



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

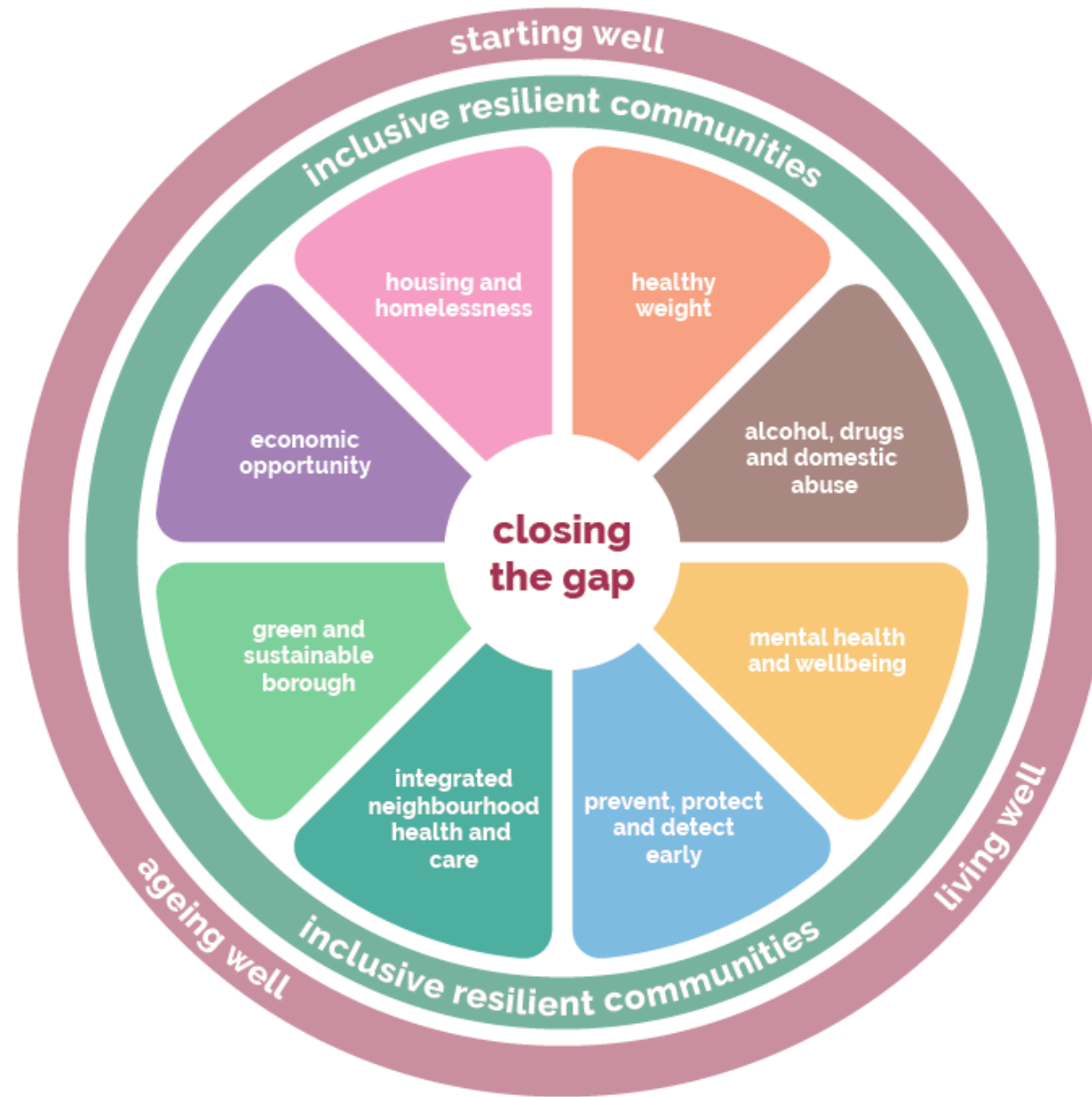
Health & Wellbeing Strategy 2023-2027

Delivery Progress Report December 2023

Strategy Delivery Progress Report December 2023

➤	Contents	2
➤	Vision & Priorities	3
➤	Closing the Gap	4
➤	Healthy Weight	5
➤	Alcohol, Drugs & Domestic Abuse	6 - 7
➤	Mental Health & Wellbeing	8 - 9
➤	Protect, Prevent & Detect	10
➤	Integrated health & care	
	• Start for Life Family Hubs	11
	• Primary care	12
	• Local care programme/proactive care	13
➤	Green & Sustainable Borough	14
➤	Economic Opportunity	15
➤	Housing & Homelessness	16

Our vision - happier, healthier, fulfilled lives



Borough Vision 2023 ambition – inclusive, healthy, independent lives

Closing the gap

- Our HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. Addressing wider determinants of health is crucial and the NHS has a particular focus on reducing health inequalities through its [CORE20PLUS5](#) programme (see page ? for updates on the prevent, detect and protect priority). The gaps in health and wellbeing experience are most repeatedly seen in our most deprived communities, compared to the most affluent communities - the 20% most deprived communities –“the core 20”. Particular and specific inequalities are also faced by different groups of people, often referred to as **inclusion groups** and these are closely related to characteristics which are protected in the Equalities Act.
- The HWB received an update on the inequalities programme in September 2022. A detailed review of activity and progress on closing the gap ambitions is being undertaken and an update will be presented the HWB in March 2024. The HWB Strategy leads have provided progress updates for their programmes which are included in this report, including reference to the relevant inequalities focus for their programme. The table below summarises the groups which are most important inequalities context for each priority.

<p>Healthy Weight</p>	<ul style="list-style-type: none"> Strategy engagement focus groups with at-risk groups including people with learning disabilities, mental health disorders, males, ages 55+, ethnic minority groups, people living within our most deprived communities Key priority for Healthy Weight Strategy is to create opportunities to support groups facing inequalities including: children and adults with a learning disability, physical disability or long-term health condition, as well as those with a common mental health problem or serious mental illness. Schools health & wellbeing programme selects schools to take part with the highest rates of excess weight and those in our most deprived communities 	<p>Integrated health and care</p>	<p>Start for Life Family Hubs: “core20” population, younger parents, black & minority ethnic group families</p> <p>Primary Care: All 8 PCNs have nominated inequalities leads and specific health inequality related projects in place for 2023/24. Health inequalities is one the prioritisation criteria the ICB Primary Care Team use to target practices requiring improvement support.</p>
<p>Alcohol, drugs & domestic abuse</p>	<p>Alcohol & drugs : Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan, Ethnicity data now included in quarterly treatment monitoring data</p> <p>Domestic Abuse: focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups, improving joint working with faith groups and BAME communities</p>	<p>Green & sustainable borough</p>	<p>Green Space are Go targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities/additional needs. Groups receiving grant funding include PODS, T&W CVS, The Chinese Cultural Centre and African Caribbean Community Initiative.</p> <p>“Active SMiles” seeks employers with high percentages of manual workers and use job title in selection criteria if scheme is over-subscribed</p>
<p>Mental health & wellbeing</p>	<p>Children & Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma</p> <p>adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs</p>	<p>Economic opportunity</p>	<p>The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.</p>
<p>Prevent, detect & protect</p>	<p>People living in the most deprived 20% of communities in England – the core 20 are a key focus given the gaps in life expectancy the most deprived and most affluent communities.</p> <p>Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation</p> <p>Cancer Champions & Health Champions representative of diverse communities</p>	<p>Housing & homelessness</p>	<p>People affected by trauma and poor mental health</p> <p>Ongoing focus on homeless clients who present with complex and multiple needs.</p>

Healthy weight

Key Progress – against strategy / work plans

- Healthy Weight Strategy engagement with members of the public and stakeholders is now complete with 1008 survey responses, 24 focus groups complete and a stakeholder workshop held with partners from TWC, NHS, Schools, Workplaces, VCSE
- Core priorities for the Healthy Weight Strategy have been identified and the Healthy Weight team now working with partners to finalise. Final strategy expected to be in place by March 2024.
- Healthy Families targeted programme for children recognised through NCMP measurements commenced and 230 year 1 children who received NCMP measurements last year have been contacted – 44 families are currently being supported to achieve healthier lifestyles
- Partnership working between Healthy Weight team and Health Protection to provide information and support to schools to improve school food standards. A webinar was delivered to over 25 schools and support resources shared.
- Healthy Lifestyles Service has supported 830 adults to lose weight (April – November 2023)
- Targeted work has started with Adult Social Care and the care sector to increase weight management referrals along with piloting new approaches to provide weight management support for adults with a learning disability

Issues / challenges for HWB

- Sign up and commitment from schools to look at health and wellbeing programme as a whole systems/ whole schools approach
- Commissioned services commitment to healthy weight
- Adapted resources and weight management service offer for children and adults with learning disabilities

Inequalities Focus:

- A key priority for the Healthy Weight Strategy is to create opportunities to support groups facing inequalities including: children and adults with a learning disability, physical disability or long-term health condition, as well as those with a common mental health problem or serious mental illness.

Plans for next quarter – what we are hoping to achieve

- Finalised Healthy Weight Strategy to take to HWBB in March
- Healthy Families targeted programme for children recognised through NCMP measurements will be expanded to Year 6 children
- Schools engagement in the Health & Wellbeing Programme
- Training for family hubs providers to feel comfortable to raise the issue of weight with families
- Eatwell sessions delivered in the community through family hubs
- On going work with adult social care to develop weight management support for adults with a learning disability

Improving outcomes - data or brief case study/ story etc.

The Healthy Families programme is currently supporting 44 families with children to achieve healthier lifestyles, in particular around healthy weight. Targeted school clinics have been established and 33% of families offered support have joined the programme. Presence in schools has increased the number of referrals made by school staff. Children and families are achieving outcomes such as weight loss, reduced screen time, reduced energy drink consumption, increased parental confidence on balanced diet and portion sizes.

Domestic abuse

Key Progress – against strategy / work plans

- Successful formal launch of new Integrated Domestic Abuse Service on 5th October
- Successful White Ribbon event held on 28th November
- First Telford Drive Panel held to identify high risk perpetrators for behavioural change programme
- Referral pathways for DA victims with housing needs agreed between T&W Housing Options Team, Cranstoun and WMWA
- T&W DA Service presence at Adult Safeguarding Week community event resulting in a number of DA disclosure

Plans for next quarter – what we are hoping to achieve

- Cranstoun continuing to attend teacher training days and college safeguarding events to raise profile of support for C&YP affected by domestic abuse
- Co-production process between Cranstoun and young people to produce materials for teenage abuse campaign
- Ongoing discussions between Cranstoun and local Registered Social Landlords to expand supply of safe accommodation
- Finalise and agree T&W DA Communications Plan

Improving outcomes - data or brief case study/ story etc.

- Young people across 19 schools supported to maintain health relationships and prevent escalation into abuse
- The T&W Domestic Abuse Forum continues to grow, ensuring the voice of lived experience strongly influences strategy deliver.
- Domestic abuse dashboard presented to DA Local Partnership Board

Issues / challenges for HWB

- Shortage of appropriate dispersed and move-on accommodation continues to present a challenge to developing a supply chain of Safe Accommodation

Inequalities Focus:

Ongoing priority focus on families with complex and multiple needs. Domestic Abuse Equality, Diversity and Inclusion mapping exercise commence.

Alcohol and drugs

Key Progress – against strategy / work plans

- Draft Alcohol & Drugs Strategy for 2024-2029 is being presented to HWB at Dec meeting (see HWB papers for further detail). The strategy, which has been co-produced with professionals, partners and service users proposes action under the following themes:
 - Prevention
 - Reducing harm
 - Treatment
 - Recovery Support
- Supplementary Substance Misuse Treatment and Recovery Grant for 2024/25 confirmed
- Successful Recovery Conference held in September
- Drug Alert System implemented and now operational

Improving outcomes - data or brief case study/ story etc.

- Successful treatment completion rates for opiates and alcohol (8.5% and 47.1%) remain higher than national averages (7.2% and 43.9%) but for non-opiates (35.0%) have dipped below the national average (40.1%)
- Local drug related death rate (4.57 per 100,000) remains lower than the national average (5.02 per 100,000)

Plans for next quarter – what we are hoping to achieve

- Cabinet approval for Alcohol and Drugs Strategy 2024-2029
- Implement local Drug and Alcohol Related Death Review System
- Establish Young Person's Sub-group of local Alcohol and drugs Forum
- Develop MoU with West Mercia Police for Naloxone pilot scheme
- Develop Standard Operating Procedure with partners for responding to spike in synthetic opioid deaths

Issues / challenges for HWB

- Increasing the number of drug users in the criminal justice system commencing structured treatment
- Continuing elevated risk of fatal overdoses from increasing use of synthetic opioids nationally

Mental health and wellbeing: children and young people

Key Progress – against strategy / work plans

- The Young People’s Forum hosted the mental health summit in October and the Year of Wellbeing Campaign was launched on world mental health day
- Youth focus groups held to gain insight in emotional health aspects young people have, e.g. family and friends and future aspirations – focus groups included SEND, Autism Hub and children in care groups and Young Person’s Forum
- Schools Wellbeing Charter Mark funding agreed for piloting the model, based on best practice from Sandwell, led by the Educational Psychology Team
- Future in Mind development of the Miss Kendra toolkit for schools to support their trauma informed approach
- BeeU’s MH Support Team continues to support 34 Telford & Wrekin schools and are ‘refreshing’ their offer

Improving outcomes - data or brief case study/ story etc.

- The Young People’s Year of Wellbeing Campaign has been launched as part of the YP Forum summit, with 93 sign ups to date, support for YP shared through campaign and website https://newsroom.telford.gov.uk/News/Details/17020_Young_person's_year_of_wellbeing_-_Telford_&_Wrekin_Council
- Rae from the Young People’s Forum said *“we have been holding discussions around what young people in our borough believe to be the biggest issue in the past year, and mental health was what came out on top. So we created the local “Our Future In Mind” Mental Health summit, to increase awareness around the services that young people could access, as part of this, the Young People’s Forum have had the chance to work closely with the council in order to shape the “Young Person’s Year of Wellbeing” campaign we are launching as part of the summit. “*

Plans for next quarter – what we are hoping to achieve

- Youth Year of Wellbeing Survey analysis
- Development of the annual public health report 2023 focussing on CYP emotional health and wellbeing, drawing together year of wellbeing campaign and engagement insight work with YP through focus groups and wider survey – will be presented to the HWB in March 2024
- Piloting of the trauma informed Miss Kendra toolkit in a number of schools
- Further development of the Schools Youth Health Champion programme
- BeeU facilitating the ‘Mental Health in Schools’ system wide Governance – first meeting in January 2024
- ICS re-establishing CYP Mental Health Governance arrangements
- NHS colleagues from ICB and MPFT to work together with local authority colleagues on BeeU re-commissioning, jointly developing model and joint engagement plan (sign off February 2024), joint service review plan, Equity and Quality impact assessments with integrated pathways
- ICB to develop commissioning intentions regarding Children’s Neurodevelopmental Pathways

Issues / challenges for HWB

- BeeU service demand and waiting times

Mental health and wellbeing: adults

Key Progress – against strategy / work plans

- Improved relationships with housing / homelessness and substance misuse teams which improves outcomes and the experience for residents.
- Recent establishment of place based MH Partnership Board which will oversee the development and implementation of the Strategy in due course.
- Meeting with the Provider Collaborative Lead to explore what this might mean at place.
- Developing the number of supported accommodation options locally. Site visits to review progress at one site have taken place.
- Completed the tender evaluation and subsequent award of Care Contract for the on site provider for 12 new apartments currently under construction (expected Jun 2024). Will enable people to return to the local area. MH Alliance continues to meet and coordinate approaches to support those who find it challenging to engage in support.
- Liaising with Co-Production lead to inform development of MH Partnership Board website.

Issues / challenges for HWB

- Increasing complexity across all service area, with significant increasing demand in the NHS.
- Budget pressures across the Integrated Care System
- Challenging of social care market

Plans for next quarter – what we are hoping to achieve

- Scoping engagement plan for MH Strategy
- Recruitment of experts by experience to be part of the MH Partnership Board. 1 person recruited to date.
- To improve the quality of commissioning information held about young people transitioning to adult services to inform future commissioning intentions
- Further development of accommodation for people with MH needs.
 - 12 flats due in June 2024 implementation plans and transition plans to be developed, including comms and site visits.
 - 14 flats due in Jan 2024 next steps implementation meeting due

Improving Outcomes:

ST has been extremely isolated, this has gradually become worse since covid. They are not currently open to MPFT (NHS mental health services). Short term work was agreed with the Support Worker in the MH Social Work tea,. The aim being to support ST to access the community again. They were supported to attend Forum50. After a very successful start, the support is now being handed over to Forum50 where they will be funding 10 hours of support work for ST. The handover is currently taking place currently supported by the Social Care Support Worker. Hopefully over time this can then pass to a volunteer from Forum50 to provider support and guidance.

Inequalities Focus: adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs

Prevent, protect and detect early

Key Progress – against strategy / work plans

- **NHS Health Checks** - All GP Practices have now signed contract. The shortage of Lipid cartridges did impact on number of Health Checks provided for Quarter 2 but not as much as expected.
- **InHIP Innovation for Health Inequalities Community Hypertension Case-finding** 577 Blood Pressure Checks undertaken in community settings and events. 37 cases of previously undiagnosed high BP. 31 volunteers (Health Champions) trained to take BP. NHSE funding secured through ICS to deliver Year 2 project. Approx. £60K to support p/t Coordinator and Community Hub in South East Telford.
- **Cancer champion volunteers** working with Lingden Davies now 74 champions in Telford who take part in promotional community events and gather insight from residents which highlights barriers/issues and identifies improvements /actions that would help reduce barriers, eg for residents where English is not their first language.
- **STW Cancer Strategy** being refreshed to include community prevention programmes to capture commitments on reducing the risks and symptom awareness raising to promote early detection key features, alongside improving treatment and support for people living with cancer – inequalities is focus in the strategy across all priorities.

Issues / challenges for HWB

- **NHS Health Checks** - Issues with Lipid production now resolved and all clinics that were operational before are now re-instated. One practice has not offered any Health Checks due to lack of staffing. Engaging with Practices regarding the contract is challenging given competing priorities within General Practices.
- **Early cancer diagnosis** – sustainability of cancer champions programme as short-term, pilot programme funded by NHSE

Inequalities Focus: Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation, Cancer Champions recruited from range of diverse backgrounds including Ukrainian, Bulgarian, Hong Kong, Chinese, Iranian, Jordanian, Polish and Sikh communities and adults with learning disabilities, Health Champions representative of diverse communities, new NHS smoking treatment services for mental health inpatients

Plans for next quarter – what we are hoping to achieve

- **NHS Health Checks** – continue to offer training to improve quality of checks, and improve links with behaviour change support through Healthy Lifestyle services. Review of the contract for 2024/2025.
- **Early cancer diagnosis:** Alex is also looking to take forward work arising from our Cancer Champions cervical screening survey, coordinating a number of pilots in GP practices to use a concerns check list in cervical screening appointment protocols, to improve uptake rates. Alex is best placed to give details.
- **InHIP** Review data to target pop ups in areas where there is still hypertension shortfall. Develop plans and coordinate year 2 of the project. Focus on recruitment of male, Polish and South East Telford residents as health champions to support delivery.

Improving outcomes - data or brief case study/ story etc.

- **NHS Health Checks** – Operational Reports now shared with individual practices to identify eligible population who should be offered a Health Check. Awaiting feedback from Practices for their next steps to improve engagement and encourage those in the most vulnerable groups.
- **InHIP** A lady attending a pop up had no idea what a normal blood pressure should be. Her three BP readings were extremely high. She was sceptical about doing the 7-day monitoring but after talking this through she agreed to do this with her own monitor. At the end of the 7-day monitoring, her average BP reading was 161/98. Rather than get a GP appointment she decided to post her readings and letter provided by the Council into the GP letter box. Two days later a nurse called to arrange an appointment. This lady is now on BP medication and extremely pleased she took the time to check her BP.

Integrated neighbourhood health and care: Start for Life Family Hubs focus

Key Progress – against strategy / work plans

- **Parent Infant Relationship:** Relationships based practice conference held 4th December with 3 key national speakers, Fatherhood Institute collaboration to look father friendly, roll out Caring Dads training to all partners
- **Perinatal Mental Health** Social Prescribing commissioning - tender awarded to MIND
- **Building Bonds & Breaking Cycles** 2 day parent and infant mental health training commenced in Dec for Family Hubs workforce
- **PODS Perinatal & Infant Disability Support Worker** appointed
- **Parenting:** Amity Toolkit Training delivered to Strengthening Families practitioners across 3 localities, 55 professionals attended Tavistock Relationships Between Us App training and Tavistock Relationships Training for Frontline Workers, Managers and Supervisors attended by 118 people
- **Home Start Me Time** multiple groups running
- **Start for Life Offer:** 0-2s booklet roll out has been a great success, now in phase 2 and refreshing the offer (will do this on a quarterly basis)
- **PODS now has a Perinatal and Disability Support worker**, who will support parents who receive a diagnosis of disability during pregnancy or shortly after birth.

Plans for next quarter – what we are hoping to achieve

- **Phase 2 transformation with Family Hubs** opening in Oakengates, Dawley and Hadley, new year dates agreed, DfE attending Oakengates launch on 27th Jan.
- **PNMH Social Prescribing** service implementation through MIND, recruitment of coordinator and social prescribers in January 2024
- **Start for Life Offer:** 0-2s booklet re-launch and website development
- Parent-Infant Mental Health Training for Family Hub workforce in March and May 2024 – building bonds and breaking cycles

Improving outcomes - data or brief case study/ story etc



DAD SQUAD A PEER SUPPORT GROUP FOR DADS

BUMP TO BABY CLUB



Families from the Teenage Parents Home Start Me Time Group

Issues / challenges for HWB

- Ensuring training offers taken up across all Start for Life partners
- Maintain Dandelion membership in third year with introduction of new members.

Key Progress – against strategy / work plans

- The STW ICB System-level Primary Care Access Improvement Plan is being presented at the December 2023 HWB (see papers for further detail)

Plans for next quarter – what we are hoping to achieve

In summary STW ICB System-level Primary Care Access Improvement Plan, has 4 national pillars:

- **Empowering Patients**
 - rolling out the NHS app functionality to 90% of GPs by March 2024
 - Increasing all patient self referral activity by 50%
 - Increase usage of the Community Pharmacy service to the 81 Community Pharmacies across STW
- **Implementing Modern General Practice**
 - Encouraging GPs to apply for funding to move to Modern GP Model, to improve digital telephony and improved online requests for patients
- **Building Capacity**
 - Increase Healthcare Professional workforce across STW
 - Improve GP Retention
 - Work with Practices and PCNs to level of Practice Nurses
 - continue to develop and implement STW Estates Strategy, ensure primary care priority in new housing developments
- **Cutting Bureaucracy**
 - Work with Secondary Care to improve the Primary Care interface
 - Improve onward referrals of patients across the system
 - Offer all Practices the ability to be part of the National GP Improvement Plan
 - Clear points of contact for patients across the system
 - Ensure complete care for patients when being seen in Primary Care

Improving outcomes - data or brief case study/ story etc

- There are around 2.86m GP appointments in Shropshire, Telford & Wrekin a year, which is 9% more pre-pandemic levels
- Overall the STW GP survey results are good, the current response rate for these GP Surveys is 41%.
- There is variation across STW which needs to be addressed, with Telford & Wrekin Practices showing lower patient satisfaction than Shropshire practices

Issues / challenges for HWB

- Like many parts of the NHS, General Practice is under intense pressure. Where demand is greater than capacity, it means General Practice can't always be effective and patient experience and access is negatively impacted.
- The core purpose of the STW General Practice Access Plan is to demonstrate how we can mitigate the crisis facing primary care through a shared vision for improving access and quality of care
- NHS STW are receiving support as part of the national Recovery Support Programme which provides focused and integrated support to work through local complex challenges with a key focus on financial recovery

Inequalities focus: All 8 PCNs have nominated health inequalities leads and specific health inequality related projects in place for 2023/24. Health inequalities is one the priority criteria the Primary Care Team use to target practices requiring improvement support.

Local Care Transformation (LCP) Programme

- An update on the STW LCP is being presented to the HWB in December – see papers for further detail

Focus on Proactive Care

- NHS England describe Proactive Care as “an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care to a targeted subset of individuals living with multiple long-term conditions who could benefit most and is delivered through multidisciplinary teams (MDTs) in local communities.”
- It is a model of care that is data driven, using risk stratification to identify a target cohort and utilises a population health management approach to deliver support and interventions in a coordinated way.
- Proactive Care has been identified as a priority for the ICS in the Joint Forward Plan
- Proactive care focuses on adults who have 2 or more long term health conditions but with a sub-cohort of adults living with frailty, people experiencing health inequalities as defined by the Core20PLUS and people reliant on unplanned care.
- The Proactive Care model is one example of an Integrated Neighbourhood Team.

Proactive Care Key Progress

- Working with 2 PCNs across STW to develop an approach for delivery of Proactive Care.
- TELDOC PCN is exploring a risk stratification approach focusing on the Proactive Care criteria, alongside clinical validation and then discussion at their existing MDT.

Improving outcomes - data or brief case study/ story etc.

- Across STW over 68,000 people are living with 2+ long term conditions which equates to 171 people per 1,000 population. Telford and Wrekin specific data will be available through the development work.

Plans for next quarter – what we are hoping to achieve

- Pilot proactive care models in 2 PCNs, evaluate and consider scaling up.
- Working through Telford & Wrekin Integrated Place Partnership (TWIPP), with all partners to agree the best initial geography for Telford and Wrekin neighbourhoods - based on intelligence (quantitative and qualitative)
- Continue to be involved in the development of a system wide co-produced Personal Care & Support Plan (name to be decided)
- Development of a TWIPP Neighbourhood Development Programme to implement ‘integrated neighbourhood teams’ (a team of teams approach) building on the work already in existence. For example Safer Stronger Neighbourhoods, Community Hubs, Family Hubs...etc.
- Development of neighbourhood level JSNAs to help inform the development programme.

Issues / challenges for HWB (N/B this is being driven and overseen through TWIPP)

- Linked to the previous slide – capacity and readiness of PCNs to engage in and help development of neighbourhoods
- System wide engagement following the NHSE decision not to make Proactive Care Mandatory
- Workforce capacity across system partners and providers to support a new delivery model
- Digital infrastructure and information governance
- Ensuring that this is co-produced with residents, communities and the people that work in the neighbourhoods is key to success - acknowledging that this often takes time.

Inequalities Focus: Inequalities is one of the focuses of the proactive care approach as defined by the Core20PLUS

Green sustainable borough

Key Progress – against strategy / work plans

- **Green Spaces Are Go** continues until end of December, since March 24 programmes of a diverse array of physical activities in our green spaces have been funded and delivered by a wide range of external community organisations and internal teams.
- **Active SMiles** designed to incentivise active commuting by through supermarket vouchers incentives to “nudge” participants into active forms of commuting. The aim is to improve local air quality, improve physical and mental health among participants, reduce emissions of gases that contribute to climate change and ease the cost-of-living crisis. Following a successful trial in Oct 2022 with MOD Donnington, and then a less successful launch with businesses in 2023, Council staff participated in the project in October.
- **Telford & Wrekin Council Climate Adaptation Plan**, workshop being held on 15th December way of proactively managing climate risks to build resilience
- **Telford & Wrekin Becoming Carbon Neutral & Plastic Free** update to Cabinet in October 2023 significant progress reported on ambitions

Improving outcomes - data or brief case study/ story etc

- **Green Spaces Are Go** almost 1500 people have engaged activities, and the campaign has achieved some powerful results and an impressive reach: 100,000 Council branded emails in October and November, 100 promotional posts for funded events and activities across multiple social media platforms, creating almost 260,000 impressions, plus numerous press releases, newsroom articles, several local radio interviews and bespoke webpages
- **Active SMiles** 25 members of staff took part, with 19 completing all 10 commutes, 308 commutes were completed in total, participants said *“Much less stressful than driving in traffic. Also made connections with people who I see on route such as dog walkers other commuters, it may only be a good morning conversation everyday but still a connection”* and *“I enjoyed this challenge – it highlighted a number of gains for my job role that could be beneficial to the rest of my team.”*

Plans for next quarter – what we are hoping to achieve

- **Green Spaces Are Go** an additional 380 activity sessions are expected to have been delivered at approx. 50 different locations across the borough by the end of December.
- **Active SMiles** – responding to participants request to use the scheme for the school run there is a plan to run the scheme during January and February in a couple of schools with a view to embedding behaviour change with parents and their children.
- **Telford & Wrekin Council Climate Adaptation Plan** development following staff workshop in December, Members Seminar planned and presentation of plan to Cabinet in May 2024

Inequalities Focus:

- **Green Space are Go** targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities, groups receiving grant funding include PODS, Telford & Wrekin CVS, The Chinese Cultural Centre and African Caribbean Community Initiative.
- **“Active SMiles”** seeking employers with high percentages of manual workers and use job title as one of the selection criteria if the scheme is over-subscribed

Economic opportunity

Key Progress – against strategy / work plans

- As part of the Council's **Cost of Living Strategy**:
 - the household support fund scheme continues, which includes vouchers for low income families in school holidays
 - Meetings have been held with a range of community organisations who are running lunch clubs/social groups to signpost them to cost of living information and grant funding opportunities
- Other cost of living strategy actions which continue are:
 - Frozen general council tax increases for the second consecutive year, the council has also given all households who receive council tax reduction benefits an additional discount of up to £100 to lower their bills further.
 - Supported children who receive free school meals with extra supermarket vouchers to provide food half term
 - Providing direct financial support to more households than ever before, including the discretionary support scheme.
 - Work with Citizens Advice Telford and Wrekin and Age UK to offer debt and money advice sessions around the borough, with particular focus on helping older residents access all of the benefits they are entitled to, resulting in an extra £1m of eligible benefits now being claimed.
 - Additional funding to local food banks

Issues / challenges for HWB

- It is not known at this stage if the government funding that has been provided to support some of these schemes will continue beyond April 2024. In particular the Household Support Fund and the Council Tax Hardship discount funding.

Plans for next quarter – what we are hoping to achieve

- Supermarket vouchers for children during the school holidays and a one-off voucher to pensioners on the lowest incomes will continue until at least March 2024
- We are continuing to operate a variety of hardship schemes for residents who are struggling financially, with increased funding agreed until March 2024
- Plans are still to be developed regarding the additional support that may be offered to residents over the winter 2023/24 period.

Improving outcomes - data or brief case study/ story etc.

The Council has provided grant funding to Age UK to enable them to expand their Older People's Benefits Advice Service in Telford & Wrekin. This has enabled them to maximise the benefit entitlement of older people in the Borough to an estimated value of over £1million. On average, each client supported with a benefits claim by Age UK has received £4,164 a year, and with most benefits awards being longer than a year, bringing significant revenue into the local community.

Case study from Age UK

Mrs D was beginning to struggle with caring for her husband, as well as with her own health. Mrs D was assessed to be eligible for Attendance Allowance and was offered assistance to claim by Age UK.

Two months later, Mrs D was awarded Attendance Allowance at the high rate. Age UK also used their expert knowledge to help Mr & Mrs D with their Pension Credit claim.

Mrs D said:

"This outcome is absolutely amazing, I can't thank your Benefits Officer enough for her knowledge and support, the information we received was excellent throughout."

Housing and homelessness

Key Progress – against strategy / work plans

- Opened a new refuge for those presenting as homeless due to domestic abuse offering 8 beds for women and their children.
- Opened a new 5 bed unit of temporary accommodation for singles and adults who we owe a housing duty.
- Increased the supply of temporary accommodation to reduce the use of B&B which is not suitable for families.
- Continue to work with partners to provide support to clients presenting as homeless
- Delivering a Landlord and Tenant support programme
- Continue to work with Housing Associations to increase successful nominations into social housing
- Using data on housing needs across adult and children's services shaping the development market to deliver more specialist and adapted accommodation including supported accommodation, extracare and provision for care leavers
- Maintaining daily multi-agency Rough Sleeping Task Force
- Continue to work with MPFT via dedicated Mental Health Nurse to provide rapid mental health support for rough sleepers.
- Developing work with children's services to ensure young people at risk of homelessness are identified and supported as early as possible.

Improving outcomes - data or brief case study/ story etc.

- Since April we have prevented 283 applicants from becoming homeless
- Since April we have relieved 516 applicants from becoming homeless.
- Successfully housed **410** homeless families/individuals into social housing

Plans for next quarter – what we are hoping to achieve

- Put into action SWEP (Severe Weather Emergency Protocol) for those embedded rough sleepers when the temperature drops 0 degrees or below for 3 or more days and find emergency accommodation.
- Development of our website regarding homelessness advice and support
- Establish a Homelessness Forum with shared responsibility for delivering the Homelessness Strategy.
- Continue to work with partners to manage customer expectations about the type, size and location of housing they may be offered
- Continue to work with developers and housing association partners to ensure that new properties reflect all housing needs.

Issues / challenges for HWB

- Increasing numbers of clients including families presenting to services
- More complex clients with challenging behaviours who require multi agency response and support and impact on communities
- Shortage of affordable larger accommodation reflecting increase in larger families presenting as homeless
- Shortage of one bedroom self contained affordable properties for single clients
- Demand for more specialist supported accommodation to house those with mental health and substance misuse.