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

Date: 9 September 2026

Committee:
Health and Wellbeing Board

Date: **Thursday, 17 September 2026**
Time: **9.30 am**
Venue: **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
Service Director – Legal and Governance (Monitoring Officer)

Members of Health and Wellbeing Board

Councillor Ruth Houghton – PFH Adult Social Care & Public Health, Shropshire Council
Councillor Heather Kidd – Leader, Shropshire Council
Councillor Andy Hall – PFH Children & Education, Shropshire Council
Rachel Robinson - Executive Director of Public Health, Shropshire Council/NHS STW ICB
Wendi Shepherd – Deputy Director of Public Health, Shropshire Council
Natalie McFall – Director of Adult Social Services, Shropshire Council
David Shaw – Director of Children's Services, Shropshire Council
Laura Fisher – Head of Housing, Resettlement & Independent Living, Shropshire Council
Vanessa Whatley – Chief Nursing Officer, NHS Shropshire, Telford and Wrekin ICB
Lynn Millar – Director of Place, STW NHS, STW ICB and Staffordshire & Stoke-on-Trent ICB
Phil Smith - Chief Officer, System Development & Integration, NHS STW, Stoke & Staffs
Claire Horsfield - Director of Operations & Chief AHP, Shropcom
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT
Nigel Lee - Group Chief Strategy and Integration Officer, STW Community and Hospitals NHS Group
Stacey Keegan – CEO, Robert Jones & Agnus Hunt Orthopaedic Hospital NHS Foundation Trust
Lynn Cawley - Chief Officer, Healthwatch Shropshire
Jackie Jeffrey – Lead Officer, VCSA
Claire Smout - Chief Officer, Partners in Care
Edward Hancox - Superintendent, West Mercia Police

Your Committee Officer is Michelle Dulson
Tel: 01743 257719 Email: michelle.dulson@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 Election of New Co-Chair

To elect a new Co-Chair.

2 Apologies for Absence and Substitutions

3 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."

4 Minutes of the previous meeting (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 9 July 2026 (attached).
Contact: Michelle Dulson Tel 01743 257719

5 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. The deadline for this meeting is 12 noon on Friday 11 September 2026.

6 System Winter Planning (Pages 9 - 16)

Report attached.
Gareth Wright, Director of System Improvement, Co-ordination & EPRR, NHS Shropshire, Telford and Wrekin, NHS Staffordshire and Stoke-on-Trent

7 Health Protection Annual Report (Pages 17 - 30)

Report attached.
Damilola Agbato, Public Health Principle, Shropshire Council

8 **HWBB Strategy 2028- 33 - proposals** (Pages 31 - 34)

Report attached.
Damilola Agbato, Damilola Agbato, Public Health Principle, Shropshire Council
Rachel Robinson, Executive Director, Public Health (DPH), Shropshire Council

9 **Healthy Neighbourhoods** (Pages 35 - 40)

Report attached.
Lynn Millar, Director of Place for Shropshire, Telford and Wrekin, NHS Shropshire, Telford and Wrekin, NHS Staffordshire and Stoke-on-Trent

10 **Chair's Report** (Pages 41 - 42)

Report attached.

11 **Pharmacy updates** (Pages 43 - 44)

Report attached.
Rachel Robinson, Executive Director of Public Health (DPH), Shropshire Council

12 **Date of Next Meeting**

9.30am Thursday 19th November 2026

Shropshire Council

Committee and Date

Health and Wellbeing Board

17 September 2026

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 9 JULY 2026
9.45 - 11.25 AM

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present
Councillor Ruth Houghton – PFH Adult Social Care & Public Health, Shropshire Council
Councillor Andy Hall – PFH Children & Education, Shropshire Council (remote)
Rachel Robinson - Executive Director of Public Health, Shropshire Council/NHS STW ICB
David Shaw – Director of Children's Services, Shropshire Council
Claire Parker – Director of Strategy & Development, NHS STW (remote)
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT (remote)
Lynn Cawley - Chief Officer, Healthwatch Shropshire
Jackie Jeffrey – Lead Officer, VCSA (remote)
Claire Smout - Chief Officer, Partners in Care
Steve Ellis –Deputy Director of Operational Service Development, Shropshire Community Health NHS Trust (substitute for Claire Horsfield)
Cezar Sarbu – Service Manager, Adult Social Care, Shropshire Council (Substitute for Natalie McFall)
Carla Bickley - Associate Director of Strategy & Partnership, SATH (Substitute for Nigel Lee)

Also present: Phil Smith, Naomi Roche, Dr. Jess Harvey, Mark Trenfield, Chris Scott, Emma Pyrah, Susan Blakey, Jenny Roach, Gordon Kochane

1 **Election of new Co-Chair**

It was proposed, seconded and duly **RESOLVED**:

That Councillor Ruth Houghton, Portfolio Holder for Adult Social Care and Public Health be elected Co-Chair of the Health & and Wellbeing Board.

2 **Apologies for Absence and Substitutions**

Claire Horsfield - Director of Operations & Chief AHP, Shropshire Community Health NHS Trust
Councillor Heather Kidd – Leader, Shropshire Council
Natalie McFall – Director of Adult Social Services, Shropshire Council
Nigel Lee - Group Chief Strategy and Integration Officer, STW Community and Hospitals NHS Group
Edward Hancox - Superintendent, West Mercia Police
Vanessa Whatley – Chief Nursing Officer, NHS STW ICB

Lynn Millar – Director of Place, STW NHS, STW ICB and Staffordshire & Stoke-on-Trent ICB

3 Disclosable Interests

No interests were declared.

4 Minutes of the previous meeting

RESOLVED:

That the minutes of the meeting held on 19 March 2026 be approved and signed as a correct record.

5 Public Question Time

No public questions were received.

6 Neighbourhoods

The Board received a comprehensive introduction to the neighbourhoods agenda item, which focused on the development of a shared framework for healthy neighbourhoods within Shropshire. The discussion outlined the purpose of the item, which was to introduce the concept of healthy neighbourhoods, review the National Neighbourhood Health Framework, and ensure alignment of neighbourhood health plans with local priorities, including the Family First Partnership, adult social care transformation, and organizational ambitions. The Board's leadership role in this process was emphasised, alongside the need for a shared vision, a preventative approach, early help, proactive care, and the reduction of inequalities.

The Board was informed of the strong foundations already established, such as integrated neighbourhood teams, community and family hubs, prevention funding, outreach work, and the Council's corporate plan. The importance of building upon these assets and aligning delivery across all partners was stressed. The NHS perspective was presented, highlighting the five-year strategic commissioning plan and the significance of equal partnership between the NHS, local authority, and voluntary sector. Clarity of roles, alignment of priorities, and the tailoring of approaches to local geographies were identified as essential.

The National Neighbourhood Health Framework was presented as a key driver, with four priority cohorts identified: older people, long-term condition management, children and young people, and mental health. It was confirmed that there is strong alignment between national mandates and local priorities identified.

During the discussion, questions were raised regarding the role of the voluntary sector within the neighbourhoods framework, specifically whether it is considered a strategic partner or merely a delivery partner. It was confirmed that the voluntary sector is regarded as an equal partner in both design and delivery, contributing insight and innovation. The need for co-design and equal partnership was reiterated.

Concerns regarding the pace of change were raised, particularly in light of the voluntary sector's contract-based constraints. The Board acknowledged the need for rapid progress but recognised that different sectors operate at varying speeds. It was suggested that agile pilots and collective learning would help maintain alignment, and that smaller-scale pilots allow for greater agility. The Board noted that general practice can implement changes quickly, whereas hospitals and the voluntary sector may require more time due to commissioning and contractual processes.

Further concerns were expressed about the risk of postcode lottery and service gaps, with questions regarding how equitable access across neighbourhoods would be ensured. It was explained that neighbourhood health enables tailoring to local needs, but there are risks if some neighbourhoods progress faster than others. The Board advocated for scalable, adaptable models and collective accountability, supporting continuous learning and flexibility in boundaries to allow adaptation as required.

The value of voluntary sector assets and hubs was recognised, particularly their role in addressing health inequalities and providing trusted places for the community. The importance of sharing learning, understanding community needs, and involving partners in engagement activities over the summer was emphasised, as was the significance of IT and digital approaches.

RESOLVED:

- to note the Board's statutory leadership role in developing the Shropshire Neighbourhood Health Plan;
- to progress agreement and development of neighbourhood footprints
- to progress and confirm system leadership arrangements;
- to support alignment of existing programmes and policy to the Neighbourhood Health Framework;
- to endorse proposed next steps to mobilise neighbourhood health delivery across Shropshire;
- to agree the strategic direction towards a single Shropshire neighbourhood framework and roadmap, aligned to the national Neighbourhood Health Framework & NHS 10-year plan, Joint Health & Wellbeing Strategy, ShIPP priorities and wider place-based priorities including national children's reforms; and
- to request a future decision report setting out the preferred model, governance arrangements, resource implications, delivery roadmap and implementation considering the need for a flexible needs-led approach.

7 Healthwatch Shropshire update: 'Access to Medication in Shropshire' and 'Veterans' Experiences of Accessing Healthcare in Shropshire'

The Health and Wellbeing Board received an update from Healthwatch Shropshire, which included the presentation of two reports. The first report addressed access to medication in Shropshire, highlighting ongoing challenges faced by individuals with multiple long-term conditions. These challenges included the need for repeated visits to pharmacies, difficulties with digital access to prescriptions, and issues related to medication shortages. The report emphasised the impact of these challenges on patients, particularly in relation to transport and accessibility, and noted that while there is significant public support for local pharmacies, increased demand has placed additional pressure on pharmacy staff

and services. Recommendations from the report included actions to reduce delays and waiting times, improve communication between patients and pharmacies, and address variations in service experience across different pharmacy locations.

The second report focused on the experiences of veterans in accessing healthcare within Shropshire. It identified several key issues, including confusion among veterans regarding the benefits of identifying their status, inconsistent recognition of veteran status across services, limited understanding among professionals of the coding and entitlements related to veterans, and gaps in support during the transition from military to civilian life. The report also noted the emotional impact on veterans of having to repeatedly explain their service history, which could trigger traumatic experiences.

Recommendations included the routine identification of armed forces service across GP practices, hospitals, and community services; the simplification and standardization of recording veteran status within NHS systems; improved communication and information sharing between GP and hospital services; strengthened staff understanding of veterans' healthcare entitlements; improved public information for veterans; enhanced support and continuity of care during the transition from military to civilian life; and the development of specialist outreach and mental health support.

During the discussion, it was noted that while Healthwatch Shropshire has previously made recommendations for the sharing of good practice, there has been limited evidence of these recommendations being implemented across the system. The importance of improved system-wide learning and replication of effective practices was emphasised.

RESOLVED:

to accept and implement the recommendations from both Healthwatch Shropshire reports.

8 Children and Young People JSNA Chapter: Pregnancy and birth

The Health and Wellbeing Board reviewed the Children and Young People JSNA chapter focused on pregnancy and birth. The item was presented as an update, noting that it had previously been discussed but was now published as a final JSNA. The Board was asked to consider the recommendations within the report, which included extensive data and analysis on population needs related to pregnancy and birth.

Discussion centred on the importance of using JSNA outputs to inform service redesign and transformation, with several members emphasising that population data should underpin strategic planning and avoid duplication of effort. It was noted that many recommendations in the JSNA directly relate to ongoing neighbourhood work and national reforms, and alignment between these areas was encouraged.

Suggestions were made for future iterations of the JSNA to include progress tracking against previous positions, potentially linking to dashboard reporting for monitoring outcomes. The Board acknowledged the significant work involved in compiling the JSNA and expressed appreciation for the team's efforts.

RESOLVED:

to accept the recommendations listed in the JSNA appendix, which would underpin future work and outcomes frameworks.

9 Drug & Alcohol JSNA

The Health and Wellbeing Board considered the Drug and Alcohol Joint Strategic Needs Assessment (JSNA) chapter.

The Board noted that the recommendations aligned with both adult and children's social care agendas. It was further highlighted that these actions would inform the recommissioning of drug and alcohol services currently underway, and the Board acknowledged the significant work undertaken by the team in preparing the JSNA.

RESOLVED:

To note the recommendations contained in the report.

10 2025-26 End of Year Template and 2026-27 BCF Assurance Return

The Health and Wellbeing Board reviewed the Better Care Fund (BCF) assurance return and end of year template, which had been submitted to NHS England following prior approval from the chairs. The reports confirmed alignment with national reforms and the NHS 10-year health plan, focusing on greater integration, prevention, neighbourhood-based services, reducing hospital admissions and discharge delays, and supporting independence.

The Board noted that the BCF presents a positive picture of integrated working across health and social care and supports the transition towards more preventative, community-based care. It was also noted that future iterations of the BCF may be further aligned to place-based and neighbourhood working as part of the integration agenda.

RESOLVED:

to approve the 2026-27 BCF Assurance Return and the 2025-26 BCF End of Year Template

11 STW 5-year Strategic Commissioning Plan - ICB - including HealthHero update

The Health and Wellbeing Board received an overview of the Shropshire, Telford and Wrekin (STW) five-year strategic commissioning plan, previously approved by the Integrated Care Board (ICB). The plan establishes a five-year strategic horizon, enabling a more ambitious and transformational approach to improving health and care outcomes for local people, rooted in population need and aligned with national policy.

Key shifts outlined in the plan include moving care from hospital to community, analogue to digital transformation, a focus on prevention over sickness, improving access to services, and enhancing value and productivity. The partnership approach was emphasised, with delivery mechanisms through place and neighbourhood structures.

Risks identified in the plan include workforce alignment and development, financial pressures, productivity requirements, demand growth, digital and data readiness, system flow and demand pressures, and estates and infrastructure challenges. The Board noted the importance of joint planning and delivery, particularly joint commissioning, as a future focus.

RESOLVED:

to note the content and implications of the STW five-year strategic commissioning plan and its direction of travel as the system moves into the delivery phase.

12 Shropshire Council Corporate Plan

The updated Shropshire Council Corporate Plan for 2026–2030 was presented to the Health and Wellbeing Board. The plan focuses on rebuilding Shropshire together, addressing financial challenges and system changes. It is structured around three key elements: sustainability, which includes living within means and protecting the environment; strength, which emphasises the local economy; and resilience, which involves building strong communities, supporting independence, protecting vulnerable people, and partnership working.

Partnership working and alignment with the Health and Wellbeing Strategy are central to the plan, with care and wellbeing, economic growth, and housing identified as vital priorities. Key deliverables highlighted include children's transformation, adult social care transformation, engagement with town and parish councils, economic growth, health and care skills, housing, access to green spaces, poverty reduction, hubs, recommissioning of drug and alcohol services, and updating the Joint Health and Wellbeing Strategy.

RESOLVED:

to note the update

13 ShIPP Update

The ShIPP update was presented for noting. The Executive Director for Public Health mentioned that the next meeting will include an update on the ShIPP Prevention Partnership work, which is integral to neighbourhoods and has been a significant achievement lead by the VCSE. The update also referenced the place universal offer as part of neighbourhood working.

14 HWBB Progress against targets

The Board received an update on progress against key metrics, noting positive movement in several areas. Concerns remain regarding life expectancy targets and persistently high suicide rates. Indicators for children and young people were reported as worsening, with significant work underway to address these issues. It was agreed to bring a fuller, updated report to the next meeting, ensuring alignment with local data and ongoing strategy development.

15 Pharmacy updates

Members noted the Pharmacy updates and noted that the Pharmacy Needs Assessment had been accepted by the Board in 2025. Work is ongoing to determine whether a supplementary statement is required due to any significant changes. All updates will continue to be brought to the Board for noting, with further action pending the outcome of the assessment.

16 **Health Overview & Scrutiny Committee**

Noted.

17 **Any other Business**

The Chairman wished to record her thanks on behalf of the Board to Claire Parker, Director of Strategy & Development for NHS Shropshire, Telford & Wrekin, who would be leaving the Board after 6 years of service. She thanked Claire for her work with the Board and wished her well for the future.

<TRAILER_SECTION>

Signed …… (Chair)

Date:

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SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17 Sep 26**					
Title of report	**System Winter Planning**					
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	Gareth Wright, ICB Director of System Improvement, Co-ordination & EPRR Gareth.wright3@nhs.net					
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		Working with and building strong and vibrant communities	X		
	Workforce		Reduce inequalities (see below)	X		
What inequalities does this report address?	Income, disability, age, health, rurality					

1. Executive Summary

To apprise the Board of ICB winter planning for our county. Learning from the winter plan last year confirmed a successful approach had been taken which will be reprised this year; with adjustments made as a result of learning identified. This is a timely opportunity at the current stage of planning, as the views of the Board will be welcomed as we approach our transition towards the onset of winter this year.

2. Recommendations

The Board is invited to:

a) Note the ICB Cluster plan for response to winter pressures this year, which is near finalisation.

b) Support the winter communications campaign, in particular all partners to promote the importance of Vaccination against seasonal illnesses.

3. Winter Planning 2026/27

3.1. **Learning from Winter 2025/26**. Previous winters were characterised by severe pressure and overwhelmed Emergency Departments. We were determined to change that last year and largely succeeded in doing so. This was by a combination of decisive changes in our UEC pathway and a clear plan that all partners were able to get behind, together making an excellent response. Early January was a much more challenging start to the year than we anticipated and will be the point of main effort for our response this winter. Nevertheless, operational pressure was managed with much greater success than the previous year. An indicator of this is that at no time did we have to escalate our response on to a Critical Incident footing this year. And SaTH exited winter on a strong footing, with exemplary Ambulance handover performance.

3.2. **What will be different this year**. Our ICB winter planning is on a Cluster basis; a single plan covering Shropshire and Staffordshire this year, but with recognition of local differences in circumstances. This will include unified command & control by our Executive team and management of day-to-day operational pressures. A common approach will be applied where

appropriate, including messaging in the Winter Comms campaign; and some funded interventions. There is no central government or NHSE supplementary winter funding again this year, which is the third year in a row and now expected to be the norm going forward.

3.3. **Our winter plan** will follow the same phased structure as served us well last year. In summary:

- Firstly, **deliver our programmes**. Provider and System Improvement Programmes to achieve the conditions to enter winter on a solid footing.
- **Reduce rising pressure** during the onset of winter by an intensive system-wide effort to offset rise in demand and create capacity resilience.
- **Recovery** early New Year; having used the capacity, priority is to decompress and rebuild a reserve.
- **Sustain our response** and avoid being over-matched by pressure and set conditions for a strong Mar 27 (which includes Easter).
- **Transition from winter** in good order, tapering off the winter response and starting 2027/28 well.

3.4. **Winter Comms campaign**. Our campaign will be recognisable to partners as the 'Think' approach we have achieved success within previous years. It is intended to be a shared behaviour-change campaign that helps people navigate services before and during seasonal pressure. A broad spectrum of channels will be used, digital and social media, Primary care and Pharmacy settings, Accessible and non-digital. Effects we want to achieve include informing our population, so they are empowered to get the right help, right time, first time.

3.5. **How all partners can play a part**. A key message both nationally and locally is to promote the importance of vaccination against seasonal illness. It is requested that partners really get behind the Winter Comms campaign. And double down on collaboration to resolve issues – relationships are key, as ever. Where prioritisation of effort is required, support is particularly needed at our point of main effort in January, where pressure is expected to be highest.

3.6. **Conclusion**. It is our judgment and that of NHS England that as a System we had a much stronger response to winter last year than previous years. Much of what we did is replicable and we intend to do so. Whereas we won't have the level of investment again this year we still have the enduring schemes from last year in place for this year, such as our additional 56 bed modular ward at The Royal Shrewsbury Hospital.

Risk assessment and opportunities appraisal	N/A	
Financial implications	N/A	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Phil Smith, Chief Officer System Development & Integration. NHS STW & SSOT ICB		
Appendices Appendix A. System Winter Planning - presentation		

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

System Winter Planning

Shropshire Health & Wellbeing Board

Thu 17 Sep 26

Gareth Wright, Director of System Improvement, Co-ordination & EPRR

Winter Planning – HWBB overview

Today's brief

- **What we learned from last winter**
- **Our approach this year**
- **What we intend to achieve**
- **How we will communicate it**
- **Next steps and and how partners can get involved**

What the ICB Cluster means for our planning

- A single plan covering Shropshire and Staffordshire this year, but with recognition of local differences in circumstances
- Unified command & control by our Executive team and our cluster System Coordination Centre, albeit reduced capacity
- A common approach where appropriate, including messaging in the Winter Comms campaign; and some funded interventions
- Pan-cluster management of operational Risk

System Review of Winter 2025/26

Last year, the Health & Wellbeing Board received a brief and discussed our System winter preparedness at its meeting on 18 Sep 25.

Previous winters were characterised by severe pressure and overwhelmed Emergency Departments. We were determined to change that last year and largely succeeded in doing so. This was by a combination of decisive changes in our UEC pathway and a clear plan that all partners were able to get behind, together making an excellent response.

Our start point this year was to review our experience last winter, which identified what went well, as well as what to do better this year.

Objectives	What we set out to do	Our lived experience 2025/26
Enter winter in the best position we could achieve	▪ Deliver our Improvement programmes ▪ High impact enduring changes	A lot of change concurrently – modular build at Royal Shrewsbury; integrated out of hospital redirection to community services. Some estates-related delay, but achieved.
Avoid being overmatched by pressure	▪ Intensive whole system effort to offset rise in demand ▪ Create capacity resilience ▪ Sustain our response	Flu peaked early and then receded. November and December were very challenging but not overwhelming. SaTH bed occupancy was circa 82% by Christmas Eve; a much better position than the previous year. But early January was a much more challenging start to the year than we anticipated.
Ensure we exited winter on a solid footing	▪ A 'spring reset' in March 26 ▪ Extend our winter response to span Easter in early April	January / February were difficult months. But SaTH enacted an highly successful plan in March to really bear down upon Ambulance handover delays, which was sustained

Cluster winter preparedness 2026/27

Summary of Cluster Plan:
Achieve winter readiness, reduce rising pressure, sustained response, exit well.

The **Festive fortnight** has a 4 then 3 day weekends

M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M
21	22	23	24	25	26	27	28	29	30	31	1	2	3	4

Easter is in March 27

F	Sa	Su	M
26	27	28	29

Sep – Oct	Nov	Dec	Jan 27	Feb	Mar	Apr
PREPARING	DELIVERY					

1. Deliver our programmes

Provider and System Improvement Programmes to achieve the conditions to enter winter on a solid footing.

2. Reduce rising pressure

Intensive system effort to offset rise in demand and create capacity resilience.

3. Recovery

Having used the capacity, priority is to decompress and rebuild reserve.

4. Sustain our response

Avoid being over-matched by pressure and set conditions for a strong Mar 27.

5. Transition from winter

Taper off the winter schemes and start 2027/28 well.

Activities:
- Deliver improvement to get back on Plan
- Transition to winter ready

Objectives:
- Apply our winter interventions
- Combined effort achieve the decompression we are aiming for
- 80% acute bed occupancy by Christmas Day
- Avoid losing pace over the festive period

Expectation:
- Festive fortnight will be highly disruptive
- Early January highly challenging period requires focus

Conditions to achieve:
- Stabilise position
- Consolidate benefits of winter schemes
- Enacted positive interventions in the March ‘spring reset’

Exit & Review:
- Strong performance through April
- Winter review

Our Winter Comms campaign

A broad spectrum of channels will be used, digital and social media, Primary care and Pharmacy settings, Accessible and non-digital

Think: right help, right time, first time

A shared behaviour-change campaign that helps people navigate services before and during seasonal pressure.

What the campaign will do

PREVENT	Support vaccination, self-care and early action
NAVIGATE	Position NHS 111 first when people are unsure
CHOOSE	Promote Pharmacy First, GP practice teams and local urgent care
TARGET	Use insight to focus activity where need is greatest
ADAPT	Use one Cluster platform with local STW and SSOT flexibility

Year-round platform, intensified ahead of and during known pressure periods.

One recognisable campaign family

Prevention • NHS 111 First • Pharmacy • GP Healthcare Team • Urgent Care • Mental Health

Next steps towards winter preparedness

There is much to do in **September**, including:

- Finalise our plans, both Provider and ICB; gain approvals and assurance
- NHSE engagement and assurance
- Lock down financial commitments, to give time to mobilise funded interventions

And during **October**:

- Make adjustments based upon assurance process
- Affirm the Provider to Provider relationships we need
- Transition to ‘winter ready’

How all partners can play a part

- Vaccinations
- Really get behind the Winter Comms campaign
- Collaborate to resolve issues – relationships are key
- Right place treatment for our patients
- Support our point of main effort in January, where pressure is expected to be highest

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17th September 2026**					
Title of report	**Health Protection Annual 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	Damilola Agbato, Public Health Principal Damilola.agbato@shropshire.gov.uk					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	**X**		
	Mental Health		Improving Population Health	**X**		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	**X**		
	Workforce		Reduce inequalities (see below)	**X**		
What inequalities does this report address?	Health Inequalities specific to screening and vaccination.					

Report content -

1. **Executive Summary**

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It provides an overview of the status of communicable, waterborne, foodborne disease.

Part One- Overview of health protection data and a summary of updates
Part Two- Overview of new health protection developments relevant to the system.
Part Three- Overview of sexual health

2. **Recommendations**
   a. Promote childhood vaccine uptake
   b. Promote uptake of seasonal vaccines
   c. Promote contraception and regular STI testing

3. **Report**

Part One

Overview of health protection data and summary of updates

1.1 - Immunisation Coverage Shropshire

- Work continues nationally and locally to improve vaccine uptake, with a particular focus on reducing inequalities across Shropshire. The NHS inequalities grant has been renewed for another year and will be used to increase uptake of winter vaccinations in eligible cohorts with lower uptake, HPV and MMR vaccination among targeted communities through education and outreach. This work includes identifying schools with the lowest vaccination uptake, delivering targeted vaccine education to pupils in Years 8 to 11, and providing ongoing vaccine education sessions for community groups across Shropshire and where appropriate to deliver additional community pop up clinics to make vaccinations more accessible.
- HPV vaccination coverage for 12- to 13-year-olds was 74.8% in 2024/25, a decrease from 79.0% in 2023/24. Although coverage in Shropshire remains above the England and West

Midlands averages, it is lower when compared the nearest statistical neighbours, and uptake continues to vary across the county. This highlights the need for sustained targeted engagement and support. The actions being taken to improve HPV vaccination uptake are summarised in section 2.2 below.

- MMR vaccination coverage for one dose by age two has remained stable at 94.2%. Childhood vaccination coverage in Shropshire remains above the West Midlands and England averages. The MMRV vaccine, which protects against measles, mumps, rubella and chickenpox, has also been introduced for young children as part of the NHS vaccination schedule.
- Coverage for the 6-in-1 vaccine (DTaP/IPV/Hib/HepB) among two-year-olds remained stable at 95.6% in 2024/25

1.2 Autumn/winter Flu, COVID-19 and RSV Vaccination Campaign

- Flu vaccination uptake in Shropshire remains consistently above the West Midlands and England averages across eligible age groups. This reflects strong engagement with seasonal vaccination programmes and supports efforts to reduce serious illness, hospital admissions and winter pressures across health and care services. Maintaining high uptake remains important to protect vulnerable populations and reduce health inequalities. Additional flu vaccination clinics were arranged during the winter to improve access.

Cohort	65+	<65	Preg	2 years	3 years	Primary	Secondary
	25/26 FLU % Vaccination uptake						
England	74.5	40.6	38.4	43.5	44.8	55.4	47.7
Shropshire	77.6	45.6	47.8	48.4	50.7	62.7	50.1

- Eligibility for the NHS RSV vaccination programme has been extended to include adults aged 80 years and over and all residents of older adult care homes. This expansion is intended to increase protection among those most at risk of severe illness and help prevent RSV-related hospital admissions.
- COVID-19 vaccination uptake across Shropshire, Telford and Wrekin ICB continues to be monitored as part of the seasonal vaccination programme, with a focus on protecting eligible and higher-risk groups.

	% uptake 25/26 COVID
England	57.1
STW	61.8

1.3 - Screening uptake Shropshire

- Cancer screening uptake in Shropshire remains strong, with coverage rates exceeding regional and national averages for both breast and bowel cancer screening. In 2024/25, breast screening coverage was 76.6%, while bowel cancer screening coverage was 75.9%, indicating good engagement with preventive services and supporting the early detection of cancer.
- Cervical screening coverage was 72.1% among women aged 25 to 49 years and 76.4% among those aged 50 to 64 years. While uptake remains relatively high, continued efforts are needed to maintain and improve screening participation, particularly among younger eligible women, to support early identification and treatment of cervical abnormalities and reduce future cancer risk.

1.4 - Communicable disease

- Health protection activity remained substantial during 2025/26, with 531 new incidents and 1,050 cases managed between 1 April 2025 and 31 March 2026. Activity was driven primarily by ongoing sporadic gastrointestinal infections in the community, particularly Campylobacter, alongside a seasonal increase in diarrhoea and vomiting (D&V) and acute respiratory infection (ARI) outbreaks in care and nursing homes during the winter months.
- **Influenza** – overall influenza activity started earlier than in the 2024 to 2025 season but also declined earlier and the overall level of activity over the course of the season was lower
- **Tuberculosis** – TB incidence in Shropshire remains low and stable, with a three-year average rate of 1.8 per 100,000 population in 2022-24, compared with 10.0 in the West Midlands and 8.5 in England. While the local burden is comparatively low, ongoing vigilance is required to ensure timely diagnosis, treatment, and prevention of transmission.
- **Foodborne** – Targeted food hygiene interventions at higher-risk premises and new registrations, alongside effective follow-up and revisits, helped maintain a high broad compliance rate of 98.46%.
- **Waterborne** - During 2025/26, 236 private water supply samples (including 40 bottled water samples) were collected and nine risk assessments completed. Thirteen Regulation 18 notices were served where supplies posed a significant public health risk. These activities demonstrate a proactive, risk-based approach to protecting consumers from unsafe private water supplies.

Part Two

Health Protection Developments relevant to the system

2.1 – MenB vaccination

The NHS is offering MenB vaccinations to eligible young people; this became available from 20th July 2026 if you were:

- Born between 1st September 2007 and 31st August 2008, or
- Born on or after 21st July 2001 and are starting university for the first time in autumn, or
- Born on or after 21st July 2001 and are starting some residential further education colleges for the first time in autumn 2026 as a residential student.

This is a time-limited offer, with first doses available until 31 December 2026 and second doses available until 31 March 2027. Promotion of the vaccination offer is ongoing, and the number of vaccines administered is reported monthly.

2.2 – Vaccination project

- In October 2024, the local authority, Shropshire, Telford and Wrekin Integrated Care Board, and Telford & Wrekin Council developed a vaccination inequalities project to address variation in vaccine uptake. The project successfully secured NHS England funding to increase vaccination uptake among underserved population groups. The approach focuses on three key elements: data to identify population groups with the lowest coverage and support targeted action; education to provide training, awareness raising and vaccine confidence support for vulnerable communities; and pop-up clinics to make vaccination more accessible where access is a known barrier.
- A range of initiatives were delivered during 2025/26 to improve vaccination uptake and reduce inequalities in access. These were taken forward through the Vaccination Improvement Plan and included additional seasonal vaccination clinics in Shrewsbury and Oswestry. The clinics focused on improving access for underserved communities and higher-risk groups, helping to reduce barriers to vaccination and support more equitable uptake.
- Community-based clinics were delivered to support access to non-porcine vaccines for school-aged children from Afghan families. A targeted vaccination programme was developed to improve flu vaccine uptake among Afghan families living in the Albrighton area. The programme required close collaboration between Shropshire Council Public Health, Shropshire Supports Refugees (SSR), the School Aged Immunisation Service (SAIS), local

schools, translators and community representatives. The approach successfully established school-based clinics, secured consent, arranged interpreters and venues, and enabled vaccination delivery despite significant logistical and cultural barriers. Lessons learnt include Flexible clinic times improve access, trusted community contacts are critical, translation requirements must be built into capacity planning, and multi-agency coordination is essential.

- Targeted efforts to improve HPV vaccination uptake included educational sessions for eligible pupils in secondary schools across the county and vaccine confidence training for frontline staff working in community wellbeing, early years, and adult social care services. A survey of parents of secondary school pupils was undertaken to better understand factors influencing HPV vaccine hesitancy. In response to the findings, and informed by national evidence, an information letter was developed with support from a local GP and jointly endorsed by the Directors of Public Health for Shropshire and Telford & Wrekin councils. The letter was distributed to parents and carers of Year 8 pupils to provide clear, evidence-based information and support informed decision-making about HPV vaccination. This led to an increase in the number of consents received and vaccine delivered. Official coverage data will be release later in the year.
- Work was also undertaken to develop service specifications enabling GP practices and community pharmacists to deliver community-based flu vaccination clinics, further strengthening local vaccination infrastructure and accessibility.
- The vaccination project group continues to meet monthly, and an ICB cluster meeting has just been convened to share learning, highlight any issues and plan programme of work.

2.3 - Communications to the wider public

- Adverse weather campaign: press release, relating to heat health alerts and how to stay safe in hot weather was shared through various media channels and to vulnerable settings.
- Communications to education setting to update information on MenB vaccination.
- Communication campaigns related to all vaccinations are shared regularly.
- Seasonal health protection campaigns e.g. food safety during BBQ season, winter wellness campaign planned over the winter months.

2.4 - Improving vaccination uptake

- A new funding proposal has been accepted by the NHS for a **vaccination and inequalities programme for Shropshire, Telford and Wrekin in 2026/27**. Its main purpose is to improve vaccine uptake among underserved communities and reduce health inequalities, with a focus on Core20PLUS groups, deprived areas, ethnic minority communities, migrant populations, rural communities and groups with lower vaccine coverage.
  The proposal covers priority vaccination programmes including **flu, COVID-19, RSV, HPV, MMR/MMRV, childhood immunisations and MenACWY**. It sets out a coordinated delivery model involving local authority leadership, ICB data analysis, community outreach, targeted GP/PCN engagement, community pharmacy pop-up clinics.
  The expected outcomes are improved uptake in priority populations, reduced geographic and demographic inequalities, stronger engagement with underserved communities, reduced risk of vaccine-preventable disease and outbreaks, and improved system collaboration.
- People experiencing homelessness in England will be offered free flu jabs on the NHS, starting this autumn. A vaccination programme will support those experiencing rough sleeping and people staying in homeless hostels or night shelters, protecting a group at high risk of serious respiratory illness.

Part Three

Sexual and reproductive health

3.1 Sexual and reproductive health services continue to be delivered to residents of Shropshire through:

- Shropshire Integrated Sexual Health Services Open Clinic
- Online Testing for people aged 16 and over.

- GPs and Pharmacies: - provide Chlamydia testing and treatment, Long-Acting Reversible Contraception (LARC), Emergency Hormonal Contraception (EHC), Chlamydia/Gonorrhoea testing, Chlamydia treatment, C-Card registration and issue of condoms.
- School nurses, Colleges, and Women's Hubs.

3.2 Sexually Transmitted Infections (STIs):

- Sexual health outcomes in Shropshire are generally better than the England average. In 2024, the overall STI diagnosis rate was 292 per 100,000, compared with 632 per 100,000 nationally.
- Rates of gonorrhoea (46.2 vs 124 per 100,000) and HIV prevalence (1.0 vs 2.4 per 1,000) were also lower than England.
- The syphilis diagnosis rate (12.1 per 100,000) was similar to the national rate (16.5 per 100,000). However, HIV testing rates were lower (1,636 vs 2,843 per 100,000), and a higher proportion of HIV diagnoses were made at a late stage (62.5% vs 43.3%). We have an action to reduce late-stage HIV diagnosis by enhancing testing.

3.3 Teenage pregnancy and abortion

- In 2023, the abortion rate in Shropshire was 22.5 per 1,000 women aged 15 to 44 years, broadly comparable with the England rate of 23.4 per 1,000. Among women aged under 25 who underwent an abortion, 25.0% had previously had an abortion, similar to the national proportion of 29.0%.
- In 2023/24, the proportion of births to mothers aged under 18 years in Shropshire was suppressed due to small numbers and is therefore not reported. For comparison, the corresponding figure for England was 0.6%.

3.4 Contraception

- The higher rate of long-acting reversible contraception (LARC) prescribing in Shropshire (56.4 per 1,000 women aged 15-44 years compared with 40.0 per 1,000 in England) suggests good access to highly effective contraceptive methods and may contribute to reducing unintended pregnancies and associated health inequalities. The majority of LARC provision is delivered through primary care, with prescribing rates substantially higher than the national average (51.0 vs 23.7 per 1,000), highlighting the important role of general practice in meeting contraceptive need. However, lower levels of LARC provision through specialist and non-specialist sexual health services (5.3 vs 16.3 per 1,000) may warrant further consideration to ensure equitable access across different service settings and population groups, particularly for individuals who may face barriers to accessing primary care.

Sexual health developments

- NHS England added emergency hormonal contraception to the NHS pharmacy contraception service. All pharmacies in Shropshire are delivering the service and available data shows good uptake by residents.

Risk assessment and opportunities appraisal		
Financial implications	N/A	
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	Health Protection Quality Assurance Board *(HPQA)*
	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 Ruth Houghton – Portfolio Holder for Health and Adult Social Care, Shropshire Council **Rachel Robinson** – Executive Director, Health, Wellbeing and Prevention, Shropshire Council
Appendices Appendix A. Health Protection Report - presentation

HEALTH PROTECTION ANNUAL REPORT 2026

Health and Wellbeing Board

17 September 2026

Damilola Agbato
Public Health Principal

Immunisation coverage

Coverage is generally strong, but HPV uptake has fallen and variation across the county remains.

74.8%
HPV coverage, age 12–13 (2024/25)

94.2%
MMR one dose by age two

95.6%
6-in-1 coverage by age two

−4.2 pp
HPV change from 2023/24

What is working

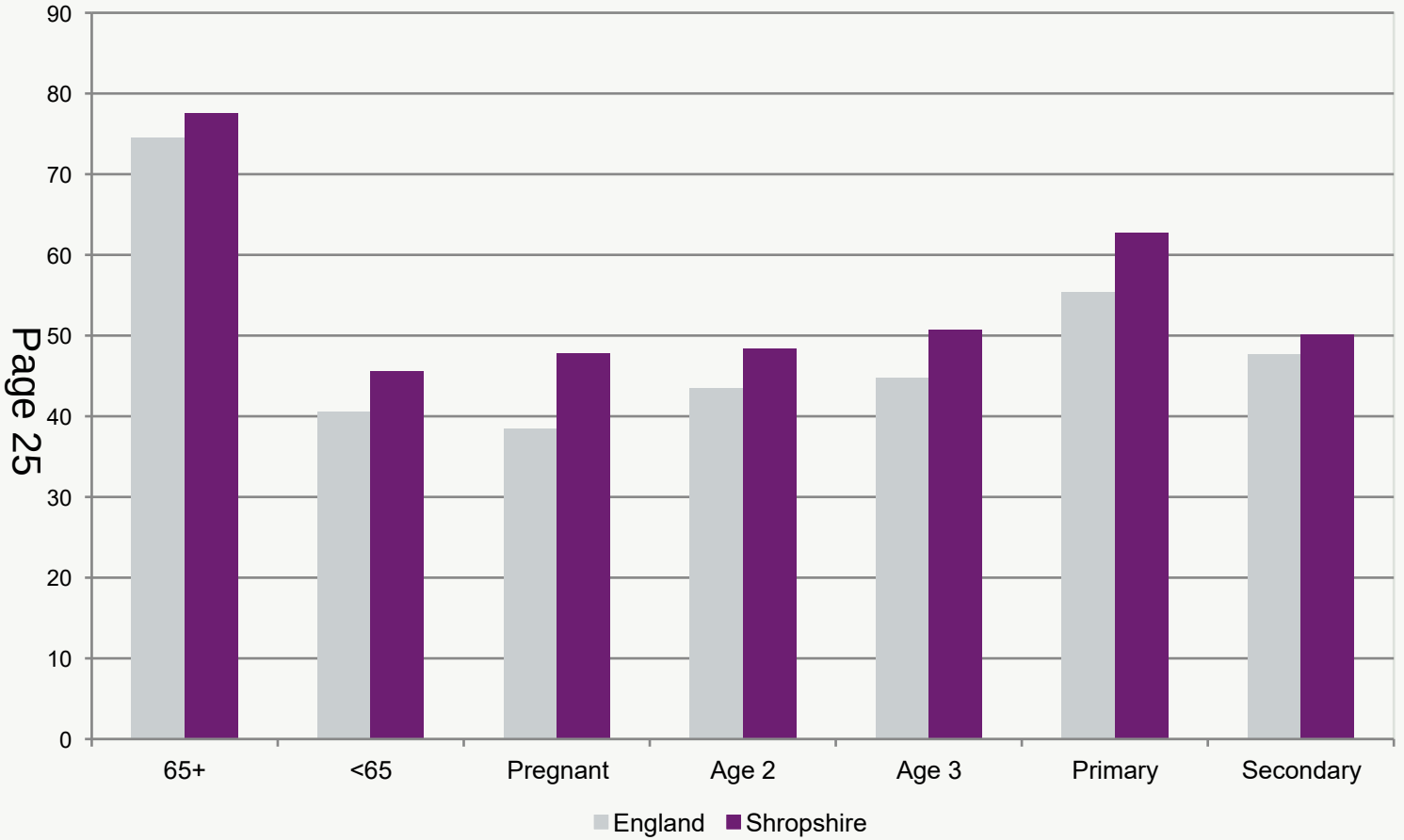
- Childhood vaccination remains above West Midlands and England averages.
- The MMRV vaccine has been introduced for young children.
- The inequalities grant supports targeted education, outreach and pop-up clinics.

Priority for assurance

- Sustain targeted support for schools and communities with lower uptake.
- Use data to identify gaps and tailor engagement.
- Monitor the impact of education and consent interventions on HPV uptake.

Autumn and winter vaccination

Shropshire exceeded England across every reported flu cohort; STW COVID-19 uptake was also higher.



COVID-19 uptake 2025/26

61.8% STW | 57.1% England

Programme developments

- Additional flu clinics improved access.
- RSV eligibility extended to adults 80+ and older adult care-home residents.
- Seasonal monitoring continues for higher-risk groups.

Cancer screening uptake remains strong

Coverage is high across all three programmes, with a targeted opportunity to improve cervical screening among younger women.

76.6%

Breast screening

Coverage exceeds regional and national averages.

STRONG PREVENTIVE ENGAGEMENT

75.9%

Bowel screening

Coverage exceeds regional and national averages.

SUPPORTING EARLY DETECTION

72.1%

Cervical screening

Women aged 25–49 years.

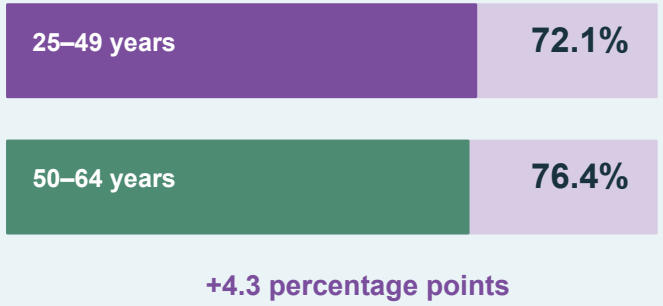
PRIORITY: YOUNGER WOMEN

Cervical screening: maintain overall uptake and narrow the age gap

Coverage among women aged 50–64 is 4.3 percentage points higher than among women aged 25–49.

Focus: sustain participation across all eligible groups, while strengthening engagement with younger women to support earlier identification and treatment of cervical abnormalities.

CERVICAL SCREENING COVERAGE



Communicable, foodborne and waterborne disease

Health protection activity remained substantial, with strong operational controls and comparatively low TB incidence.

531
new incidents managed

1,050
cases managed

1.8
TB rate per 100,000

98.46%
food premises broad compliance

13
Regulation 18 notices

Community infections

Activity was driven primarily by sporadic gastrointestinal infection, especially Campylobacter.

Seasonal outbreaks

Winter increases in diarrhoea and vomiting and acute respiratory infection outbreaks affected care and nursing homes.

Influenza

The season started and declined earlier than 2024/25; overall activity was lower.

Private water supplies

236 samples, including 40 bottled-water samples, and nine risk assessments were completed.

Health Protection Developments

Targeted vaccination action is strengthening access, equity and system preparedness.

01 MenB vaccination

Time-limited NHS offer

Eligible 2025/26 school-leavers and first-time university or selected residential FE students.

Dose 1 by 31 Dec 2026 • Dose 2 by 31 Mar 2027

02 Vaccination project

Data • Education • Pop-up clinics

Seasonal clinics, Afghan family flu delivery, HPV confidence work and new GP/pharmacy specifications.

Key learning: trusted contacts, flexible delivery, planned translation capacity and multi-agency coordination.

03 Public communications

Heat-health alerts

MenB updates to education settings

Routine vaccination campaigns

BBQ food safety and winter wellness

2026/27 NHS-FUNDED PROGRAMME

Improving vaccination uptake and reducing inequalities

Priority groups Core20PLUS • deprived areas • ethnic minority and migrant communities • rural communities • groups with lower coverage

Priority vaccines Flu • COVID-19 • RSV • HPV • MMR/MMRV • childhood immunisations • MenACWY

Coordinated delivery

Local authority leadership
ICB data analysis
Community outreach
Targeted GP/PCN engagement
Community pharmacy pop-ups

NEW THIS AUTUMN

Free NHS flu vaccination for people experiencing homelessness

Including rough sleeping, hostels and night shelters

Communications and community protection

Regular, targeted communications support preparedness and help people act on health protection advice.

Heat health

Press release and messages shared through media channels and with vulnerable settings.

Education settings

MenB vaccination information updated and shared.

Vaccination campaigns

Regular promotion across vaccination programmes.

Seasonal safety

Food safety messaging for BBQ season and winter wellness communications.

Opportunity: align campaign planning with intelligence on unequal uptake and vulnerable settings.

Sexual and reproductive health

Most reported outcomes compare favourably with England, but HIV testing and late diagnosis remain key priorities.

Accessible services through clinics, online testing, primary care, pharmacies and community settings

292

STI diagnoses per 100,000

1.0

HIV prevalence per 1,000

56.4

LARC prescribing per 1,000

Selected comparison: Shropshire vs England

Indicator	Shropshire	England
Gonorrhoea	46.2	124
HIV testing	1,636	2,843
Late HIV diagnosis	62.5%	43.3%
Abortion rate	22.5	23.4

Priority: enhance testing to reduce late-stage HIV diagnosis.

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17th September 2026**					
Title of report	**Joint Local Health and Wellbeing Strategy 2028–2033 Development Proposal**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)	
Reporting Officer & email	Damilola Agbato, Public Health Principal Damilola.Agbato@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?						

Report content

1. Executive Summary

This report provides a structured plan for developing the next Joint Local Health and Wellbeing Strategy to cover 2028–2033, recognising the current strategy Joint Health and Wellbeing Strategy for 2022-2027 runs to 2027, and that a refreshed strategy will need time for drafting, co-production, public consultation, and final approval.

The proposed approach works back from a final HWBB approval point in late 2027, with a formal consultation period of 6–8 weeks and includes early co-production activity (including voluntary and community sector engagement) to shape the draft before consultation.

2. Recommendations

The Health and Wellbeing Board is asked to:

1. **Note** the proposed overall timeline and milestone logic for development, consultation and approval of the Strategy (2028–2033).
2. **Endorse** the approach to consultation (minimum 6–8 weeks) and the proposed timing to avoid May to reduce election/purdah-related risk.
3. **Confirm** the preferred engagement approach (including the principle of co-production/early engagement prior to formal consultation, and a bespoke voluntary sector session alongside wider events).
4. **Note** the proposed HWBB meeting dates for 2027 (as currently proposed) to support forward planning for decision points.

3. Report

Background and context

The Health and Wellbeing Board (HWBB) has a range of statutory responsibilities, including the preparation of the Joint Strategic Needs Assessment (JSNA) and the Joint Local Health and Wellbeing Strategy (JLHWS).

The Joint Local Health and Wellbeing Strategy (JLHWS) is the principal strategic document produced by a Health and Wellbeing Board to improve the health and wellbeing of local populations and reduce health inequalities. It is a statutory responsibility of Health and Wellbeing Boards, established through the Health and Social Care Act 2012 and subsequently updated through the Health and Care Act 2022. The 2022 Act formally renamed Joint Health and Wellbeing Strategies (JHWSs) as Joint *Local* Health and Wellbeing Strategies (JLHWSs), reinforcing their place-based focus.

The purpose of a JLHWS is to provide a shared vision and set of priorities for improving health and wellbeing across a local area. It translates evidence from the Joint Strategic Needs Assessment (JSNA) into a clear strategic direction, identifying the most important health challenges facing communities and the actions required from partners to address them. The strategy serves as a collective agreement between local government, the NHS, public health, social care, voluntary and community organisations, and other stakeholders on where resources and efforts should be focused to achieve the greatest improvement in population health and wellbeing.

Purpose of report

To present, for HWBB discussion and endorsement, a proposed roadmap and key milestones for the development of the Joint Local Health and Wellbeing Strategy 2028–2033, to confirm governance, approach, and decision points.

Development Project Plan and Timeline
Purpose and Scope
To co-produce, consult on, and approve a refreshed Health and Wellbeing Strategy for 2028–2033, building on the existing 2022–2027 strategy, aligning with:

- JSNA updates
- Neighbourhood Health framework
- Marmot and health inequalities agenda
- Patient voice and co-production expectations

The strategy will be approved in late 2027 and come into effect at the start of 2028, ensuring continuity beyond the current strategy period.

Governance and Roles

Role / Body	Responsibility
Health and Wellbeing Board (HWBB)	Strategic oversight, approval of drafts, consultation sign-off and final approval
Project Lead (Public Health)	Overall delivery, coordination, drafting, and reporting
HWBB Chairs	Steer on engagement approach and assurance
Partners (ICB, Local Authority, Voluntary Sector)	Co-production, thematic input
Insights Team	Consultation design, survey assurance
Communications / Engagement	Public consultation and engagement events

High-Level Timeline (2026–2028)
Phase overview

Phase	Timing
Set-up & governance confirmation	Summer-Autumn 2026
Evidence refresh & priority refinement	Summer–Autumn 2026
Early engagement / co-production	Autumn–Winter 2026
Drafting strategy	Summer–Autumn 2026 to Early 2027
HWBB draft approval (for consultation)	January 2027
Public consultation (6–8 weeks)	Late Jan – March 2027
Final revisions & assurance	Summer–Autumn 2027
Final HWBB approval	November 2027
Strategy goes live	Early 2028

Key Constraints & Assumptions

- Consultation avoids May election / purdah period
- Strategy draws on latest available JSNA outputs
- Co-production prioritised before formal consultation
- Six-monthly HWBB progress updates during development

Proposed approach

The proposed approach is to develop the Strategy through staged activity:

1. **Set-up and governance** – confirm reporting structure, working arrangements and oversight.
2. **Evidence refresh and priority review** – review the evidence base and priorities, taking account of relevant frameworks such as the Neighbourhood Health framework and Marmot principles.
3. **Co-production / early engagement** – including a bespoke voluntary sector session, plus wider partner events (two open sessions suggested in discussion).
4. **Drafting and assurance** – prepare a draft for HWBB consideration.
5. **Formal consultation** – minimum 6–8 weeks, timed to avoid May risk.
6. **Finalisation and approval** – incorporate consultation outcomes and secure final HWBB approval in late 2027.

Key milestones and decision points (high level)

We suggest working back from a final draft for late 2027, with the intention to avoid having final approval fall too close to the January cycle, and to complete consultation ahead of that finalisation point.

Proposed HWBB dates for 2027 as: 21 Jan, 18 Mar, 20 May, 8 Jul, 16 Sept, 18 Nov.

The Board is asked to note these as proposed dates to support planning (and not yet confirmed through committee services processes).

Resource and delivery considerations

Work will require coordinated contributions across system partners, with the intention that relevant thematic leads hold responsibility for drafting where appropriate, to avoid centralisation of drafting responsibility.

Communications

A communications and engagement plan will be needed for consultation (including accessible materials and targeted engagement activity), with internal assurance support required for any public survey/consultation materials.

Risk assessment and opportunities appraisal		
Financial implications		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

List of Background Papers

Health and wellbeing boards – guidance

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

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

Appendices

N/A

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17th September 2026**					
Title of report	**Healthy Neighbourhoods update**					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)	
Reporting Officer & email	**Lynn Millar, Director of Place Shropshire, Telford and Wrekin Integrated Care Board**					
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?	Neighbourhood working is expected to have a positive impact on reducing inequalities by improving access, experience and outcomes for communities with higher levels of need. This includes rural and deprived communities, children, young people and families, people with mental health needs, frail older people and people living with long-term conditions. The approach should support earlier intervention, targeted outreach, more culturally appropriate and community-led solutions, and stronger place-based action to reduce variation in access and outcomes.					

1. Executive Summary

In May 2026, the Health and Wellbeing Board received an introductory paper outlining the national Neighbourhood Health Framework and the Board's statutory leadership role in shaping a locally owned Neighbourhood Health Plan. The Board subsequently endorsed the alignment of existing programmes, governance arrangements, resources and delivery activity under a single Healthy Neighbourhoods approach.

This report provides an update on progress across the Healthy Neighbourhoods Programme and highlights the significant work currently underway through system-wide collaboration.

Partners across health and care, local government, primary care and the voluntary, community and social enterprise (VCSE) sector have worked collaboratively to develop a shared vision, common purpose and set of guiding principles that will underpin neighbourhood working across Shropshire. This work will form the foundation of the programme and will be supported by a comprehensive engagement approach to test and refine the model with partners, residents, patients, service users and local communities.

Alongside this strategic development, implementation of Integrated Neighbourhood Teams (INTs) is progressing at pace.

A Strategic Commissioning Framework has been approved through ICB joint governance arrangements funded by recurrent investment of £2.9 million across Shropshire, Telford and Wrekin to support a sustainable shift towards earlier intervention, prevention and community-based care.

Shropshire Community Health NHS Trust (ShropCom) has been identified as the lead integrator organisation and will work with partners to coordinate system delivery, support implementation and enable effective multidisciplinary working across neighbourhoods.

During the first phase of delivery, improvement activity will focus on frailty and people living with cardiovascular, renal and metabolic conditions. The framework establishes a population health approach that aims to improve outcomes, reduce inequalities and support more coordinated care closer to home.

A key delivery priority is the establishment of Integrated Neighbourhood Teams covering the whole population by July 2027. These teams will provide local leadership, clinical expertise and multidisciplinary coordination within neighbourhood footprints. Individuals with the most complex health and care needs will be identified through risk stratification and supported through personalised care plans delivered by multidisciplinary teams.

To support planning, delivery and future investment decisions, five neighbourhood footprints have been identified as an initial planning assumption based on previous system discussions. Further work is required to ensure alignment between NHS, local authority and community geographies. Final neighbourhood arrangements will require consideration and agreement through the Health and Wellbeing Board. It is therefore proposed that Board members participate in a dedicated development session to consider neighbourhood footprint options and recommendations before formal approval.

On 23 July 2026, the Shropshire, Telford and Wrekin system hosted a visit from Dr Claire Fuller, NHS England Medical Director (Primary Care) and National Programme Director for Neighbourhood Health. The visit provided an opportunity to showcase progress, review emerging arrangements and assess readiness against the expectations of the national Neighbourhood Health Framework.

The visit was positively received, with the system recognised for the "remarkable progress" made in developing its neighbourhood health approach. Following the visit, systems have been asked to complete a neighbourhood health maturity self-assessment. This will provide valuable insight into current strengths, identify areas requiring further development and help prioritise future activity. The findings will directly inform the next phase of the Healthy Neighbourhoods Programme and support continued progress towards a fully integrated neighbourhood model.

Key Messages for the Board

- Significant progress has been made in establishing a single Healthy Neighbourhoods approach across Shropshire.
- A shared vision, purpose and principles have been developed with system partners.
- £2.9 million of recurrent investment has been secured to support Integrated Neighbourhood Team development across Shropshire, Telford and Wrekin.
- Delivery of Integrated Neighbourhood Teams is underway, with full population coverage planned by July 2027.
- Five draft neighbourhood footprints have been identified to support implementation planning, with final arrangements requiring Board consideration and agreement.
- National review and feedback have recognised the system's strong progress and will help shape the next stage of development.

Next Steps:

- Develop a draft Shropshire neighbourhood framework and roadmap.
- Engage the vision, common purpose and principles with wider partners and stakeholders
- Develop a proposed governance model, including roles, responsibilities and reporting routes for the Neighbourhood Outcomes Framework.
- Develop action plan to implement the recommendations from the Dr Claire Fuller visit
- Neighbourhood footprint working group to take place in October including nominated HWBB members with a view to approval by HWBB in November

Risk assessment and opportunities appraisal	The main risk is that neighbourhood-related programmes continue to develop separately, leading to duplication, inconsistent access, unclear accountability and reduced collective impact. There is also a risk that delivery expectations exceed available capacity, particularly where coordination, data, estates, workforce and VCSE infrastructure are required to support implementation. These risks will be mitigated through a single framework and roadmap, clearer governance and escalation routes, shared use of data and insight, and continued engagement with communities and partners. The approach presents a significant opportunity to improve access, strengthen prevention, reduce inequalities and make better use of existing local assets and relationships.	
Financial implications	Recurrent investment of £2.9m has been approved to deliver the Neighbourhoods Outcomes Framework and implementation of INTs	
Climate Change Appraisal as applicable	The proposed approach has the potential to support positive climate impacts by improving access to local support, making better use of existing community and public sector assets, and reducing unnecessary travel where services can be delivered closer to home or through outreach, mobile and digital routes. Further work will consider estates, transport, digital inclusion and community access implications to ensure that delivery supports both environmental sustainability and equitable access across rural and dispersed communities.	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

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

- Shropshire Health and Wellbeing Board Neighbourhood Health introduction paper, May 2026
- NHS Neighbourhood Health Framework and NHS 10 Year Health Plan.
- Shropshire Joint Health and Wellbeing Strategy.
- Shropshire Integrated Place Partnership priorities and prevention funding papers.
- Shropshire Integrated Care Board Five-Year Strategic Commissioning Plan.
- Shropshire Council Corporate Plan.
- Joint Strategic Needs Assessment and local inequalities evidence.

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Phil Smith, Chief Officer System Development and Transformation NHS STW & SSoT
Appendices -

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Shropshire Health & Wellbeing Board 17th September 2026

Chair's Report

Healthwatch / Independent Patient Voice

Since the last Board meeting, there have been a number of national and local developments regarding the future of Healthwatch and the wider independent patient voice function.

The Government continues to progress plans through the Health Bill to abolish Healthwatch England and local Healthwatch organisations, with statutory responsibilities for ensuring patient and service user voice being transferred to Integrated Care Boards (health services) and Local Authorities (social care services). Recent briefings from DHSC have confirmed that current Healthwatch duties, funding arrangements and contractual commitments remain unchanged until the legislation is enacted and transitional arrangements are confirmed.

Locally, we continue to work closely with colleagues across the Integrated Care System and Shropshire Council commissioners to understand the implications of the proposed changes and ensure continuity of an effective and independent patient voice for local residents. Discussions are ongoing regarding future commissioning arrangements, statutory guidance, governance and the management of any transition once greater national clarity is available.

Healthwatch Shropshire continues to play an important role in gathering insight from local communities, particularly those whose voices are less frequently heard, and in providing constructive challenge across the health and care system.

Further updates will be provided to the Board as national legislation progresses and the local implications become clearer. In the meantime, officers will continue to monitor developments, assess risks and opportunities, and work with partners to ensure that the voice of Shropshire residents remains central to the planning, design and improvement of health and care services.

Better Care Fund (BCF) Support Programme

Shropshire has been selected to participate in the national BCF Support Programme, receiving both **Communities of Practice support for Health and Wellbeing Boards** and **targeted support focused on neighbourhood health and system integration**.

This provides an opportunity for Board leaders and partners to learn from other systems, share best practice and strengthen the Health & Wellbeing Board's strategic leadership role.

The programme will support the ongoing refresh of the Board's strategy and Terms of Reference, helping to ensure the Board is well positioned to provide effective oversight of neighbourhood health, integration and population health improvement across Shropshire.

SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**17th September 2026**						
Title of report	**Pharmacy updates (to the Shropshire PNA)**						
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)	x	
Reporting Officer & email	louisa.jones@shropshire.gov.uk						
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		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			
What inequalities does this report address?	The Pharmaceutical Needs Assessment and subsequent updates aim to address and monitor inequalities in pharmacy coverage and accessibility in Shropshire						

Report content

1. Executive Summary

The Pharmaceutical Needs Assessment (PNA) is a crucial part of the market entry system and supports commissioning decisions based on patient needs. The Health and Wellbeing Board has a statutory duty to prepare the PNA for Shropshire and communicate subsequent updates to the pharmaceutical list.

2. Recommendations

Not required for information only reports

3. Report

Changes listed since the last meeting are as follows:

Reduction in Hours: Cambrian Pharmacy, Thomas Savin Road, Oswestry, SY11 1GA. Reduction in hours for Pharmacy from 100 hrs per week to 74 hours per week, from 7th September 2026 (details on application to louisa.jones@shropshire.gov.uk).

Risk assessment and opportunities appraisal	-	
Financial implications	-	
Climate Change Appraisal as applicable	-	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

List of Background Papers The current PNA for Shopshire is here shropshire-pna-2025.pdf
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 Ruth Houghton, Portfolio Holder for Adult Social Care & Health, Shropshire Council
Appendices – N/A