Committee and Date
Health and Wellbeing Board
19 November 2026

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 17 SEPTEMBER 2026
9.30 - 11.40 AM

Responsible Officer: Michelle Dulson
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Present

Rachel Robinson	Executive Director of Public Health, Shropshire Council / NHS Shropshire, Telford & Wrekin and NHS Staffordshire & Stoke-on-Trent (ICB)
Wendi Shepherd	Deputy Director of Public Health, Shropshire Council (remote)
David Shaw	Director of Children's Services, Shropshire Council
Vanessa Whatley	Chief Nursing Officer, NHS Shropshire, Telford & Wrekin and NHS Staffordshire & Stoke-on-Trent (ICB)
Lynn Millar	Director of Place, Shropshire Telford & Wrekin, NHS Shropshire, Telford & Wrekin and NHS Staffordshire & Stoke-on-Trent (ICB)
Phil Smith	Chief Officer, System Development & Integration, NHS Shropshire, Telford & Wrekin and NHS Staffordshire & Stoke-on-Trent (ICB)
Ben Hollands	Health and Wellbeing Strategy Implementation Manager, Midlands Partnership Foundation Trust (MPFT) (remote)
Nigel Lee	Group Chief Strategy and Integration Officer, STW Community and Hospitals NHS Group
Jackie Jeffrey	Lead Officer, Shropshire Voluntary & Community Sector Assembly (VCSA)
Claire Smout	Chief Officer, Partners in Care
Mike Carr	Chief Operating Officer & Deputy CEO, Robert Jones & Agnes Hunt Orthopaedic Hospital
Mark O'Brien	Deputy for Director of Adult Social Services, Shropshire Council

Also present: Gareth Wright, Damilola Agbato, Naomi Roche, Mish Irvine (remote)

18 **Election of New Co-Chair**

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

That Vanessa Whatley (Chief Nursing Officer, NHS Shropshire, Telford and Wrekin ICB) be elected Co-Chair of the Health and Wellbeing Board.

19 **Apologies for Absence and Substitutions**

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
Natalie McFall	Director of Adult Social Services, Shropshire Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Edward Hancox	Superintendent, West Mercia Police

20 Disclosable Interests

No interests were declared.

21 Minutes of the previous meeting

RESOLVED:

That the Minutes of the meeting held on the 9 July 2026 be approved and signed as a correct record.

22 Public Question Time

A public question was received from Mr David Sandbach. Mr Sandbach read his question and the Chair read the response. It was confirmed that questions 3 and 4 would be addressed during discussion on the Winter Planning agenda item.

A copy of the questions and responses are available on the web page for the meeting.

23 System Winter Planning

The ICB Director, System Improvement and Emergency Preparedness presented the System Winter Plan and outlined the lessons learned from the previous winter. It was reported that those lessons had informed the development of a revised cluster-wide plan covering Shropshire, Telford and Wrekin, and Staffordshire. The Board was advised that the approach was supported by a unified system command and control structure and a single system coordination centre, which would oversee and coordinate the response to pressures affecting urgent and emergency care.

The ICB Director, System Improvement and Emergency Preparedness confirmed that the plan was structured around four key phases: ensuring winter readiness; reducing rising pressure; sustaining the system response; and exiting the winter period in a stable position. It was explained that the plan was underpinned by the continuation of system-wide interventions, including measures to improve patient flow, the reconfiguration of services, and communications activity intended to support self-care and increase vaccination uptake.

The Board was advised that the system operated under a cluster ICB model with Staffordshire, while continuing to recognise and respond to local needs. Interventions introduced during the previous winter, including modular ward capacity and assessment spaces at acute sites, remained in place and continued to support improvements in patient flow. It was noted that early January was a recurring period of heightened demand and increased system vulnerability. The winter planning arrangements therefore included a

specific focus on known pressure points, including bank holiday periods and the early Easter period.

The preparedness measures included the continued use of modular wards and enhanced assessment spaces to improve patient flow and reduce unnecessary admissions. The Board was informed that work was continuing to expand same-day emergency care and frailty-focused services, subject to their ongoing development. A system-wide communications campaign would promote self-care, encourage the appropriate use of services and support increased vaccination uptake. Collaboration would also continue across NHS providers, local authorities and voluntary, community and social enterprise partners to support the management of demand throughout the winter period.

During the discussion, Board members emphasised the importance of vaccination uptake and preventative activity, together with the need to align the winter plan with the wider work relating to public health and inequalities. They sought assurance regarding changes to capacity and the effect of those changes on winter readiness. In response, it was clarified that the additional bed capacity formed part of a wider service reconfiguration strategy and did not represent a straightforward expansion of capacity. Concerns were also raised regarding the reliability of forecasting and the system's preparedness to respond to variable levels of demand. It was acknowledged that national modelling remained under development. Board members further emphasised the importance of targeted planning for vulnerable populations and of recognising geographic variations in demand across the county. Particular attention was given to discharge planning, and it was agreed that discharge processes should commence at the point of admission and be supported through coordinated multi-agency working.

RESOLVED:

to note the System Winter Plan and to support the winter communications strategy, particularly the promotion of vaccination against seasonal illnesses.

that system partners continue to work collaboratively to deliver winter preparedness measures across health and care settings.

24 Health Protection Annual Report

The Health Protection Annual Report was presented to the Board. The report provided a comprehensive update on vaccination uptake, communicable disease prevention and control, screening programmes and wider health protection activity across Shropshire. Particular emphasis was placed on the work being undertaken to reduce health inequalities, improve access to preventative services and ensure that vaccination and screening opportunities were available to communities experiencing barriers to access.

The Board was advised that work had continued to improve uptake across the HPV, MMR, influenza, COVID-19 and RSV vaccination programmes, supported by targeted outreach to underserved groups. HPV vaccination uptake was reported at 74.8%. Although this represented a reduction compared with the previous year, performance remained above both regional and national averages. MMR uptake had remained stable at 94.2%, and overall childhood vaccination performance continued to exceed regional and national benchmarks. Seasonal vaccination performance across eligible cohorts was also reported to be strong, with uptake above the corresponding regional and England averages.

Participation in the breast, bowel and cervical screening programmes had remained above regional and national averages, with sustained levels of engagement. The report also described continuing communicable disease activity across the county, including gastrointestinal infections and seasonal respiratory outbreaks, with the greatest pressure arising during the winter period.

Targeted interventions had been implemented to address inequalities in access and uptake. These included engagement through schools, outreach within local communities and the use of pop-up vaccination clinics to bring services closer to residents who might otherwise experience difficulty accessing routine provision.

Board members welcomed the report and drew attention to the strength of partnership working and the positive performance achieved across Shropshire. It was emphasised that targeted work to address inequalities should continue, particularly in relation to vulnerable and underserved populations. The need to strengthen public communications was also highlighted so that residents and communities were aware of the services, vaccination opportunities and wider support available to them.

Concern was raised that cost-of-living pressures were contributing to widening health inequalities and could affect residents' ability to access vaccination and other preventative health services. It was emphasised that prevention planning should take account of the wider circumstances affecting health and wellbeing, including poor nutrition, cold homes and poverty, as these factors could compound existing barriers to engagement with services.

Clarification was sought regarding variations in vaccination uptake among younger people and between different communities. In particular, whether the barriers affecting HPV vaccination uptake could be better understood, including the operation of consent processes, difficulties in accessing vaccination opportunities and the effect of misinformation on the decisions made by young people and their families.

The Chair emphasised the importance of integrated partnership working across health, education and public health services and noted that vaccination, screening and wider prevention activity should be aligned as complementary elements of the system-wide approach to improving population health outcomes.

RESOLVED:

To promote childhood vaccination uptake, uptake of seasonal vaccines and to promote sexual health prevention services.

25 HWBB Strategy 2028- 33 - proposals

The Board received a report setting out the proposed approach to refreshing the Joint Health and Wellbeing Strategy for the period 2028–2033. It was noted that the current strategy would expire at the end of 2027 and that work was therefore required to develop and agree its successor. The report outlined the proposed development process and timetable, including the principal milestones through which the refreshed strategy would be prepared, consulted upon and progressed.

In considering the strategic approach and proposed engagement arrangements, Board members supported the direction of travel and emphasised the importance of adopting a Marmot approach, embedding co-production and securing meaningful engagement throughout the development of the strategy, particularly in the context of continuing changes across the wider system. It was recognised that the refreshed strategy would establish a key strategic direction for all system partners and should therefore reflect a broad range of priorities, supported by appropriate engagement and genuine co-production.

In relation to scope and policy alignment, it was proposed that the strategy should take account of wider national policy drivers, including children's reform programmes, reforms relating to special educational needs and disabilities, adult social care reform and safeguarding priorities. It was further suggested that the strategy should align with relevant national indicators and make effective use of available system levers, thereby strengthening strategic coherence across partner organisations. The importance of maintaining a system-wide understanding of shared responsibilities across health, social care and safeguarding was also highlighted.

Turning to integration with wider system planning, the need to ensure appropriate alignment between the Health and Wellbeing Strategy, Better Care Fund arrangements and emerging approaches to neighbourhood health planning was emphasised. The principal enablers required to support delivery of the strategy were considered along with the need for workforce transformation, digital development and estates optimisation to be incorporated as key system enablers, alongside effective collaboration across sectors.

The potential to develop more shared and integrated workforce models across public sector partners was noted, together with the important role of digital transformation in shaping and improving service delivery. This approach was supported and opportunities to improve the alignment of resources were identified, including activity relating to health-related worklessness and the wider prevention agenda.

In relation to data, place and system alignment, it was stressed that the Joint Strategic Needs Assessment and wider sources of data intelligence should inform the development of the refreshed strategy. The need to triangulate evidence across relevant datasets and ensure strong alignment with place-based intelligence was emphasised. It was also considered important that the strategy retain sufficient neighbourhood-level detail and that prevention and the reduction of inequalities remain central and consistent themes throughout. Board members noted that workforce and digital transformation were areas in which stronger progress remained necessary and agreed that both should be given greater prominence within the refreshed strategy.

RESOLVED:

to note the proposed timetable, milestones and consultation arrangements for the refresh of the Joint Health and Wellbeing Strategy.

to endorse the proposed approach to engagement and co-production as the basis for developing the refreshed strategy.

to confirm agreement to the proposed governance and engagement arrangements and

to note the dates of future meetings at which the work would be considered and progressed.

26 **Healthy Neighbourhoods**

The Board received an update on the Healthy Neighbourhoods programme, which would implement the neighbourhood health framework and NHS 10-year plan through existing partnerships and strategies. The programme aimed to deliver more proactive, integrated, community-based care based on local needs.

Integrated Neighbourhood Teams would provide proactive, coordinated community care. Year one would focus on older adults with frailty and complex needs, and patients with cardiovascular, renal or metabolic conditions at risk of admission. Around £2.9 million of NHS funding had been allocated. Five neighbourhoods were proposed across Shropshire and four across Telford and Wrekin, subject to confirmation. Population health and risk-stratification tools would support earlier intervention and multidisciplinary case reviews. Shropshire was identified as the initial integrator, coordinating delivery and devolved funding.

The outcomes framework covered five national goals: better health outcomes; same-day access to urgent general practice; more planned care in community settings; improved urgent care performance; and better patient and staff experience. Measures would include hospital admissions, patient flow, activity, and patient-reported outcomes and experience.

Board members supported the programme's alignment with prevention and ageing well strategies but cautioned that NHS-focused measures might not capture impacts on adult social care and voluntary and community partners. They called for greater focus on early frailty and upstream prevention, explicit alignment with the Better Care Fund and wider transformation programmes, and full involvement of carers, social care and community partners. Existing data capability was welcomed, although better integration and governance were needed. Workforce, digital transformation and effective use of the public estate were identified as key enablers.

Board members sought clearer governance roles for Integrated Neighbourhood Teams, place-based partnerships, the Board and ICB system leadership. A collaborative partner workshop would refine the neighbourhood footprints. Governance should provide clear accountability and aligned decision-making, while allowing flexibility to reflect local needs, relationships and place-based structures.

RESOLVED

to note the key messages as set out in the report.

27 **Chair's Report**

The Chair provided an update on national and local developments affecting Healthwatch arrangements, noting proposed legislative changes which would see Healthwatch England and local Healthwatch functions abolished, with responsibilities transferring to Integrated Care Boards, local authorities, and NHS services. It was confirmed that current duties, funding, and contractual arrangements remain unchanged pending enactment of

legislation. The Board acknowledged the continued contribution of Healthwatch Shropshire during this transitional period, and work is ongoing across the system to assess implications and future commissioning and governance arrangements.

The Chair also reported that Shropshire has been selected to participate in the national Better Care Fund Support Programme, receiving targeted support for Health and Wellbeing Boards, neighbourhood health, and integration. This was noted as an opportunity to strengthen system learning, with associated task and finish groups to support development, including updates to Board terms of reference.

28 **Pharmacy updates**

Board members noted the pharmacy updates.

29 **Date of Next Meeting**

The next meeting would be held on 19 November 2026 at 9.30am.

Signed …… (Chair)

Date: