



Committee and Date

Health and Wellbeing Board

19 March 2026

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 22 JANUARY 2026 10.00 - 11.10 AM

Responsible Officer: Michelle Dulson

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Present

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)
Councillor Ruth Houghton – PFH Social Care
Rachel Robinson – Executive Director of Public Health Shropshire Council & NHS STW ICB
Tanya Miles – Interim Chief Executive and Executive Director of DASS
David Shaw – Director of Children's Services
Laura Fisher – Housing Services Manager, Shropshire Council
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin
Nigel Lee - Director of Strategy & Partnerships SATH
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Mo Lansdale - Superintendent, West Mercia Police (Remote)

Also present: Anne-Marie Speak (remote), Natasha Moody, Councillor Dawn Husemann (remote), Kieran Smith

37 Apologies for Absence and Substitutions

Councillor Heather Kidd – Leader, Shropshire Council
Claire Horsfield - Director of Operations & Chief AHP, Shropshire Community Health NHS Trust
Ben Hollands, Health & Wellbeing Strategy Implementation Manager, MPFT
Ed Hancox, Superintendent, West Mercia Police

38 Disclosable Interests

No interests were declared.

39 Minutes of the previous meeting

Minute No. 30 Place Universal Offer (PUO)

It was requested that the following be added to the Minutes:

'In order to promote health and wellbeing in the community, the Co-Chair challenged Health and Wellbeing Board members to commit to a physical activity, encouraging them

to either start or continue a specific form of exercise and to communicate their chosen activity to himself as Chair. He referred to his own commitment to a 75 km bike ride for Age UK and suggested others do something similar and publicise it.'

RESOLVED:

That the minutes of the meeting held on 20 November 2025 be approved and signed as a correct record, subject to the above amendment.

40 Public Question Time

A public question had been received from Mr John Palmer. Mr Palmer read his question, and Councillor Bentick, Portfolio Holder for Health & Public Protection (Co-Chair) provided the response.

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

It was agreed to take Agenda Item 8 (Healthwatch Shropshire- recent activity & Forward Plan 2026-27) next and to take Agenda item 5 (Special Educational Needs and Disabilities & Alternative Provision (SEND & AP) Board update) later in the meeting.

41 Healthwatch Shropshire – recent activity & Forward Plan 2026-27

The Chief Officer, Healthwatch Shropshire updated the Board on Healthwatch Shropshire's activities, and the challenges faced due to the proposed abolition of Healthwatch nationally. She emphasised the need for an independent patient/public voice and transparency in feedback.

The Board discussed the risks of losing an independent patient voice, especially for vulnerable groups, and concerns about how public feedback would be gathered and acted upon if Healthwatch functions were absorbed by statutory bodies.

The Chief Officer highlighted the lack of national guidance on how Healthwatch's functions would be transferred to the Integrated Care Board (ICB) and local authorities, and called for clarity and continued independent public engagement.

Board members expressed strong support for maintaining an independent public voice, agreed to write to relevant authorities seeking clarification and advocating for the continuation of Healthwatch's functions, and committed to discussing how to ensure independent feedback remained central in the system. It was agreed to address the issue in an upcoming workshop.

42 Children's Service Reforms & Families First

The Assistant Director for Families First Partnership presented the paper on major government-driven reforms, emphasising the shift toward early intervention, prevention, and multi-agency partnership working for children and families.

The reforms required delivery of about 120 actions by April 2026, with most responsibilities falling on the partnership rather than just the local authority. The new

model focused on multidisciplinary teams embedded in communities, reducing referral culture, and leveraging community support networks.

The introduction of Multi-Agency Child Protection Teams was a key change, involving health, local authority, police, education, and other partners to exhaust all options before considering care.

The Board discussed the need for prioritisation, visibility, and risk management, especially given low funding allocations and rural delivery challenges. Members agreed to maintain focus on whole-family and community integration, align with health and wellbeing priorities, and to revisit progress in six months. Additionally, the Board agreed to continue supporting council advocacy efforts for increased funding.

It was suggested that a risk log be developed to identify and manage risks associated with implementing the new statutory duty for Children's Service Reform.

In conclusion, the Chair reiterated the importance of the Marmot principle—giving every child the best start in life—and encouraged ongoing focus and timely updates.

43 Housing & Health Action Plan update

The Head of Housing, Resettlement and Independent Living presented the strategic approach to improving health outcomes through housing, aligning delivery, regulation, adaptations, and partnerships with health priorities.

Progress had been made, but not as quickly as hoped; increased regulation in the sector had impacted pace. The action plan had been reviewed and simplified to be more measurable, realistic, and aligned with regulatory, planning, and commissioning priorities. Notable achievements included opening four temporary accommodation schemes (over 100 bed spaces), reducing bed and breakfast use, and commissioning a Housing Learning and Improvement Network (LIN) report on specialist and supported housing needs.

It was reported that stronger focus on regulatory compliance was improving health outcomes by ensuring homes were safe, warm, and fit for habitation. A case study was shared to illustrate how timely housing intervention supports health and independence, demonstrating value for money and partnership benefits.

Members suggested adding KPIs to track health impacts of new temporary accommodation units, such as tracking how many people register with a GP or dentist.

The Board agreed to bring a future update on the Housing LIN report and to integrate housing work with neighbourhood and health inequalities strategies.

44 Special Educational Needs and Disabilities & Alternative Provision (SEND & AP) Board update

The Director of Children's Services, the Head of Education Quality and Safeguarding and the Senior Education Quality Adviser (SEND and AP) reported on SEND and alternative provision, highlighting both opportunities and significant system-wide challenges, including funding issues, long waiting lists, and the impact of rurality on service delivery. National

reports and Ofsted feedback were referenced to illustrate the crisis in SEND and the need for improvement in assessment timeliness and support for complex needs.

The SEND strategy had been co-produced with partners and parent carers, aiming for high-quality, inclusive practice and local provision to reduce travel distances for children. The team were preparing for anticipated national reforms, with a focus on developing a local inclusion support offer that included training, advice, and direct support for mainstream settings.

The Senior Education Quality Adviser (SEND and AP) described the SEND and AP Change Programme, which was nearing completion and had positioned Shropshire ahead of expected national reforms. The programme emphasised hands-on support in schools, co-production with parent carers, and the need for practical implementation rather than just advice.

The challenges posed by low funding allocations and the removal of the rural services delivery grant, which affects transport and equitable service provision were stressed. Rurality and low funding were repeatedly raised as barriers, with Shropshire being among the worst-funded authorities for high needs, impacting waiting lists and support levels.

Progress was overseen by the SEND and AP Partnership Board, and an open invitation was extended for Board members to attend. The team was committed to transparency, sharing self-evaluations and action plans, and continuing to lobby for better funding and support.

The Board acknowledged progress, commended the team's efforts, and agreed to continue lobbying for fairer funding and to maintain oversight through the SEND & AP Partnership Board.

45 Health & Wellbeing Strategy Delivery Progress

The Executive Director – Public Health presented a draft comprehensive update on progress against the health and wellbeing strategy (2022–2024), summarising both outcome measures and immediate priorities.

The report shows improvements in some metrics but highlighted declines in healthy life expectancy, access to services, and areas like mental health, obesity, and diabetes, reflecting the impact of COVID and the cost-of-living crisis.

Key achievements include joined-up work on children, young people, inequalities, prevention, and community focus, but workforce and community safety reporting need strengthening.

The report was a draft structure intended to set a baseline for ongoing tracking, and it was proposed to use the upcoming dashboard workshop to review the report in detail, refine reporting, and set priorities for the final year of the strategy. It was suggested that Board Members be invited to propose additional priority areas, for example women's health.

The Board agreed to continue evolving the report, integrate feedback from the workshop, and bring future updates to ensure ongoing tracking and public communication of both successes and areas for improvement.

46 ICB update

The Director of Strategy and Development, NHS STW highlighted that the local ICB achieved the most improved staff survey results in the country for planned care.

The lung cancer screening programme had started, with patient screening now underway.

NHS reforms were impacting the ICB, particularly through management changes and a voluntary redundancy scheme.

The Director of Strategy and Partnership SATH noted the improvements in diagnostics and cancer care and emphasised that every improvement represented better patient outcomes.

The Chair acknowledged the progress but stressed the need for continued improvement so that patients and residents experienced tangible benefits.

47 ShIPP Update

Members noted the ShIPP update.

<TRAILER_SECTION>

Signed (Chair)

Date: