DRAFT / UNAPPROVED

Committee and Date
Health and Wellbeing Board
20 November 2025

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 18 SEPTEMBER 2025
9.00 - 11.30 AM

Responsible Officer: Michelle Dulson
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Present
Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)
Councillor Ruth Houghton – PFH Social Care
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Laura Fisher – Housing Services Manager, Shropshire Council (remote)
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin
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
David Crosby – Chief Officer, Partners in Care

Also present: Laura Tyler, Carla Bickley, Paula Mawson (remote), Jess Edwards (remote)

13 **Apologies for Absence and Substitutions**

Councillor Heather Kidd – Leader, Shropshire Council
Jamie Dunn - Superintendent, West Mercia Police

14 **Disclosable Interests**

No interests were declared.

15 **Minutes of the previous meeting**

RESOLVED:

That the minutes of the meeting held on 19 June 2025 be approved and signed as a correct record.

16 **Public Question Time**

No public questions had been received.

17 **Winter Preparedness & Wellbeing Overview**

STW Winter Plan – Draft

Gareth Wright, the Head of Clinical Operations, NHS STW introduced and amplified his report which updated the Board on planning for winter to date and sought approval of the winter plan. The plan focussed on operational readiness, vaccination campaigns, contingency planning, and collaborative efforts across health and community partners to manage winter pressures. It also included the completion of a modular build at Royal Shrewsbury Hospital, integration of out-of-hospital community services, and changes to the single point of access contract to provide alternatives to emergency department attendance. These changes were designed to strengthen system resilience and would endure beyond the winter period.

A key focus was on managing the 'festive fortnight,' which included multiple long weekends, by ensuring adequate staffing and creating operational headroom before and after the holiday period. The plan involved phased responses, including decompression and recovery phases post-peak demand.

In response to a query, the Head of Clinical Operations explained that the winter plan had been assured by NHS England through a regional assurance visit and a stress test exercise involving all care systems across the region. The stress test simulated baseline, surge, and super surge pressures, including high respiratory illness and cold weather, and highlighted the need to revisit contingency plans for concurrent incidents such as flooding or IT outages.

A further query was raised in relation to respiratory illness being a critical winter pressure and whether there were any plans for a change or increase in communication around vaccination programmes. In response, the Head of Clinical Operations explained that a system-wide communications campaign would be launched, focusing on informing the public about service options, the importance of vaccination, and promoting pharmacy and primary care as first points of contact. The campaign would use social media, radio, printed materials, and printed pharmacy bags to maximise reach.

Concerns were raised about rural pharmacy access and the need for extended pharmacy hours during winter. The Head of Clinical Operations committed to reviewing coverage, especially in rural areas, and to working with the chief pharmacist to address gaps. The importance of clear public messaging about where to access vaccinations was also emphasised.

In response to a query, the Director of Strategy and Partnerships reported that internal staff vaccination campaigns were scheduled to begin in October, led by the chief nurse, with peer vaccinators and board-level participation. The campaign aimed to maintain high staff vaccination rates, building on previous successes.

Vaccination Improvement plan

Rachel Robinson, the Executive Director for Public Health and Vanessa Watley the Chief Nursing Officer outlined the system's vaccination improvement plan, detailing efforts to increase uptake across all programmes, address inequalities, and enhance communications and outreach, particularly for at-risk and hard-to-reach groups.

The Executive Director for Public Health explained that the vaccination improvement plan was in draft and under ongoing discussion with NHS England. The plan aimed to improve uptake for all vaccination programmes, not just winter vaccines, and included a dashboard for monitoring progress. The plan also included a comprehensive communications and engagement strategy to disseminate key messages.

Data analysis had identified lower uptake among deprived and minority communities, those with chronic diseases, and specific age groups. The plan included targeted social media, pop-up clinics, and education initiatives to address barriers and improve access, with ongoing monitoring and adaptation based on feedback.

The team were awaiting confirmation of national funding to expand respiratory illness clinics, with system funding allocated to support practices regardless. Not all GP practices were participating in the COVID vaccination programme, so clear public information about available sites was a priority.

A comms toolkit for councillors was suggested along with targeted outreach to vulnerable groups, including those not on social media and those on low incomes.

Winter Wellbeing Support including cost of living

Amanda Cheeseman, the Public Health Development Officer and Hannah Thomas, the Community Wellbeing Team Manager presented Shropshire Council's winter well-being support initiatives, being provided by the Council in partnership with the voluntary and community sector, and included a range of support including a cost of living web page, welfare support, hardship grants, energy and fuel advice, food banks, warm spaces, and targeted outreach for high-risk groups such as ethnic minorities and farming communities.
In response to a query about how professionals as well as residents could access information about the support available, it was explained how efforts were being made to ensure information was accessible on the ground, through multiple channels, including hard copies distributed in community settings and pharmacies, resources were also available on the website.
It was agreed to try to integrate the winter well-being support with the broader 'Think' campaign, which promotes both health services and preventative support. It was agreed to further develop communications to highlight the range of available support, especially for those with chronic conditions and in rural areas.
The Community Wellbeing Team Manager explained that the outreach team was working to connect ground-level delivery with larger programmes, ensuring professionals were equipped to signpost residents effectively. It was suggested that town and parish councils be utilised to cascade consistent messages especially to those remote and hard-to-reach communities. Local councillors were also another important resource for disseminating information.

RESOLVED:

- The Board to note the draft SWT Winter plan in advance of approval by the ICB Public Board;
- All partners to promote vaccinations to maximise uptake;
- All partners to share key cost of living communications when and where possible;

- All partners to consider creating a cost-of-living section on their website which could link to Shropshire and Telford and Wrekin webpage or to other cost of living webpages (i.e. Citizens Advice Shropshire).

18 Healthy Ageing & Frailty Strategy

Vanessa Watley, the Chief Nursing Officer presented the Healthy Ageing and Frailty Strategy which set out a system-wide approach to support residents of Shropshire, Telford and Wrekin to age well. It focussed on prevention, early identification and integrated care for those living with or at risk of frailty. The Strategy was aligned to national priorities including the NHS 10-Year Plan, local strategies and Aging-well initiatives. The approach was informed by local demographic projections and the need to stem rising health and social care costs.

The strategy targeted the increasing number of older people in Shropshire, Telford and Wrekin, aiming to prevent, identify, and manage frailty through evidence-based interventions, education, and integrated care teams. Key elements included promoting 'fit at 50' messages, risk stratification in general practice, and tailored interventions for mild, moderate, and severe frailty. The strategy emphasised the importance of keeping people at home with appropriate support and avoiding unnecessary hospital admissions.

Extensive public and professional engagement had informed the strategy, highlighting the need for localised, coordinated services and the importance of addressing digital and social exclusion. The strategy would be regularly reviewed with ongoing community and workforce input.

Jackie Jeffrey, the VSCA representative was grateful for the involvement of the voluntary sector however, feedback from Age UK highlighted that housing had been missed out of the Strategy. Concern was also raised around digital exclusion. In response, the Chief Nursing Officer explained that it was really important for them to link in with the local authority on the work it was doing around housing and digital exclusion and Ben Hollands, the Health & Wellbeing Strategy Implementation Manager, MPFT offered to share evaluation results from a digital intervention pilot for mild frailty.

A brief discussion ensued about the potential for expanding successful pilots. It was felt that a wider detailed communications strategy was needed for all the topics discussed that morning.

The Board agreed on the need for collective ownership and regular progress updates to ensure the Strategy was actively implemented and brought to life.

RESOLVED:

- to note that the Healthy Ageing Strategy 2025-2028 fully aligns with both Health and Wellbeing Strategies and ShIPP and TWIPP priorities;
- to approve and support the Healthy Ageing Strategy Implementation.

19 Better Care Fund 2025-26 quarter one report and Explainer

Jackie Robinson, the Senior Integrated Commissioning Lead, NHS STW presented the Better Care Fund (BCF) update, which gave Board Members a wider insight into the

programme and the services that contribute to performance that was reported quarterly to NHS England. It also provided a summary of the BCF 2025-26 quarter one template for Shropshire.

She explained that the BCF pooled NHS and local authority funds, totalling £50 million in Shropshire, to commission health and social care services. Key investment areas for 2025/26 included proactive care, home adaptations and technology, Carer support, preventing hospital admissions, timely hospital discharge and reducing the need for long term care. It was clear that the BCF added value and was joined up.

Performance was tracked nationally and shared across the system through a dashboard. The data from 2025/26 would be used to inform the future direction of services, and focussed on emergency admissions to hospital, average length of discharge delays, and long-term admissions to care home. Shropshire had shown strong performance, with fewer admissions to residential care than targeted, attributed to the 'home first' approach and scored consistently high in the national performance table.

In response to a query around the amount of influence their activities were making on the delayed discharge metric, Jessica Timmins, Integrated Commissioning Manager explained that it had been difficult to judge other than anecdotally as they had not had reliable data around the length of stay metric. It was hoped that going forward they would have a better grasp of performance and would be re-visiting the metrics plan in line with the data they now had.

The Director of Strategy & Partnerships explained that the need to ensure that someone with complex needs was safely discharged from a hospital setting to their next correct place of support or treatment was in itself complex and multifaceted and that the BCF activities were fundamental to this.

Plans for 2025-26 included refining the metrics based on improved data flows and expanding community workforce recruitment, with ongoing communications to attract new staff. The board noted the alignment with the healthy ageing strategy.

RESOLVED:

to note the BCF programme presentation and to approve the BCF 2025-26 quarter one template.

20 **ICB Update**

Nigel Lee, Director of Strategy & Partnerships and Claire Parker, Director of Strategy and Development provided updates on system-wide developments. The Director of Strategy & Partnerships drew attention to the Monthly Stakeholder briefing pack which collated the key areas of update from different partners across the health and care system.

He highlighted the healthy aging and frailty strategy and reported that work was continuing with both the Neighbourhood Health Implementation Programme and with the Place Partnership Boards.

Looking at primary care, he talked about the system winter planning approach and the work being done in general practice, pharmacy, optometry and dentistry including the

improvement in performance, activity and access. Notably, one of the key issues for this year was around the use of the national advice and guidance service to which all GPs across Shropshire, Telford & Wrekin were signed up to.

The Director of Strategy & Partnerships referred to the national rankings of NHS Trusts which was based on a number of metrics, and he was pleased to see some of those areas continuing to improve, particularly around elective waiting times, diagnostics, and cancer performance.

Finally, he wished to publicise that SaTH and the Shropshire Community Trust were continuing to look at the plans to develop a shared leadership model and this would be discussed in public at a meeting being held the following Tuesday when both Boards would review the plans in more detail.

The Director of Strategy and Development added that Shropshire had been successful in the National Neighbourhood Implementation programme, and she thanked partners around the table for their strong partnership working which had led to a strong bid to take this work forward. The programme would focus on cohorts such as frailty and rural service delivery, with national support and visibility of Shropshire as a place.

The Chair recognised the improvements happening on a daily basis and the dedication to achieve high quality services.

21 Draft Pharmaceutical Needs Assessment 2025

Mark Trenfield, Senior Public Health Intelligence Analyst presented the final Pharmaceutical Needs Assessment (PNA) for approval before publication by the 1 October 2025. He confirmed that the draft report had been updated following the public consultation that had taken place and he drew attention to the summary.

He reminded the Board that the PNA had identified 43 community pharmacies and 17 dispensing practices in Shropshire, with nearly 90% of residents being within a 10-minute car journey. Gaps had been found in weekend and evening access, especially in the south, however there were 54 community pharmacies in other local authorities within 5 km of Shropshire, along with 7 in Wales, again, within 5km of Shropshire's border, some of which were open past 6pm on a weekday. There were more people per pharmacy in Shropshire than in England and the number of pharmacies had declined since the last PNA.

Recommendations included raising awareness of pharmacy services, considering the impact of the NHS 10-year plan, and potentially conducting an interim review as pharmacy roles expand in long-term condition management and neighbourhood care teams.

RESOLVED:

- to approve the report
- to raise the visibility of some of the new services offered by pharmacies to increase awareness and usage.
- to consider the impact of healthcare transformation - The recently published 10-year health plan outlined community pharmacies key role in the management of long-term

conditions, prevention, and deeper integration into neighbourhood care teams. As such, there would be a period of transformation within the pharmaceutical provision, primary care and neighbourhood health and it may be necessary for an interim review of services if necessary.

22 **Director of Public Health Annual Report 2024-25**

Rachel Robinson presented her Annual Director of Public Health report which looked at the health of the population, focussing on neighbourhoods, and the need to address rural deprivation and health inequalities and she thanked all colleagues for their work around the JSNA process.

The report analysed health and well-being patterns across Shropshire, with a focus on neighbourhoods, life expectancy trends, and the impact of wider determinants such as fuel poverty and rurality. It highlighted areas for targeted action, including children and young people, diabetes, Mental Health, and health checks.

Recommendations included continued neighbourhood and community working, alignment with government guidance, intelligence-led planning, and enabling the voluntary sector. The report was intended to inform funding bids and strategic decisions. The Chair thanked the Director of Public Health for all her hard work in trying to improve the health and wellbeing of the people of Shropshire.

The Co-Chair also expressed his thanks to the Director of Public Health and the team for the significant difference they were making, and he recognised the neighbourhood working/communities theme which were bringing about improvements and change, and having the evidence base along with the intelligence that underpinned it continually coming through was a really important check that the Board needed to keep coming back to, to ensure work was going on in the right areas and having an impact. He confirmed that he would be taking the recommendations from the report into the work of the ICB. The Chair echoed this and extended his thanks to the ICB and all health partners in Shropshire, Telford & Wrekin for the work being done to improve the health and wellbeing of residents.

The Executive Director of People also wished to express her thanks. She had found the evidence-based report both comprehensive and simple to read and would demonstrate to the government, when working through the fairer funding formula, that there was deprivation in Shropshire. She drew attention to section two of the report that highlighted that 13.1% of households in England lived in fuel poverty, whereas in Shropshire it was 18.9%. Shropshire was also only 1% less than the England average for children living in relative poverty. She felt this was a really strong message to those who make decisions around funding for Shropshire and busted the myth that Shropshire was a very wealthy County.

RESOLVED:

To approve the report and the recommendations contained therein.

23 **ShIPP Update**

Members noted the ShIPP update.

Members were reminded of the Health in All Policies (HIAP) training being offered to Members of HOSC and HWBB on Tuesday 23 September at Shrewsbury Library.

<TRAILER_SECTION>

Signed …… (Chair)

Date: