

## **HEALTH & WELLBEING BOARD**

### **Minutes of a meeting of the Health & Wellbeing Board held on Thursday 27 November 2025 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG**

**Present:** S Whitehouse (Co-Chair), Cllr K Middleton, Cllr S J Reynolds, Cllr K L Tomlinson, J Britton, N Lee, N Pay, H Onions and C Parker

**In Attendance:** L Gordon (Member Support Officer), T Mercer (Head of Public Health), H Potter (Insight Manager) and C Williams (Public Health Commissioner)

**Apologies for Absence:** Cllr A J Burford, Cllr P Watling, S Fogell, E Hancox, F Mercer and J Williams

#### **HWB30 Declarations of Interest**

None.

#### **HWB31 Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the previous meeting held on 18 September 2026 be confirmed as a correct record and signed by the Chair.

#### **HWB32 Public Speaking**

None.

#### **HWB33 Health & Wellbeing Board Strategy Quarterly Progress Report**

The Board received the quarterly progress report, presented by the Service Delivery Manager for Health & Wellbeing. Members noted that at the previous meeting they had asked for a deeper focus on homelessness, mental health, and drug and alcohol harm.

The Service Delivery Manager for Health & Wellbeing reported that delivery across five programmes continued to contribute to the Health & Wellbeing Strategy 2023–2027, which emphasised tackling inequalities, prevention, and integrated neighbourhood health and care in partnership with the ICS and the voluntary sector. This approach aligned with the Board’s commitment to target the ‘Core 20’ most deprived areas and inclusion groups facing disadvantage. He highlighted successful recruitment to the Healthy Lifestyles team with staff embedded across communities, and good progress across TWIPP projects that were designed to coordinate place-based action.

Members heard that joint commissioning arrangements had been introduced to streamline Mental Health services and that the Calm Café for young adults aged 18–25 had gone live to support those below clinical thresholds. The homelessness team had reviewed the use of bed and breakfast accommodation and implemented minor security improvements to enable victims of domestic abuse to remain safely in their homes where appropriate. Drug and alcohol services had increased outreach capacity for young people, and the Telford & Wrekin Recovery Charter had been launched in September with pledges from businesses and partners.

The Service Delivery Manager for Health and Wellbeing explained that funding beyond March 2026 remained uncertain, and that short-term outcomes were hard to evidence for complex needs. The Board were informed that system-wide monitoring for mental health services also remained challenging pending national reforms. Further issues included homelessness, which remained difficult to address for families with complex needs and larger households. The domestic abuse recommissioning timetable was set out; members noted that perpetrator programmes could not be funded through the current government funding route, which presented a commissioning gap.

During the discussion, members welcomed the integration of mental health nurses within the homelessness team to address co-existing needs and sustain tenancies. Members sought clarification on signposting to the Calm Café; the Service Delivery Manager for Health & Wellbeing explained that the service primarily targeted those not meeting thresholds for specialist services and provided onward signposting. In response to questions on the domestic abuse recommissioning, he confirmed that the tender would close on 20 January, with deliberations on 23 January, and that a standstill period would run until the end of May to ensure a smooth transition. The Director of Public Health reported increased stop-smoking advisor capacity and described White Ribbon campaign activity, including pop-up events at the Princess Royal Hospital. The Chief Strategy Officer NHS Shropshire, Telford & Wrekin provided assurance of alignment with neighbourhood health priorities across the ICS, stressing prevention. Members discussed the rise in youth vaping; the Director of Public Health acknowledged that further engagement with young people and parents was needed and confirmed this would be strengthened in the strategy's prevention work.

The Board noted the report and agreed that a substantive update focusing on homelessness and mental health, including progress on the Recovery Charter pledges and the domestic abuse recommissioning timeline, be brought to a future meeting.

#### **HWB34 Health & Wellbeing Strategy Performance and Outcomes Report**

The Insight Manager presented the regular performance and outcomes report. Members were informed that childhood excess weight at Reception age had risen but remained in line with national averages; for Year 6 the borough had

aligned with the national average for the first time since 2006. The under-75 mortality had fallen for a second consecutive year but remained worse than the national average. Smoking at the point of delivery continued its long-term downward trend since 2010 and was similar to the national average. Members also noted positive trends in primary care access, with a higher proportion of same/next-day appointments than the national comparator.

To contextualise the GP access picture, members were reminded that local data presented to the Board in September showed same/next-day appointments at 58% in Telford & Wrekin compared to 51% for England, with 88% of appointments seen within 14 days locally compared to 82% nationally, reflecting the ICS's focus on Modern General Practice and neighbourhood integration.

During the discussion, the Director of Public Health welcomed improvements in Year 6 excess weight and smoking in pregnancy and highlighted the work underway to increase uptake of NHS Health Checks through neighbourhood health initiatives. She also emphasised the need to reduce preventable cancers linked to smoking, with joint work planned through integrated system planning. Members asked what had driven the improvement in smoking in pregnancy; the Insight Manager cited the embedded service within maternity and wrap-around support from the Healthy Lifestyles team that engaged the wider family to sustain behaviour change.

The Board noted the report and requested a more comprehensive outcomes update in six months, incorporating refreshed data and progress on Health Checks and smoking-related cancer prevention.

### **HWB35 Economic Opportunity Update**

The Chief Executive Officer of the Landau Charity presented an update on work to unlock economic opportunity through the Lloyds Bank Foundation Alliance, describing a high-level collaboration between 48 local senior leaders focused on removing systemic barriers to employment and improving health via good and fair work. Members were asked to note that economic opportunity and good employment were integral to the Health & Wellbeing Strategy's wider determinants of health approach and the Board's commitment to prevention.

Members discussed routes to engage young people beyond academic pathways, including apprenticeships, placements, and taster days. The Council's Job Box service and curriculum proposals to extend work experience beyond Year 10 were noted, together with the need for system-level engagement with schools, colleges, and harder-to-reach groups. Members agreed that "Good & Fair Employment" should be championed as a key priority across the HWB and ICS and requested that progress be brought to the next meeting.

The Board asked the Director of Public Health to bring back proposals for how the Board would champion Good & Fair Employment as a key priority to a

future meeting, including options to engage education and employer partners at system level, and to schedule a future item from Telford College on pathways available.

### **HWB36 Connect to Work Update**

The Strategic Skills Lead: Adults and Communities presented the update on the Connect to Work programme, which was funded by DWP and directly delivered by the Council, providing intensive one-to-one support for adults with disabilities, additional needs, or other barriers to employment. Members heard that the programme had launched in late September 2025; in October it exceeded its initial target with eight clients supported, three of whom had already achieved employment outcomes. Referrals totalled 28 to date, from self-referrals and partner organisations, and specialists were being embedded within partner settings, including primary care, veterans' hubs, domestic abuse teams, and Job Centres, to build trust and deliver high-fidelity support under SEQF and IPS. Members noted alignment with the Board's earlier discussion on fair employment and the voluntary sector's role in pathways, including volunteering as a stepping-stone to work. The Board welcomed confirmation that Connect to Work would work alongside Job Box and share branding.

Members noted the broader system context, including prior updates to the Board on place-based prevention and TWIPP priorities.

**RESOLVED** - The Board noted the update and requested a six-month progress report, to include outcomes, employer engagement, and co-location with partners.

### **HWB37 JSNA Update**

The Insight Manager provided the Board with a JSNA update, confirming that JSNA dashboards remained available on the Council's website to inform public understanding and evidence-based decision-making. Members heard that work was underway to analyse deprivation at small-area level for presentation to a future meeting. The Board was updated on the statutory Pharmaceutical Needs Assessment (PNA) for 2026–2029; a working group was in place, and a consultation would begin in January 2026 targeting professional stakeholders rather than the general public, with publication was scheduled for March 2026. Members were reminded that the PNA was a specific statutory duty of the Health & Wellbeing Board and was undertaken in collaboration with the Local Pharmaceutical Committee and the ICB's primary care commissioning function.

**RESOLVED** - The Board noted the update and requested that the draft PNA be brought to the March 2026 meeting.

### **HWB38 Dental Performance and Access in Telford and Wrekin**

The Deputy Director of Primary Care and PCN Development, NHS Shropshire, Telford and Wrekin presented the item on dental performance and access. The Board heard that seven key priority areas had been identified across Shropshire, Telford & Wrekin, three of which were in Telford & Wrekin. Historically, recruitment and capacity issues had limited uptake in the highest-priority area in south-east Telford. Members were advised that an investment plan had been approved in early November to offer around 10,616 additional units of dental activity (UDAs) in Telford, with a focus on the highest-priority locality, and that “golden hello” incentives were being used, consistent with the national scheme, to attract dentists and support staff to NHS provision. The Board noted that overall adult and child dental access in Telford & Wrekin was above the England average, but there remained areas where improvement was required, notably waiting times for children’s treatments and orthodontics.

Members discussed contract performance management and welcomed the ability to address under-performing NHS dental contracts more robustly. The Board noted the focus on prevention, with planned reinvestment in oral health improvement and community dental services to reduce decay and improve outcomes, consistent with the role of the Community Dental Service in special care and paediatric dentistry, sedation and GA, and oral health improvement programmes delivered by the Healthy Smiles team.

The Board noted the update and asked for a further report on NHS dental access and activity, including the outcomes of the additional UDA commissioning and recruitment through golden hello incentives.

### **HWB39 Oral Health Improvement Update**

The Public Health Commissioner presented the oral health improvement update, supported by a video message from the Oral Health Improvement Lead at the Shropshire Community Health NHS Trust. Members heard that the Healthy Smiles programme had expanded to 33 settings, largely in the most deprived areas, and that funding had been received for the “Brilliant Brushes” scheme. It was noted that a 2023/24 survey had found that 27% of five-year-olds had dental decay; although the sample was small, this figure was below the England average and the survey would be repeated in 2026. The Oral Health Improvement Lead described the Brushing for Life programme supporting 0–9-year-olds, including distribution at 6–8 weeks of age of packs promoting water over juice via free-flow cups, and plans to develop consistent family-hub messaging to embed habits early. Members welcomed the expansion and emphasised links to Family Hubs and early years settings. The Board also noted that teeth-brushing formed part of the Early Years Foundation Stage curriculum but that capacity varied across settings; the programme aimed to support home uptake in tandem with school participation. Background on the Community Dental Service’s oral health improvement role was noted. The Board agreed to receive future oral health updates, including programme coverage, uptake, and impact on decay rates.

### **HWB40 Healthwatch Update**

This item was deferred.

**HWB41 Safeguarding Adults Board Annual Report**

The Safeguarding Adults Board Annual Report was noted for information.

**HWB42 Any Other Business**

The Director of Public Health briefed the Board on the Good Level Development (GLD) target due to be published by 31 March 2026, measured at ages 2–2.5 and 5, with targets for age-5 children developed collaboratively with the ICB. Members heard that a draft plan would be brought to the March meeting.

The meeting ended at 3.46pm

**Chairman:** .....

**Date:** Thursday 19 March 2026