Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 17 September 2026 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Cllr A J Burford (Co-Chair), V Whatley (Co-Chair), Cllr K Middleton, Cllr S J Reynolds, Cllr P Thomas, R Bailey, N Lee, H Onions, C Hall-Salter and P Smith

In Attendance: S Durkin-Jones (Environmental Health Officer), L Gordon **(**Mayor & Member Support Officer), A Hickman (Democracy Officer), S Lavelle **(**Medical Director for Integrated Care at HealthHero), O Nicholas (Managing Solicitor: Children and Adults), A Rees-Glinos (Democracy Officer), D Tomlin (Director of Operations at HealthHero).

Apologies: Cllr K L Tomlinson, Cllr P Watling, E Hancox, N Pay, J Britton, F Mercer, L Millar, J Suckling and J Williams

HWB11 Declarations of Interest

None.

HWB12 Minutes of the Previous Meeting

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

HWB13 Public Speaking

No requests for public speaking had been received in advance.

HWB14 Terms of Reference 2026/27

The Mayor & Member Support Officer presented the Health & Wellbeing Board Terms of Reference for 2026/27. Members were advised that at the Annual Council meeting in May 2026 delegated authority had been granted to each Committee to review their Terms of Reference. This delegation ensured the Board can maintain effective governance arrangements that reflected evolving system priorities and statutory responsibilities.

The Board noted that amendments had been made to organisational titles within the Terms of Reference 2026/27 to ensure they reflected current organisational structures and recent changes across partner organisations.

During discussion, members indicated that there may be opportunities to review and expand the Terms of Reference in the future.

RESOLVED - that the Terms of Reference for 2026/27 be approved.

HWB15 Health & Wellbeing Board Quarterly Strategy Progress Report

The Public Health Commissioner presented the Quarterly Strategy Progress Report to the Board highlighting the positive progress in priority areas in the borough. Key highlights included the growing uptake of prevention services across the borough, alongside the continued development of neighbourhood health and the Live Well Hub. It was noted that these initiatives supported the promotion of healthier lifestyles and sought to address health inequalities and deprivation.

A milestone had also been achieved through the approval of the Violence Against Women & Girls Strategy (VAWG) and the council had been awarded a contract for a new specialist domestic abuse service. Positive progress had continued in relation to mental health support for children and young people and work had also progressed towards delivering neighbourhood-based mental health support to improve access for those requiring assistance. Ongoing activity relating to suicide prevention was highlighted, including the work of review panels to identify emerging themes from individual cases and inform preventative action. It was noted that local partners such as Telford Mind had contributed. To mark Suicide Prevention Day, held on 10 September, there had been contributions from individuals with lived experience to raise awareness of suicide and understand risks.

In relation to alcohol and drugs, it was reported that treatment outcomes remained above the national average and the Recovery Charter website continued to promote recovery and provide access to wider support services.

The Board heard that positive progress had also been made in relation to homelessness. The Rough Sleeper Emergency Accommodation scheme had been established and homelessness prevention continued to improve, enabling more residents to receive support before reaching a crisis point.

The Public Health Commissioner also outlined a number of risks and challenges. These included sustaining prevention funding beyond current allocations and responding to increasing demand for community-based interventions. Challenges remained in implementing the new Domestic Abuse and VAWG Strategy and increasing referrals for perpetrators behaviour change programme. It was added that significant workforce challenges within the CAMHS service had also impacted on access to the service.

Increasing demand relating to alcohol and drug services, together with the continued threat posed by synthetic opioids and the growing complexity of need was also noted by the Board.

Members of the Board welcomed the collaborative working arrangements that enabled services to better support residents. Examples highlighted included the Healthy Lifestyles Team, mental health support services, and partnership working with homelessness and housing services. Board members heard that this work continued to develop and was crucial throughout the Council's services, recognising the importance of both physical and mental wellbeing.

Members also raised concerns regarding the shortage of accommodation available for residents within Telford and Wrekin, particularly in light of an influx of individuals from outside the borough. Concerns were expressed regarding how available accommodation could be prioritised for local residents. Officers acknowledged the concerns raised and agreed to refer the matter back to the lead officer for further consideration and response.

The Board noted that housing and homelessness continued to present significant challenges; however, the Co-Chair highlighted that substantial progress had been made in addressing homelessness and supporting vulnerable residents across the borough.

The Board noted the report.

HWB16 Neighbourhood Health Update

The Chief Officer: System Development & Integration, Shropshire, Telford & Wrekin ICB presented the update report which outlined developments of the Neighbourhood Health Outcomes Framework Strategy.

The Board heard that the strategy was aimed to strengthen collaborative work between partners to provide delivery of care within communities and supporting individuals of all ages to live healthy, active and independent lives for as long as possible. It was reported that the Government’s neighbourhood health approach sought to better connect and optimise health and care resources through key system-wide shifts, with neighbourhoods becoming the primary delivery footprint for prevention, proactive care and alternatives to hospital-based services.

It was noted that five national goals had been established and would provide the organisational framework for programme planning and delivery. These included the improvement of health outcomes, access to general practices, experience of planned care, urgent and emergency care and enhancing patient and staff satisfaction.

Members were informed that, during the first year of implementation, the Integrated Care Board (ICB) would focus on improving outcomes for residents within the priority cohorts of frailty and cardiovascular, renal and metabolic (CVRM) conditions, whilst reducing variation in access, experience and outcomes. It was noted that this aligned with the Shropshire, Telford and Wrekin Prevention Framework, the Ageing Well Programme and the CVRM Strategy. Members further noted that Children and Young People and Mental Health were expected to become areas of focus during 2027/28.

The Chief Officer: Systems Development and Integration highlighted that the Outcomes Framework placed a strong emphasis on prevention, early identification, proactive management and timely intervention with the intention of shifting care upstream to optimise care and avoid admissions. The Board noted that Integrated Neighbourhood Teams took a four-stage Population Health Management (PHM) population segmentation approach to proactively identify complex patients.

The Board was advised that neighbourhood funding would be distributed through designated anchor institutions, namely Midlands Partnership NHS Foundation Trust for Staffordshire and Stoke-on-Trent and Shropshire Community Health NHS Trust for Shropshire, Telford and Wrekin. It was added that these anchor institutions would act as system integrators, deploying neighbourhood funding and commissioning services in partnership with General Practice, Primary Care Networks, and Voluntary, Community and Social Enterprise organisations and more. It was noted that Place Boards would provide oversight of delivery arrangements.

The Board noted that a core set of system outcomes were introduced to help measure the effectiveness of the neighbourhood investment which included, reducing demand on urgent and emergency care services, improving hospital flow and reducing lengths of stay, shifting activity from acute to community settings, reducing reliance on services by high-intensity users, improving outcomes for priority population groups and supporting delivery of financial and operational sustainability plans.

The Board further noted that Integrated Neighbourhood Teams would maintain validated risk-stratified registers of the highest-risk residents and progressively increase the proportion of those residents receiving active management throughout the year. It was also reported that the majority of actively managed patients would be expected to have agreed care plans and medication reviews in place, alongside achieving measurable reductions in non-elective admissions and emergency bed usage amongst the target cohort.

The Board welcomed the positive progress being made and acknowledged the significant advances delivered through the Telford and Wrekin Integrated

Place Partnership (TWIPP). However, the Board raised concerns regarding the perceived role of TWIPP within the emerging arrangements. Members queried whether TWIPP would remain a key driver of preventative and community-based initiatives rather than solely providing oversight.

In response, the Board heard that TWIPP remained the central partnership mechanism, bringing together organisations and partners to deliver shared priorities. It was acknowledged that changes to NHS commissioning routes and contracting arrangements were taking place; however, these changes were not expected to alter the fundamental role of TWIPP, which continued to be at the heart of partnership working and service delivery.

Members heard that partner organisations were required to continue operating within NHS Standard Contract requirements. It was explained that the decision to work through Shropshire Community Health Trust had been made for formal and legal reasons, although the work would continue to be developed and delivered through TWIPP and wider partnership arrangements. The Trust was expected to undertake an integrator role within the partnership, supporting the development of solutions and coordinating delivery across organisations.

Further discussion focused on the national target for 85% of urgent and emergency care patients to be treated within four hours. Members noted the significant gap between current performance and the target and questioned the timescales for delivery. Officers explained that current performance remained in the mid-60% range, although improvements had been achieved. It was acknowledged that the target represented a substantial challenge and would require improvements across the entire urgent care pathway, including ensuring residents accessed the right services, strengthening assessment processes and improving the availability of diagnostics and community support.

The Board noted the report

HWB17 Annual Report of the Director of Public Health 2026: Healthy Neighbourhoods Prevention First

The Director of Public Health presented the annual report which focused on prevention and communities. The Board noted that a series of case studies were used to demonstrate the benefits of partnership working and integration across organisations. It was noted that careful consideration had been given to achieving an appropriate balance of case studies, including examples relating to frailty and ageing well, children and young people, adults, and mental health. The report was structured around a prevention framework and examined supporting data including: rationale for each case study, the impact achieved, and opportunities for future development.

The Director of Public Health highlighted the positive outcomes that had resulted from integrated working and sought the Board's support for progressing the neighbourhood health programme. The Board was advised that four key recommendations were included within the report, centred on strengthening prevention, supporting the shift from hospital-based treatment towards community-based care, scaling up prevention programmes, adopting a "test and learn" approach and further investing in Voluntary Community and Social Enterprise Organisations to ensure their long-term sustainability.

In discussion, members welcomed the report and commended the way it brought together examples of preventative work. The Board noted that many of the initiatives highlighted were now playing an important role in prevention work and improving outcomes.

The Board recognised the importance of neighbourhood health and emphasised that creating healthy communities extended beyond healthcare services alone. Members noted the need to consider the environments in which people live, work and socialise, including access to good-quality housing, attractive streets, green spaces, reliable public transport, and safe, connected communities. Members also highlighted the importance of measuring and demonstrating the impact of this work to ensure that meaningful improvements were being achieved.

RESULVED – that the Board endorses and supports continued partnership work with NHS Integrated Care Board and Telford & Wrekin Integrated Place Partnership (TWIPP) on the neighbourhood health agenda and the following implementation plan:

a) Ensures prevention work becomes centre stage, alongside the shift of treatment and care out of hospital into community and primary care in neighbourhood;

b) Scales up prevention programmes in an equitable way, with a focus on those who need it most;

c) Adopts learning from pilot projects and continues and expands the initiative which are delivering obvious outcomes; and

d) Support further investment in Voluntary Community and Social Enterprise organisation allowing prevention programmes to become sustainable.

HWB18 Smoke-free Delivery Plan

The Environmental Health Officer presented the Smoke-free Delivery Plan report to the Board, outlining the strategy's four key themes: prevent, protect, support and enforce. It was noted that the plan aimed to reduce nicotine dependency and contribute towards creating a smoke-free generation.

Members heard that a multi-agency workshop held in April 2026 had brought together a range of partners, including the Fire and Rescue Service. Progress included the appointment of five new Stop Smoking Advisors, the expansion of stop smoking support across 12 face-to-face clinic locations, over 1,000 referrals through the Lung Cancer Screening Programme with a 50% uptake rate, and continued engagement through the Crush the Habit campaign.
Members noted that smoking prevalence in Telford and Wrekin had continued to decline and that the stop smoking service remained on track to support delivery of the national Smokefree 2030 ambition.

Members were advised that activity to reduce smoking-related harm had included joint working between Trading Standards and the Police to tackle the supply of illicit tobacco and nicotine products. This work had resulted in the detection of four underage sales, the seizure of 16,820 illicit cigarettes and 11.5kg of illicit hand-rolling tobacco, alongside action to prevent suppliers from relocating following enforcement activity.

The Committee also considered the increasing prevalence of vaping among young people. Members noted that vaping was considered less harmful than smoking but was not risk-free, and concerns were raised regarding its appeal to children and young people. Crucial Crew reached 1383 children during the Summer of 2026 through life skills & vaping awareness sessions. Vaping awareness was also introduced into the school curriculum.

Members were informed that work was underway to update the Telford & Wrekin Children and Young People's Vaping Statement to reflect the Tobacco & Vapes Act 2026 and the ASH Smokefree GB Youth Survey 2026. Funding had also been allocated to undertake further research into youth vaping and to deliver a vaping cessation workshop for children and young people.

During a discussion, Members welcomed the positive progress being made and commended the work undertaken with schools, young people and local communities. It was recognised that the programme was delivering wider public health benefits across all stages of life, including reductions in smoking during pregnancy. Whilst concerns were expressed regarding increasing levels of youth vaping and reports of cannabis use among younger children, Members acknowledged the work already underway through school nursing services and substance misuse support teams.

RESULVED – that the Board endorses and supports the Smokefree Telford & Wrekin Delivery Plan produced following recommendations of the 2025 Annual Report of the Director of Public Health.

HWB19 GP Out of Hours

The Board received a presentation from the Medical Director for Integrated Care at HealthHero and the Director of Operations at HealthHero, providing an update on the delivery and performance of the GP Out of Hours (OOH) Service across the Borough.

The Medical Director for Integrated Care at HealthHero outlined HealthHero's background, noting that the organisation originated as a GP co-operative in 2004 and had entered the local area under challenging circumstances. She emphasised that the organisation maintained a strong patient-centred approach, with senior leaders being current or former healthcare practitioners, and worked closely with local GPs, Primary Care Networks and system partners. She highlighted HealthHero's ambition to improve data integration across the health system to facilitate greater information sharing, streamline processes and support more informed clinical decision-making, whilst maintaining the importance of personal patient interactions.

The Board heard that the majority of referrals were received via NHS 111. HealthHero undertook a secondary clinical triage process and was able to resolve approximately 70-80% of cases through telephone or digital consultations, reserving face-to-face appointments for those patients who required them. Members were advised that direct access arrangements existed for carers, families of patients receiving palliative care, and paramedics attending incidents. It was further noted that the organisation used robust predictive modelling to forecast demand and ensure sufficient capacity was available during periods of increased activity. HealthHero also worked closely with ambulance services and other partners, particularly in supporting patients nearing the end of life whose preference was to remain at home.

The Director of Operations of HealthHero advised that the service had gone live on 1 October 2025 and that a key priority during the initial period had been stabilising staffing levels ahead of winter pressures. He reported that the service had launched safely and had demonstrated rapid improvements against key performance indicators within the first weeks of operation. Whilst acknowledging that challenges had been encountered, including public perception of the change in provider, workforce recruitment and arrangements relating to hospital bed bureau access, significant progress had been made in each area. The Board noted that access to the bed bureau was now managed by the Shrewsbury and Telford Hospital NHS Trust following HealthHero's support in establishing arrangements.

Members were informed that over 89,000 consultations had been delivered since the commencement of the contract and that 87% of telephone contacts had been dealt with within the required response times. The presentation also highlighted close working with West Midlands Ambulance Service through the CAD portal, through which 2,255 ambulance-related cases had been managed. HealthHero reported that it had received only 41 formal complaints from 89,065 consultations, representing approximately 0.046% of all patient contacts.

The Board received an overview of patient experience arrangements. Feedback was collected through a range of channels including SMS surveys, QR codes, website links and comment cards. HealthHero maintained robust complaint-handling and learning processes and was undertaking work to further increase patient feedback levels. Patient survey results demonstrated high levels of satisfaction, with 97% of respondents indicating that they would recommend the service to friends and family.

During questions and discussion Members acknowledged the challenging circumstances surrounding the contract mobilisation and commented that they were not aware of any complaints from residents regarding the service.

The Board questioned levels of GP workforce retention from the previous provider. The Medical Director for Integrated Care at HealthHero advised that approximately two-thirds of GPs who had previously worked within the service had been retained.

Members further enquired about partnership working and relationships across the local health system. The Medical Director for Integrated Care for HealthHero reported that collaborative working arrangements with response teams, GP practices and wider partners were progressing well. Whilst the absence of a 24-hour district nursing service had required adaptation, HealthHero had worked closely with community teams to develop effective local arrangements.

In response to Members concerns regarding risk aversion within the NHS 111 system, the Medical Director for Integrated Care at HealthHero explained that HealthHero was distinct from NHS 111 and received referrals from the service. Where concerns were identified regarding onward referral decisions, feedback was provided. Members heard that HealthHero had established robust clinical oversight and escalation arrangements, including experienced operational team leaders who could raise concerns with clinicians when required. The Group Chief Strategy and Integration Officer for Shropshire, Telford & Wrekin Community and Hospitals NHS Group welcomed HealthHero's contribution to discussions regarding service pressures and

capacity and commented positively on the organisation's ability to identify emerging gaps within the system.

Members highlighted HealthHero's wider contribution to the health and care system, including support during infectious disease incidents, the provision of prophylactic care, and partnership work to review end-of-life pathways for children and young people. The Medical Director for Integrated Care for HealthHero agreed that care coordination was a vital aspect of the service and welcomed the recognition of this work.

The Board noted that concerns expressed by some stakeholders at the commencement of the contract had been significantly alleviated by the service's performance and requested that HealthHero provide a further update to the Board in approximately 12 months' time.

RESOLVED – that the update on the GP Out of Hours Service be noted.

The meeting ended at 4.04 pm

Chairman: .....

Date: Thursday 3 December 2026