HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 18 June 2026 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors A J Burford (Co-Chair), V Whatley (Co-Chair), K Middleton, S J Reynolds, P Thomas, K L Tomlinson, J Britton, N Lee, N Pay, C Parker, H Onions and J Suckling

In Attendance: J Clarke (Senior Democracy Officer (Democracy)), K Griffin (Community Safety Partnership Manager), N Minshall (Head of Service Health Protection Health & Well Being) and H Potter (Insight Manager)

Apologies for Absence: Councillors P Watling, N Carr, E Hancox, F Mercer and J Williams

HWB1 Declarations of Interest

None.

HWB2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 19 March 2026 be confirmed as a correct record and signed by the Chair.

HWB3 Public Speaking

No requests for public speaking had been received in advance.

HWB4 Health & Wellbeing Board Quarterly Strategy Progress Report

The Director of Public Health presented the Health and Wellbeing Board Quarterly Strategy Progress Report which set out the key highlights and updates regarding the integration agenda. It was reported that the Domestic Abuse Strategy, incorporating the Violence Against Women and Girls (VAWG) Agenda had been approved by Cabinet and the link to the strategy would be circulated to member of the Board.

The Board noted the development of a new set of partnership commitments and welcomed the significant contribution of individuals who had lived experience of domestic abuse and had helped to shape the strategy. A multi-media campaign linked to the World Cup and domestic abuse awareness had been launched.

In relation to the council's priority on Drugs and Alcohol, the work of the MPFT and STARS service for children and young people in schools and primary care settings had reported positive engagement and the Board were asked to

note the expansion of the peer support service provided by A Better Tomorrow for individuals who were in hospital with dependency issues.

Members were asked to note the significant work that had taken place in relation to the Healthy Weight Agenda which had been active within schools and early years settings. A webinar covering eight topics had been delivered and there had been strong attendance. It was reported that the Healthy Telford Partners initiative had commenced with a focus on strengthening engagement in workplaces, faith organisations and community settings.

The Mental Health Strategy remained in development and a successful community awards celebration event had been held which recognised individuals who had lived experience. There had been a relaunch of the CAMHS service and this, together with assurance regarding pre-assessment clinics, would support engagement with individuals with neurodiversity needs.

An update was given on the Neighbourhood Health and Integration work which was a priority across all areas and the Telford and Wrekin Integrated Place Partnership (TWIPP) had held a successful workshop following the development of the Neighbourhood Implementation Plan. A series of actions would be delivered over the coming year which would reflect the work already being undertaken or had been committed to through the partnership. An update of the work of the Integrated Care Board (ICB) would be presented later in the meeting. The Board were asked to note the ongoing work of TWIPP in progressing the neighbourhood health priorities.

During the debate, Members noted the increasing demand across the services and the need to further strengthen preventative approaches. It was recognised that responding effectively to increasing complexity of need required a more joined-up approach across the agencies and which were aligned to the neighbourhood health model. Concerns were raised regarding the sustainability of the funding and the potential loss of momentum for the test-and-learn projects.

Members of the Board noted the report.

HWB5 Health & Wellbeing Strategy Performance and Outcomes Report

The Director of Public Health presented the Health and Wellbeing Strategy Performance and Outcomes Report which complemented the preceding report and provided an update on the numerical indicators set out within the Health and Wellbeing Strategy performance framework. The report was presented on a six-monthly basis and highlighted the data that had changed since the previous report.

Members attention was drawn to the indicators relating to life expectancy and healthy life expectancy which had been updated. The latest data continued to present a challenging picture with life expectancy remaining statistically lower

than the England average. Healthy life expectancy had deteriorated further and continued to perform below the national trend.

In relation to healthy weight, it was reported that the latest national survey data showed an increase in the proportion of adults classified as overweight or obese. Whilst the figures were survey-based and subject to a degree of uncertainty, the data indicated that the borough was now performing worse than the national average.

Improvements were highlighted in smoking prevalence in the “Protect, Prevent and Detect Early” outcome and the estimates proportion of adults who smoked had decrease and was now statistically better than the England average.

A number of new screening and immunisation indicators had been added to the performance framework to provide a broader measure of heath protection activity and of particular note, bowel cancer screening rates had continued to improve and were not statistically similar to the national average. Challenges remained around vaccination uptake, particularly amongst teenage children.

A question was raised regarding the source of the data and it was explained that indicators were drawn from a variety of sources with some measures based on a direct measurement programme such as healthy weight in children. Other indicators such as adult obesity and smoking prevalence were derived from national surveys and were population estimates but GPs had been included within the national surveys.

Inequalities in life expectance and health life expectancy were a significant challenge, particularly within the borough’s most disadvantaged communities and early deaths and preventable conditions were major contributors to the reduced life expectancy. Respiratory disease, cancer and cardiovascular disease accounted for around two-thirds of preventable deaths, with around one-third of preventable deaths being attributed to cancer. The improvement in bowel cancer screening uptake was welcomed. A range of awareness activities and social media campaigns had taken place, together with support from GP practices who undertook follow-ups with patients who had not responded to screening invitations.

There had been progress in smoking cessation with the introduction of the lung cancer screening programme which had enabled direct referrals for smokers resulting in a significant increase in residents accessing the Stop Smoking services.

In regard to children’s development indicators, the Best Start in Life Plan, which covered pre-conception to children aged five, would be presented to Cabinet at the July meeting. The Plan set out comprehensive measures to improve early childhood outcomes and support children to a good level of development.

During the debate, concerns were raised regarding the disparity between the local and national figures in relation to life expectancy and healthy life expectancy reassurance was sought that local intervention could make a meaningful contribution to improve local outcomes despite the scale of the challenge. The importance of learning from areas that had already seen an improvement, but it was noted that it would take time for changes to life expectancy and required the collective efforts of all partner organisations. An update was sought on vaping and the current activity taking place.

The Director of Public Health outlined a range of targeted initiatives which aimed to address the health inequalities within disadvantaged communities which were intended to improve these outcomes. Vaping remained an effective tool in helping smokers to quit. Concern did remain regarding the increasing number of young people taking up vaping despite having never smoked. Activity on the prevent of vaping focussed on schools and young people. Following Royal Assent, the Tabacco and Vapes Bill would give greater clarify on the restrictions including measures relating to underage sales, age cohorts and controls on vaping products. An update on smoking and vaping would be included in the Annual Public Health report at the September meeting.

Members of the Board noted the report.

HWB6 Health Protection Update Report

The Public Health Specialist presented the Health Protection Update Report which provided assurance that effective health protection arrangements and governance structures were in place across the Integrated Care Board (ICB), NHS and within the local authority systems.

It highlighted strong partnership working and demonstrated a clear focus on tackling health inequalities, particularly in relation to vaccination uptake.

A system-wide vaccination group met regularly to review both winter and childhood immunisation programmes and data was used to identify where there was lower vaccination uptake within the community. Communication, outreach and clinical provision was then tailored to suit.

NHS resources had provided funding for a health educator to work with local schools to improve the Human Papillomavirus (HPV) vaccination uptake and there had been encouraging results, with targeted communication via social media and advertising resulting in 102 of 144 eligible pupils receiving the vaccine. A further 7 pupils had consented but were absent on the day of the vaccination. This demonstrated the positive impact of partnership working on vaccination rates.

The Health Protection Team continued to respond to notifiable infectious diseases and maintained strong relationships with schools, care home and

other settings and provided advice on outbreak management and infection prevention rates.

Statutory responsibilities continued to be delivered effectively in relation to high-risk food. Hygiene inspection requirements set by the Foods Standards Agency hand been met as well as private water supply monitoring obligations.

It was also reported that public-facing advice had been updated in relation to aesthetic procedures and national concerns regarding cases of botulism linked to Botox treatments.

The Service had also undertaken enforcement action resulting in the seizure and destruction of a large quantity of Selective Androgen Receptor Modulators (SARMs) the sale of which was illegal in the UK.

The council had participated in three national and regional pandemic preparedness exercised during the previous year which strengthened local and national resilience arrangements.

In conclusion, members were assured that Telford and Wrekin had well-established health protection arrangements which was supported by effective partnership working.

During the debate, members of the Board recognised the importance of the health protection activity that had been undertaken and the targeted work in relation to increasing the uptake of vaccination rates. A question was raised regarding the lack of uptake in relation to children in nurseries and if there was any indication that this group of people were reluctant to have their children vaccinated and if it was becoming a trend. The Board commended the innovative and sustain work undertaken to increase the uptake of the HPV vaccine. The Board discussed the positive outcomes of public health campaigns and the challenges posed by misinformation. A question was raised regarding the impact of weight loss medication.

The Public Health Specialist commented that there was increasing hesitancy amongst some parents and officers worked with Family Hubs, nurseries and schools to work to understand the barriers to vaccination. The focus of the data was to provide accurate information to enable informed decision making rather than mandating vaccination. Members of the Board were asked to note that vaccination clinics had been delivered within nursery settings to make access easier for parents. In relation to weight loss medication, it was advised there was currently limited evidence and that they would wait to receive robust research findings before drawing any conclusions.

Representative from the NHS highlighted the work undertaken through maternity and neonatal services to promote vaccination during pregnancy and vaccination rates locally compared favourably to many other areas.

Members of the Board noted the report.

HWB7 ICB Neighbourhood Health Report

The Director: Adult Social Care presented the report of the Director of System Improvement, ICB, which set out details of a Neighbourhood Health System Architecture which was being developed across the Shropshire, Telford and Wrekin, Stoke and Staffordshire cluster. A strong partnership approach had been established for some years and the recent national policy development has accelerated the work to define a future vision for neighbourhood health.

The report sought to raise awareness and stimulate a discussion around the future model for neighbourhood health which included the development of the neighbourhood health hubs, support for digital infrastructure and the use of population health data to target areas with the greatest need. Work had already commenced on developing a cluster-wide roadmap to define what this would mean for each neighbourhood.

This approach would support the shift of services from hospital settings into the community and primary care environments and would enable residents to access services closer to home or wherever was more appropriate. It would build upon the existing services delivered through the Primary Care Networks including pharmacy, physiotherapy, social prescribing and care co-ordination with the focus being on prevention, early intervention and improved public health outcomes. Recurrent funding would be available to support the shift in approach but further work was required to determine how funding could be allocated and successful interventions scaled up. It was important to align data, estates and digital infrastructure to support neighbourhood working.

A phased approach to implementation was proposed, with progression reflecting the local partnership arrangements rather than a fixed timetable and it was recognised that Telford and Wrekin were well places to progress at pace owing to its established partnership working arrangements and successful collaborative working.

During the debate, some Members sought clarification in relation to the governance role of Health and Wellbeing Boards within the emerging neighbourhood health framework. They highlighted the need to avoid duplication of governance arrangements and particularly noted the strength and maturity of the partnership structures already established such as the Telford and Wrekin Integrated Place Partnership (TWIPP). Other Members welcomed the report and emphasised the importance of security delegated funding arrangements rather than that of a fixed timetable in order that place-based partnerships could deliver on neighbourhood health priorities effectively. They considered there was a need for additional investment to support prevention, reduce inequalities and target support. Assurance was sought that frailty prevention and support would form a key component of neighbourhood health plans and that the work already being undertaken through existing strategies and partnership groups would continue to improve care closer to home and reduce avoidable hospital admissions.

The Director: Adult Social Care explained that the national guidance remailed limited, but it was suggested that Health and Wellbeing Boards would retain their responsibility for setting strategic direction and place-based partnership boards playing a key role in delivering the agreed priorities. She stressed the importance of the role of volunteers and the community sector in supporting the delivery of neighbourhood health and that the sector was well integrated into local partnership arrangements. Consideration would be required in order to secure a sustainable resourcing and infrastructure to support and fulfil the expanding role within the neighbourhood health model.

Members of the Board noted the report.

HWB8 Community Safety Partnership Annual Report

The Community Safety Partnership Manager presented the Community Safety Partnership Annual report which highlighted key achievements during the reporting period.

Despite the population growth across Telford and Wrekin, there had been a notable reduction in the figures including violence resulting in injury (7%), burglary (12%) and vehicle-related crime (16%).

Community concerns in relation to road safety had been addressed through a dedicated task and finish group which had contributed to a significant reduction in the number of people killed or seriously injured on the roads, with no fatalities recorded during 2025. It was also reported that the Safer Stronger model had now been fully embedded, enabling coordinated action on local priorities and targeted interventions with high-harm offenders.

The establishment of a Shoplifting Sub-Group, enhanced partnership working with West Mercia Police and STARS and included the reintroduction of drug testing on arrest. A Pre-Release Panel had been introduced to support individuals returning to Telford from custody through accommodation and continuity of care arrangements.

The positive partnership working between the Council's Anti-Social Behaviour Team and West Mercia Police was acknowledged and would continue going forward.

Members welcomed the positive trends reported but raised concerns regarding the accuracy of crime statistics, noting that some incidents may go unreported due to difficulties contacting the police. It was suggested that local intelligence and residents' experiences should be considered alongside statistical data. It was also noted that there was an overlap between community safety, domestic abuse, drugs and alcohol services, and wider public health approach.

In response, Officers advised that partnership and police data were regularly reviewed through a performance dashboard, with hotspot areas subject to detailed analysis and targeted action through dedicated sub-groups. It was

clarified that STARS was the commissioned drug and alcohol treatment service delivered by Inclusion, part of Midlands Partnership University NHS Foundation Trust.

Members of the Board noted the report.

HWB9 Safeguarding Adults Board Annual Report

The Director: Adult Social Care presented the Safeguarding Adults Board Annual report.

It was reported that the outgoing Independent Chair, Sue Howard, had left her position and that Christina Leith had been welcomed as the new Independent Chair. Members were advised that the partnership was continuing to progress its priorities at pace for the forthcoming year.

The report summarised achievements against the Board's eight priorities during 2025/26. Particular attention was drawn to work undertaken in relation to self-neglect, engagement with people with lived experience, and efforts to ensure representation reflected the diverse communities of Telford and Wrekin. The successful implementation of the communications and engagement strategy was also highlighted.

Significant work had been undertaken to strengthen the use of both quantitative and qualitative data in order to better understand the experiences and outcomes of those supported through safeguarding services. Three Safeguarding Adult Reviews (SARs) had also been published, despite there having been no new SAR referrals during the year. Any learning points had been disseminated through the Board's Learning and SAR Sub-Groups.

A concerted effort had been made to enhance training and development opportunities across partner organisations, including both mandatory and supplementary training programmes.

The Chair acknowledged the importance of the safeguarding work undertaken across the partnership.

No questions or comments were raised.

Members of the Board noted the report.

HWB10 Co-Chairs Update

The Chair paid tribute to Claire Parker who was attending her final meeting of the Health and Wellbeing Board. He thanked her for her significant contribution to the Board and the wider health system.

The meeting ended at 3.44 pm

Chairman: _____

Date: Thursday 17 September 2026