



## Committee and Date

Health and Wellbeing Board

18 September 2025

## **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19 JUNE 2025**

**9.30 - 11.30 AM**

**Responsible Officer:** Michelle Dulson

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### **Present**

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)  
Councillor Heather Kidd – Leader, Shropshire Council  
Councillor Ruth Houghton – PFH Social Care  
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention  
Laura Fisher – Housing Services Manager, Shropshire Council (remote)  
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)  
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin  
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT (remote)  
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)  
Lynn Cawley - Chief Officer, Shropshire Healthwatch  
Jackie Jeffrey - VCSA  
Jamie Dunn - Superintendent, West Mercia Police

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

### **1 Apologies for Absence and Substitutions**

Tanya Miles – Executive Director for People  
David Crosby - Chief Officer, Partners in Care  
Clare Horsfield - Director of Operations & Chief AHP, Shropcom

### **2 Disclosable Interests**

No interests were declared.

### **3 Minutes of the previous meeting**

#### **RESOLVED:**

That the minutes of the meeting held on 13 February 2025 be approved and signed as a correct record.

### **4 Public Question Time**

A public question had been received from Mr John Palmer. Mr Palmer read his question, and Councillor Ruth Houghton, Portfolio Holder for Social Care provided the response.

A full copy of the question and response provided are attached to the web page for the meeting.

## 5 Domestic Abuse

The Board received the report of the Domestic Abuse Strategic Lead for Shropshire Council which presented key findings from the Shropshire Domestic Abuse Needs Assessment (2022-24) with a focus on the role of the Health and Wellbeing Board in addressing Domestic Abuse.

The Domestic Abuse Strategic Lead presented the key findings from the 2022-24 Domestic Abuse Needs Assessment. She drew attention to the Board's role in shaping a response through a coordinated approach across the health sector and highlighted how the report aligned to the Board's priorities including to reduce inequalities. Finally, she drew attention to the strategic recommendations, the overarching recommendation was to ask the Board to support and task the domestic abuse leads from across all health partnerships to go along to the Domestic Abuse Local Partnership Board in order to strengthen the local response to domestic abuse and reduce the long-term impact for individuals and for services.

The Director of Partnerships, NHS Shropshire, Telford and Wrekin felt that the Domestic Abuse Strategic Lead could be linked into the neighbourhood working particularly around the women's health hubs and she would discuss this with her outside of the meeting. It was felt that more training was needed for primary care and general practice in particular and she agreed to pick this up with her Medical Director and their Education Lead GPs. She would also link the Domestic Abuse Strategic Lead with their Health Inequalities Lead to ensure that inequalities were thought about when looking at domestic abuse.

The Domestic Abuse Strategic Lead referred to the Iris project which aimed to have a trained specialist attached to GP practices who was able to provide direct support to victims of domestic abuse. In response to a question around perpetrators, the Domestic Abuse Strategic Lead explained that there was a community programme focusing on misogyny and youth education in schools which was funded until the end of this financial year.

Picking up on the link between domestic abuse and mental health crises, it was felt that the Midlands Partnership Foundation Trust (MPFT) had a crucial role to play in this area and a query was raised as to whether there been any conversations around the MPFT's support for those who were suffering mental health crisis associated with domestic abuse. In response, the Domestic Abuse Strategic Lead informed the meeting that work was currently ongoing with public health, working with health providers including MPFT around mental health, substance use and domestic abuse to set up protocols to better respond so that there was a quicker response and an easier pathway for people to access. However, it was recognised that the health system was such a wide area that one pathway and one protocol did not fit all.

Following feedback from Age UK that domestic abuse was very under reported in older people, a query was raised as to whether more enhanced data relating to over 65s was available. In response, the Domestic Abuse Strategic Lead reported that the survey currently being undertaken was asking people of all ages, from 7 years old and up to complete it. So far 17 responses had been received from 65–74-year-olds along with two 75+ year olds. She agreed to pass the survey to Age UK for them to take part and provide that information, they had also been invited to attend the market engagement session.

Members of the Board offered their support to the Domestic Abuse Strategic Lead and a brief discussion ensued in relation to the importance of promoting healthy relationships, preventative youth work, and consideration of cultural issues. The Director of Public Health stressed the importance of a continued commitment to the Domestic Abuse Local Partnership Board and for partners to take forward the recommendations contained within the report.

Finally, the Chair felt that this would be a really good topic for an ICB development session.

#### **RESOLVED:**

to note the update and task the Domestic Abuse leads from across the Health Partnership/Workforce to come to the Domestic Abuse Local Partnership Board to collaborate, with the aim of strengthening the local response to domestic abuse and reduce its long-term impact on individuals and services.

### **6 Draft Pharmaceutical Needs Assessment (PNA)**

The Board received the report of the Public Health Intelligence Analyst which set out the Draft Pharmaceutical Needs Assessment (PNA). He explained that under the Health Act 2009, all Health and Wellbeing Boards had a statutory duty to produce a PNA and the last one that was done was in 2022, so the next one was due to be published by 1 October 2025 following a 60-day public consultation.

The Public Health Intelligence Analyst drew attention to the contents page that showed the areas he had looked at so far. He informed the Board that there were 17 GP dispensing practices and 43 community pharmacies operating in Shropshire, with the dispensing practices tending to be more rural whilst the community pharmacies tended to congregate around the main towns.

There were four less community pharmacies in Shropshire than when the last PNA was done, resulting in more people per community pharmacy in Shropshire than in England. This impact was slightly reduced when including dispensing GP practices but still above the level for England. He then looked at the 9 essential services that all community pharmacies offered along with the advanced and additional services that they could choose to offer. Accessibility and whether residents could get to a community pharmacy in Shropshire within 10 minutes in a car, via public transport or on foot was also considered. The full PNA also looked at the level of activity and number of items dispensed over 12 months and the number of pharmacies that had signed up for the advanced and additional services.

The Public Health Intelligence Analyst took Board members through some of the responses from both the resident and the contractor survey before summing up. If approved by the Board, a 60-day public consultation would then be undertaken before the PNS was published.

The Chair thanked the Public Health Intelligence Analyst for the level of detail contained within the PNS and how it linked back into what it actually meant for communities.

A query was raised about whether there was a pharmaceutical co-ordinating body for Shropshire, and if so, what level of engagement did they have in the provision of comprehensive services particularly in evenings, weekends and overnight and whether SATH had been involved in any of these discussions as they would have pharmacy services which were available in principle for a 24-hour period.

In response, the Public Health Intelligence Analyst explained that as part of the PNA Steering Group, he had worked with Peter Prokopa from Community Pharmacy in Shropshire Group and James Milner who worked with the ICB on pharmacy provision who had had quite a lot of input into this piece of work. However, the hospitals had not been involved because they offered a different level of service than would be expected from a community pharmacy. Concern was raised that as there was no 24-hour provision, some residents and patients may not be able to wait and may end up at the urgent and emergency care centres and a query was raised as to whether a potential solution had been looked at with regard to the availability of pharmacies throughout Shropshire.

In response, the Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB) explained that the ICB's Chief Pharmacist worked with pharmacy leads and it was for him to look at what the opportunities were within the next phase. He queried the level of variances in activity and wondered whether this was due to greater need or possibly greater take up.

The Director of Partnerships, NHS Shropshire, Telford and Wrekin reported that the Local Pharmaceutical Committee for Shropshire had also linked into this work. She clarified that hospitals had no payment mechanism for dispensing FP10 prescriptions. She went on to explain that the PNA was used to determine what services were required in the County, so should they want 24-hour pharmacies, they should be inviting applications for potentially new services should that be a requirement.

A brief discussion ensued in relation to the challenges of access especially in the more rural areas of the County however, the Chair felt that with the publication of the 10-year plan, there was the opportunity to really think about what neighbourhood working meant when you had rural populations especially for the viability of those businesses.

#### **RESOLVED:**

To note the contents of the presentation and report and to agree that the PNA can go out for the statutory 60-day public consultation.

## **7 The RESET Programme**

The Board received the report of the Public Health Consultant and the Drug and Alcohol Strategic Commissioning Lead which provided an overview of the RESET Programme which provides drug and alcohol treatment for individuals rough sleeping or at risk of rough sleeping.

The Public Health Consultant and the Drug and Alcohol Strategic Commissioning Lead presented the report, they provided some background and gave an overview of the programme, along with its outcomes and impact. The Drug and Alcohol Strategic Commissioning Lead took Board members through the main organisations that were involved. He then discussed the performance metrics as well as the challenges and learning gained from previous years. There was more that could be done however, and he looked at the ambitions for the year and forward planning for 2026-27 in order to get the best value from the money they receive to reach as many people as possible and to offer the best quality of service. Finally, he drew attention to a brief case study which gave an example of the kind of support that people received when they moved through the RESET service.

In response to a query, it was confirmed that the vehicle used by the team was covered by the grant however it had not been used as often as it should have and this would be looked at as part of the wider review to be undertaken and they would look to identify how it can best be utilised in order to help and support those more rural areas. It was suggested that this could link into other neighbourhood working, and with the wider health services and primary care services.

In response to a query around unmet need, the Drug and Alcohol Strategic Commissioning Lead stated that there would always be some measure of unmet need, as, for example, some individuals don't want support at that particular time but it was important to make services available as best they could. By providing clear pathways within RESET, individuals who do not wish to use services such as drug and alcohol support can access other available forms of assistance as part of RESET. Part of the review of the service would look at any difficulties referring into the services, difficulties reaching specific groups of people etc.

In response to a query about the age profile of the people accessing the programme, the Drug and Alcohol Strategic Commissioning Lead agreed to look at this outside of the meeting.

### **RESOLVED:**

To note the contents of the presentation and report.

It was agreed to take Agenda Items 8 (BCF 2024-5 End of Year Template) and 9 (BCF 2025-26 Plan) together.

## **8 Better Care Fund - 2024-5 End of Year Template**

## **9 Better Care Fund - 2025-26 Plan**

The Board received the reports of the Service Director for Commissioning, which provided a summary of the Better Care Fund (BCF) 2024-26 end of year template for Shropshire and a summary of Shropshire's 2025-26 Better Care Fund Plan for approval by the Board.

The Service Director for Commissioning noted an issue regarding data and performance, resulting in some metrics being inaccurate this year. Efforts were underway to address these problems. The regional and national teams had been informed that, due to these issues, the Council was unable to set precise targets for the current year. A response from the national team regarding approval of this situation was expected from today. It was anticipated that the Council may be required to establish targets for the second quarter, and work would proceed accordingly.

The Chairman suggested that in future it may be helpful to move away from the template and bring some background context along with something for the Board to discuss, so that the Board could better understand and help shape and inform the work going forward.

**RESOLVED:**

To approve the BCF 2024-25 end of year template and the 2025-26 BCF Plan.

**10 ICB Update**

The Board received an update from the Director of Strategy and Development, NHS STW and the Chief Strategy Officer NHS STW/Director of Strategy and partnerships, SATH.

The Chief Strategy Officer NHS STW/Director of Strategy and partnerships, SATH referred to the Stakeholder Briefing pack which had been circulated. He drew attention to the work being undertaken between SATH and the Shropshire Community Trust to investigate coming together as a group, looking at integration of pathways and supporting that focus and particularly with the advent of the 10-year plan and the focus on neighbourhoods.

He also drew attention to the government's reset programme and the work being undertaken between NHS Shropshire Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent to explore a cluster model in order to reduce costs. Finally, he updated that Board in terms of the 10-year plan.

**RESOLVED:**

To note the contents of the update.

**11 Health Protection Update inc. immunisations, vaccinations and sexual health**

The Board received the report of the Director of Public Health which provided an overview of the health protection status of the population of Shropshire. It provided an overview of the status of communicable, waterborne and foodborne diseases.

The Director of Public Health highlighted the importance of neighbourhoods particularly in rural communities and the work that needs to be done, along with the difference working in partnership makes and finally the promotion of the services that were available.

She reported that the vaccination rates in Shropshire were higher than England generally but that there were areas of inequalities that needed to be worked on in order to support and protect people and to increase awareness and uptake of these vaccinations and services. It was suggested that the Chair promote this in his Chief Executive's report to the ICB.

**RESOLVED:**

- a. to promote childhood vaccine uptake
- b. to promote uptake of seasonal vaccines
- c. to promote contraception and regular STI testing

**12 ShIPP Update**

Members noted the ShIPP update, and the Director of Public Health reported that funding had been received for prevention-related work.

<TRAILER\_SECTION>

Signed ..... (Chair)

Date: