



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	9 <sup>th</sup> July 2026				
<b>Title of report</b>	<b>Strategic Alignment of Neighbourhood working in Shropshire</b>				
<b>This report is for</b> (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)
<b>Reporting Officer &amp; email</b>	<b>Rachel Robinson, Director of Public Health &amp; Interim Deputy Chief Executive, Shropshire Council</b>				
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this report address?</b>	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
<b>What inequalities does this report address?</b>	<p>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.</p> <p>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.</p>				

### 1. Executive Summary

This paper asks the Board to support the development of a single Shropshire neighbourhood framework and roadmap. The approach builds on previous work started by the Board around the "one Shropshire approach" with existing activity across neighbourhood health, Place Universal Offer (PUO), Youth Transformation, Community and Family Hubs, prevention funding, Children's National reform, Adults' transformation, outreach, Shropshire Local, libraries and VCSE infrastructure. It aligns to national and local ambitions including for example the ICB five-year strategic commissioning plan and Shropshire Councils Corporate Plan and wider partners plans. Digital, data, estates and workforce will act as underpinning enablers of delivery rather than standalone programmes.

The key issue is not whether neighbourhood working should progress, but how Shropshire brings related programmes together into one coherent model that improves access, reduces duplication, strengthens prevention and supports better outcomes for residents. This is particularly important given Shropshire's rural geography, dispersed communities, ageing population, access challenges and variation in local need.

There is already strong progress, including developing Integrated Neighbourhood Teams (INT), Community and Family Hubs including one Health and Wellbeing Centre, growing hub activity including Best Start in Life (BSIL) Hubs, positive resident feedback, and early case study evidence of coordinated support helping people and families access help earlier. However, delivery is currently spread across several programmes and would benefit from a shared framework, there are a few agreed neighbourhood footprints or geographies (of which this may vary depending on the service or focus of work), clear governance, aligned resources and a common outcomes approach.

The Board is therefore asked to agree the strategic direction, support the next phase of alignment work, and request a future decision report setting out the preferred neighbourhood model, governance arrangements, resource implications, delivery roadmap and implementation approach

## **2. Recommendations**

- Note the Health and Wellbeing Board's statutory leadership role in shaping a locally owned Shropshire Neighbourhood Health Plan.
- 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.
- Support the next phase of work to align existing programmes, governance, resources and delivery arrangements.
- 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.

## **3. Report**

The May 2026 introduction paper set out the national Neighbourhood Health Framework and the Health and Wellbeing Board's role in shaping a locally owned Neighbourhood Health Plan. This paper builds on that foundation by focusing on how Shropshire can align existing neighbourhood-related activity into a coherent delivery framework.

For Shropshire, our approach must reflect the county's rural geography, market towns, dispersed communities, access and transport challenges, increasing complexity of need and aging population. The approach should organise support around natural communities and local relationships, rather than organisational boundaries.

The focus now is to connect existing programmes and reforms into a single local roadmap. This includes:

- Integrated Neighbourhood Teams, Community and Family Hubs and ShIPP prevention funding;
- Family First Partnership, Best Start in Life, Adult Social Care Transformation and Youth Transformation;
- Outreach, Public Health prevention activity, Shropshire Local, Library and mobile offers; and
- VCSE-led community support.

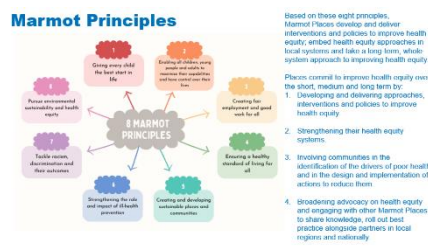
This will need to be underpinned by the enabling conditions required for delivery, including shared data and insight, digital access and directories, workforce development and culture change, and effective use of estates and community assets.

For the purposes of this report, a neighbourhood is a recognisable local area or footprint that reflects natural communities, population need and existing local relationships. The presentation describes neighbourhoods as a “location with meaning”: places where people live, bring up their families, work, access support and spend their leisure time. In Shropshire, this means recognising rural geography, market towns, dispersed communities, local assets and the places residents already use to access support.

Our ‘One Shropshire’ approach reflects our collective understanding that neighbourhood working is broader than neighbourhood health alone. It is not a separate organisational structure or a building-based model alone. It is the primary delivery footprint for integrated, population-focused care and support, enabling partners to work together around people and communities rather than organisational boundaries, and to tailor support around how people live their lives.

In practice, Shropshire’s approach should:

- Provide a common geography for planning and delivery, aligned to natural communities and where appropriate to Primary Care Network (PCN) footprints
- Bring together health, local authority, providers, VCSE partners and communities as a connected “team of teams”.
- Support whole-person and whole-family approaches, with a focus on prevention, early help, proactive care and reducing inequalities.
- Use Community and Family Hubs, outreach, local assets and continuous community engagement as practical routes into support.
- Marmot approach - [Building fairer towns, cities and regions: Insights from Marmot Places | Local Government Association](#)



The Shropshire model should therefore be built around

- Integrated Neighbourhood Teams and stronger multidisciplinary working.
- Community and Family Hubs, BSIL, Primary Care and core public infrastructure assets as visible local access points.
- VCSE and community partners as equal and sustainable system partners.
- A test-and-learn approach, using local insight, population health data and learning from Shropshire’s National Neighbourhood Implementation Programme (NNHIP).
- Ask Assist Act (AAA) – How Can I Help. Shropshire Council, with local voluntary and community sector partners, has developed Ask-Assist-Act training for frontline practitioners and volunteers to support residents’ health and wellbeing. The training uses a nationally recognised Ask-Assist-Act approach and builds confidence in supporting person-centred conversations, understanding needs, and connecting residents to local services. It has been piloted ahead of wider roll-out and impact evaluation.

Current Position

There is strong system-wide support for neighbourhood working and broad agreement on the core features of the approach. Partners recognise the importance of local access points, VCSE partnership, stronger multidisciplinary working, prevention, early intervention and reducing inequalities.

Related programmes are already progressing across the system, including but not limited to Integrated Neighbourhood Teams, Community and Family Hubs, ShIPP prevention funding, Family First Partnership, Best Start in Life, Youth Transformation, Adult Social Care Transformation, Shropshire Local outreach, early help and VCSE-led community support.

The current challenge is that these programmes are not yet consistently aligned through a single vision, roadmap, governance route or shared delivery plan. This creates risks of fragmented delivery, duplication, unclear accountability, inconsistent use of resources and limited collective impact.

Programme area	Partner Lead	Contribution to neighbourhood working	What alignment means for the Board
Integrated Neighbourhood Teams / NNHIP	System Partners	Supports multidisciplinary working, proactive care, population health management and better coordination for people with complex needs, frailty and long-term conditions.	Provides the health and care delivery architecture for neighbourhood working and supports the locally owned Neighbourhood Health Plan.
Community and Family Hubs	Shropshire Council	Provides visible local access points for prevention, early help, family support, adult support, health visiting, social care advice, housing, employment and community activity.	Enables a practical hub-and-spoke model that improves access, reduces duplication and supports all-age neighbourhood delivery.
ShIPP prevention funding and VCSE infrastructure	ShIPP / VCSA	Strengthens community capacity, supports voluntary and community sector delivery, and enables targeted prevention activity shaped around local need.	Positions the VCSE as a core partner and supports a more equitable prevention offer across Shropshire.
Best Start in Life, Family First and SEND reform	Shropshire Council / NHS partners	Aligns children's services, early help, family support, parenting, home learning, SEND and whole-family support through local hubs and neighbourhood pathways.	Supports early intervention, improved family outcomes and clearer alignment between children's transformation and neighbourhood delivery.
Adult Social Care Transformation	Shropshire Council	Supports pre-front door, front door and demand management approaches through earlier advice, strengths-based support, Let's Talk Local, carers support and links to community assets.	Connects prevention and independence with neighbourhood delivery, helping reduce escalation and support people to remain well at home.
Public Health prevention, outreach and health inequalities work	Shropshire Council Public Health	Brings prevention, JSNA insight, health checks, vaccination and immunisation opportunities, mental health, substance misuse, sexual health and wider determinants into neighbourhood planning.	Ensures the framework is evidence-led, inequalities-focused and linked to population health outcomes.
Shropshire Local, libraries, mobile and outreach offers	Shropshire Council	Uses trusted local access points, library transformation, digital and face-to-face support, mobile provision and outreach to reach rural and dispersed communities.	Supports improved access, particularly in rural areas, and helps balance building-based provision with outreach.

Underpinning enablers: digital, data, estates and workforce	System partners led by NHS STW	These are not standalone programmes. They enable delivery by supporting shared insight, digital directories and access routes, workforce development, culture change, estates alignment, co-location and better use of existing public and community assets.	Ensures the neighbourhood model is deliverable in practice and that programmes are supported by the practical infrastructure needed to work as one system.
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### Next Steps

The proposed direction of travel is to establish a single Shropshire neighbourhood framework and roadmap, bringing existing programmes into a clearer delivery architecture with Programme Management support and oversight through existing governance routes to Health & Wellbeing Board. This should support consistent countywide priorities while retaining flexibility for local footprints, natural communities and levels of need.

### **This would include three linked areas of work:**

- A shared framework and roadmap that defines neighbourhood & community footprints locally, sets out intended outcomes, and links clearly to HWBB priorities, ShIPP, the JSNA and the Joint Health and Wellbeing Strategy.
- Aligned delivery programmes that bring together Integrated Neighbourhood Teams, Community and Family Hubs, ShIPP prevention funding, outreach, early help, Family First Partnership, Best Start in Life, SEND reform, youth transformation, Adult Social Care Transformation, Public Health prevention activity, Shropshire Local, libraries, mobile and outreach offers and VCSE-led community support into a more coherent local offer.
- Underpinning enablers for delivery including workforce, data, digital, estates, community engagement, financial alignment and shared evaluation. These should support and enable delivery across the neighbourhood model, rather than being treated as separate standalone programmes.

Taken together, this would create a single, recognisable neighbourhood offer for residents and partners, reduce duplication, improve access and experience, and provide clearer accountability for delivery and outcomes.

The framework should be underpinned by:

- a shared STW system-wide purpose and agreed principles;
- commitment to working together in the best interests of residents;
- shared leadership and governance;
- a shared population health approach using data and local insight;
- collaboration rather than single-service delivery;
- reduced duplication and reliance on short-term solutions; and
- a willingness to cede control where appropriate to achieve better outcomes.

To support delivery, the framework should include both an operational alignment mechanism and a strategic governance route. The operational mechanism, potentially through the existing arrangements, would bring services together to identify requirements, map activity and assets, manage dependencies and avoid conflicting decisions. A strategic layer would provide oversight, resolve trade-offs, agree escalation routes and ensure that statutory responsibilities are recognised where they need to take precedence. This will require all relevant services and partners to actively contribute to the alignment work and may require dedicated coordination capacity to maintain momentum.

The intended approach is an all-age, life-course approach that provides a practical front door to universal, prevention and early help services for children, families, adults and older people. It should also support:

- integrated multidisciplinary working for children, families and adults with more complex needs;
- support for people living with long-term conditions, frailty and escalating risk; and
- outreach and mobile offers for rural communities where transport, digital access and distance from services can create barriers.

Next Steps:

- Develop a draft Shropshire neighbourhood framework and roadmap.
- Engage with wider partners and stakeholders
- Map existing programmes, activity and investment, including Community and Family Hubs, Integrated Neighbourhood Teams, Best Start, Family First, Youth Transformation, Adult Social Care Transformation, Public Health prevention, outreach and VCSE-led community support, alongside the underpinning enablers required for delivery, including estates, digital, data and workforce.
- Develop a proposed governance model, including roles, responsibilities and reporting routes.
- Assess delivery implications, including the underpinning workforce, estates, digital, data and VCSE infrastructure requirements.
- Develop a shared outcomes and evaluation approach, drawing on JSNA, service data, resident feedback, activity data and case study evidence.
- Establish an operational alignment process through existing structures to map service requirements, assets, activity, risks and dependencies, with escalation into the agreed strategic governance route where alignment cannot be achieved.
- Return with a formal decision paper setting out the preferred model and implementation approach.

<p><b>Risk assessment and opportunities appraisal</b></p>	<p>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.</p> <p>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.</p>
<p><b>Financial implications</b></p>	<p>There are no immediate financial decisions requested through this paper. The next phase of work will need to map existing investment, resources and delivery capacity across relevant programmes, including health, local authority, VCSE, estates, digital, data and workforce requirements.</p> <p>A future decision paper will set out any resource implications, opportunities for alignment, potential efficiencies and any additional capacity required to support delivery.</p>
<p><b>Climate Change Appraisal as applicable</b></p>	<p>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.</p> <p>Further work will consider estates, transport, digital inclusion and community access implications to ensure that delivery supports both</p>

	environmental sustainability and equitable access across rural and dispersed communities.	
<b>Where else has the paper been presented?</b>	System Partnership Boards	
	Voluntary Sector	
	Other	
<b>List of Background Papers</b>		
<ul style="list-style-type: none"> <li>• Shropshire Health and Wellbeing Board Neighbourhood Health introduction paper, May 2026.</li> <li>• NHS Neighbourhood Health Framework and NHS 10 Year Health Plan.</li> <li>• Shropshire Joint Health and Wellbeing Strategy.</li> <li>• Shropshire Integrated Place Partnership priorities and prevention funding papers.</li> <li>• Shropshire Integrated Care Board Five-Year Strategic Commissioning Plan.</li> <li>• Shropshire Council Corporate Plan.</li> <li>• Joint Strategic Needs Assessment and local inequalities evidence.</li> </ul>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead</b>		
<p>Cllr Ruth Houghton, Portfolio Holder for Adult Social Care and Health  Cllr Rosie Radford, Deputy Portfolio Holder - Adult Social Care and Health</p>		
<b>Appendices</b>		
N/A		