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, it's 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: