



Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 8 October 2026

2.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Democratic Services:	Alfie Rees-Glinos	01952 380354
Media Enquiries:	Corporate Communications	01952 382406

Committee Members:	Councillors D R W White (Chair), F Doran (Vice-Chair), M Boylan, C Chikandamina, N A Dugmore, G Luter, R Sahota and J Urey
	Co-optees D Saunders and J Suckling

	Agenda	Page
1.0	Apologies for Absence	
2.0	Declarations of Interest	
3.0	Minutes of the Previous Meeting	3 - 10
	To confirm the minutes of the previous meeting held on 5 March 2026.	
4.0	Terms of Reference 2026/27	11 - 18
	To review and reconfirm the Terms of Reference for the Health Scrutiny Committee for the 2026/27 municipal year.	
5.0	Health Scrutiny Work Programme 2026/27	19 - 30
	To approve the work programme for the 2026/27 municipal year.	

6.0	Update from the JHOSC	Verbal Report
	To receive an update on the work of the Joint Health & Overview Scrutiny Committee.	
7.0	Update from the Health & Wellbeing Board	Verbal Report
	To receive an update on the work of the Health & Wellbeing Board.	
8.0	Dental Performance and Access in Telford and Wrekin	31 - 54
	To receive an update on dental services including patient access, emergency provision and advice, recruitment and retention.	
9.0	Prevention in Action - Adult Social Care Prevention Strategy Implementation and Impact	Verbal Report
	To receive a verbal update on the implementation of the Adult Social Care Prevention Strategy including progress to date and the impact of preventative approaches on residents and services.	
10.0	Chair's Update	

If you are reading these papers on an electronic device you have saved the Council £15.22 and saved 6.1kg of CO₂, based on average agenda printing costs for the 2022/23 municipal year.



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

HEALTH SCRUTINY COMMITTEE

**Minutes of a meeting of the Health Scrutiny Committee held on Thursday
5 March 2026 at 2.00 pm in the Council Chamber, Third Floor,
Southwater One, Telford, TF3 4JG**

Present: Councillors D R W White (Chair), F Doran (Vice-Chair), M Boylan, N A Dugmore, R Sahota, P Thomas, J Suckling (Co-Optee) and J Urey.

Also Present: Councillors K Middleton (Cabinet Member for Public Health and Healthier Communities) and Cllr P Watling (Cabinet Member for Adult Social Care and Health).

In Attendance: M Bennett (Better Care Fund Commissioning Lead), S Hardwick (Lead Lawyer: Litigation & Regulatory), G McIver (Deputy Director of Operations, Shropshire Community Health NHS Trust), F Mercer (Executive Director: Adult Social Care, Customer Services & Commercial), L Mills (Head of Health Improvement & Prevention), H Onions (Director: Health & Wellbeing) S Qureshi (Head of Admission Avoidance, Hospital Discharge and Enablement) and P Starkey (Lead Democracy Officer).

Apologies: Councillors C Chikandamina, H Knight (Co-Optee), G Luter and D Saunder (Co-Optee).

HAC-19 Declarations of Interest

None.

HAC-20 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 11 December 2025 be confirmed as a correct record and signed by the Chair.

HAC-21 Update from the JHOSC

The Co-Chair provided an update on the recent meeting of the Joint Health Overview and Scrutiny Committee (JHOSC).

Members heard that a significant proportion of the presentation from Shrewsbury and Telford Hospital NHS Trust had focussed on the Hospitals



Transformation Programme and hospital buildings, rather than the future delivery of services. It was noted that Members had not had the opportunity to explore areas of particular interest in sufficient detail and it was suggested that future presentations should be reviewed in advance to ensure they addressed the Committee's requirements.

The Co-Chair referred to the announcement that the Trust had been removed from special measures for the first time in seven years.

Whilst acknowledging that challenges remained, particularly in relation to performance and financial sustainability, Members welcomed the progress made and asked that the Committee's congratulations and thanks be conveyed to Trust staff for their work and commitment.

Members noted the update.

HAC-22 Update from the Health & Wellbeing Board

The Committee received an update from the Director: Public Health on matters due to be considered at the forthcoming meeting of the Health and Wellbeing Board on 19 March 2026.

Members were advised that the agenda would include a strategic progress report, an update on the Telford and Wrekin Integrated Place Partnership (TWIPP) Prevention Projects, presentations from Integrated Care Board colleagues on the Cardiovascular, Renal and Metabolic Strategy and the Clinical Strategy, consideration of the Pharmaceutical Needs Assessment following completion of the consultation process, an update on the Best Start in Life Delivery Plan, together with updates from Healthwatch and the Safeguarding Partnership.

Members noted the update.

HAC-23 TWIPP Prevention Projects

The Director: Public Health introduced the report, which outlined the progress of the Prevention Projects funded through the Telford and Wrekin Integrated Place Partnership (TWIPP). Members were advised that the programme consisted of seven pilot projects aimed at improving health outcomes, reducing inequalities and supporting residents to access preventative services within their local communities.

The presentation highlighted a number of positive outcomes achieved to date including strong partnership working across organisations, successful engagement with local communities and the development of innovative approaches to supporting residents' health and wellbeing. The Committee



heard about the impact of projects including Healthy Hearts, Living Well and Community Connectors and the role they played in identifying health risks earlier, supporting behaviour change and connecting residents with appropriate services.

Members welcomed the progress made and discussed the benefits of delivering services within communities and in locations that residents already accessed and trusted. They expressed an interest in the Healthy Hearts project and the extent to which it had successfully reached residents who may not otherwise have engaged with health services. The Head of Service: Health Improvement & Prevention explained that taking services directly into community settings had proved effective in engaging groups that were traditionally harder to reach and had enabled earlier identification of health needs.

During discussion, Members sought clarification regarding the uptake of individual projects, how participants were being referred into services and the extent to which residents remained engaged following their initial contact. Members also questioned how project activity was helping to address health inequalities within communities and whether successful approaches could be replicated more widely across the borough. The Head of Service: Health Improvement & Prevention advised that the projects had been designed to target identified areas of need and that strong links had been developed with community organisations and local partners to maximise engagement and reach residents who may otherwise be less likely to access support.

Members sought assurance regarding how the success of the projects was being measured and whether outcomes could be demonstrated beyond participation numbers. The Director: Public Health advised that a combination of quantitative and qualitative measures was being utilised, including participation rates, health outcomes, feedback from residents and evidence gathered from partner organisations. Members were advised that this information would be used to evaluate the effectiveness of the projects and inform future service development and commissioning decisions.

The Committee also explored the sustainability of the projects and expressed concern regarding the challenges associated with delivering preventative services through short-term funding arrangements. Members highlighted the risk that successful initiatives could be lost if funding was not available beyond the current programme period and sought clarification regarding future funding opportunities. In response, the Director: Public Health acknowledged these concerns and advised that discussions were continuing with partners regarding future funding arrangements, together with opportunities to incorporate successful approaches into mainstream service delivery where possible.



Members further discussed the role of prevention in reducing future demand on health and care services and supporting residents to remain healthy and independent for longer. They recognised the significant contribution being made by local voluntary and community organisations in delivering preventative interventions and supporting engagement across the borough and welcomed the positive outcomes achieved through partnership working.

HAC-24 NHS 10 Year Plan - Virtual Wards and Admission Avoidance

The Committee received a joint presentation from representatives of the NHS Shropshire, Telford and Wrekin Integrated Care Board, Shropshire Community Health NHS Trust and Telford & Wrekin Council on the NHS 10 Year Health Plan, neighbourhood health services, virtual wards and admission avoidance arrangements.

Members heard that, following the review of the Rehabilitation and Recovery Units, funding had been reinvested into a range of community-based services aimed at supporting residents closer to home, reducing unnecessary hospital admissions and supporting timely discharge from hospital. The presentation outlined developments including Urgent Community Response services, virtual wards, improved discharge planning arrangements and integrated neighbourhood working across health and social care services.

Members welcomed the presentation and sought further information regarding the implementation of the neighbourhood health model and how local arrangements aligned with the ambitions of the NHS 10 Year Health Plan. In response, the Deputy Director of Operations, Shropshire Community Health NHS Trust explained that the direction of travel was focused on integrating services around the needs of local communities, improving access to care closer to home and strengthening partnership working across health and care organisations. Members were advised that neighbourhood health would build upon existing integrated working arrangements and seek to improve outcomes through preventative and community-based approaches.

During the discussion, Members sought clarification regarding the reinvestment of funding following the closure of the Rehabilitation and Recovery Units and how alternative services were supporting residents who may previously have accessed those facilities. The Head of Service: Admission Avoidance, Hospital Discharge and Enablement explained that investment had been redirected into a range of services including Urgent Community Response, admission avoidance pathways, enhanced discharge arrangements and community-based support. Members were advised that the intention was to provide more responsive care within community settings and reduce unnecessary admissions to hospital where appropriate.



Members raised a number of questions regarding the operation and effectiveness of virtual wards, including referral processes, patient eligibility, monitoring arrangements and the level of clinical oversight provided. The Deputy Director of Operations, Shropshire Community Health NHS Trust advised that patients remained under the care of healthcare professionals and received regular monitoring and review. It was explained that technology-enabled care was used where appropriate to support patient monitoring and that the model enabled individuals to receive hospital-level care within their own homes when clinically suitable. Members heard that performance information demonstrated positive occupancy levels and outcomes for patients supported through virtual ward provision.

The Committee also explored the impact of community-based services on hospital discharge and admission avoidance. Members sought assurance that arrangements were in place to support residents following discharge from hospital and questioned how the system was working across organisational boundaries. In response, the Head of Service: Admission Avoidance, Hospital Discharge and Enablement outlined the role of integrated discharge arrangements and enablement services in supporting residents to regain independence and return safely home. Members heard that close working between health and social care professionals was helping to improve patient flow and reduce delays.

Questions were also raised regarding the financial sustainability of the model, workforce capacity and the ability of services to meet future demand arising from demographic and population growth. The Better Care Fund Commissioning Lead acknowledged the challenges facing both health and care services and advised that transformation would require continued partnership working and investment across the system. Members were informed that the Better Care Fund continued to play an important role in supporting integrated services and enabling organisations to work collaboratively to achieve shared outcomes.

Members sought clarification regarding the contribution made by Telford & Wrekin Council within neighbourhood health arrangements and how local authority services supported the wider prevention agenda. The Head of Service: Admission Avoidance, Hospital Discharge and Enablement advised that the Council played a significant role through social care, enablement, housing-related support and wider community-based services which helped residents maintain independence and avoid unnecessary hospital admissions. Members were advised that these services formed a key part of the neighbourhood health model and supported the broader objective of delivering more joined-up care closer to home.

In concluding the discussion, Members welcomed the progress reported and recognised the benefits of supporting residents to receive care within their



own homes and communities where appropriate. However, the Committee noted that successful delivery of the ambitions set out within the NHS 10 Year Health Plan would require sustained partnership working, workforce development and continued investment across both NHS and local government services.

HAC-25 Work Programme

The Lead Lawyer: Litigation & Regulatory presented the updated Work Programme.

Members reviewed the Committee's forthcoming programme of work and noted the items scheduled for future meetings. Officers advised that the Work Programme would continue to be updated to reflect the Committee's priorities and any emerging issues requiring scrutiny.

During the discussion, Members considered future meeting arrangements, including the option of holding meetings at alternative times. Officers highlighted the importance of ensuring the availability of partner organisations and key witnesses when scheduling meetings and advised that evening meetings may not always be practicable.

Members noted the update.

HAC-26 Chair's Update

The Chair provided an update on matters arising since the previous meeting.

Members were advised that following the Pharmacy Transformation workshop held on 30 January 2026, the Committee had been invited to submit a formal response as part of the consultation process.

A draft response had been prepared and would be circulated to Members for comment. Members were asked to submit any feedback to the Senior Scrutiny Officer by the agreed deadline to enable the Committee's response to be finalised and submitted.

The Chair also advised that due to the Committee's ongoing interest in Children's and Young People's Mental Health, the committee meeting scheduled for 30 April 2026 would be replaced with a workshop session.

Members of the Children and Young People Scrutiny Committee would be invited to attend to support joint consideration of the topic.

The Chair thanked officers and members for their attendance.



Telford & Wrekin
Co-operative Council

**Protect, care and invest
to create a better borough**

The meeting ended at 3.31 pm

Chairman: _____

Date: Thursday 8 October 2026

This page is intentionally left blank



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 8 October 2026

Terms of Reference 2026/27

Cabinet Member:	Cllr Zona Hannington – Cabinet Member: Finance and Resident Services
Lead Director:	Anthea Lowe – Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Ashley Hickman – Democracy & Scrutiny Assistant
Officer Contact Details:	Tel: 01952 382589 Email: ashley.hickman1@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health Scrutiny Committee – 8 October 2026

1.0 Recommendations for decision/noting:

It is recommended that the Health Scrutiny Committee:

- 1.1 Agree and reconfirm the Terms of Reference set out at Appendix A.

2.0 Purpose of Report

- 2.1 To set out the Terms of Reference for the Health Scrutiny Committee as outlined in Appendix A of the report.

3.0 Background

- 3.1 The Constitution requires that Full Council should at its Annual Meeting review the Terms of Reference for each of its Committees to enable the Council to efficiently conduct its business.

- 3.2 At the Annual Meeting of the Council on 21 May 2026, Full Council delegated authority to each Committee to review its own Terms of Reference.

4.0 Summary of main proposals

- 4.1 For the Health Scrutiny Committee to review its Terms of Reference as set out at Appendix A.

5.0 Alternative Options

- 5.1 There are no alternative options arising from this report.

6.0 Key Risks

- 6.1 There are no key risks arising from this report.

7.0 Council Priorities

- 7.1 A community-focused, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

- 8.1 There are no financial implications arising from this report.

9.0 Legal and HR Implications

- 9.1 The Terms of Reference provides a clear governance framework, defining the scope, functions, and decision-making parameters of the Health Scrutiny Committee. This ensures transparency, accountability, and alignment with the Authority's statutory duties and constitutional arrangements.

10.0 Ward Implications

- 10.1 There are no ward implications arising from this report.

11.0 Health, Social and Economic Implications

- 11.1 There are no health, social and economic implications arising from this report.

12.0 Equality and Diversity Implications

- 12.1 There are no equality and diversity implications arising from this report.

13.0 Climate Change, Biodiversity and Environmental Implications

- 13.1 There are no climate change, Biodiversity and environmental implications arising from this report.

14.0 Background Papers

- 1 [Council Constitution 2026.pdf](#)

15.0 Appendices

- A Health Scrutiny Committee Terms of Reference 2026/27

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal Services	11/06/2026	11/06/2026	ON
Finance	27/05/2026	02/06/2026	ER

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE

Membership

1. The group will be made up of elected members of the Scrutiny Assembly, appointed at Annual Council in line with the political balance of the Council.
2. The Committee may include Co-opted scrutiny members but they must not exceed 50% of the number of elected members.
3. In addition to standing co-optees, the Committee may appoint additional co-optees for one-off reviews to supplement the skills, knowledge and experience of the Committee on that particular issue (subject to the rule on total number of co-optees above).
4. Vice-Chairs may be appointed by majority decision of the Committee.
5. The quorum required for a meeting is 3 elected members.
6. Three elected Members and 3 co-optees of this Committee will also be expected to take part in the Joint Health Scrutiny Committee set up with elected members and co-optees from Shropshire County Council to scrutinise substantial variations or developments in service that cut across both local authority areas. Separate terms of reference apply to the Joint Health Overview and Scrutiny Committee which have been agreed with Shropshire County Council.

Functions

7. The Committee will be the main mechanism by which Scrutiny members will scrutinise and monitor the planning and performance of the Council's adult social care services and health services matters under the Health and Social Care Act 2012. Full Council has delegated the health scrutiny powers to this Committee.
8. The Committees takes the key role in:
 - a) Monitoring the performance of NHS Trusts whose services effect local people;
 - b) Acting as the statutory consultee on NHS proposals for substantial variation in service and responding to these NHS consultations.
 - c) Participating in a Joint Health Overview and Scrutiny Committee with elected members from Shropshire Council to scrutinise and respond to NHS proposals that apply to both areas;
 - d) Responding to referrals from Health Watch regarding health services;
 - e) Monitoring the Council's performance in relation to social care service for adults;
 - f) Responding to referrals from Healthwatch regarding Adult Care Services
 - g) Scrutinising proposals for the provision of adult care services and the impacts of any proposed changes to services;
 - h) Scrutinising adult care services that are of concern to local people.

9. The Committee will set its own work programme. The main task of the Committee will be to scrutinise the planning, provision and operation of NHS health services and to scrutinise the performance of the Council's adult social care services that are provided to people in Telford & Wrekin. However, members can look at any other issues within these service areas. The following points should be taken into consideration when considering the work programme each year:
- areas where significant change is proposed and the potential impacts
 - performance in areas where significant change has been implemented;
 - areas of financial overspend;
 - areas receiving a high level of budgetary commitment;
 - areas where there is a high level of user dissatisfaction;
 - reports and action plans produced/agreed with external inspectors;
 - areas that are key issues for the public or have become a public interest issue covered in the media.
10. The Committee will consider matters referred by the Scrutiny Management Board, and will exercise discretion as to whether a suggestion falls within the remit of the Committee to scrutinise.
11. Following scrutiny of any proposals which constitute a substantial development or substantial variation in the provision of health services, to make recommendations to Full Council on the exercise of powers of referral to the Secretary of State.

Meeting Administration and Proceedings

12. The Committee procedure rules as set out in the Council's Constitution apply to this Committee.
13. The meetings will follow the principles of scrutiny ie no party whip will be applied and a constructive, evidence based approach will be used.
14. If the Chair and Vice Chair (if appointed) are unable to attend a meeting the members present will elect a Chair for the meeting.
15. The meetings will be administered by Scrutiny Services and Democratic Services. Frequency of meetings will be agreed by Committee members as deemed necessary to carry out the work programme.
16. Scrutiny Committee meetings will be held in public, unless matters exempt under legislation is being discussed, or the Scrutiny Committee is meeting with vulnerable groups to hear their views and it is not appropriate for these meetings to be open to the public. The Scrutiny Committees may appoint sub-groups to carry out investigative work as part of a review, and these may be held as informal meetings, but evidence gathered in this way will be brought back to the overseeing Committee in a public forum. In case of dispute, the Monitoring Officer will advise on the rules of exemption.

17. Relevant Cabinet Members, Executive Directors, Directors and Service Delivery Managers and representatives from NHS commissioners and providers will attend the Committee at the request of the Chair. Representatives from partner organisations may be invited to attend.

Sensitive and Confidential Information

18. From time to time members, as part of the work of the Committee, may become privy to information of a sensitive or confidential nature, if this happens members must maintain this confidence. Members are unable to request personal/confidential information from Officers about an individual or family.

Reporting Arrangements

19. The Chair will provide regular updates to meetings of the Scrutiny Management Board to inform the other Scrutiny Chairs of performance and budget issues relating to the remit of their Committees
20. The Chair of the Committee, or his/her representative, will provide and present reports and recommendations of the Committee to the Council's Cabinet, Full Council or other partner organisation when necessary.

This page is intentionally left blank



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health Scrutiny Committee

Thursday 8 October 2026

Health Scrutiny Work Programme 2026/27

Cabinet Member:	Cllr Zona Hannington – Cabinet Member: Finance and Resident Services
Lead Director:	Anthea Lowe – Director: Policy & Governance
Service Area:	Policy & Governance
Report Author:	Alfie Rees-Glinos - Democracy Officer
Officer Contact Details:	Tel: 01952 380354 Email: Alfie.ReesGlinos@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health Scrutiny Committee – 8 October 2026

1.0 Recommendations for decision/noting:

1.1 It is recommended that the Health Scrutiny Committee:

- a) Review and agree the work programme as outlined at Appendix A.

2.0 Purpose of Report

2.1 To set the work programme for the Health Scrutiny Committee as outlined at Appendix A.

3.0 Background

3.1 Scrutiny now operates a two-year work programme to allow for Committees to undertake in-depth work over a longer period of time.

- 3.2 Work programmes for Scrutiny committees are reviewed annually, with a period of consultation taking place in the months running up to a new municipal year. The public, key stakeholders, and Council officers are asked to put forward scrutiny suggestions for inclusion on the coming year's work programme.
- 3.3 Following the consultation period, a draft work programme is taken to Scrutiny Management Board for comment before being sent onto individual committees for final approval.
- 3.4 The Constitution states that Scrutiny committees are to set and undertake their own programme of work, meeting as required to deliver the work programme.
- 3.5 Work programmes can be amended throughout the year if the Committee or Scrutiny Assembly deem it necessary.

4.0 Summary of main proposals

- 4.1 For the Health Scrutiny Committee to review and approve the draft work programme as outlined at Appendix A.

5.0 Alternative Options

- 5.1 There are no alternative options arising from this report.

6.0 Key Risks

- 6.1 There are no key risks arising from this report.

7.0 Council Priorities

- 7.1 A community-focussed, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

- 8.1 There are no financial implications arising from this report.

9.0 Legal and HR Implications

- 9.1 In accordance with the Committee's Terms of Reference, the Committee will set its own work programme for the municipal year, will consider matters referred to it by the Scrutiny Management Board, and may make recommendations to Cabinet and Full Council following scrutiny.

10.0 Ward Implications

- 10.1 There are no ward implications arising from this report.

11.0 Health, Social and Economic Implications

11.1 There are no health, social and economic implications arising from this report.

12.0 Equality and Diversity Implications

12.1 There are no equality and diversity implications arising from this report.

13.0 Climate Change, Biodiversity and Environmental Implications

13.1 There are no climate change, biodiversity and environmental implications arising from this report.

14.0 Background Papers

1 Council Constitution

15.0 Appendices

A Health Scrutiny Committee Work Programme 2026/27

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal Services	16/09/2026	16/09/2026	ON
Finance	16/09/2026	17/09/2026	MLB

This page is intentionally left blank

Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
8 October 2026 – Committee Meeting					
Terms of Reference	For the Committee to agree the Terms of Reference for 2026/27.	Policy & Governance	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Constitutional Function.
	Outcomes:				
Work Programme	For the Committee to agree the proposed work programme for 2026/27.	Policy & Governance	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Draft work programme delegated to each scrutiny committee by SMB on 3 June 2026.
	Outcomes:				
Dental Performance and Access in Telford and Wrekin	For the Committee to receive an update on dental services including patient access, emergency provision and advice, recruitment and retention.	Public Health External	Every child, young person and adult lives well in their community. A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	Carried forward from 2025/26.
	Outcomes:				



Adult Social Care	For the Committee to receive an update on Adult Social Care service activity and performance, challenges and priorities across the service.	Adult Social Care	A community-focussed, innovative council providing efficient, effective, and quality services. Every child, young person and adult lives well in their community.	Committee Agenda Item	New suggestion received from the Chair.
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
4 March 2027 – Committee Meeting					
To be determined.					
	Outcomes:				



Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
Workshops & Site Visits					
Employment Opportunities for Adults with Learning Disabilities	For the Committee to review how the Council and its partners support adults with learning disabilities to access, secure and sustain paid employment, considering current approaches, outcomes, and barriers to employment, and opportunities to strengthen support.	Adult Social Care External	Every child, young person and adult lives well in their community. A community-focussed, innovative council providing efficient, effective and quality services.	Workshop	Continuation of previous years' work. The workshop has been arranged to take place on 2 October 2026.
	Outcomes:				
Employment Opportunities for Adults with Learning Disabilities	For the Committee to participate in a site visit to Blossom Barns and the Telford and Wrekin Skills Hub.	Adult Social Care	A community-focussed, innovative council providing efficient, effective, and quality services. Every child, young person and adult lives well in their community.	Site Visit	The Telford and Wrekin Skills Hub site visit has been arranged to take place on 29 September 2026. The Blossom Barns site visit has been arranged to take place on 30 September 2026.
	Outcomes:				

Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
To be scheduled					
Adult Social Care CQC Action Plan	For the Committee to monitor the progress of the CQC action plan for Adult Social Care services and to receive an update in relation to the Council's preparedness for the next inspection.	Adult Social Care	A community-focussed, innovative council providing efficient, effective, and quality services. Every child, young person and adult lives well in their community.	Committee Agenda Item	To be convened for January 2027.
	Outcomes:				
Digital Inclusion and Access to Health and Care Services	For the Committee to consider how digital exclusion may impact residents' ability to access health services, including the availability of non-digital access routes and support for using digital tools such as the NHS App.	Adult Social Care Public Health External	A community-focussed, innovative council providing efficient, effective and quality services. Every child, young person and adult lives well in their community.	Committee Agenda Item	New suggestion received from the Chair
	Outcomes:				

Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
To be scheduled					
Mental Health	For the Committee to review the current provisions for mental health support across the Borough for children, young people and adults.	Adult Social Care Public Health External	Every child, young person and adult lives well in their community A community-focussed, innovative council providing efficient, effective and quality services.	Workshop	Continuation of previous years' work. Cross-cutting with members of CYP Scrutiny.
	Outcomes:				
Neighbourhood Health and Community-Based Care	For the Committee to receive an update on the development of neighbourhood health and community-based care services and how resources are allocated to support the strategic shift from hospital-based care to community-based models of care.	Adult Social Care Public Health External	A community-focussed, innovative council providing efficient, effective and quality services.	Committee Agenda Item	New suggestion received from the Chair.
	Outcomes:				

Issue / Topic	Brief Description	Directorate	Council Values/Priorities	Format	Meeting Comments
To be scheduled					
Primary Care – GP Access	For the Committee to receive an update on the work that has been undertaken with GP surgeries to improve GP access.	Public Health External	Every child, young person and adult lives well in their community. A community-focussed, innovative council providing efficient, effective and quality services.	Workshop	Continuation of previous years' work.
	Outcomes:				

This page is intentionally left blank



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Page 31

Telford & Wrekin NHS Dental Update

Darrell Jackson – Senior Dental Lead

8th October 2026

Agenda Item 8



Ambition



Compassion



Optimism



Focus

- NHS dental access in Telford & Wrekin has improved significantly since 2024 following targeted investment and workforce initiatives.
- The ICB has redirected £1.4 million into communities with the greatest need, increased dental contract funding, and introduced recruitment incentives.
- Whilst access and workforce challenges remain, child dental access is currently the highest in the West Midlands and overall patient access has recovered to 95% of pre-pandemic levels.



- Delivery via high street dental practices providing NHS dental care
 - 22 Practices across Telford & Wrekin
 - 39 Practices across Shropshire, Telford & Wrekin ICB
- Objective to provide prevention, diagnosis and treatment.

Page 33 Patients are not formally registered with an NHS dentist in the way that they are with GP practices.

- Patients can attend any practice that has capacity to offer NHS appointments.



Who Does What

- Integrated Care Boards (ICBs) – commission primary care dental services locally
- NHS England – sets national policy & contractual framework and has oversight
- Care Quality Commission (CQC) – regulates quality and safety
- General Dental Council (GDC) – regulates dental professionals
- Dental Practices – independent contractors delivering NHS dental care

Page 34



How Services are Commissioned

- ICB assesses population need and oral health inequalities.
- Dental contracts are held with NHS dental providers.
- Activity, access and quality are monitored by ICBs.
- Procurement or contract variations used where additional capacity is required.
- Focus on access, prevention and reducing inequalities.

Page 35



How the Dental Contract Works

- All NHS dental services operate under the 2006 national contract model.
- Dental activity commissioned and monitored through Units of Dental Activity (UDAs).
- Each dental provider has a recurrent annual UDA target and associated contract value.
- Annual delivery below 96% of annual target results in financial recovery (clawback).
- Dental contract reform remains a national policy.



NHS Dental Activity Definitions

- **Unit of Dental Activity (UDA)**

A UDA is a unit of dental activity, which a dental provider can be awarded after submitting a valid FP17 claim form. A general dental course of treatment can receive different numbers of UDAs based on treatment band. Band 1 = 1 UDA, band 2 = 3 UDAs and band 3 = 12 UDAs.

- **Patient Category**

Child: under 18 years. Exempt Adult: entitled to free NHS dental treatment. Non-Exempt Adult: required to pay NHS dental charges.

Page 37

NHS Dental Treatment Charges (England, from 1 April 2026)

Treatment Type	Patient Charge	Examples of Treatment Included
Band 1	£27.90	Examination, assessment and advice; X-rays (if clinically needed); fluoride application; scaling (a thorough clean of teeth and gums) if clinically needed; moulds of teeth; and minor adjustments to dentures or orthodontic appliances.
Band 2	£76.60	All Band 1 treatments, plus fillings, root canal treatment, tooth extractions and other oral surgery procedures, extensive gum disease treatment, and additions or major adjustments to dentures.
Band 3	£332.10	All Band 1 and Band 2 treatments, plus more complex procedures such as crowns, dentures, bridges and other laboratory-based dental work.
Urgent / Unscheduled Care	£27.90	Emergency dental care needed to address urgent problems, such as pain, swelling, bleeding or trauma.
Regulation 11 Replacement Appliance	£99.60	Replacement of a lost or damaged NHS denture, bridge or orthodontic appliance.



Current Challenges

- Access and waiting times in some areas
- Workforce recruitment and retention
- Oral health inequalities
- Balancing urgent and routine care
- Delivering prevention alongside treatment demand

Page 38



Access to Routine NHS Dental Services

- Anyone who wants to access an NHS dentist can undertake a local search based on their home postcode via www.nhs.uk/service-search/find-a-dentist
- Alternatively, people can phone the clinically led Shropshire, Telford & Wrekin Dental Advice Line on **01743 322199**.
- Dental practices are now contractually required to regularly update their details including their acceptance status. The ICB monitors local compliance and issues contractual Breach Notices where details have not been updated within a 90-day period.
- The table below provides the current overview in terms of the acceptance status for all 66 NHS dental practices across the ICB area based on entries recorded on the above NHS website.

Choose ICB:

Shropshire, Telford and Wrekin ICB

Measure	No of Practices	% of Practices
The number and percentage of general dental practices that have confirmed through NHS Profile Manager that they are currently accepting new NHS patients for routine appointments.		
Accepting new NHS patients information (General dental practices)		
Number of general dental practices profiles	66	
Number of practices who have given a recent update on whether they're taking on new NHS patients	55	83%
Number of practices which are accepting at least one patient cohort	33	50%
Number of practices that are accepting children aged 17 or under	33	50%
Number of practices that are accepting adults 18 and over	24	36%
Number of practices that are accepting charge exempt adults	26	39%
Number of practices that are not accepting new patients	22	33%
Number of practices who have not given a recent update on whether they're taking on new NHS patients	11	17%



Urgent Dental Access

- Following the Dental Contract Reforms that were implemented on 1st April 2026, 8.2% of NHS dental practice activity must be used to provide urgent and unscheduled dental care for patients.
- The Shropshire Community Dental Service continues to provide urgent dental care for patients who do not have a regular NHS dentist. This can be accessed by phoning the Shropshire Dental Advice Line on **01743 322199**.



Out of Hours and Emergency Dental Care

- The dental out-of-hours service is provided by Shropshire Community Healthcare NHS Trust for Shropshire, Telford & Wrekin.
- The dental out-of-hours service is available between 18:00 and 21:00 Monday to Friday, by phoning the clinically led Shropshire Dental Advice line on **01743 322199**.
- At weekends and Bank Holiday, out-of-hours dental clinics are provided between 09:00-12:00 at two sites, Dawley and Shrewsbury. These clinics are accessible to patients by phoning NHS 111.

Page 42

- All calls to the Dental Advice Line are clinically triaged and dependent on clinical needs. Patients are provided with pain relief advice or are seen at one of the Dental Access Centres across Shropshire, Telford & Wrekin.
- During out-of-hour periods, clinical capacity is flexed to meet historic and seasonal demands.
 - Patients that phone the Dental Advice Line beyond the out-of-hours period are directed to phone NHS111.
 - NHS111 will provide patients with advice regarding the pain management of urgent issues, and they will be told to contact either their regular dentist or the Dental Advice Line the following morning.
 - Patients with emergency dental symptoms, for example serious or potentially life-threatening conditions, such as a rapidly spreading infection, significant facial swelling affecting breathing or swallowing, or severe and uncontrolled dental bleeding, will be directed to their closest Accident and Emergency Department.



Reducing Dental Inequality Across Shropshire, Telford & Wrekin

During 2024/25 the ICB commissioned its Consultant in Dental Public Health to produce a Shropshire, Telford and Wrekin Dental Services Equity Audit. This report identified at ward level the areas across the ICB that had the lowest levels of access to NHS dental services. The Audit identified 7 priority areas across the ICB footprint. Of these priority areas 1, 5 and 6 are within Telford & Wrekin as summarised below –

Priority Area	Locality
1	The wards of Madeley & Sutton Hill, The Nedge, Woodside, Dawley & Aqueduct, Malinslee & Dawley Bank and Brookside (Telford & Wrekin)
2	The wards of Market Drayton West and Market Drayton East (Shropshire)
3	The wards of Oswestry East, Oswestry West, St. Oswald, Gobowen, Selattyn & Weston Rhyn, Ellesmere Urban, Llanymynech, St. Martins, Whittington and Oswestry South (Shropshire)
4	The wards of Ludlow North, Ludlow East, Ludlow South, Clee, Corvedale and Church Stretton & Craven Arms (Shropshire)
5	The wards of College, Haygate and Hadley & Leegomery (Telford & Wrekin)
6	The wards of Oakengates & Ketley Bank, Wrockwardine Wood & Trench, St. Georges and Donnington (Telford & Wrekin)
7	The wards of Underdale, Castlefields & Ditherington, Harlescott, Monkmoor and Sundorne (Shropshire)



Reducing Dental Inequality Across Shropshire, Telford & Wrekin

- The ICB robustly manages its dental contracts, and it now has the jurisdiction to rebase dental contracts that consistently fail to deliver their dental contract targets.
- Since January 2025, the ICB has re-commissioned £1.4m of historically undelivered dental activity across the 7 priority areas from NHS dental practices with a proven ability to deliver their dental contracts.
- This funding was enough to provide NHS dental access for an additional 12,000 patients across the 7 priority areas.



Increasing the Shropshire, Telford & Wrekin Minimum UDA rate

- Recruiting and retaining NHS dentists has been challenging across the ICB, in part because the average funding across Shropshire, Telford and Wrekin ICB for Units of Dental Activity (UDA) was one of the lowest in the country based on historic funding levels. Rurality issues are also a barrier to recruiting new NHS dentists.
- On 1st April 2025, the ICB recurrently invested £719k to raise the minimum UDA rate from £28.89 to £34.75. This was done to support the retention of existing dentists and make it more attractive to recruit new ones which is key to improving dental access. Following inflationary uplifts, the minimum rate is currently £37.17.
- In total 32 dental practices benefitted from this investment, and they are reporting that recruiting and retaining NHS dentists is now easier and indeed some private dentists have now been recruited by local NHS dental practices.



Golden Hello Scheme

- To further support dental recruitment, the ICB also offered Golden Hello payments of up to £20k for new full-time NHS dentists.
- This proved to be successful, and subject to available funding, plans are being finalised to launch a new Golden Hello Scheme, but to extend it to include dental therapists and dental nurses.

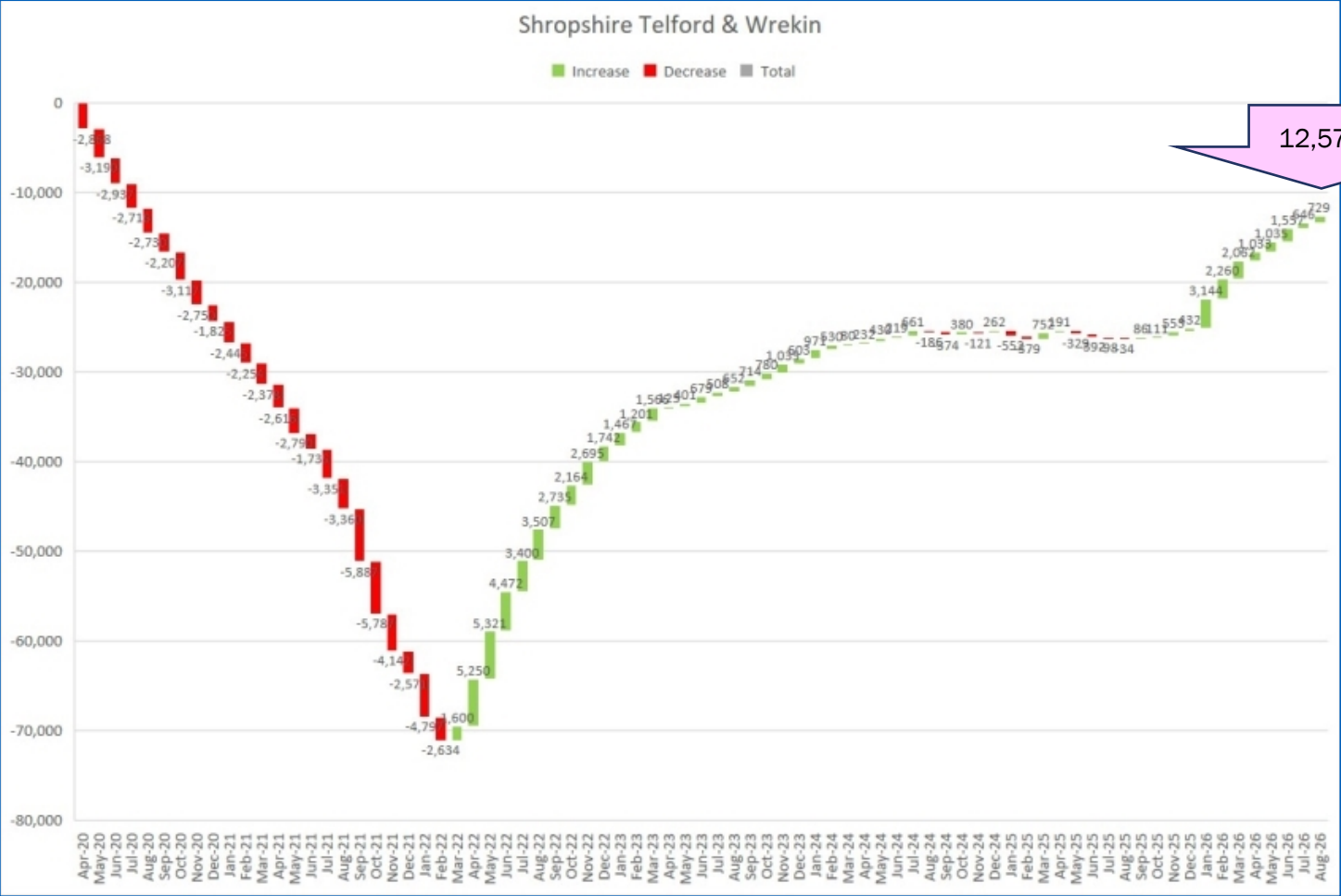


The Results



Patients Seen by an NHS Dentist in Shropshire, Telford and Wrekin and Recovery Towards Pre-Pandemic Access Levels (Contract Based)

Unique patients accessing NHS dental services within the previous 24 months compared with February 2020 baseline levels.



Patient access across Shropshire, Telford & Wrekin has recovered to 95.4% of the pre-pandemic level.



Child & Adult Dental Access based on the Local Resident Population 2025/26

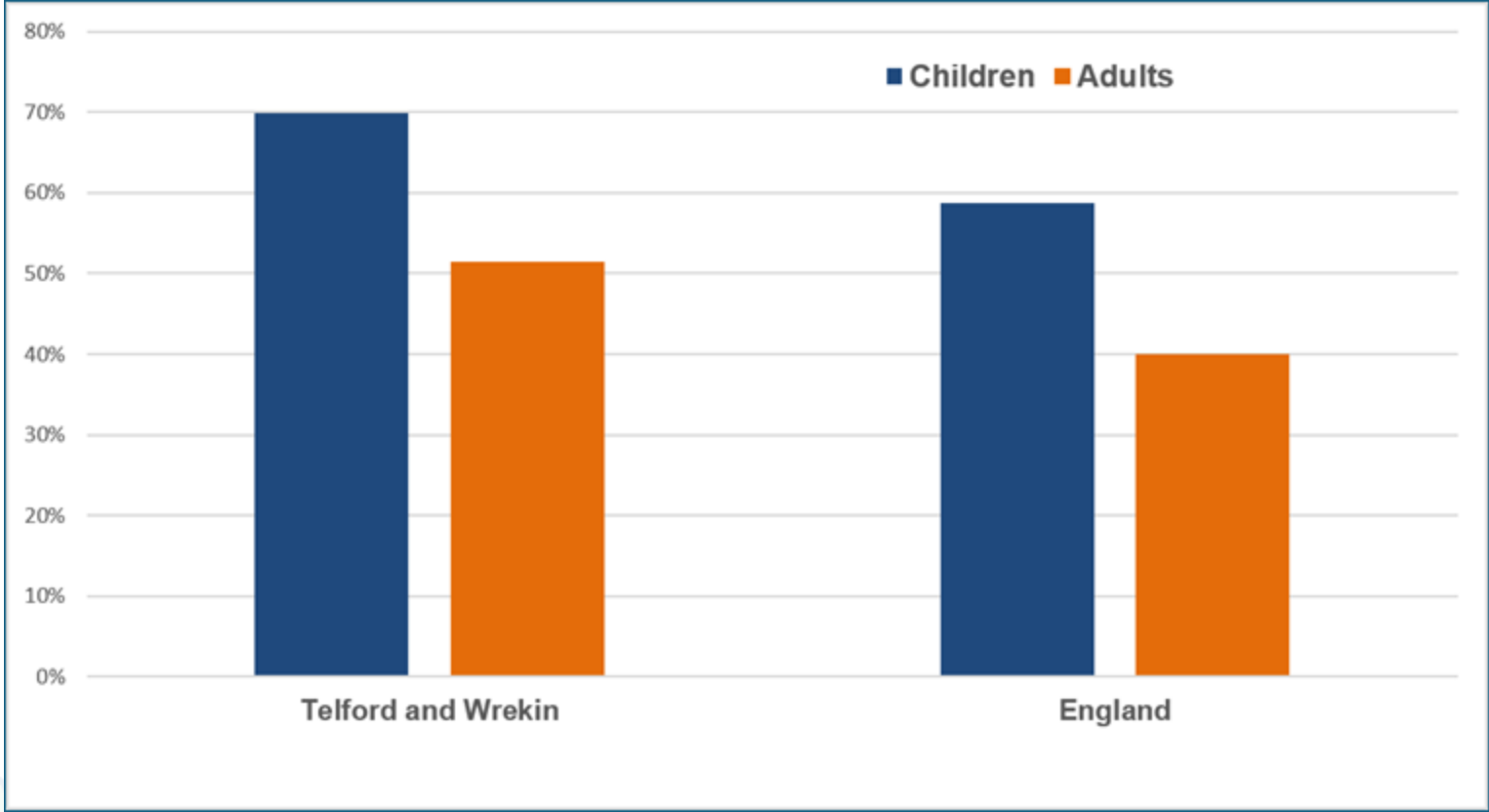
Resident-Based Access		
Actual percentage of the ICB population who received NHS dental care during the reporting period.		
(Population based on patients registered with ICB GP not ONS data)		
	Child % of population access in last 12m	Adult % of population access in last 24m
Birmingham and Solihull	55%	38%
Black Country	56%	40%
Coventry and Warwickshire	58%	42%
Herefordshire and Worcestershire	63%	39%
Staffordshire and Stoke on Trent	67%	44%
Shropshire, Telford and Wrekin	69%	43%
England	60%	36%
Ahead vs. England		
Behind vs England		
Equal England		

- With 69% of children accessing NHS dental services across Shropshire, Telford and Wrekin against an England level of 60%, the ICB has the highest access level across the West Midlands for children.
- With 43% of adults accessing NHS dental services across Shropshire, Telford and Wrekin against an England level of 36%, the ICB has the second highest access level across the West Midlands for adults.



Child & adult patients seen by an NHS dentist as a percentage of the local authority population at contract level - 2025/26

Children seen in the previous 24 months and adults seen in the previous 12 months (NHSE contract monitoring, contract location basis).

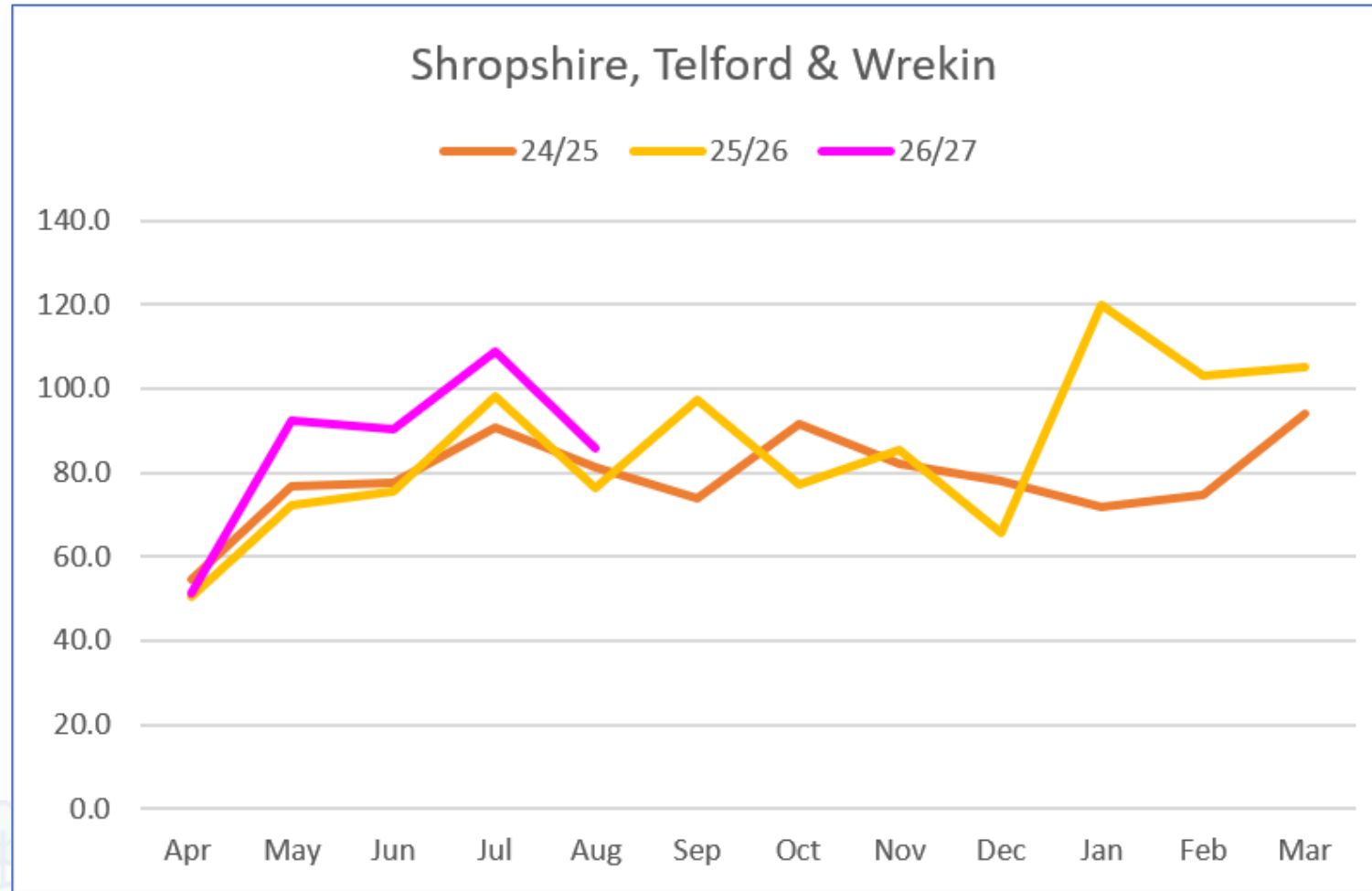


NHS dental access in Telford and Wrekin has shown improvement during 2025/26, with a higher proportion of children and adults accessing NHS dental care compared with previous years.



Year-on-Year UDA Delivery Comparison - Shropshire ,Telford & Wrekin

Page 51



Delivery during 2026/27 is currently exceeding the equivalent period in previous 2 years and demonstrates improved utilisation of commissioned activity.

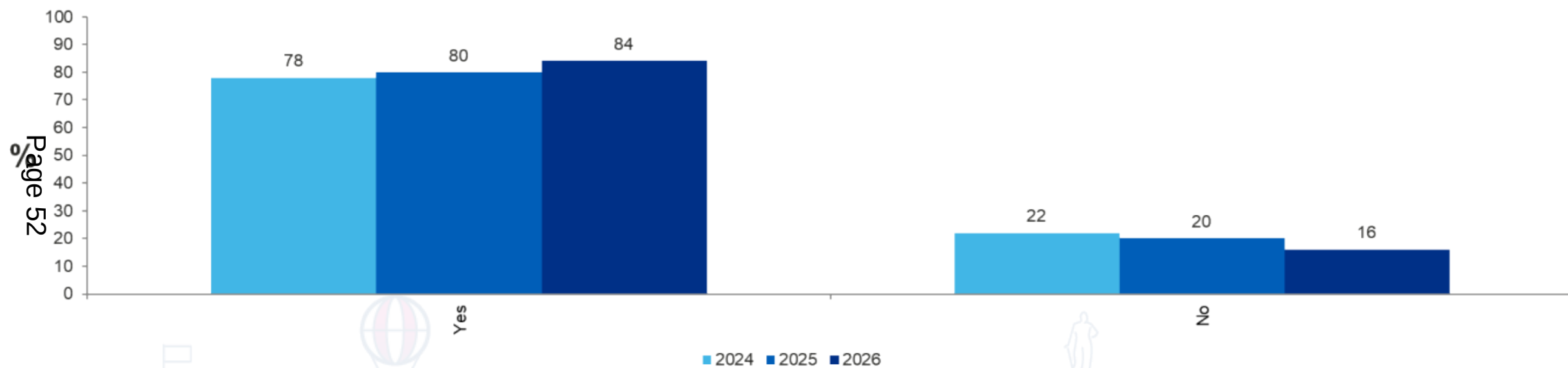


GP Patient Survey – Ability to get an NHS Dental Appointment in Shropshire, Telford & Wrekin

Results showing for ICS 1: SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

Filters: No filter applied

Weighted data



Base: Asked of patients who have tried to get an NHS dental appointment in the last 2 years. Patients who selected "I can't remember" have been excluded

No = No, no appointments were available + No, the dentist was not taking new patients + No, for another reason

Weighted Base: 2024 (3,213), 2025 (3,166), 2026 (2,735)

Unweighted Base: 2024 (3,082), 2025 (3,042), 2026 (2,678)

Excluding those who said 'I can't remember' (weighted): 2024 (60), 2025 (58), 2026 (102)

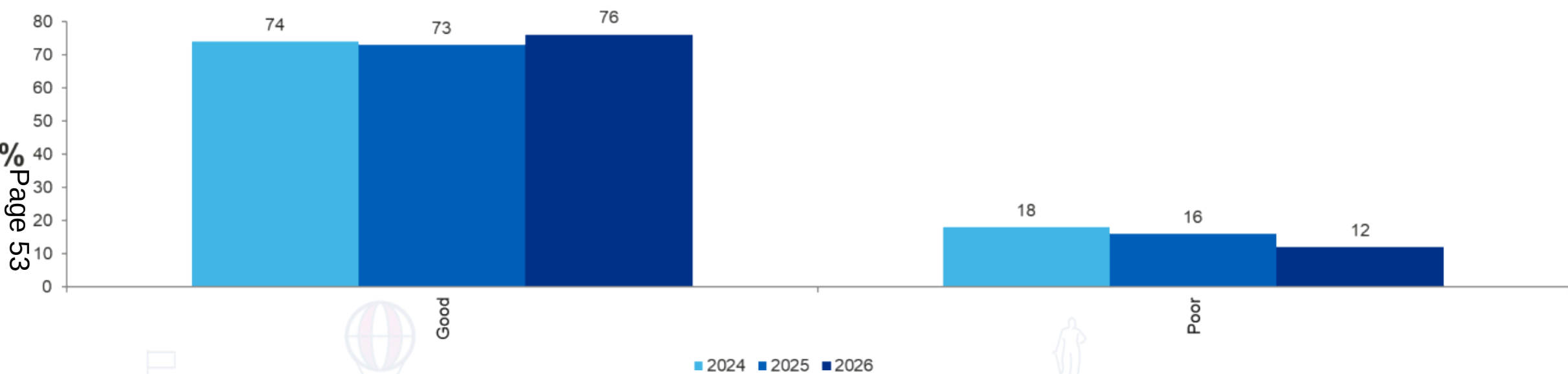
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.



GP Patient Survey – Overall Experience of Shropshire, Telford & Wrekin Dental Services

Results showing for ICS 1: SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

Filters: No filter applied



Weighted Base: 2024 (3,259), 2025 (3,216), 2026 (2,829)
Unweighted Base: 2024 (3,105), 2025 (3,073), 2026 (2,720)

Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Page 54

Thank you



Ambition



Compassion



Optimism



Focus