

**Committee and Date**

Health and Wellbeing Board

19 June 2025

**MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 13
FEBRUARY 2025
9.30 AM - 12.00 PM****Responsible Officer:** Michelle Dulson

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Present

Kirstie Hurst-Knight – PFH Children & Education - remote

Cecilia Motley – PFH Adult Social Care and Public Health (Co-Chair)

Rachel Robinson - Executive Director of Health, Wellbeing and Prevention

Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)

Claire Parker – Director of Strategy & Development, NHS Shropshire, Telford and Wrekin

Lynn Cawley - Chief Officer, Shropshire Healthwatch

Jackie Jeffrey - VCSA

David Crosby - Chief Officer, Partners in Care

Jamie Dunn - Superintendent, West Mercia Police

38 Apologies for Absence and Substitutions

Tanya Miles – Executive Director for People

Patricia Davies - Chief Executive, Shropshire Community Health Trust

Nigel Lee - Director of Strategy & Partnerships SaTH and Chief Strategy Officer NHS STW (ICB)

Zafar Iqbal, Associate Medical Director Public Health, MPFT

Carla Bickley, Associate Director of Strategy & Partnership, SaTH

Claire Horsfield, Director of Operations & Chief AHP, Shropshire Community Health Trust

Penny Bason, Head of Joint Partnerships, Shropshire Council/ICB

Laura Tyler, Assistant Dir. of Joint Commissioning, Adult Services, Shropshire Council

Laura Fisher, Head of Service - Housing, Resettlement and Independent

39 Disclosable Interests

No interests were declared.

40 Minutes of the previous meeting**RESOLVED:**

1. That the minutes of the meeting held on 19th September 2024 be approved and Signed as a correct record.
2. That the minutes of the meeting held on 21st November 2024 be approved and signed as a correct record.

41 Public Question Time

No public questions were received.

42 CYP JSNA update

The Public Health Intelligence Analyst, Shropshire Council and the Senior Public Health Intelligence Analyst, Shropshire Council introduced and amplified the following Chapters of the CYP JSNA:

- Maternity chapter
- School aged children chapter
- Young People chapter

The Public Health Intelligence Analyst presented an overview of the pregnancy and birth chapter of the Children and Young People JSNA. He drew attention to the publicly available Child and Maternal Health Profile Indicators on the Fingertips website, which was produced by OHID, and which enabled a comparison of all authorities against England across a range of indicators. He then highlighted those areas where Shropshire was doing better than the national average along with those areas where Shropshire was doing worse than the national average. He explained that the full report included deep dives into each of the areas where Shropshire was doing worse than the national average.

The Public Health Intelligence Analyst discussed one of the areas that Shropshire was doing really well in which was low birth weight of term babies for which Shropshire had less of than the rest of the West Midlands and was significantly below the England average.

Finally, he drew attention to the eleven recommendations contained within the report which had been developed in conjunction with the Early Health and Prevention Partnership Board and with the Children's Safeguarding Children Board.

The Chair commented that the Board recognised that for a good start in life, one of the main Marmot principles in terms of what then predetermines an individual's opportunity to have a healthy life, to prosper and do well, the factors that were being raised and highlighted at this Board became a responsibility for everyone in every interaction, both from a commissioner perspective and in all incidental interactions that took place, to think about these areas when delivering some of those wider services in order to bring the JSNA to life both in the areas they work in and when they go back to their organisations and the messages being taken forward.

The Executive Director for Health, Wellbeing and Prevention emphasised the importance for the Board to track progress against the recommendations and she confirmed that regular updates would be brought to the Board, and she would look at the frequency and confirm timescales. The Chairman suggested that future papers demonstrate the link with the JSNA, and the contribution being made towards it.

In response to a query around the access to folic acid metric and whether this had led to higher rates of spina bifida, the Assistant Director Integration & Healthy People

explained that more work was needed on the collection of preconception data to more robustly monitor what the level was and what the action was going forward. There was a strong link with the Women's Health Hub work to ensure that preconception information went out to mothers to be about the importance of taking folic acid. It was therefore incumbent upon all members of the Board to think about how to weave this into their work going forward.

The Senior Public Health Intelligence Analyst presented a quick overview of the school aged children (5-16) chapter. She drew attention to the key findings and recommendations and showed a snapshot of what was included in this chapter. She reported that most of the indicators were sourced from the children and maternal profile on Fingertips and that the indicators had been split based on school age year. She drew attention to data around the safe spaces project and that from stakeholder engagement.

She went on to discuss those areas where Shropshire was doing significantly better than the England average along with those areas where Shropshire was doing worse than the England average and she highlighted the areas of need for 5–16-year-olds living in Shropshire before moving on to the draft recommendations.

Turning to the Young People's (16-19) chapter, the Senior Public Health Intelligence Analyst drew attention to the key findings, and she explained that the recommendations were currently in development and would hopefully be presented to the next Health and Wellbeing Board meeting for approval. Again, most of the indicators were sourced from the children and maternal profile on Fingertips and again, those areas where Shropshire was doing significantly better than the England average along with those areas where Shropshire was doing worse than the England average were highlighted along with those areas of need for young people.

Board Members felt this work would be very helpful in highlighting where the need was when it came to the recommissioning of services eg CAMHS and BeeU Service along with informing the work around the Youth Justice system. In response, the Executive Director for Health, Wellbeing and Prevention explained that in terms of the community safety work and children's safeguarding, this data would be part of the presentation to those groups.

The Portfolio Holder for Children & Education thanked officers for the huge amount of work that had been undertaken including the work going on behind the scenes and in addressing the recommendations. The Chair added his thanks to the team for the amount of work that sat behind all this data and stressed the need for Board members to distil that information down into intelligence to influence their work and take it forward.

RESOLVED:

To approve the recommendations detailed within the reports.

43 Youth Strategy

The Assistant Director for Services to Children and the Youth Support Team Manager, Shropshire Council gave a presentation which covered the following areas:

- Youth work;
- Statutory guidance;
- Youth offer; and
- Shropshire Youth Strategy

The Youth Support Team Manager explained that the golden thread running throughout all of this was prevention and health and wellbeing, which was critical to all those bits of work. She went through each piece of work and explained how each piece informed the others and how they got to the need's strategy. She explained what youth work was and highlighted the statutory guidance that came out in September 2023 for local authorities to co-ordinate services and activities to improve young people's wellbeing (for those aged 13-19 and up to 25 with SEND). She drew out the key points from the Guidance and the 9 'essentials' of a local youth offer.

The Youth Support Team Manager informed the Board that the government had recently announced that universal youth provision was going to feed into driving down some of the issues being faced by young people today and she drew attention to the four government missions (Opportunity, Take back our streets, NHS and Economic Growth) and to the national updates, which included publication of 'Today's Youth, Tomorrow's Nation' Report which was due in the spring before the launch of the National Youth Strategy in the summer.

She went on to highlight what young people were telling them that they wanted in terms of a youth offer and what was important to them, and she shared a draft Participation Structure which focused on community-led partnership working and linked into each place based JSNA area so that young people could manage their own plans within their localities.

Finally, the Assistant Director for Services to Children updated the Board in terms of where they were at with the Participation Strategy which had been refreshed and was going to Full Council in March.

The Chief Officer for Healthwatch was pleased that the Local Authority were taking back responsibility for youth work, and she was keen to work with them to see how young people were being given a voice and had a couple of reports she could share with them, one about Young People and Social Prescribing.

From a Police point of view, the Superintendent, West Mercia Police explained that the geography of Shropshire was a challenge and that the county needed a consistent offer. Once the funding for neighbourhood policing was understood, they hoped to be involved in locality hubs. Turning to Shropshire Fire and Rescue, the Chief Fire Officer felt there was some correlation with prevention activities along with links to apprenticeship and cadet opportunities and wished to get involved and see where this fits within the strategy.

The Portfolio Holder for Children and Young People reflected on the progress that had been made over the last four years and was proud that young people were now front and centre in the decisions that were being made and in all the collaborative working being undertaken, and to that end, she informed the meeting that a young

member of the Youth Council had presented a report to Cabinet earlier that week as well as, for the first time ever, a young person had co-presented a paper at Council, really demonstrating how young people's voices were being heard.

The Chair thanked the Assistant Director for Services to Children and the Youth Support Team Manager for bringing this to the Board and although he was interested in listening to the national context, he was reassured that they would do the right thing for Shropshire.

RESOLVED:

To approve the recommendations detailed within the report.

44 Shropshire Neighbourhood Working

The Director of Strategy and Development, NHS Shropshire, Telford and Wrekin and the Assistant Director for Integration and Healthy Population introduced this item which was based on the work undertaken by the Head of Joint Partnerships who was unable to attend.

The Assistant Director for Integration and Healthy Population drew attention to the key points and brought neighbourhood working to life in terms of some of the delivery. She highlighted the four key priority areas included within the Prevention Framework (access, integration, person centred care and communities), and she drew attention to some of the approaches being taken to enable people to live their best lives and to stay happy, healthy and connected within their communities. She went on to give examples of some of the work that had already taken place, including five integrated practitioner teams being up and running across the county, and the community and family hubs, information for which was now live on the Council's website, and she encouraged all partners to promote that link through their networks. Finally, she discussed the progress of the women's health hubs and touched on how data would be captured to ensure that the desired outcomes were achieved and how this linked back to the JSNA.

The Director of Strategy and Development informed the meeting that there were five broadly geographical neighbourhoods across Shropshire and similar across Telford & Wrekin and there had been a lot of collaborative work around how to develop the needs-based approach in each of those neighbourhoods. She explained how the Highley health hub had come about when the GP had ended their contract which had provided a real opportunity to think about what could be delivered based on the Highley JSNA. That project had been a test bed for the Women's Health Hub which had been rolled out across all the neighbourhoods as well. Work was currently underway with Community Trust colleagues about what the district nursing and allied health professional teams that deliver into those hubs would look like to deliver that wraparound care and that needs-based approach.

Finally, the Director of Strategy and Development then touched on the NHS planning guidance and some of the core components of that which would feed into the work that was being undertaken going forward.

The Chief Officer for Healthwatch Shropshire offered to be a part of this work and to regularly attend the hubs to speak to people about their experiences of the benefits that the hubs were bringing, but also to better understand the barriers that people were facing when accessing them. The Chair of the VSCA also welcomed the opportunity for the voluntary and community sector to take a more central role but questioned what that role was, and how they would be supported to do so. She felt that a lot more collaborative work was needed around these issues, and she raised concerns about how the voluntary sector had been impacted by the creation of the hubs. In response, the Director of Strategy and Development explained that some of those issues were being addressed and would be fed into the shared Framework document. It was agreed to discuss the issues raised by the VSCA outside of the meeting.

The Portfolio Holder for Adult Social Care and Public Health felt that as Shropshire was a very large rural county, she was concerned that it was always the people who had to go to the hub, rather than the hub going to the people. There appeared to be no recognition that there were facilities within rural areas, village halls for example, that could participate in this kind of activity. Thought needed to be given as to how to reach those people who found it difficult to get to the hubs. Further developments were needed so that some services could be delivered directly to those rural communities.

The Chair proposed that the Board accept the recommendations but also to note the points made by Board members to further develop that work and to move it forward and recognise that that afternoon's workshop would also build on that work.

RESOLVED:

- To note the progress made with Neighbourhood Working in Shropshire and the significant amount of partnership working;
- To recognise how HWBB priorities were being delivered through the Integrated approaches of Neighbourhood Working;
- To endorse the continuation of this approach and recommend its continuation to Shropshire Integrated Place Partnership;
- To recommend the inclusion of the work and approach in the Joint Forward Plan and to recommend for Local Authority and ICB Commissioners to review and support through Commissioning Intentions.

45 Better Care Fund 2024-25 quarter three report

The Senior Integrated Commissioning Lead introduced the new ICB Commissioning Team Officer who had been appointed in January and whose role it was to support the BCF program along with local authority colleagues. Her role would involve keeping everyone to deadlines and collating all responses on behalf of the team and had indeed pulled together the quarter three report which was due to be submitted the following day.

The Senior Integrated Commissioning Lead reported that, at the time of writing the report, the new plan and framework had not been published although it has since,

and the three key headline metrics were around emergency admissions for people over 65, average length of discharge delay for acute adult patients and long-term admissions for people in care homes and nursing homes. These three headline metrics were accompanied by three subsets of indicators, so there was more to report on than before with exceptionally tight time scales which was a lot of work for a one-year plan.

Data and a narrative report need to be submitted by 3 March, along with a second set of information that had to be signed off and submitted by 31 March. Herself and the Assistant Director of Joint Commissioning, Adult Services would be writing out to those officers who needed to sign it off to make them aware that it was coming their way.

The Senior Integrated Commissioning Lead agreed to circulate a summary of the guidance which explained what was required and she agreed to attend a future meeting to answer any questions.

RESOLVED:

To approve the BCF 2024-25 quarter three template.

46 Cancer Care Report - Healthwatch

The Chief Officer for Healthwatch Shropshire introduced and amplified the report. She thanked the 390+ people who had spoken to them about their experiences of having and living with cancer in Shropshire and was a real example of the need to go out to people in their communities to listen to their views and to gain their trust to share their experiences.

There was a range of experiences including very positive experiences but also some less positive. She drew attention to the Executive Summary which set out what people had told them would help, which highlighted the need for a personalised approach to really meet needs. There was a lot of work to be done to raise awareness of the support that was available in Shropshire, and she went on to discuss the need for a Shropshire cancer network to provide support to those very small community groups, ensuring that every type of cancer had the support needed. More work was also required to understand the impact on children and young people living with a cancer diagnosis.

The Chairman thanked the Chief Officer for presenting this very powerful report and the Board expressed broad support for a Shropshire Cancer Network to be set up.

RESOLVED:

To note the recommendations contained within the report.

47 Shropshire Dental Access update

The Public Health Principal - Healthy Population, Shropshire Council, introduced and amplified this item. She informed the board that the report was based on the dental services equity audit undertaken by NHS England and explained the phased

approach being taken in Shropshire to encouraging and facilitating access to dental care. She drew attention to those areas in Shropshire where additional dental access had been commissioned, and she highlighted a number of those areas which had the highest deprivation. She explained the work that had been done with the dental practices in those areas and with NHS England colleagues, including the introduction of a referral system to protect access for those more vulnerable members of our communities whereby professionals working with these people in the community could put them and their families forward (with their consent) for the dental practice to contact them and register them for routine dental care.

The Senior Commissioning Manager, Primary Care Commissioning Team, Office of the West Midlands NHSE discussed the plan to reduce inequalities and get every part of Shropshire back to 53% NHS dental access which was the case prior to covid. £1.1m was being invested and was enough to commission activity for 14,000 extra patients.

A brief discussion ensued and in response to a query, it was confirmed that the approach being taken was access for all people and to that end there was an advice line that enabled eg care homes to access advice and support and, wherever possible get the individual to a dentist where they can get the most appropriate care. The Care to Smile programme was also highlighted which would provide support to carers to provide good mouth care.

The Chair thanked the officers for the work which he felt was exactly the right approach.

RESOLVED:

- To note progress being made taking a whole system approach to inequalities through commissioning & facilitating access to units of dental activity in Shropshire;
- To note challenges surrounding access to dental treatment;
- To note the synergy between NHSE Dental Services Equity Audit & commissioning and the local feedback on dental services through the JSNA.

48 Winter Resilience Plan - update

The Chief Delivery Officer for the ICB introduced this item and drew attention to the headlines. He explained that preparedness for winter had begun at the start of the previous year when plans across the system had been around how to support people to stay out of emergency departments and hospitals, supporting processes within the hospitals to allow for timely and appropriate care and then supporting people in their discharge ideally back to their original place of residence.

He went on to say that additional winter mitigations had been put in place in October around community provision including avoiding the need for patients needing emergency departments wherever possible. December and January were always the most challenging months, with a particular spike in the number of viruses around in December, that resulted in a number of patents requiring acute admissions to hospital, far higher than in recent years.

The main area of concern was the number of ambulances with patients inside waiting to access the emergency department along with the length of time patients have been waiting in the emergency department for treatment or particularly a bed within the hospital. He then drew attention to some of the areas where improvements had been seen in order to really mitigate winter.

The Chair stated that although demand has been significant, the response from system partners had been better and the focus remained very much on being clear about the work that needed to happen including the improvement work required. Winter planning would roll on from now as they start to plan for 2025/26.

RESOLVED:

To note progress and plans in relation to resilience and management of risk for the coming winter.

49 Chair's Report (including Pharmacy updates)

It was noted that the pharmacy updates would be available on the website after the meeting. The Chairman drew attention to the following updates:

- Turning the Curve Workshop on 6th March at the Barnabas Centre, Shrewsbury.
- The imminent launch of the Pharmaceutical Needs Assessment consultation.
- The HWBB/ShIPP Workshop that afternoon in the Council Chamber.

50 ShIPP Update

Members noted the ShIPP update as circulated.

AOB

It was agreed for the Chief Officer, Shropshire Healthwatch to bring a pharmacy report to the next meeting.

The Chairman, on behalf of the Board, thanked Penny Bason, the Head of Joint Partnerships for all her fantastic work, her energy and enthusiasm and the difference that she had made to residents' lives across Shropshire, and he wished her well for the future. The Co-Chair endorsed those sentiments.

<TRAILER_SECTION>

Signed (Chair)

Date: