissioning process and questioned whether it could be made available to Scrutiny. Officers explained that the review contained commercially sensitive information and was therefore not published, but agreed to provide a summary of the findings where possible.

Members discussed market engagement and the limited number of organisations capable of delivering a county-wide integrated service. Concerns were raised regarding barriers to market entry, including workforce transfer requirements, funding pressures, rurality and the availability of suitable premises. Members suggested that opportunities to utilise Council assets should be considered as part of the recommissioning process.

Members discussed national and local workforce pressures affecting health visiting and school nursing services. Members requested information on current staffing levels, vacancies and recruitment. Officers advised that the service was fully recruited to its established posts and agreed to provide further information on workforce numbers. Concerns were also raised regarding national challenges in recruiting specialist community public health nurses. The Chair indicated that these concerns would be raised through the Joint Health Overview and Scrutiny Committee with a view to raising the issue nationally.

Members considered how vulnerable children and families are identified and supported, including through developmental reviews, targeted pathways and partnership working. Particular emphasis was placed on the importance of early intervention and the role of nurseries, schools and other services in identifying developmental concerns at an early stage.

Discussion also focused on the visibility of school nursing services and schools' understanding of the support available. Officers advised that engagement with schools had recently been undertaken as part of a service review and that feedback from schools and other stakeholders would inform the future recommissioning process.

In response to questions about service performance, officers outlined the national and local indicators used to monitor delivery and outcomes. Members requested greater visibility of performance information, and officers agreed to circulate relevant performance measures and signpost Members to available Public Health Outcomes Framework data.

The Committee welcomed the opportunity to contribute to the future development of the service and emphasised the importance of ensuring that future commissioning arrangements reflect local need and improve outcomes for children and families.

11 Update on the future of Healthwatch

Members received an update from Healthwatch Shropshire on the future of Healthwatch and the potential implications of proposed national legislative changes. Members heard that Healthwatch provides an independent patient voice, information and signposting

services, advocacy support and volunteer-led Enter and View activity across health and social care settings.

Concerns were raised regarding proposals that could result in the loss of Healthwatch's independent role and the potential impact on patient representation, public engagement and scrutiny of health and care services. The Committee heard that Healthwatch and partner organisations had expressed these concerns to Government and were continuing to seek amendments to the legislation.

Members discussed the importance of maintaining an independent mechanism through which residents could raise concerns and influence service improvement. It was noted that the Health and Wellbeing Board had established a working group to consider the implications of the proposals and identify any gaps that could emerge should Healthwatch cease to operate in its current form.

The Committee requested that the outcomes of the Health and Wellbeing Board's deliberations be reported to Health Overview and Scrutiny Committee before any final arrangements are implemented. Members also requested access to information on themes emerging from Healthwatch activity and complaints advocacy work to assist future scrutiny.

12 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

Members noted that discussions had focused on winter planning across the health and care system, community health provision and the performance of West Midlands Ambulance Service.

The Chair highlighted improvements in system-wide winter planning, including greater coordination between partners and additional capacity within the health system. Members had also considered issues relating to vaccination delivery, delayed discharges, infection control and the role of community pharmacy, with requests made for more detailed performance information to support effective scrutiny.

The Committee noted ongoing work to develop a community health strategy, including neighbourhood teams, urgent community response services and district nursing provision. It was reported that further information had been requested on community service modelling and hospital transformation proposals.

Members also noted improvements in ambulance handover times and productivity, whilst recognising the need for continued monitoring. The Joint Committee had requested additional performance data to support future scrutiny.

13 Update from the Health and Wellbeing Board

Members noted that no Health and Wellbeing Board meeting had taken place since the previous meeting of the Committee, as the scheduled meeting had been postponed and the agenda items rolled forward.

The Committee was advised that the next Health and Wellbeing Board meeting would include consideration of neighbourhood health and care arrangements, Healthwatch

updates, Joint Strategic Needs Assessment chapters relating to maternity services and drug and alcohol services, the Better Care Fund year-end position, and the Integrated Care Board's five-year strategic commissioning plan.

During discussion, Members noted ongoing work to consider the future of the independent patient voice following proposed changes affecting Healthwatch and requested that developments be reported back to the Committee. Reference was also made to correspondence received regarding alcohol dependency training and the importance of continued partnership working across health and care services.

14 Work Programme

Members focused on the importance of neighbourhood health and care arrangements, the future development of the Joint Health and Wellbeing Strategy, children and young people's mental health, the future of the independent patient voice, and community drug and alcohol services.

Members emphasised the importance of being involved in policy development and commissioning activity at an early stage and requested timely access to information to support effective scrutiny.

Members also highlighted the need for clear action tracking arising from Committee discussions and the importance of ensuring that scrutiny activity is focused on areas where it can add the greatest value.

The Committee agreed that a dedicated work programming session should be held to review priorities, consider capacity and identify the most appropriate scrutiny approach for future topics.

Members also supported joint working with the People Overview and Scrutiny Committee on matters relating to children and young people's mental health and wellbeing.

15 Date of Next Meeting

Members noted that the next meeting was scheduled to take place on Monday 19 October 2026.

Signed (Chairman)

Date:



Integrated Care System

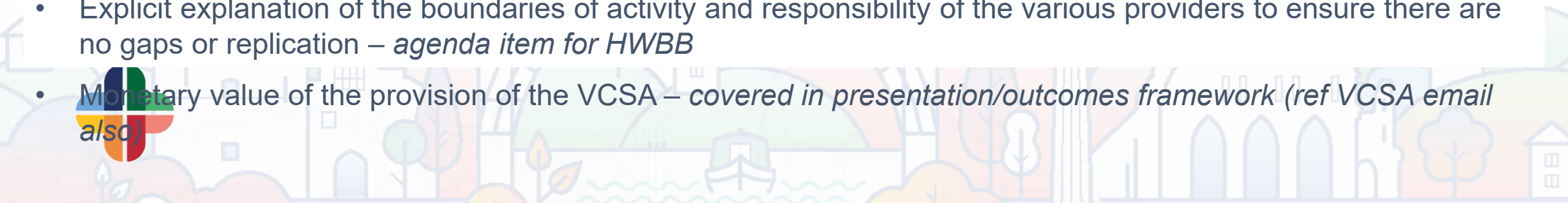
Shropshire, Telford and Wrekin

Healthy Neighbourhoods – Shared Vision, Purpose, Principles and Goals

HOSC October 2020

Scrutiny members are particularly interested in understanding

- How the NHS and SC Healthy Neighbourhoods vision and principles will translate into tangible improvements for local residents and communities – *covered in presentation*
- The proposed governance, leadership and accountability arrangements that will support delivery – *covered in presentation*
- How partners will work collectively to improve health outcomes, tackle inequalities and strengthen prevention – *covered in presentation*
- Progress in relation to the identified priority cohorts, including frailty, long-term conditions, mental health, and children and young people - *covered in presentation*
- The delivery milestones, outcomes and measures that will enable the Committee to monitor progress over time - *tbc*
- How local members, communities, service users and frontline staff will be involved in shaping and evaluating neighbourhood delivery – *comms plan/tbc*
- Explicit explanation of the boundaries of activity and responsibility of the various providers to ensure there are no gaps or replication – *agenda item for HWBB*
- Monetary value of the provision of the VCSA – *covered in presentation/outcomes framework (ref VCSA email also)*



Background and programme aims

- Engage with members to get feedback on our system-wide ambition for Neighbourhood Health in STW now locally known as **‘Healthy Neighbourhoods’**: **proposed vision, purpose, principles and goals**
- How we will work differently together, strengthen collaboration and hold ourselves collectively accountable for delivery and outcomes – **Neighbourhood Health Outcomes Framework**
 - ✓ Neighbourhood Health is not new – building blocks are In place
 - ✓ Neighbourhood Health Framework
 - ✓ ICB Five-Year Commissioning Plan
 - ✓ Shropshire, Telford and Wrekin Prevention Framework
 - ✓ Place Priorities
- Strong commitment from the ICB and both Places to accelerate delivery and turn our shared ambitions into tangible outcomes

National and Local Strategic Goals and Priorities Overview

NATIONAL NHS 10 Year Plan Neighbourhood Health Framework 5 Goals

1. Improving health outcomes
2. Improving access to General Practice
3. Better urgent and emergency care
4. Improved experience of planned care
5. Improved patient and staff experience

SYSTEM (STW) ICB 5 Year Commissioning Plan 5 Big Changes

1. Hospital to Community
2. Sickness to Prevention
3. Analogue to Digital
4. Improve timely equitable access
5. Value and productivity

SYSTEM (STW) STW Prevention Framework 2026 6 Priorities

1. Access to information
2. Integration
3. Person centred care
4. Comprehensive delivery of NHS Prevention Programmes
5. Early detection and treatment for long term conditions
6. Focus prevention activities to reduce inequalities

PLACE (Shropshire/T&W) Health and Wellbeing Board Strategy Priorities

1. Priorities determined by the health and wellbeing needs of the specific Place populations
2. Priorities for delivery for 2026/27 pending refresh of Health and Wellbeing Strategies
3. Detail for each in the Pre Reading pack

Our Priority Populations

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FRAILITY

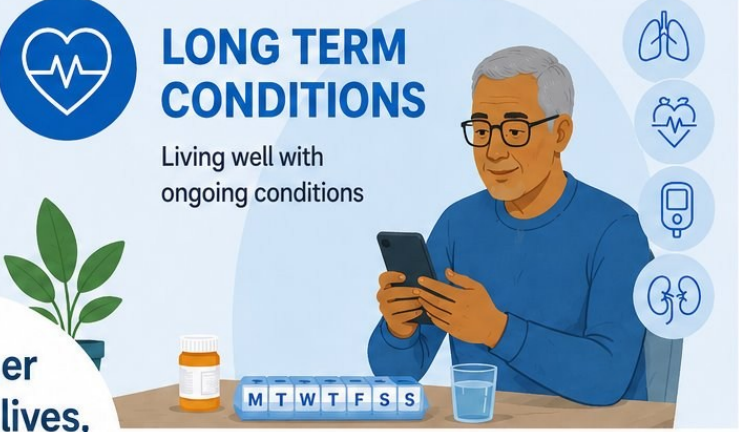
Supporting strength, independence and dignity





LONG TERM CONDITIONS

Living well with ongoing conditions





CHILDREN AND YOUNG PEOPLE

Healthy starts, brighter futures





MENTAL HEALTH

Caring for minds, improving lives



Stronger healthier lives, together



 **SUPPORT** |  **COMPASSION** |  **WELLBEING** |  **BETTER TOGETHER**



Healthy Neighbourhoods – Building Strong Foundations

12 Key Infrastructure Enablers

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Shared Vision

Vision, purpose, principles and goals



Single Roadmap

Align existing and planned community transformation programmes



Governance

Strengthen Place based governance and provider collaboratives



Boundaries

Aligned to natural communities



Autonomy

Delegated decision making, funding and accountability to Place



Funding

Neighbourhood Outcomes Framework – Phase 1 funding delegation



Estates

Neighbourhood Estates Plan including Neighbourhood Health Centres



Voluntary Sector

Creating the conditions for a strong and sustainable voluntary sector



Digital

Enabling partners to share information digitally and safely



Workforce

Workforce Plan aligns roles, skills and capacity to population need



Community Engagement

Local voices shaping the decisions that matter most



Learning

Continuous improvement and plans for scaling from test projects

'Healthy Neighbourhoods' Vision

Vision:

“Working together with our communities to create healthier, happier and well-connected neighbourhoods, where every resident has access to the care, support and opportunities they need to thrive.”



'Healthy Neighbourhoods' Purpose

*Together, as health, care, community and voluntary sector partners, we will create thriving **Healthy Neighbourhoods** that support people to live healthier, more independent lives:*

- 1. Expanding the range of joined up services available closer to home, supporting communities to improve their own health and wellbeing, and ensuring people receive the right care, at the right time, in the right place.*
- 2. Working inclusively with our communities to build strong connections and make best use of our collective resources.*
- 3. Build a culture where our people feel valued, innovation flourishes, and local voices shape the decisions that matter most.*
- 4. Prioritising prevention, early intervention, digital innovation and reducing inequalities, with support focused on those who need it most.*

'Healthy Neighbourhoods' - 8 Commitments

(formerly principles)

1

1. People and Communities First



We put what is important to local people at the heart of every decision, prioritising collective impact over organisational interests.

2

2. Shared decision making; shared accountability



We make decisions together and create the conditions where all partners have an equal voice. We support collective decisions, even when an organisation does not get their preferred option and hold ourselves collectively accountable to our communities.

3

3. Intelligence led



We use population health data, local insight and community voices to focus on what will improve health, wellbeing and reduce inequalities.

4

4. Clear and proportionate governance



We make decisions as close as possible to the people affected by them with governance proportionate to the size, risk and impact of the decision avoiding unnecessary bureaucracy. We are clear about who can decide and about what.

5

5. Learning, Adapting and Innovating



We test, innovate, learn and adapt as we go, using evidence and experience to continuously improve rather than waiting for perfect certainty.

6

6. Stronger Through Partnership



We harness our collective expertise and resources, working differently as integrated teams and achieving more together than any organisation can alone.

7

7. Creating Lasting Change



We focus on root causes, reduce duplication, build capacity and invest in sustainable solutions that deliver lasting benefit for our communities.

8

8. Strengthening Local Leadership and Autonomy



We create the conditions for autonomy, innovation, leadership and decision making in our neighbourhoods, to ensure we can achieve the greatest benefit for our residents.



Integrated Care System

Shropshire, Telford and Wrekin

Neighbourhood Outcomes Funding Framework 2026/27

ICB Neighbourhood Outcomes Funding Framework

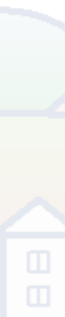
Why is this important?

- Demand for urgent and emergency care continues to rise across the system
- Historic delivery models have largely focussed on reactive, care rather than coordinated, proactive population-based approaches
- The Hospital Transformation Programme (HTP) new build programme is predicated on a reduction in demand for acute care and the left shift described in the NHS 10 Year Plan from hospital to community
- There is therefore a clear need to accelerate the shift toward neighbourhood-based models of care that enable earlier intervention, improved outcomes, and more sustainable use of system resources.
- **This is the start of a different way of commissioning** - outcomes-led, with a strong emphasis on measurable improvements in population health, system utilisation, and inequalities. It marks the first stage of a longer-term approach to resource allocation and decision making and serves as a catalyst for delivery against key population priorities.
- The framework is designed as an evolving model which will continue to develop and mature as the neighbourhood delivery landscape progresses.

ICB Neighbourhood Outcomes Funding Framework

The Ask for 26-27– key points

- For STW there is £2.9m (full year effect) ringfenced recurrent neighbourhood funding for 2026/27 to accelerate the neighbourhood models of care development
- Funding will be routed through SCHAT as the integrator via contract variation to their NHS Standard Contract.
- The integrator will be responsible for deploying this funding across the 9 STW neighbourhoods in partnership with general practice, PCNs, VCSE, local authorities, and other providers.
- This approach requires a level of maturity, trust, and shared purpose across neighbourhood partners. However, it provides a mechanism for equal partnership working
- The Framework sets out the ICB's expectations in relation to outcomes, priority cohorts, and delivery performance and covers the following areas:
 1. **Establishment of core INT infrastructure**
 2. **MDT maturity and shared caseloads**
 3. **Population health management implementation**
 4. **Priority Cohorts:**
 - Frailty Proactive
 - CVRM – Cardio-Vascular Metabolic Renal



ICB Neighbourhood Outcomes Funding Framework

Outcomes and Measures

Neighbourhood investment is expected to deliver measurable improvement against a core set of system outcomes, including:

- Stabilisation or reduction in urgent and emergency care demand, including non-elective admissions and A&E attendances;
- Reduced length of stay and improved hospital flow for priority cohorts;
- Demonstrable shift in activity from acute to community settings;
- Reduced utilisation by high-intensity service users;
- Improved outcomes for priority population groups, including frailty and CVRM;
- Delivery of activity and financial plans aligned to system sustainability.
- Reducing variation in access, experience, and outcomes

Practical considerations:

- Some will be measurable in the short term – activity/performance
- Some will be measurable over time – outcomes
- Some will need work to define to ensure consistent application – resident experience
- Important that our 2 places and NbHs are all measuring the same thing

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Agenda Item 9

Health Overview and Scrutiny Committee Work Programme

COMMITTEE MEETING AGENDA ITEMS

Date	Topic	Responsible Officer	Portfolio Holders	All Member Briefing	Task and Finish Group followed by a report to Committee	Report straight to committee	Previous topic of review - an update against the action plan
19-Oct-26	Healthy Neighbourhoods including Neighbourhood Health –Integrated Care System	RR/LM/NL/PS/JP	RH			☒	
25-Jan-27	Children and young people's mental health / CYPs mental health contract	TBC	RH/AH			☒	
19-Apr-27	Neighbourhoods – Shropshire Council	RR	RH			☒	
19-Apr-27	Statutory Joint Health and Wellbeing Strategy	RR	RH			☒	
19-Apr-27	HiAP and Planning Update	KP	RH/DW			☐	☐
TBC	0–19 Healthy Child Programme re-commissioning	AS	RH/AH			☐	☒

Other identified areas of interest from Committee discussions, including topics for briefings and potential Task and Finish Groups:

Planned Task and Finish groups	
Planned Member Briefings	
Active Travel	Nov/Dec 2026
Drug and Alcohol Support	01-Dec
Other items for consideration	
/	

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