

Public Document Pack



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Wednesday, 22 June 2022

2.00 pm

Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

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To receive the Annual Public Health Report from the Director: Health and Wellbeing (Statutory Director for Public Health) Telford & Wrekin Council

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TELFORD & WREKIN COUNCIL

31/05/2022 - Senior Management Team

09/06/2022 – Business Briefing

22/06/2022 - Health & Wellbeing Board

14/07/2022 - Cabinet

ANNUAL PUBLIC HEALTH REPORT 2022: Tackling inequalities - everyone's business

REPORT OF LIZ NOAKES, DIRECTOR - HEALTH & WELLBEING, STATUTORY DIRECTOR OF PUBLIC HEALTH

LEAD CABINET MEMBER – CLLR Kelly Middleton

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 Introduction

This paper introduces the 2022 Annual Report of the Statutory Director of Public Health (DPH). The report has a focus of 'making tackling inequalities everyone's business'. It outlines our health inequalities gaps and sets out case studies, largely drawn from across council teams, that demonstrate how we are working together to narrow these gaps. Our collaborative and community-based approach is celebrated, recognizing the collective commitment from partners to reducing inequalities affecting the local population. However further collaborative action is needed to ensure we embed the approach and monitor progress in tackling these avoidable and unfair differences in health between different groups within our population. The DPH's report therefore make recommendations for enhancing collaborative action to improve wellbeing and narrow inequalities.

An update on the local position across the Public Health Outcomes Framework is also included, providing a picture of population health indicators across the life course.

1.2. Report Summary

Overview

Men and women living in the poorest areas of the borough live on average 7.3 or 4.1 years less respectively than those in the most affluent areas. Between 2010-12 and 2018-20 life expectancy has improved in our most deprived areas but this improvement may be short-lived given the longer term impact of the pandemic and the cost of living crises. The gap remains unacceptable and unfair.

The chapters in this report mirror our inequalities plan priorities, published in September 2021. The key outcomes and inequalities gaps that we know about are described i.e. those which affect people of different ethnic backgrounds, age groups and deprived versus affluent communities. Where possible, the impact of the pandemic on these outcome measures are highlighted. The case studies and stories are used in the report to show how our targeted, community-based approach is improving the experiences and life chances of our residents who are most likely to face inequalities. There are many more local examples that could be celebrated and a library of good practice will be developed and publicised.

Summary of chapters

- **Achieving the Best Start in Life** is fundamental given that experiences before birth and in the first years of life and the teenage years strongly influence outcomes in a wide range of ways, which ultimately drive inequalities. Our levels of child poverty are higher than average, and there were clear inequalities gaps in numerous outcomes for children and young people before the pandemic – many of these have got worse in the past two years although there has been notable improvement in the number of young people not in education, employment or training.
- **Economic opportunity** ensures residents are able to make the most of their skills and talent and provides income, as well as offering social interaction, and an opportunity for people feel that they have a clear identity and purpose. Since the start of the pandemic economic inequalities gaps have widened between those residents living in the most and least deprived parts of the borough, between men and women and between younger and older residents. Improving job opportunities, raising aspirations and welfare support is crucial given the impact of the pandemic, the recession and cost of living crisis.
- **Public health and prevention** - Our life expectancy inequalities gaps are largely caused by preventable illnesses, such as circulatory disease, cancer and respiratory disease. The main lifestyle factors which contribute are smoking, diet, alcohol and low activity levels. Improving lifestyle behaviours is a key role for the council and the NHS and early diagnosis, screening and immunisation are all important areas for prevention.
- **Community and place** reflects a key council priority- that all neighbourhoods are a great place to live. The environment and circumstances that we live in makes an enormous difference to our health, feeling secure and safe and good social networks are all vital. Community and place are key wider determinants of health and impact significantly on inequalities. Community-centered approaches engage residents and use local assets to increase people's control over their lives to build connected and empowered communities.

- **Health and social care integration** is evermore important given the intense impact of the pandemic on health and social care which has affected many aspects of healthcare services. Shropshire, Telford and Wrekin Integrated Care System (ICS), is working closely to transform health and care services and deliver world class care to meet current and future needs of our residents. The Telford & Wrekin Integrated Place Partnership (TWIPP) delivers healthcare integration priorities through a truly joined up, asset-based approach focusing on early detection and prevention resolving issues for people and families as early as possible
- **COVID impact** can be seen throughout the preceding chapters, but is discussed in detail here. COVID-19 infection rates have been high in Telford & Wrekin, especially in younger people, although older people have been hospitalised or died more often. COVID-19 death rates have been lower than the national average. Research shows that vaccination can reduce the risk of long-COVID by 41%. Vaccination rates have been high in Telford & Wrekin, however there are clear inequalities related to resident’s ethnic background and deprivation levels. Our vaccination bus ‘Betty’ and pop-up vaccination sessions have supported the reduction in these inequalities but there is more work to do to continue this important work.

2. RECOMMENDATIONS

The Health & Wellbeing Board and Cabinet is asked to endorse and support the following 2022 Annual Report of the Director of Public Health recommendations:

- 2.1 The Health & Wellbeing Board should ensure that the Health Inequalities plan is refreshed in 2022/23 and that future Health & Wellbeing Strategy maintains a commitment to tackle health inequalities.
- 2.2. The Health & Wellbeing Board should ensure that there is a clear ‘Best Start in Life’ priority in the next Health & Wellbeing Strategy.
- 2.3. NHS partners should work with the Council and partners, as part of the Shropshire, Telford & Wrekin ICS, to identify and implement place-based programmes to improve the physical and mental health and associated inequalities of our children & young people.
- 2.4 The Shropshire, Telford & Wrekin Integrated Care System should ensure that their plans to roll out NHS prevention programmes and the delivery of services that tackle healthcare inequalities (as defined by NHS England) are prioritised, resourced and delivered to those communities most in need.
- 2.5 The Shropshire, Telford & Wrekin Covid vaccination programme should ensure that the necessary resources and capacity are appropriately directed to reduce vaccine inequalities, specifically encouraging people from deprived communities, those from black and minority ethnic backgrounds and other

groups with low uptake to get vaccinated.

- 2.6 The Council’s Insight team, working with intelligence teams in the NHS and other partner organisations, should continue to develop the intelligence base to more fully understand the ‘picture’ of inequalities within the borough to both inform and monitor our inequalities programme of work.
- 2.7 The Health & Wellbeing Board should explore ways of ensuring work to tackle health inequalities is recognized and visible across our multiple partnerships – this could entail becoming a ‘Marmot Borough’.

3. SUMMARY IMPACT ASSESSMENT

| | | |
|---|---|---|
| COMMUNITY IMPACT | Do these proposals contribute to specific Co-Operative Council priority objective(s)? | |
| | Yes | Improve the health and wellbeing of our communities and address health inequalities |
| | Will the proposals impact on specific groups of people? | |
| | Yes | Infants, children and young adults Individuals with complex needs Population living with drug and alcohol dependency Older population (aged 65+ years) |
| TARGET COMPLETION/DELIVERY DATE | The Annual Public Health Report includes actions that the council will take with key partners and communities for the next 12 – 18 months | |
| FINANCIAL/VALUE FOR MONEY IMPACT | Yes | The actions and recommendations proposed in the report require the input of multiple partners and funding sources. The recommendations proposed will be delivered from existing budgets and known sources of funding i.e. Grant awards. Where there is cause to source additional funding for initiatives this will be proposed through the appropriate governance route for each organisation. RP-19.5.22 |

| | | |
|---|-----|--|
| | | |
| LEGAL ISSUES | Yes | <p>Legal Comment: Annual Public Health Report</p> <p>The Director of Public Health has a statutory duty to prepare an annual report on the health of the people in the area of the local authority under Section 73B (5) of the National Health Service Act 2006 (as amended).</p> <p>The report has to be published by the local authority under Section 73B (6).</p> <p>The attached report is produced by the Director of Public Health in order to meet these statutory responsibilities.</p> |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | No | |
| IMPACT ON SPECIFIC WARDS | Yes | Borough-wide impact but particularly wards with highest levels socioeconomic deprivation. |

PART B) – ADDITIONAL INFORMATION

The impact of poverty, poor housing, insecure and low-paid jobs and stress harms our physical and mental health. Poor emotional and mental health increases our blood pressure and weakens the immune system, contributing to cardiovascular disease and cancer which reduce life expectancy the most.

By reducing inequalities, we can strengthen people's resilience and wellbeing and make our communities healthier. Vital building blocks are the best start in life, quality education, good housing and jobs, and opportunities for all, especially for the most vulnerable and excluded people.

4. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

5. PREVIOUS MINUTES

Previous Annual Reports of the Director of Public Health for Telford & Wrekin were presented to the HWB in: July 2013, December 2014, December 2016, March 2017, September 2018 and September 2019.

6. BACKGROUND PAPERS

None

Report prepared by Nicola Dennis, Public Health Specialty Trainee 09/05/2022



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Telford and Wrekin
**Annual Public
Health Report**

2022

Page 9

Tackling inequalities - everyone's business

Foreword



My **last annual report** was published in 2019, before the pandemic – the scale and impact of which could not be imagined. The report highlighted that the circumstances in which we live significantly impact our health and that improving health is everyone's business.

Men and women living in the poorest areas of the borough live on average 7.3 or 4.1 years less respectively than those in the most affluent areas. The pandemic without a doubt, has widened this unacceptable gap.

The impact of poverty, poor housing, insecure and low-paid jobs and stress harms our physical and mental health. Poor emotional and mental health increases our blood pressure and weakens the immune system, contributing to cardiovascular disease and cancer which reduce life expectancy the most.

By reducing inequalities, we can strengthen people's resilience and wellbeing and make our communities healthier. Vital building blocks are the best start in life, quality education, good housing and jobs, and opportunities for all, especially for the most vulnerable and excluded people.

The Council's Plan - **protect, care and invest to create a better borough** puts addressing inequalities at the heart of our ambitions and aspirations for the borough. And many teams across the council have been working hard to reduce inequalities as part of their day job. This involves joint working with other organisations such as the NHS, schools, the police, local businesses and a wide range of voluntary and third sector groups. It is not possible for any one team or organisation to tackle inequalities alone, but by collaborating across organisations we can make progress.

The **Telford & Wrekin Health & Wellbeing Board** and Integrated Place Partnership (TWIPP), working with NHS colleagues as part of the Shropshire, Telford & Wrekin Integrated Care System are key partnerships for this inequalities agenda.

Our **Telford & Wrekin Inequalities Plan**, published last year, sets out our approach to tackling inequalities and the priorities. There are clear inequalities gaps and outcomes which need to be improved.

My annual report this year showcases and celebrates, transformation work and innovative projects and programmes under way in Telford and Wrekin, across our inequalities plan priority themes. It is encouraging

to see that much of the work going on in the borough is in line with the recommendations made in my previous annual reports. For example an obvious emphasis on the best start in life, targeted inequalities work with our most vulnerable residents and a focus on community-based work delivered with partners.

This report makes recommendations on further actions we need to take together to improve outcomes and narrow the gap for those people most affected by inequalities.

A handwritten signature in black ink that reads "Liz Woates".

Director: Health and Wellbeing
(Statutory Director for Public Health)
Telford & Wrekin Council

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Acknowledgements

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Jas Bedesha and Jennifer Bullas (St Giles Trust and Positive Choices)

Louise Harding (Wheels 4 Work)

Lee Higgins (Emergency Welfare Assistance scheme)

Stuart Davidson (Happy Healthy Active Holidays)

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Clare Hall-Salter (Independent Living Centre and Rapid Response Team)

Rachel Threadgold (Betty the vaccine bus)

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Emma Pearce (Reducing maternity and infant inequalities)

Louise Mills, Katie Baker and Melanie Lomax (Healthy Lifestyles Service)

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Amardeep Grewal (Inequalities and learning difficulties)

Mandy Findlay (Affordable warmth)

John Barlow (Graphic Designer)

Page 13 **Recommendations**



Recommendations

- 1** The Health & Wellbeing Board should ensure that the Health Inequalities plan is refreshed in 2022/23 and that the future Health & Wellbeing Strategy maintains a commitment to tackle health inequalities.
- 2** The Health & Wellbeing Board should ensure that there is a clear 'Best Start in Life' priority in the next Health & Wellbeing Strategy.
- 3** NHS partners should work with the Council and partners, as part of the Shropshire, Telford & Wrekin ICS, to identify and implement placed-based programmes to improve the physical and mental health and associated inequalities of our children & young people.
- 4** The Shropshire, Telford & Wrekin ICS should ensure that their plans to roll out NHS prevention programmes and the delivery of services that tackle healthcare inequalities (as defined by NHS England) are prioritised, resourced and delivered to those communities most in need.
- 5** The Shropshire, Telford & Wrekin Covid vaccination programme should ensure that the necessary resources and capacity are appropriately directed to reduce vaccine inequalities, specifically encouraging and supporting people from deprived communities, those from black and minority ethnic backgrounds and other groups with low uptake to get vaccinated.
- 6** The Council's Insight team, working with intelligence teams in the NHS and other partner organisations, should continue to develop the intelligence base to more fully understand the 'picture' of inequalities within the borough to both inform and monitor our inequalities programme of work.
- 7** The Health & Wellbeing Board should explore ways of ensuring work to tackle health inequalities is recognized and visible across our multiple partnerships – this could entail becoming a 'Marmot Borough'.

Introduction

Like previous national health inequalities reviews, **Build Back Fairer: the COVID-19 Marmot Review** emphasises that the social, environmental and economic inequality which damages health and wellbeing had got worse in past the 20 years - even before the pandemic struck. While all individuals, communities and organisations have faced unparalleled challenges in responding to covid, certain communities and groups, already facing longstanding inequalities have been disproportionately affected.

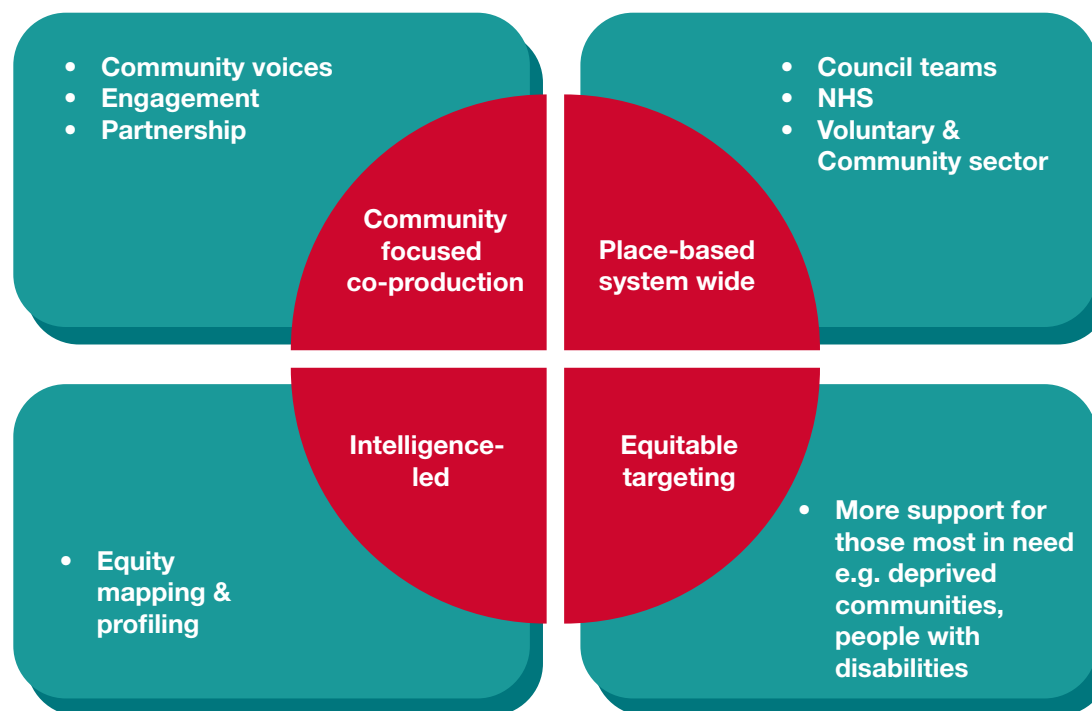
We know there are avoidable, and unfair differences in health between different groups of people, such as people from deprived areas and those from Black, Asian and minority ethnic (BAME) backgrounds. The Equality Act 2010 protected characteristics are clear context for health inequalities faced by some, such as LGBT people and those with learning and physical disabilities.

The NHS also has a clear commitment to the agenda. The Health and Care Bill requires reducing health inequalities to be mainstream in health and social care integration and NHS England has specific expectations for **reducing healthcare related inequalities** for local systems.

The **Telford & Wrekin Inequalities Plan**, published in September 2021, acknowledges that certain local health inequalities are already well known and can be tackled more easily. But we need to start systematically identifying inequalities which are currently less clear, so

we can implement and develop actions and solutions to narrow these gaps. Our inequalities plan is based on Marmot themes, recognising that the wider determinants of health significantly impact on our local inequalities picture. The plan commits to take a targeted, community-centered, intelligence-led partnership approach, and all these elements will be critical to our success.

How we are tackling inequalities



Introduction

The chapters in this report mirror our inequalities plan priorities – which are based on [Marmot review](#) priorities.

Best Start in Life

Economic opportunity

Community and Place

Public Health and Prevention

Health & Social Care

Integration

COVID-19 Impact

The report aims to provide a rich intelligence picture, demonstrating our outcomes focussed approach to tackling inequalities.

Firstly, we consider the overarching trends for life expectancy and associated inequalities in the borough.

Each chapter begins by identifying the key outcomes and inequalities gaps that we know about, affecting people of different ethnic backgrounds, age groups and deprived versus affluent communities. Where possible, the impact of the pandemic on these outcome measures are highlighted.

A wider overview of our local position across the whole public health outcomes framework is detailed in the appendix.

The chapters showcase important work taking place in the borough to narrow inequalities gaps. These focus on impressive examples of projects and initiatives across a wide range of council teams and services.

Collaborative work with the NHS and other partners is also highlighted to further demonstrate that tackling inequalities is everyone's business.

The case studies and stories are used in the report to show how our targeted, community-based approach is improving the experiences and life chances of our residents who are most likely to face inequalities. There are many more local examples that could be celebrated and a library of good practice will be developed and publicised.

The report makes a series of recommendations which will be used to shape the refresh of the health and wellbeing strategy later in 2022 and update the inequalities delivery plan a year on.



Page 17 **Our inequalities picture**

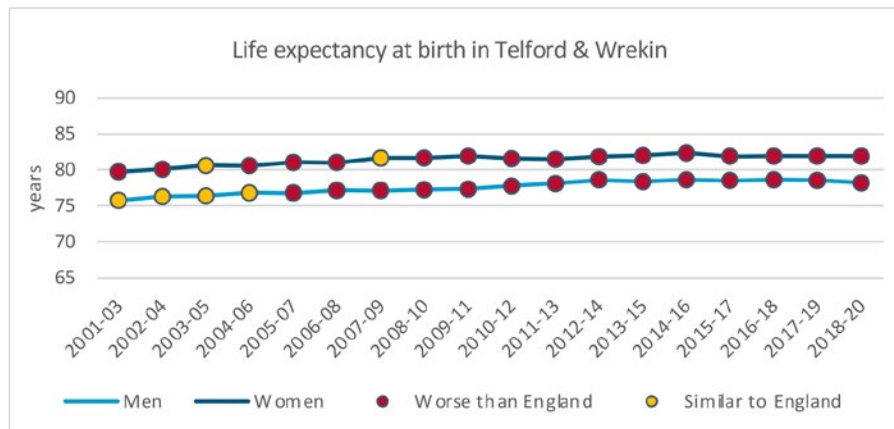


Our inequalities picture

Life Expectancy is a recognised measure of life experiences and population health

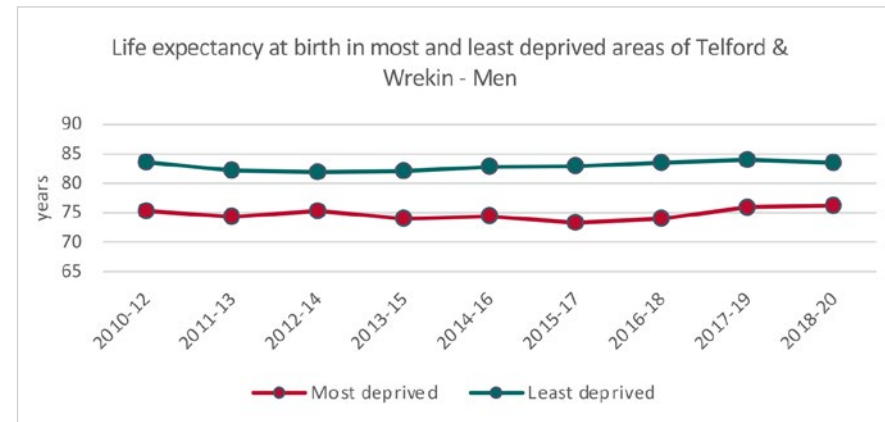
Life expectancy at birth

Prior to the period 2009-11 life expectancy for men and women in Telford and Wrekin had been increasing. Since 2009-11, the increase in life expectancy at birth has stalled and for both men and women and has consistently been worse than the national average. For the period 2018-20 average life expectancy for men was 78.2 years and for women 81.9 years.

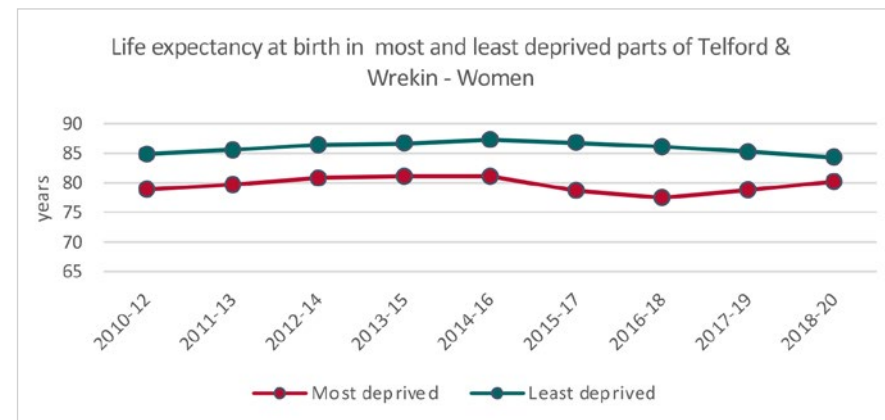


Inequality in Life expectancy at birth

In 2018-20 men in the least deprived parts of the borough could expect to live on average for 83.5 years compared to 78.2 years in 2010-12. In the least deprived parts of the borough life expectancy improved from 75.3 years in 2010-12 to 76.2 years in 2018-20. This means that the absolute gap in life expectancy between the most and least deprived areas reduced from 8.3 to 7.3 years. Women living in the least deprived parts of the borough could expect to live on average for 84.3 years in 2018-20



compared to 84.9 years in 2010-12. In the least deprived parts of the borough life expectancy over the same period increased from 78.9 years in 2012-12 to 80.2 years in 2018-20. This means that the absolute gap in life expectancy between the most and least deprived areas reduced from 6.0 to 4.1 years.



Life expectancy along the Silkin Way

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Chapter 1

Page 20

Achieving the best start in life

Pre-conception, early years, childhood and young adulthood influences physical and emotional health outcomes throughout our lives.

Our levels of child poverty are higher than average, and there were clear inequalities gaps in numerous outcomes for children and young people before the pandemic – many of these have got worse in the past two years.

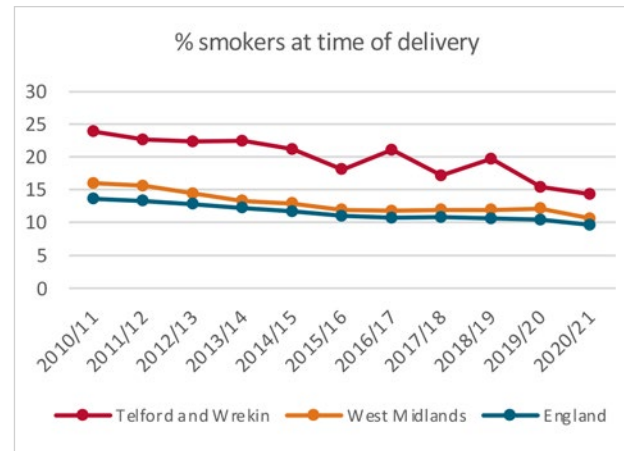
Achieving the best start in life

What do we know about achieving the best start in life in Telford and Wrekin?

Smoking at time of delivery

The proportion of women in the borough who are smokers at time of delivery has improved from 23.9% in 2010/11 to 14.3% in 2020/21. However the proportion remains worse than both the England and West Midlands average.

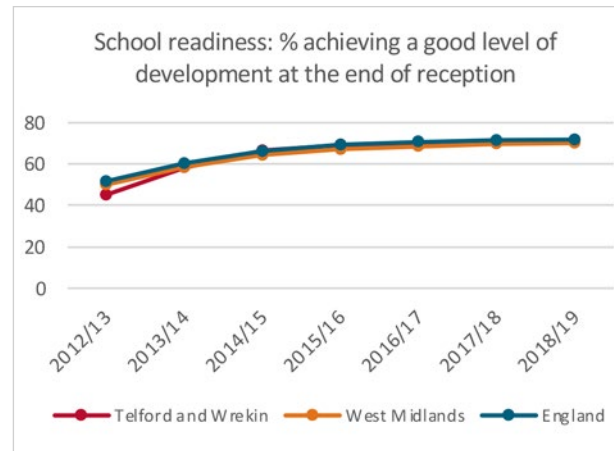
277 women were still smoking when they delivered their babies in 2020/21.



School readiness

School readiness has improved in recent years becoming closer to both the regional and national average having previously been worse. In 2018/19 71.3% of children had achieved a good level of development compared with 45.1% in 2012/13.

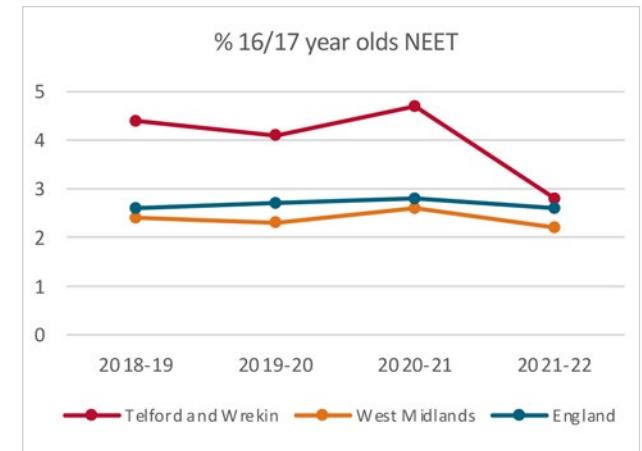
634 Reception children did not achieve a good level of development in 2018/19.



Not in Education, Employment or Training

Over the last four years there has been a considerable reduction in the numbers of 16-17 year olds who are NEET. After being consistently higher than the regional and national average the proportion NEET for 2021/22 (2.8%) is similar to the England average (2.6%).

But 116 16-17 year olds were NEET in 2021/22.

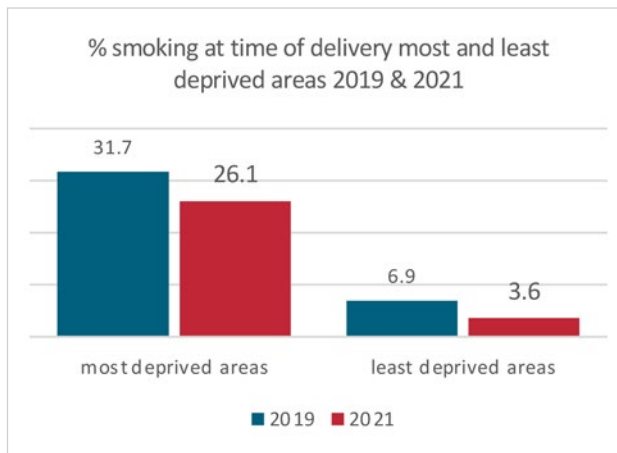


What do we know about the best start in life inequalities in Telford and Wrekin?

Smoking at time of delivery

Since the start of the pandemic the proportion of women who are smokers at time delivery has reduced in both the most affluent and most deprived parts of the borough. However a significant gap remains with 26.1% smokers in the most deprived areas compared to 3.6% in the least deprived.

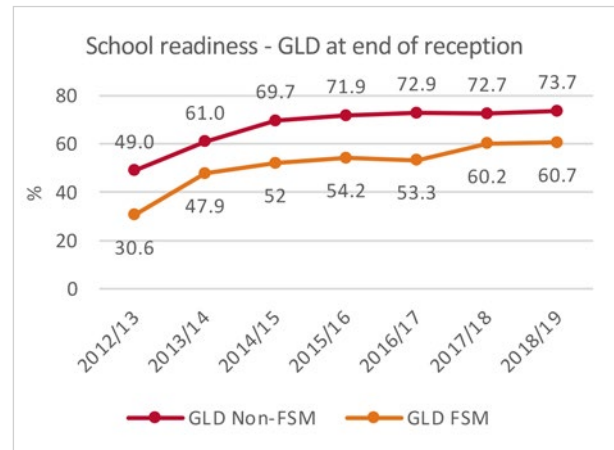
The smoking in pregnancy gap in 2021 was 22.5%.



School readiness

The proportion of children achieving a good level of development (GLD) at the end of reception has improved for children receiving free school meals and the gap to those not in receipt narrowed from 2012/13 to 2018/19. With the disruption to education during the pandemic it is likely that the gap will have widened again.

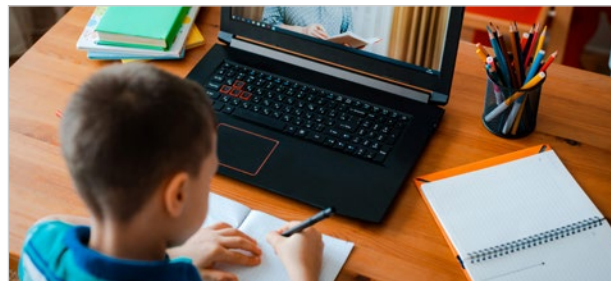
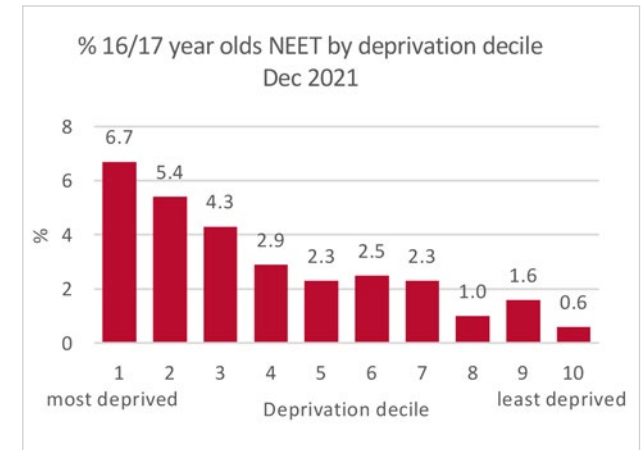
However, school readiness gap was 13% in 2018/19.



NEET

Despite the improvements in the overall number of young people who are NEET, there is a clear correlation between deprivation in our communities.

The NEET gap was 6.1% in December 2021



Reducing maternity and infant inequalities

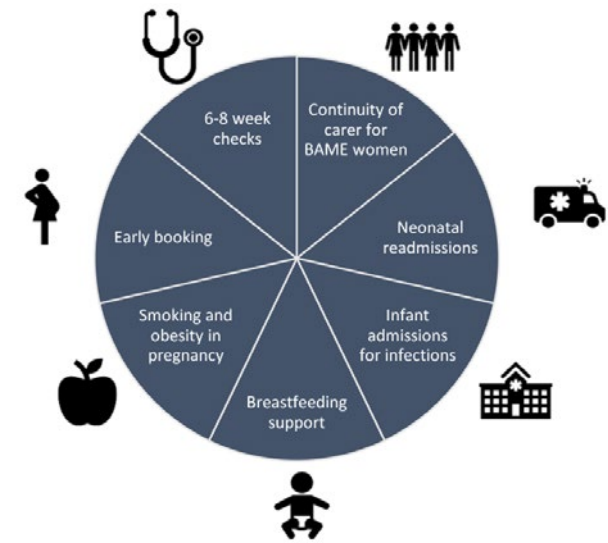
The importance of getting the best start in life has been a key theme of our **annual public health reports** since 2013. Unfortunately several key health outcomes for infants in Telford and Wrekin remain worse than the England average. There are also significant inequalities gaps in these outcomes, especially related to our most deprived communities.

A collaborative group, led by Telford & Wrekin Council's public health team, **local maternity services**, the CCG and the **maternity voices partnership (MVP)** have developed an equity and equality strategy for the Shropshire, Telford & Wrekin Local Maternity & Neonatal System. The partnership produced an in-depth data pack based on the maternity, birth and early infant journey. The intelligence and insight gathered has been used to shape the strategy and agree priorities to help guide changes to improve outcomes for women and babies.

We have been recognised regionally for our excellent co-production approach working with the MVP, as the voices of women and families experiences are reflected throughout the strategy.

Find out more:
 @MVP_Shrop_TW
 @MaternityVoicesShropTW · Community

| Recommendations | Putting the focus on women with black and ethnic heritage, disabilities and those from deprived or disadvantaged backgrounds | | |
|-----------------|--|--|-----------------------------------|
| | Understanding our population & narrowing the gap | Locating & working with our community assets | Understanding our workforce |
| | Data collection & population health management | Equity of access to community services | Workforce Race Equality Standards |
| | Public health & prevention programmes | Breastfeeding community support | Listen to our staff concerns |
| | Access to services that make a difference | Support for bereaved families | |



School readiness: Talking childcare

School readiness is a key measure of children's development, and an area where inequalities have been shown to have a particular impact.

In Telford and Wrekin there are approximately 200 Early Years and Childcare providers. The Early Years team support these providers, which include settings offering full day care, over 100 childminders, nursery schools and nursery classes and out of school clubs.

To support providers, the Early Years and Childcare produce advice and support packages to raise the aspirations for all children across the borough, particularly those with additional needs. The importance of relationships and collaborative working across both providers and local primary schools is seen as vital, and partnership hubs have been created in order to bring people together in local areas. The overall aim is to ensure all children in Telford and Wrekin are school ready.

Training is a big part of the team's work. Supporting Speech Language and Communication in Telford and Wrekin has been delivered to 82 ICAN Early Talk practitioners (funded via inequalities funding). Stoke Speaks Out SLC assessment tool training has been delivered to 86 practitioners (funded via inequalities funding). There are plans to deliver Early Years Talk Boost training (funded via Health) during the summer term.

Supporting SEND

DfE and LA inequalities funding have supported 31 EY practitioners to achieve a L3 SENDCO award, delivered by the EY team.

CPD offer

The team offers a termly training offer that covers safeguarding, SEND, Learning and Development, quality of provision and Business sustainability. We contribute to the Schools CPD programme across each academic year. Training meets statutory requirements and identified areas of need.

The team have taken 200+ referrals to support settings with children where SEND has been identified. The team will also be working with other children identified in 20/21 period.

Take up of Early Years Education Funding entitlements

The take up of 2 year Old funded places is higher than National levels (62%) at 84% Autumn headcount 2021 and take up of the 15 hours entitlement for 3 and 4 years olds is at 96%.

We ensure that take up is high through working with a range of partners including social workers, Strengthening families teams, representation at Locality Boards and with Health partners. We have a high media presence to promote the offers to parents/carers within the Local Authority.



Telford and Wrekin have been part of the government's Early Years professional Development Programme which supports early language and mathematics. The project has been a big success, with 19 practitioners achieving a level 3 award in SLC, with 16 going on to achieve level 4. 11 settings have achieved Communication Friendly Setting Status. Next term, level 3 training opportunities will be provided to a new cohort of practitioners




10BY10

Ten by Ten, is a national initiative recognises that children from deprived backgrounds are less likely to take part in extracurricular activities. Telford & Wrekin is the first council in the country to support Ten by Ten and we will be working with schools, community providers, parish and town councils, local charities and other third sector organisations, to support the every ten year old to have the opportunity to:

- Join in competitive team sports
- Play an instrument
- Learn to swim
- Take part in drama and performing arts
- Visit the seaside and the countryside
- Experience museums, galleries & heritage sites
- Take part in camping trips and overnight residentials
- Learn to ride a bike
- Take part in debating
- Use a library



 Click image to watch video
Helping our children thrive - the "10 by 10" initiative

Children in care

Children in care are at risk from multiple inequalities, in education, healthcare, and life chances. There are more children in care in Telford and Wrekin than the England average, and supporting these children is a vital role for the council. There are more children in care in Telford and Wrekin than the England average, 425 children in 2021.

Despite these higher than average numbers, outcomes for looked after children in Telford and Wrekin are better than those seen nationally. In 2020, immunization rates, seen as a key outcome of quality of care, was 97.2% of children being up to date, putting Telford and Wrekin in the top 10% of local authorities in the country, and considerably higher than the 87.8% average for England. Attainment 8 scores were also high compared to the England average, at 26.4 compared to 21.4. However, as the average score for all children is 50, this still represents a considerable inequality.



Virtual schools are schools specifically for children in care across all age groups. The last years of high school are a vital step as young people move from education to adult life. Increasing opportunities and ensuring that they have ambitions and clear plans to achieve those ambitions can ensure children leave the virtual school on the best possible path. Post 16 education is taken very seriously by the virtual school. NEET rates, an important marker are kept very low at the virtual school, with only 5 NEETs out of the current group of 66 young people and 74% of the group are in education.



Pupil story:
Pupil one attended secondary schools before moving between specialist educational facilities and out-of-borough education, before becoming NEET. After working with the virtual high school she is now undertaking training with a view to accessing voluntary work in her preferred sector.

Pupil story:

Pupil two attended multiple secondary and specialist schools before leaving a college course. After working with the virtual high school she has now started a college course in her preferred field, which she enjoys, and is working part time in the same area.

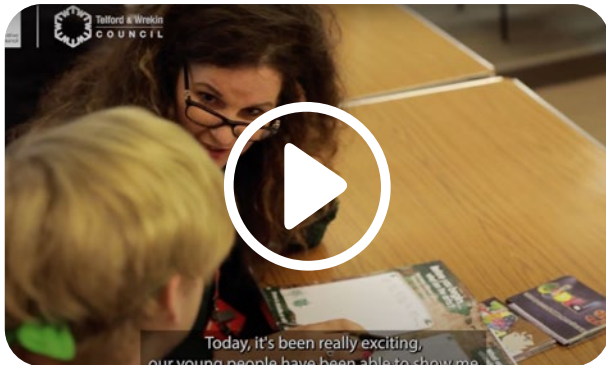
Leaving Care Service

Telford & Wrekin's Leaving Care Service have partnered with MIND to provide tailored and holistic support for young people. This dedicated service aims to ensure young care leavers do not experience long waiting times for services and appointments with many different people who do not have time to form trusting relationships.



This ring fenced, targeted support is directed towards any young person leaving the care of the local authority and sees two specialist workers from the charity collaborating to provide timely therapeutic support in the young person's chosen location. They can provide group activities and sessions in the Leavers Lounge, a homely and familiar space, or meet 1-2-1 out in the community or at the young person's home. Referrals are able to be dealt with quickly, and support can take as little as days

to be established. Young people are able to meet the MIND workers first through dedicated Calm Cafes or a personal introduction can be made face to face or via telephone. The process is person centred and proving popular.



▶ Click image to watch video
Summer Arts Programme for young people in care and care leavers

One service user has given her appraisal of the service. She said **“in the past, I felt like I was waiting and waiting for help. I put in a referral for MIND through the care leavers team and was contacted almost straight away. The ladies are lovely and easy to open up to. I have the choice of meeting them one to one but I’m also really enjoying the group sessions which are fun and interactive and in a place I know. I have recently been provided my care files and additional personal private support has been offered to go through these and help me understand my path through care.”**

Case study

Care leaver covenant

Telford and Wrekin Care Leaver Covenant, made up of seven promises to help young adults, aged 16-25 to be individual, safe and healthy, help fulfil their ambitions, build strong relationships, develop independence and ensure they are listened to, respected and valued.

An information and launch event for the Telford and Wrekin Care Leaver Covenant was held in February 2022. The online workshop was an opportunity for local organisations to learn more about how they can add social value and make a difference to the lives of young people leaving care by becoming a signatory. There are already over 45 local signatories.

CARE
LEAVER
COVENANT

JOIN TELFORD AND WREKIN'S
CARE LEAVER COVENANT
BUSINESS EVENT



Re-engaging young people and raising aspirations

Young people who are not in education, employment or training (NEET) are at higher risk of poor life experiences. Research conducted by the council with local young people found that the most common barriers were low confidence, no work history or qualifications, lack of motivation, mental health and vulnerability.

There is strong council focus on engaging young people in education, training and work opportunities, particularly the most vulnerable teenagers. Free support is on offer to help them find new education, training or employment opportunities via the **Telford Youth Hub**. This includes one-to-one support throughout the whole process, from job hunting, job applications, developing CVs, right through to interview stage.

Additional opportunities are offered, such as a recent activity week organised by Telford & Wrekin Council's **Futurefocus** service and delivered by the Crossbar Alternative Provision (CAP) team. The week included activities designed to build young people's confidence by encouraging them out of their comfort zones through new experiences. These included squash, zip wiring, golf and climbing.

Two of the young people went on to join a Crossbar Employability Traineeship, a part-time 12-16 week education course including a Level 2 Employability or Coaching Sport & Physical Activity Qualification and workshops in personal development and academic subjects.

Child criminal exploitation is nationally well recognised and acknowledged to be geographically widespread. It can take a variety of forms, but ultimately it is the grooming, coercion and exploitation of children into criminal activity, including gangs and organised criminal networks involved in exporting illegal drugs – known as county lines.

We currently have excellent expertise and input from the Steer Clear and CLIMB programmes, and wanted to further develop our youth offer with a particular focus on hard-to-reach young people.

The council is working with St Giles Trust, a charity dedicated to supporting people who have experienced criminal exploitation, to recruit two Youth Violence and Exploitation Mentors, based in our communities, one Embedded Exploitation CSE/CCE Caseworker, and a schools-based SOS+ co-ordinator.

The purpose of these roles are for people with lived experience to engage with and mentor young people to prevent them becoming involved in such serious youth violence and criminal activity.



Chapter 2

Page 29 Economic opportunity

As well as providing income, being in employment offers social interaction, and supports people to feel that they have a clear identity and purpose and a defined role in society. Good quality work should be safe and give employees a sense of security and autonomy.

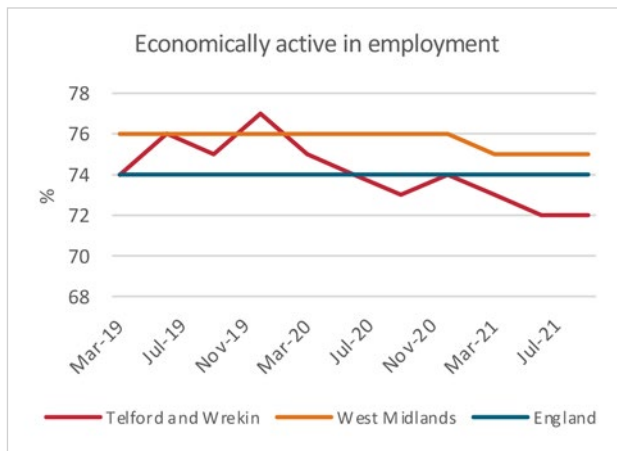
Since the start of the pandemic economic inequalities gaps have widened between those residents living in the most and least deprived parts of the borough, between men and women and between younger and older residents.

Improving job opportunities, raising aspirations and welfare support is crucial given the impact of the pandemic, the recession and cost of living crisis.

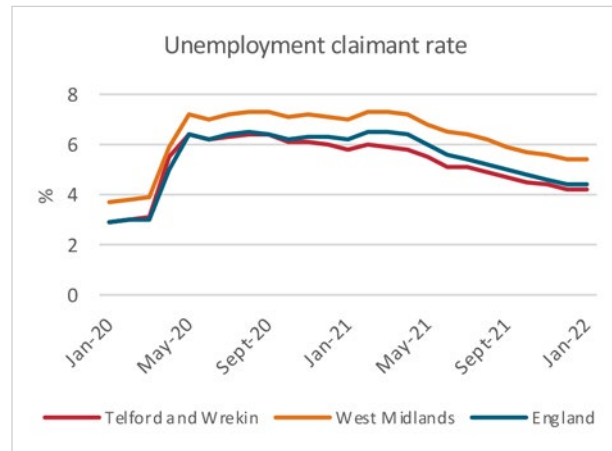
Economic opportunity

What do we know about employment in Telford and Wrekin?

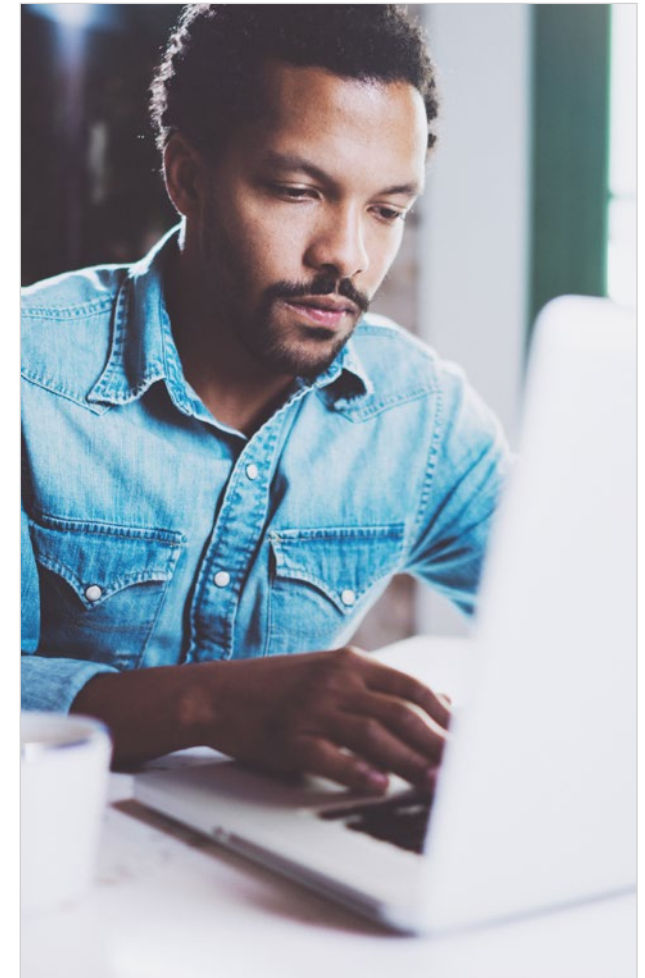
Employment rates in Telford and Wrekin are recovering from the impact of the pandemic. In 2019 employment rates were at an historic high, 76.8% of adults - 87,700 people in employment, higher than the national average 76% in England. However, the latest statistics covering the year to September 2021 show a drop in the employment rate to 72.3% (6.7% less people in employed) which was lower than the England average of 74.9%.



In line with these employment figures, the number of people classified as economically inactive has increased since the beginning of the pandemic, from 19.6% in 2019 to 24.1% in the year to September 2021. This is higher than the equivalent rate for England of 21.2%.



However, the number of people claiming out of work benefits, which is measured by more reactive and up-to-date monthly data, paints a more positive picture. In February 2020 3% of the working population in Telford and Wrekin were claiming out-of-work benefits, or 3,325 people. In April 2020 this had risen sharply to 5.5% or 6,165 people, and peaked in August 2020 at 6.4%. However, in the most recently published statistics, for January 2022, the proportion of people claiming out of work benefits had reduced to 4.2%, lower than the equivalent rate for England 4.4%. Though this still leaves work to be done to get the rate back to pre-pandemic levels, this ongoing reduction suggests that the economy is making ongoing progress.



What do we know about employment inequalities in Telford and Wrekin?

Deprivation gap

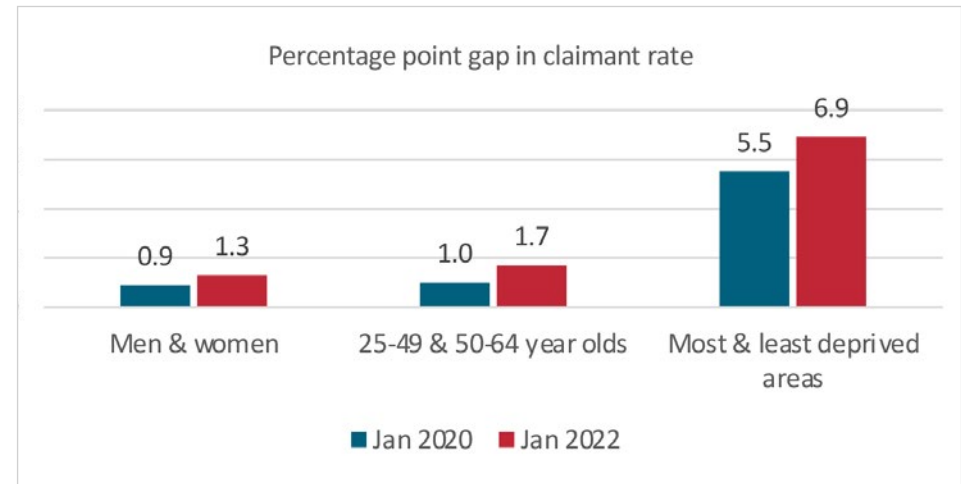
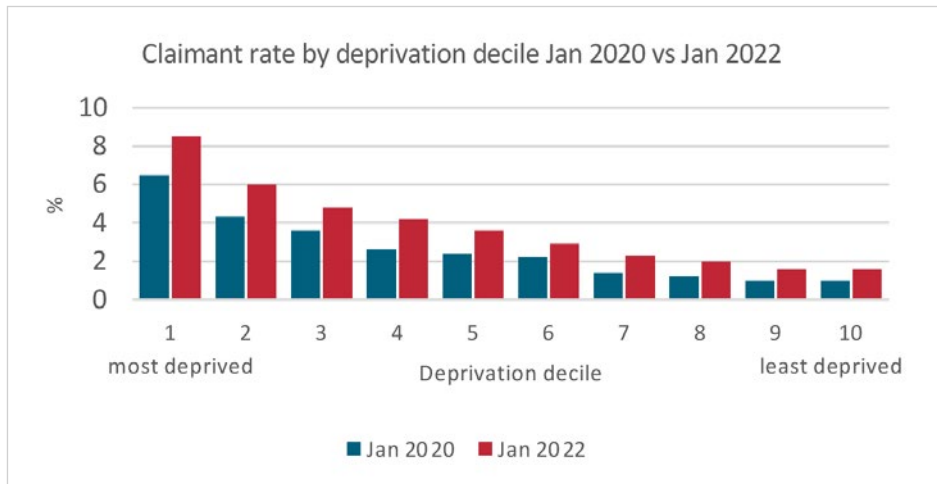
Before the pandemic there was already a clear correlation between unemployment claimant rates and deprivation. This gap has increased over the course of the pandemic. In January 2022 claimant rates in all deprivation deciles were higher than they had been in January 2020.

However, the gap between the most and least deprived parts of the borough has increased from 5.5% in January 2020 to 6.9% in January 2022.

Gender gap

The gap in unemployment claimant rates between men and women has also increased over the course of the pandemic.

In January 2020, 3.4% of men aged 16-64 were claiming unemployment benefits compared to 2.5% of women, a gap of 0.9 percentage points. In January 2022, 4.9% of men were now claiming compared to 3.6% of women, with the gap increasing to 1.3 percentage points.



Age gap

There has also been a widening of the gap in claimant rates between younger and older residents. In January 2020, 3.1% of 25-49 year olds and 2.1% of people aged 50-64 were claiming unemployment benefits, a gap of 1.0 percentage points. By January 2022 the proportion of 25-49 year olds claiming had increased to 4.7% and 50-64 year olds to 3.0%, a gap of 1.7 percentage points.

Improving job opportunities and aspirations

Case study

KICKSTART SCHEME

Six weeks of motivational sessions were held by Telford Jobcentre Plus and Telford & Wrekin Council's Youth Hub, part of the council's wider Job Box service. The events were attended by over thirty local employers, and helped to match young people with employment opportunities and encourage them to sign up for Kickstart programmes.

As a result, many young people, aged 18-24, have successfully lined up Kickstart places or have secured other roles with local employers.



The Council launched a Work Local campaign in April, aiming to connect local people with local businesses. There are a series of recruitment events across the community and will feature businesses nearby local residential areas. It is known that public transport doesn't meet the demands of shift patterns and also cost of travel can be a barrier to employment so working local will reduce some of these barriers. Local businesses will be invited to attend community events to raise their profile and engage with residents so that when vacancies become available, local people may be more inclined to apply.

Wheels 4 Work

Magna Cosma, a large local employer in the borough, worked with the council on the innovative Wheels 4 Work scheme. Interviews were offered to people living in Sutton Hill one of the most deprived areas in the borough. Candidates were given the offer to shine at interview without sending in CVs to kick start their employment chances.

Transport is considered a key barrier to work, and Wheels 4 Work provided free transport to work for a period of five months after interview. This provides people with a kick start opportunity to develop their CV and develop a relationship with a major local employer.



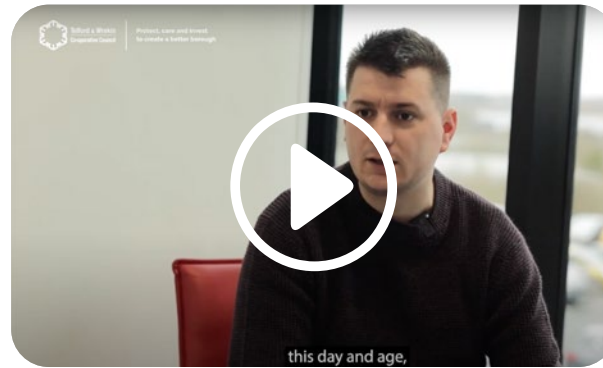
Case study

Apprenticeships

Apprenticeships give people the opportunity to earn while they learn, achieve nationally recognised qualifications ranging from Level 2 to degree level, and gain valuable workplace experience. Telford & Wrekin Council has supported 417 apprentices since 2017 and there are currently 80 apprentices working for the council both corporately and in schools.



▶ Click image to watch video
National Apprenticeship Week



▶ Click image to watch video
Free Bus service to T54

and structure in their day, experience what it means to have good work, and learn the skills to gain meaningful employment to improve their mental and physical health.

Case study

Telford Business Board

Telford Business Board is a group of cross sector businesses responsible for feeding information on business challenges/impacts etc. A sub group addressing barriers faced by economically disadvantaged groups has been formed.

Telford & Wrekin Council are working with the group delivering a series of workshops - Recognising when your recruitment process is biased; Enabling the right people to join the organisation; and How can businesses get involved in their community.

Improving job opportunities and aspirations

Five adults and young people from Sutton Hill, who had previously been long term unemployed, are still in jobs at Magna six months later. They have developed their CVs, gained work experience and relationships with their employer. While the free transport is nearly at an end, the group have organized their own alternative, allowing them to maintain employment. The scheme has now moved to another area, having proved the positive impact providing transport and clearly signposting employment opportunities can have on families.

Employment cafes

Adults with learning disabilities (LD) and autism experience particular inequalities in the world of work. Research suggests that around 6% of people with LD, and 16% of people with autism are in full time employment, despite much higher numbers wanting to have a job.

In 2020 the Hub Community Café was opened in Newport to offer people with LD and autism the ability to get involved in the running of the café as a volunteer, providing them with training and experience that they can then take into other roles if they wish, or remain working in the café.

The cafe celebrated its second birthday in February 2022, and despite ups and downs through the pandemic, it remains a successful community hub that is providing a place for those with LD and autism to have routine

Case study

Affordable Warmth Team

The Affordable Warmth team aim to make homes more energy efficient in our borough and also:

- Reduce the number of houses classed as being in fuel poverty – although, with the energy crisis and being post pandemic this figure currently is 16% of our households, we still compare favourably with our neighbours, and are working hard to stabilise the figure.
- Target areas with the highest fuel poverty levels and address inequalities – such as parts of South Telford, Dawley Bank and Oakengates, among others. We deliver geographical projects in these areas including Local Area Delivery funding from central government.
- Improve the health and wellbeing of the borough's most vulnerable people – we continue to strengthen our relationships with our colleagues in the health sector to ensure we target assistance to those considered most vulnerable, including those with serious cold or damp related illnesses such as respiratory conditions, life limiting illness and mental health issues.

Emergency Welfare Assistance (Crisis Support) Scheme

Since 2013 the council has been operating the Emergency Welfare Assistance Scheme, helping households who do not have the income or resources meet an urgent need that poses an immediate and substantial risk to their health and wellbeing.

The Emergency Welfare Assistance Scheme can provide support to households experiencing:

- No access to essential items necessary for healthy living (food, heating and clothing)
- The imminent risk of homelessness
- The imminent risk of children being taken into care
- Unexpected death of an immediate family member
- The breakdown of a family relationship due to cases of domestic abuse, neglect or harm
- Help to ease exceptional pressures such as exceptionally poor living conditions or the onset of, or deterioration in the health of an immediate family member
- A flood, fire or gas explosion in the home

Because of the urgent nature of the crisis, the team aims to provide solutions for residents within 24 hours of the application.

The emergency welfare team will work closely with residents to find creative solutions to the immediate crisis. Examples of support options can be: credit top-ups for gas and electricity meters, new beds and bedding, especially for children, delivery and installation

of refurbished white goods or furniture and vouchers to purchase clothing from local retailers.

In the last year the emergency welfare team provided crisis assistance to 1,679 households across the Borough

Alongside the immediate assistance, the team will also provide advice to the customer on budgeting and income management and signpost them into other support agencies such as Citizen's Advice or make a referral for the collection of a food parcel.



Chapter 3

Page 35 Public health and prevention

Our life expectancy inequalities gaps are largely caused by preventable illnesses, such as circulatory disease, cancer and respiratory disease.

The main lifestyle factors which contribute are smoking, diet, alcohol and low activity levels.

Improving lifestyle behaviours is a key role for the council and the NHS and early diagnosis, screening and immunisation are all important areas for prevention.

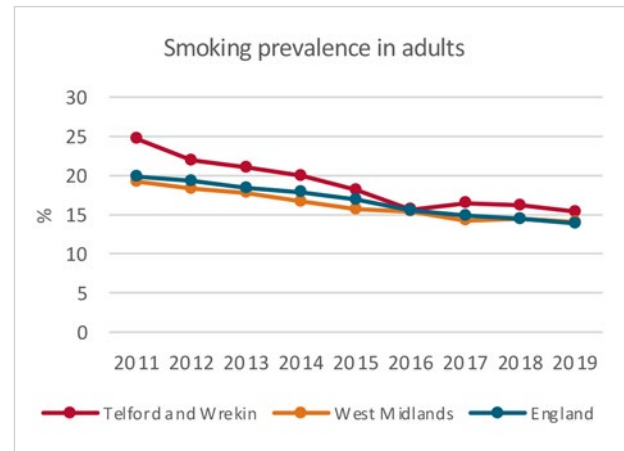
Public health and prevention

What do we know about public health outcomes in Telford and Wrekin?

Smoking

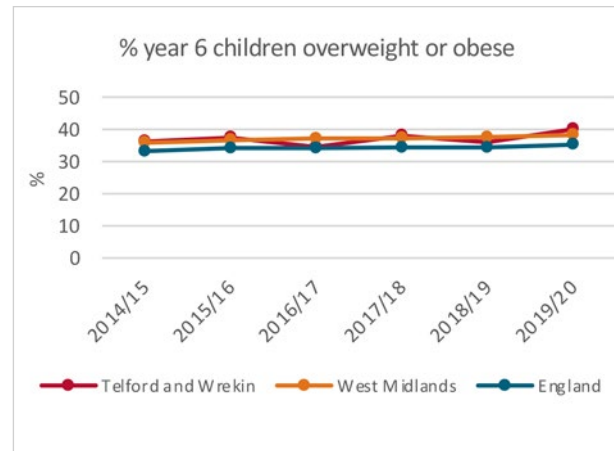
In line with national and regional trends smoking amongst adults in the borough has declined over the last decade, which has been supported by the introduction of vaping. In 2011 a quarter of adults were smokers (higher than the regional and national rate). By 2019 this had reduced to 15.4% (similar to the regional and national rates).

But an estimated 21,350 adults are still smokers



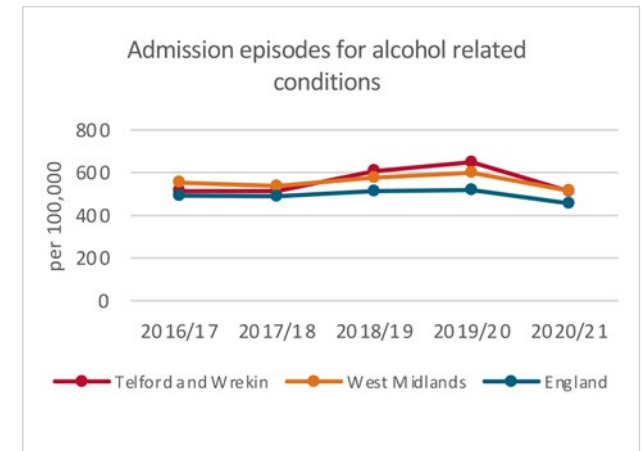
Overweight and obesity

The % 10-11 year olds who are overweight or obese has been consistently worse than the England average and has not improved in recent years. In 2019/20 40.0% of Year 6 children were overweight or obese and 25.3% were obese. This is mirrored in the borough's adult population and in 2019/20 70.9% of people aged 18 and over were estimated to be overweight or obese this equates to 99,000 overweight or obese adults



Alcohol related conditions

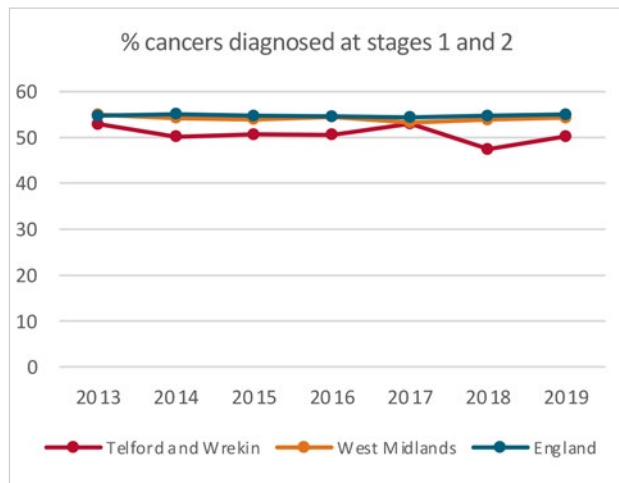
Since 2018/19 the rate of hospital admissions for alcohol related conditions in Telford and Wrekin has been worse than the England average. In 2020/21 this equated to 886 admissions.



Early Cancer Diagnosis

On average there are around 700 new cancer diagnoses in the borough every year.

Latest data for 2019 shows that 50% of these were diagnosed early i.e. at stages 1 or 2, this is worse than the England average of 55%. In order to achieve a target of 75% by 2028 approximately 175 more cases per year would need to be diagnosed at stages 1 or 2.



Chronic Respiratory Disease

In 2020/21, 4,144 people (2.1%) were recorded by their GP as having chronic respiratory disease (COPD). This prevalence is higher for patients registered at GPs in the more deprived parts of the borough than the least deprived areas ranging from 3.7% to 1.1%. On average around 100 people die from chronic respiratory disease every year (which is 6.5% of all deaths). In 2020/21, 81.7% of patients with COPD had received a flu vaccination. However flu vaccination across GPs ranges from 92.6% - 72.8%.



Hypertension

In 2020/21, 27,627 people were recorded by their GPs as having established hypertension. This equates to 14%, which is similar to the England average.

Nationally it is estimated that 5.5 million people population have undiagnosed hypertension. For Telford and Wrekin this equates to around 19,500 people who are undiagnosed.

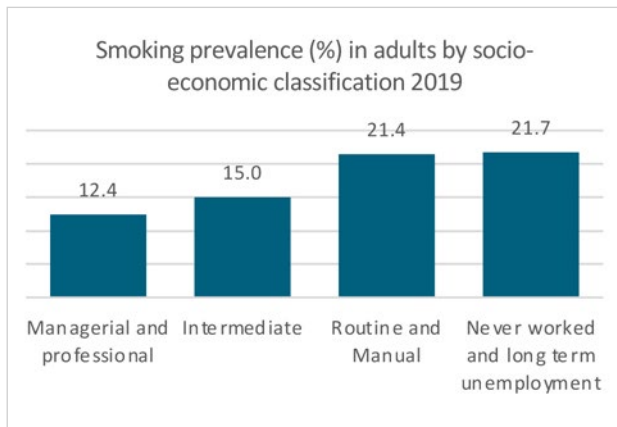


What do we know about public health inequalities?

Smoking Prevalence

There is a marked difference in smoking prevalence across socio-economic groups in the borough. 2019 estimates shows that 12.4% of adults in managerial and professional occupations were smokers, compared to 21.4% of adults in routine and manual occupations and 21.7% of those who had never worked or were long term unemployed were smokers.

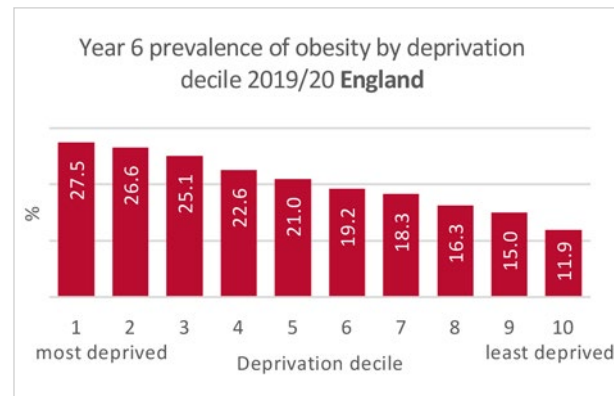
Men are also more likely than women to be smokers with 16.4% of men smokers in 2019 compared to 14.4% of women.



Obesity

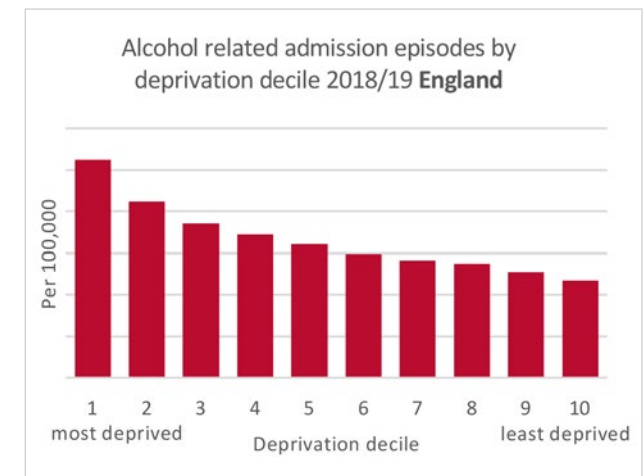
National data show that obesity in 10-11 year olds living in the most deprived parts of England is more than double than in the least deprived areas.

The national picture is reflected locally and for the period 2017/18-2019/20 the prevalence of obesity in year 6 children ranged from 30.9% in some of the most deprived wards to 10.5% in some of the least deprived wards.



Admissions for alcohol related conditions

Local data on inequalities in alcohol related hospital admissions is not available, however national data shows a correlation between deprivation and admission episodes for alcohol related conditions. In 2018/19 the rate in the most deprived parts of the country was more than twice that of the least deprived.



Healthy Lifestyles – targeted approach

The Healthy Lifestyles service has gone from strength to strength, maintaining and even improving the service they provided pre-pandemic, by working in a more flexible and targeted way to reduce inequalities.

The service is freely available to residents of Telford and Wrekin who want to: eat better, drink less, exercise more, reduce their weight, quit smoking, improve their wellbeing, lower their blood pressure and cholesterol or reduce their risk of developing type two diabetes. Residents can choose to receive support by telephone, video appointment or at one of our in-person community clinics. Having a blended service offer including evening appointments has worked well, improving accessibility for residents who are in employment; where time has

been a barrier to accessing support; those who have caring responsibilities; and those do not have access to transport.

The team partner with general practice and community and voluntary sector partners to plan our lifestyle clinic programme to ensure the service is targeted and accessible to the communities who would benefit most from our support. Interpretation services are available for residents where communication is a barrier benefitting residents for whom English is not their first language or who have a hearing impairment.

We work closely with the Primary Care Social Prescribing teams and several of our GP practices have used text messages to target patient groups to encourage self-referrals to our service. Service development work has focused on embedding our service within care pathways

– our work with the bariatric service, diabetes and respiratory teams has been particularly successful.

We have grown our relationships with community organisations to help integrate our service into local communities. An example of this is our clinic held at the All Nations Church in Ketley where residents can benefit from lifestyle support, community courses and the Community Grocery.

During the past year the service has supported over 2000 people with 60% of our clients living in some of our poorest communities. 85% have at least one long term condition. Our BAME communities remain an underrepresented group making up only 7% of referrals – whilst this is an improving picture, this remains a priority for the service.

Case study

Healthy Lifestyles

This client asked for help to lose weight, improve her mobility and increase her activity levels. She is a full-time carer with several long term conditions, raised cholesterol and arthritis. She was due to have an operation to repair a hernia but this was cancelled due to her weight. She had been considering bariatric surgery.

This client received a blended style of support with both telephone and face-to-face appointments to fit around her caring responsibilities. By making small changes to her lifestyle she lost 6% of her body weight and went on to have her hernia repaired. Her back pain had reduced and she had started to do more exercise. She is continuing to build more physical activity into her new lifestyle and is no longer considering bariatric surgery.

At her follow-up appointment 3 months later, she had lost a further 4.8kg of weight and had recently

managed to walk up the Wrekin, something she never thought she could do.

She said:

'You've really helped to motivate me and keep me positive.'

'I have never lost weight before, and that's why I was thinking of surgery being my only option, but I have actually done it this time and now my sister in-law has signed up too.'

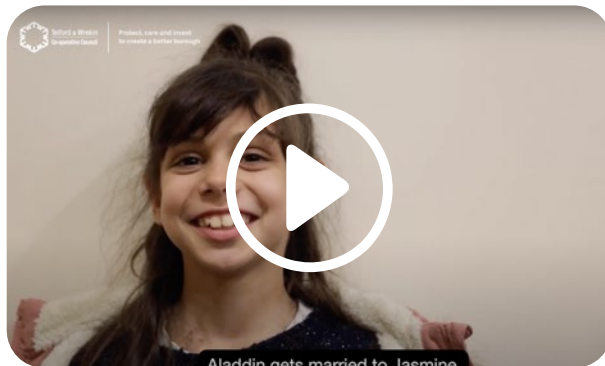
'Cannot believe the difference it's made just changing what I drink.'

Happy Healthy Active Holidays

The council's scheme Happy Healthy Active Holidays, which is supported by 22 local organisations has put on 427 holiday clubs in the past year. Some of the most disadvantaged and vulnerable children in the borough have had the chance to enrol in the holiday clubs and enjoy a range of fun activities such as sports, music, and arts and crafts, as well as a free nutritious meal each day.

The Happy Healthy Active Holidays scheme builds on the work of the Council's Holiday Activity and Eat Well programme, which has supported voluntary and community providers to deliver holiday clubs throughout school holidays since 2018.

Happy Healthy Active Holidays and the Holiday Activity and Eat Well programme also runs alongside the council's 'Kids for a £1' initiative.



[Click image to watch video
Happy Healthy Active Holidays at
Windmill Primary School](#)



Prevention and inequalities in the NHS

The **NHS long-term plan** has a clear focus on prevention, with particular aims around:

Smoking - to improve support to quit for people admitted to hospital, during pregnancy and in mental health and learning disability services

Obesity - to improve access to weight management for people with diabetes, hypertension and those who are overweight and increasing uptake of the NHS Diabetes Prevention Programme

Alcohol - to develop Alcohol Care Teams in areas with the highest rates of alcohol-related admissions

In Telford and Wrekin there are a series of public health outcomes measures that are **significantly worse than the average for England** (see appendix for further details), which specifically relate to the NHS healthcare inequalities clinical priorities known as the CORE20PLUS5, these include:

- Obesity and smoking in pregnancy
- Adults and childhood overweight and obesity
- Smoking related hospital admissions and mortality
- Early mortality from preventable cancers, cardiovascular and respiratory diseases and liver disease

- Early diagnosis cancer (stages 1 and 2)
- Cancer screening coverage - cervical and bowel screening
- Early mortality in adults with severe mental illness
- Admissions alcohol-related conditions

The council's public health team is supporting and advising NHS colleagues in the Shropshire, Telford & Wrekin Integrated Care System (ICS) to develop the specified NHS prevention programmes, and also to work on the healthcare inequalities priorities - CORE20PLUS5.

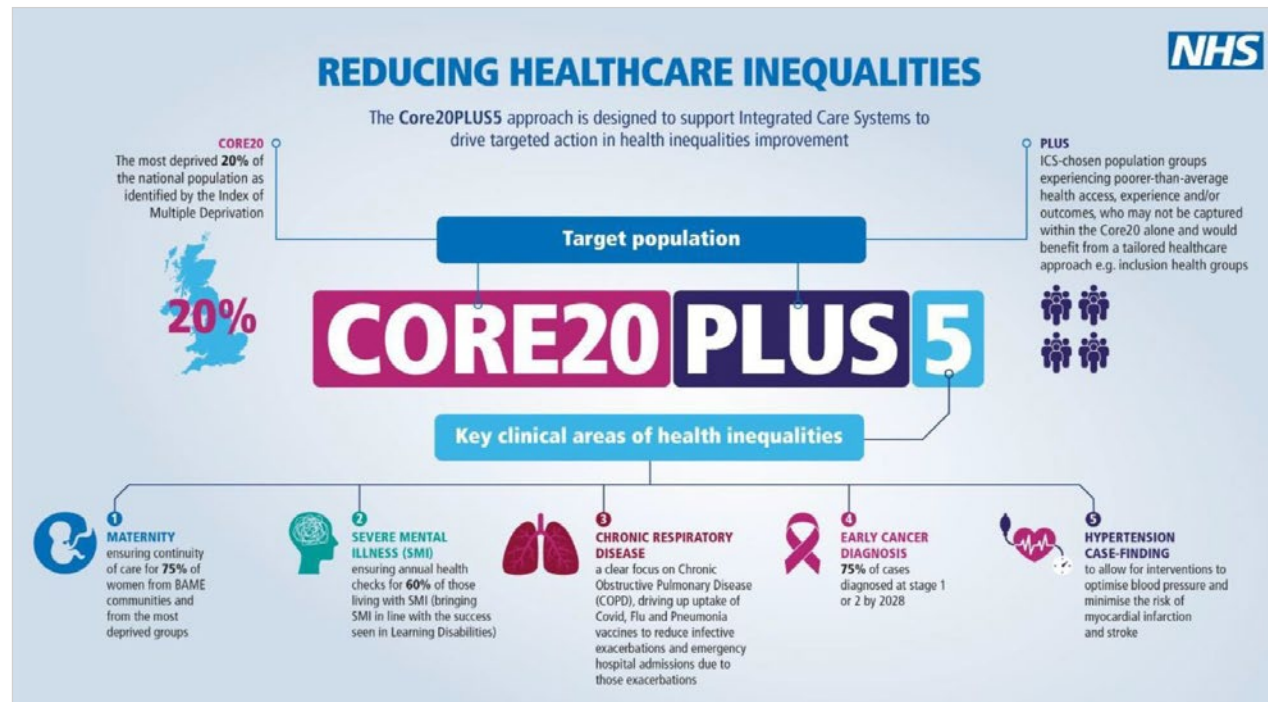
A particular healthcare inequality that the NHS is prioritising is targeted action to reduce the gap in health outcomes for people who live in the 20% most deprived areas in England.

In Telford and Wrekin approximately 45,000 people live in this most deprived group in the country, which is 25% of the borough population.

Cancer screening and health literacy

In Telford and Wrekin, cancer survival has historically been lower than average. Early diagnosis is one of the best ways to improve cancer survival and screening programmes are designed to find breast, bowel and cervical cancers before people experience symptoms. There are inequalities in the uptake of screening programmes, with particularly low rates in our Black and Minority Ethnic (BAME) communities. Cultural barriers and health literacy challenges are likely to contribute to this inequalities gap.

A local project between the council, Telford College, Shropshire, Telford & Wrekin CCG and Lingen Davies Cancer Fund, and Telford Gudwara and Asian Women's group has been looking into how written information can be made more accessible to people from BAME backgrounds.



Students at Telford College from Europe, Africa and Asia, who are learning English as a Foreign Language have been vital to this project. The workshops have supported students to improve their understanding of cancer and screening programmes and they have appreciated the opportunity to ask questions on their own concerns and history. The students have reviewed written materials from the NHS and cancer charities and highlight information they found useful, areas they could not understand and things which surprised them. The project is now recruiting health champions from communities who can support others with education and myth-busting.



Case study

Core20PLUS Connectors Programme

The Shropshire, Telford & Wrekin Integrated Care System (ICS) has successfully bid for NHS England funding for the Core20PLUS Connectors programme. The aim is to support action to reduce healthcare inequalities in the five priority clinical themes. The local Connectors programme will develop and support community members to focus on barriers and enablers to reduce health inequalities. The local programme aims to improve screening uptake and promote people with cancer symptoms to come forward earlier. Lingen Davies Cancer Fund, a specialist local charity, will support the recruitment of local people with lived experience to work from communities where screening uptake is low and there are poorer cancer outcomes. This programme will build on the learning from health literacy programme.

Chapter 4

Page 43

Community and place

The environment and circumstances that we live in makes an enormous difference to our health, feeling secure and safe and good social networks are all vital.

Community and place are key wider determinants of health and impact significantly on inequalities.

Community-centred approaches engage residents and use local assets to increase people's control over their lives to build connected and empowered communities.

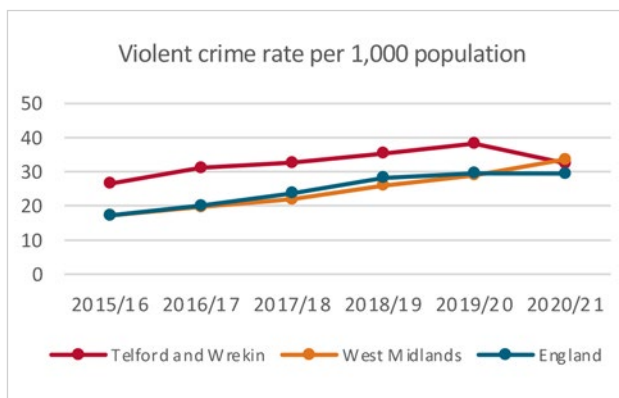
Council priority - all neighbourhoods are a great place to live.

Community and place

What do we know about community outcomes in Telford and Wrekin?

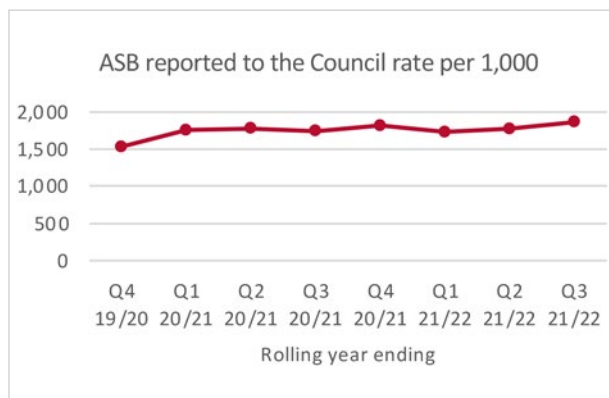
Crime

Violent crime in Telford and Wrekin has historically been higher than both the regional and national rates. In the first year of the pandemic, 2020/21 the borough rate declined and become closer to the regional and national rates with 33 crimes per 1,000 population.



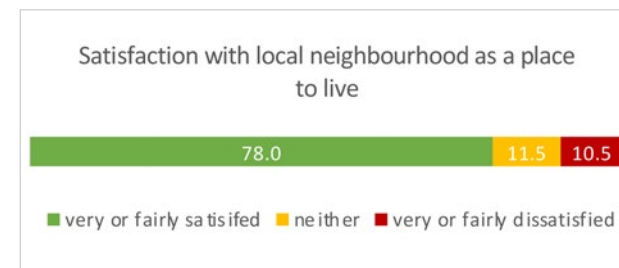
Anti-social behaviour

The number of anti-social behaviour (ASB) complaints reported to the Council has increased over the last two years. Pre-pandemic there were a total of 1,533 in the 12 months ending March 2020, which increased to 1,865 in the 12 months ending December 2021. The largest number of reports received relate to noise complaints.

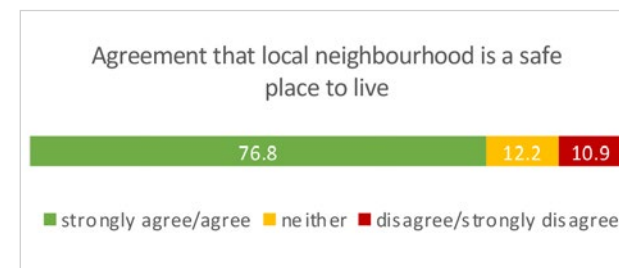


Community views

In the 2020 Residents Survey 78.0% of 5,500 residents surveyed felt very or fairly satisfied with their local neighbourhood as a place to live, compared with 10.5% who were very or fairly dissatisfied.



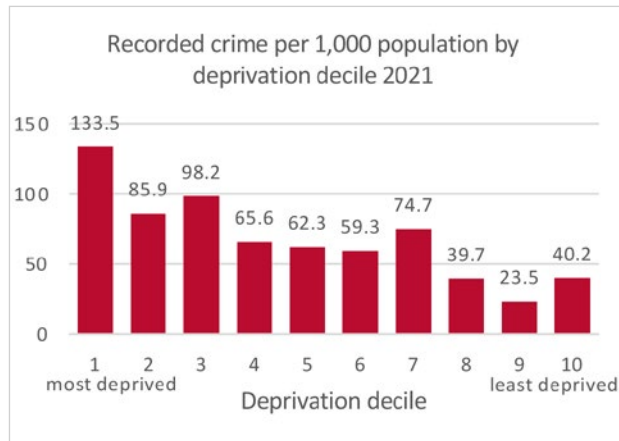
76.8% of respondents agreed or strongly agreed that their local neighbourhood was a safe place to live, compared with 10.9% who disagreed or strongly disagreed.



What do we know about community inequalities in Telford and Wrekin?

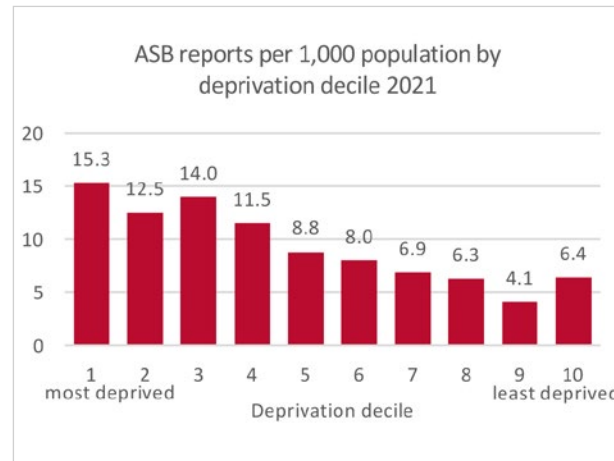
Crime

There is a significant gap in the rate of recorded crime between the most and least deprived parts of the borough. In 2021 the rate of recorded crime (not including shoplifting) in the most deprived parts of Telford and Wrekin (133.5 per 1,000 population) was more than three times that of the least deprived parts of the borough (40.2 per 1,000).



Anti-Social Behaviour

Similar to recorded crime, there is a gap in rate of anti-social behaviour complaints reported to the Council between the more deprived parts of the borough compared to the least deprived areas. In 2021 the rate of reports in the most deprived parts of Telford and Wrekin (15.3 per 1,000 population) was more than twice that of the least deprived areas (6.4 per 1,000).



Community Views

Perception of local neighbourhood Data from the Residents Survey showed that residents living in the least deprived parts of the borough were more likely to be satisfied or very satisfied with their local neighbourhood as a place to live than those in the most deprived areas. 98.3% of respondents in Admaston & Bratton ward were satisfied or very satisfied compared with 53.8% of respondents from Arleston ward.


There was a similar pattern with perception of safety in local neighbourhoods. 95.2% of respondents in Admaston & Bratton ward agreed or strongly agreed that their local neighbourhood was a safe place to live. This was double that of respondents from Brookside where 47.0% agreed or strongly agreed that their local neighbourhood was a safe place to live.

Safer stronger communities

Ensuring that people feel safe in their homes and communities can reduce inequalities. The Council's Safer Stronger Communities programme aims to reduce antisocial behaviour and support residents to feel safer in their homes and communities by:

- Improving education and skills
- Improving housing standards
- Reducing crime
- Reducing environmental crime and anti-social behaviour
- Building community resilience
- Reducing health inequalities



 [Click image to watch video Safer and Stronger Community events across the borough](#)

The Safer Streets project started in 2021 in Brookside, which had the highest volume of crime in Telford and Wrekin. This project included investment in street lighting, CCTV, youth shelters and the establishment of a neighbourhood watch group.

In the 12 months after the launch of the project the reduction in crime has been impressive. Overall crime in Brookside reduced by 15% and robberies reduced by 54%. Crimes with violence and injury and also residential burglaries have also fallen by 42%.



Case study

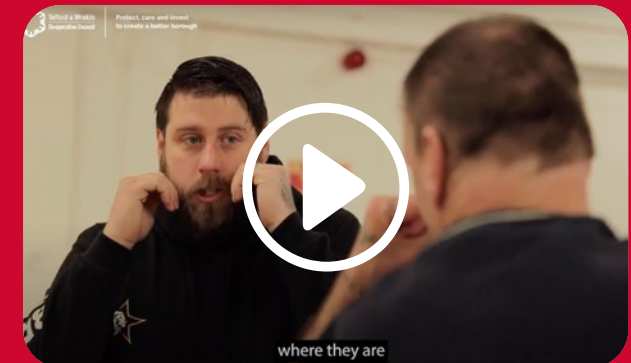
Crime Reduction

The Safer Streets Brookside project in Telford was hailed a 'huge success' after figures showed an overall decline in crime of 15 percent in just 12 months and by more than 50 percent in specific types. The council, Police and Crime Commissioner (PCC) and West Mercia Police worked together in partnership with local residents.

Case study

Boxing Club

The Safer & Stronger Communities project is led by Telford and Wrekin Council with support from the Police and Crime Commissioner (PCC) John Campion and has provided boxing academy 'Bright Star' with funding to support adults referred to it for support with addiction. The programme supports them in finding a new path and combines boxing skills with a series of support sessions called the 'Empower' programme.



 [Click image to watch video Brightstar Boxing](#)

Friends against scams

Being involved in a scam can have financial and physiological consequences for the victim, leaving them feeling vulnerable and socially isolated. The council's Trading Standards has been working with victims of scams to give them the tools they need to protect themselves and make sure they are not a repeat victim. Officers go out and visit residents to chat about potential scams and provide support and advice. A support network has been developed so people seek further help if they need it, for example from other council colleagues, external agencies and or local charities. Officers provide information to colleagues who may visit individuals in their homes to make them aware of scams and what their impact can be. There is guidance on what to look for to suggest someone may be involved in a scam. Examples of which may be large amounts of mail claiming fantastic prizes have been won or the person not having enough money for the basics such as food or heating.



NATIONAL
TRADING
STANDARDS
Scams Team



Protect, care and invest
to create a better borough

Adults at risk

The adults at risk pilot programme offers integrated, multi-agency support to vulnerable adults who are not eligible for support through the Care Act. A social worker and support worker provide short-term intensive support, allowing gradual exit with handover to existing services. This support is rapidly impacting on vulnerable people who would otherwise fall through the cracks of other services. Additional funding has now been awarded to extend it beyond the initial six month pilot period given the positive impact of the lives of these adults at risk.

Since January 2022, Adults at Risk have supported 10 adults at risk of abuse.

Case study

A's story

'A' is a young man who was exploited by criminals. He was made to give them money and experienced assaults. The team worked with housing and the benefits agency to find a safe place to live supported him to keep his money secure.

Case study

B's story

B is a mother, who had a history of experiencing abuse and currently felt unsafe in her home. She had previously been signposted to housing teams and the police but still felt at risk. The team used a multiagency approach to secure a one off grant and safe accommodation.



Wellbeing and calm cafes

Wellbeing and calm cafes are offered to a range of people with autism, multiple sclerosis and dementia and homeless people looking for paths into the jobs market. The cafés, supported by Telford Mind, are held in a range of venues, including in the evenings. Any adults struggling with their mental health and wanting to meet others in a similar position are welcome.



New cafes for veterans are now being held in Dawley, offering veterans support with their mental wellbeing and a place to meet like-minded people. Trained support staff are present for those who may need it.

Stuart, an army veteran from Telford said “I got diagnosed with PTSD in 2013 and went through all of the treatment you could think. These cafes are a fantastic idea and I'd have loved to have attended to have a cup of tea with someone who isn't a therapist, to tell them about my nightmares and to share experiences with no fear of judgement.”



Chapter 5

Page 49 Healthcare integration

Shropshire, Telford and Wrekin Integrated Care System (ICS), a partnership of NHS and local government organisations and independent and voluntary sector groups, is working closely to transform health and care services and deliver world class care to meet current and future needs of our residents.

The intense impact of the pandemic on health and social care has affected many aspects of healthcare services.

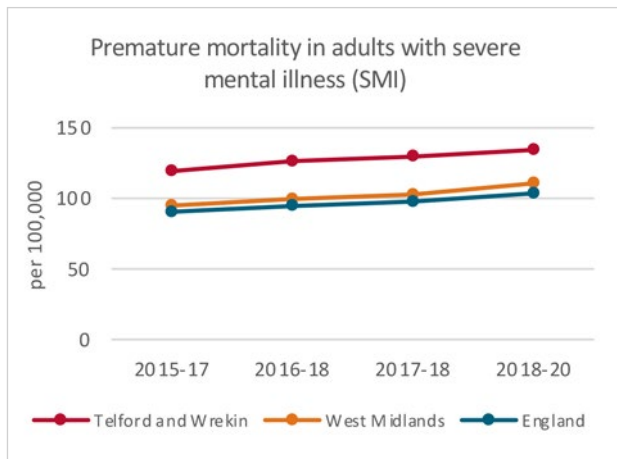
The Telford & Wrekin Integrated Place Partnership (TWIPP) delivers healthcare integration priorities through a truly joined up, asset-based approach focussing on early detection and prevention resolving issues for people and families as early as possible.

Healthcare integration

What do we know about health and care outcomes in Telford and Wrekin?

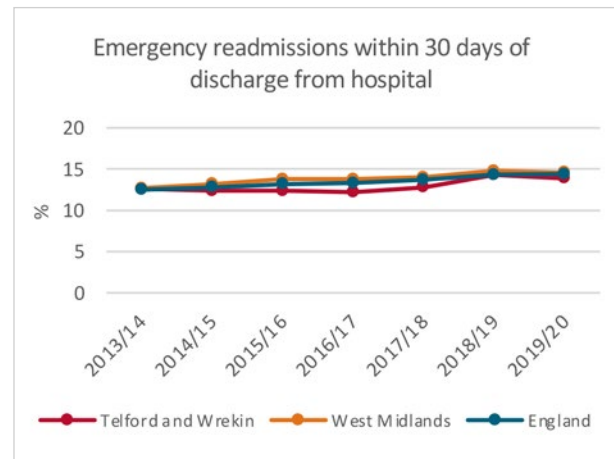
Premature mortality in adults with severe mental illness (SMI)

The rate of premature mortality in adults with SMI in Telford and Wrekin has been consistently worse than the national average. In the period 2018-20 the rate was 134 per 100,000 population meaning that on average 165 people per year with a severe mental illness were dying before reaching the age of 75.



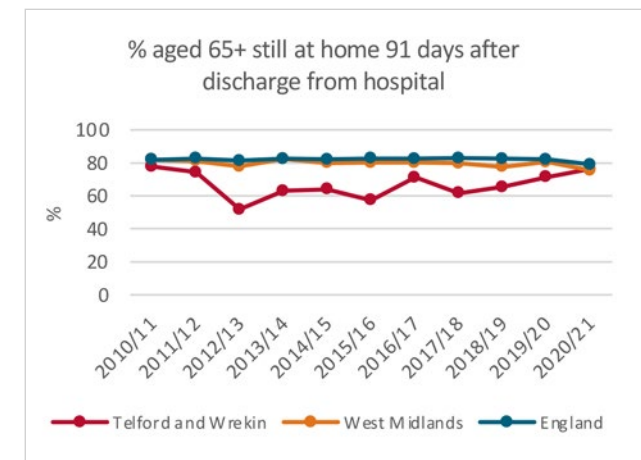
Emergency readmissions within 30 days of discharge from hospital

The percentage of emergency admissions occurring within 30 days of discharge from hospital has increased since 2013/14. In 2019/20, 13.9% of emergency admissions in Telford and Wrekin occurred within 30 days of discharge. This was similar to the England average of 14.4% and equated to 3,155 admission episodes.



Older people remaining at home 91 days after discharge from hospital into reablement services

The percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services has improved in recent years. In 2020/21, 76.4% of people in Telford and Wrekin were still at home 91 days after discharge, which was similar to the England average of 79.1%.

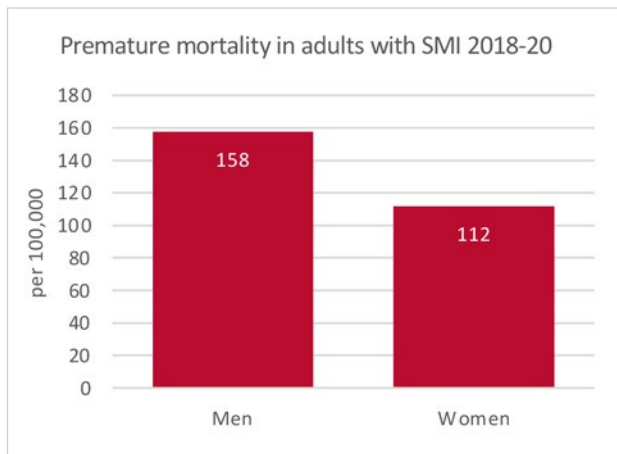


What do we know about health and care inequalities in Telford and Wrekin?

Premature mortality in adults with severe mental illness (SMI)

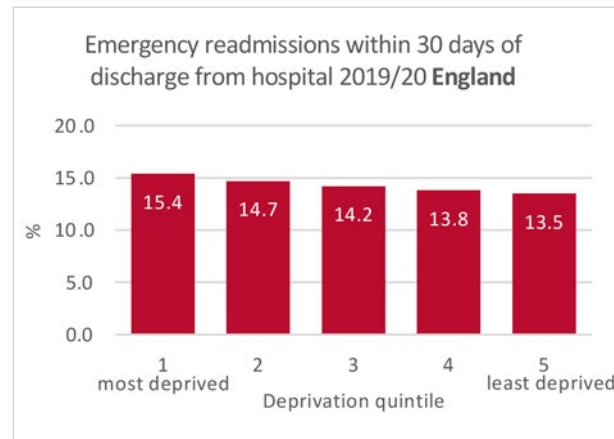
Data shows that men with SMI in Telford and Wrekin are more likely to die prematurely than women.

For the period 2018-20 the rate amongst males with SMI was 157.6 per 100,000 compared with 111.9 per 100,000 for women.



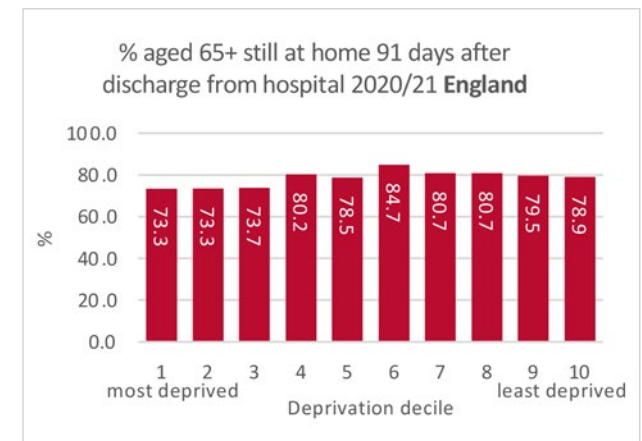
Emergency readmissions within 30 days of discharge from hospital

National data for 2019/20 show that emergency readmissions within 30 days of discharge from hospital are greater for those people living in the most deprived areas than they are for those living in the least deprived areas.



Older people remaining at home 91 days after discharge from hospital into reablement services

National data for 2020/21 show that the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services is lower for those people living in the most deprived areas than for those living in the middle to least deprived parts of the country



Telford & Wrekin Integrated Place Partnership (TWIPP)




Independent living centre

The Independent Living Centre (ILC) is funded by Telford & Wrekin Council's Adult Social Care team in partnership with Telford & Wrekin Council for Voluntary Service. The Centre, commissioned in Spring of 2020, aims to support residents maintain their independence or become independent in their homes. A "show home" fitted with devices designed to promote independent living is a key feature.

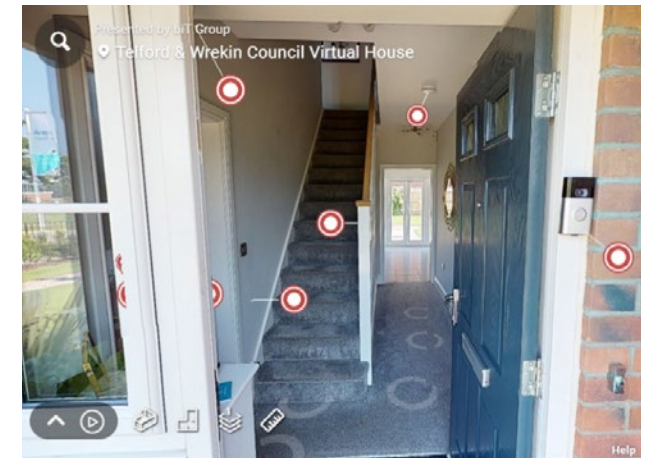
Residents can "try before they buy" to make sure equipment is right for them in a non-sales environment.



 **Click image to watch video**
Everybody should be able to live independently at home

Drop in support is on offer to provide advice and ideas about how to maintain independent living, in line with physical or sensory needs. There are rooms for Occupational Therapy Assessments and community meeting rooms.

The support offered at the start was reduced due to the pandemic and so the team set up the "Virtual House", open 24/7 from a computer or smartphone. The virtual tour lets people select the pieces of equipment to learn more about what it can do and find out where to buy it.



Rapid response team

Telford and Wrekin's Rapid Response Team work to improve people's outcomes and reduce hospital admissions in adults who have experienced a rapid decline in their health. They provide a community health and social care response as an alternative to hospital admission.


The team were launched in late 2019 with the aim of creating better working partnerships between community nurses, social workers, paramedics, physiotherapist teams and others involved in the care of vulnerable people.

Referrals are received across a number of organisations, including GPs, nursing homes, mental health teams, voluntary organisations, ambulance crews and other medical professionals, with a two hour response time. Feedback from both clients and professionals describes how well the service works to support its clients and the wider system.

This positive feedback has led to the recent expansion of the service across Shropshire in winter 2020/21. After a successful pilot scheme, funding was secured from the Alternatives To Hospital Admission (A2HA) investment case fund to create an aligned Rapid Response offer across the whole of Shropshire, Telford and Wrekin. As well as the rollout, the funding was also designed to enable enhancement of the model of Rapid Response used in Telford and Wrekin. One aspect of this was working with West Midlands Ambulance Service (WMAS)

to intervene in category 3 and 4 falls, and to enable those with non-injury falls to be supported at home, avoiding admission to hospital.



 **Click image to watch video**
Health and Social Care Rapid
Response Team

Focus on people with learning disabilities

Tackling the health inequalities experienced by people with a learning disability is a key focus of our Learning Disability Strategy which aims to raise aspirations and providing opportunities across the following priorities:

- Being healthy and independent
- Having friends and relationships
- Having choice
- Getting out and about
- Having a job

- Having the right support
- Being independent when away from home

Our My Options Programmes of Independence support individuals on their personal journey to independence, promoting their strengths. Each personalised pathway is tailored and includes aspirational goals, enabling people to develop skills at their own pace.



my options

activity, wellbeing and care

Independence at Home Pathway

Following Adult Social Care involvement, a personalised outcome plan (POP) is developed with the individual and their enablement worker. Each pathway will identify a set of tools for the person to use in everyday life, to support their journey of independence. POPs link to the individual's Care Act Assessment or Review and Support Plan, this will change and developed over time.

Specifically designed outcomes for each personalised pathway should be used to support the person on their journey of independence.



We have received lots of positive feedback from individuals and staff who are using and delivering the pathways to independence:

“I enjoy coming to see my friends and staff. I like coming to learn different things!”

“I enjoy independence at home, I like the cooking and shopping for ingredients!”

“I enjoy learning about money and telling the time”

“Keeps me busy learning anew skill like using the chop saw and building and working on allotment learning room”

“People with learning disabilities can be more kind and caring and helpful and friendly in the workplace; as we now about what it’s like to struggle so will always try to help other people. We can make workplaces more positive”!

Annual Health Checks

Health and social care partners, including learning disability specialists, continue to work together to promote good physical health for people with a learning disability. A campaign of promoting annual health checks with individuals, family carers, GPs and care providers is on-going to ensure we support both the physical and mental wellbeing of people with a learning disability. This project is a collaboration between Telford & Wrekin Council, Shropshire Council, Shropshire, Telford and Wrekin CCG and the Midlands Partnership Foundation NHS Trust.

Chapter 6

Page 55 COVID-19 impact

COVID-19 infection rates have been high in Telford and Wrekin, especially in younger people, although older people have had higher rates of hospitalisation and death.

Research shows that vaccination can reduce the risk of long-COVID by 41%.

Vaccination rates have been high in Telford and Wrekin, however there are clear inequalities related to deprivation levels.

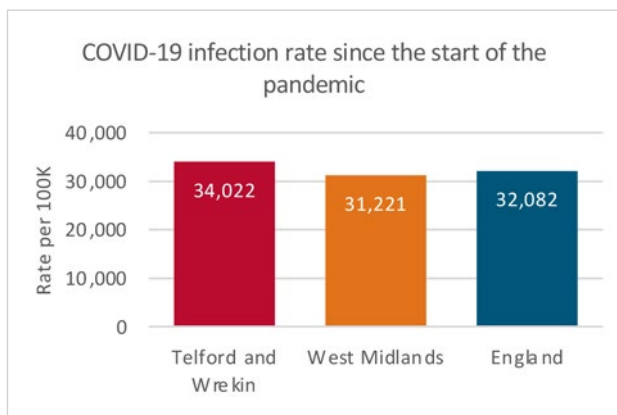
COVID-19 impact

What do we know about covid impact in Telford and Wrekin?

Infections

Since the start of the pandemic 58,720 local residents have recorded at least one positive COVID-19 infection, with 3,240 recording more than one infection episode. Over the course of the pandemic the borough's infection rate has been higher than both the regional and England averages.

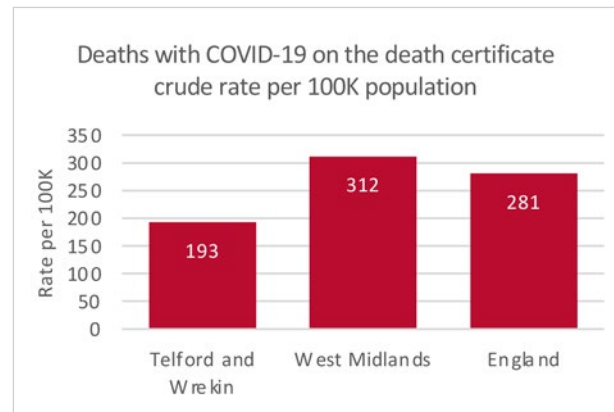
It is estimated that around 8,000 people in the borough who have tested positive have experienced symptoms of long-COVID for at least 12 weeks after infection.



Mortality

Since the start of the pandemic there have been 350 deaths of borough residents where COVID-19 has been recorded on the death certificate.

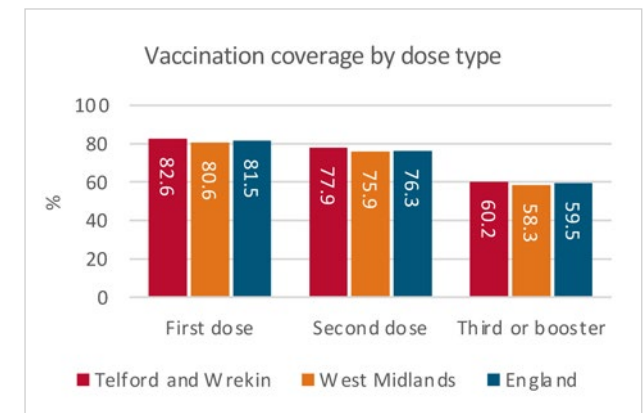
Despite a higher infection rate in the borough, the rate of COVID-19 has been considerably lower than both the regional and national averages.



Vaccination

At the start of April 2022, 60.2% of our population aged and over had received their third or booster dose so were fully vaccinated, compared to 58.3% for the West Midlands and 59.5% for England.

Vaccination rates in the borough for the population aged 12 and over are higher than both West Midlands and England average for all dose types.

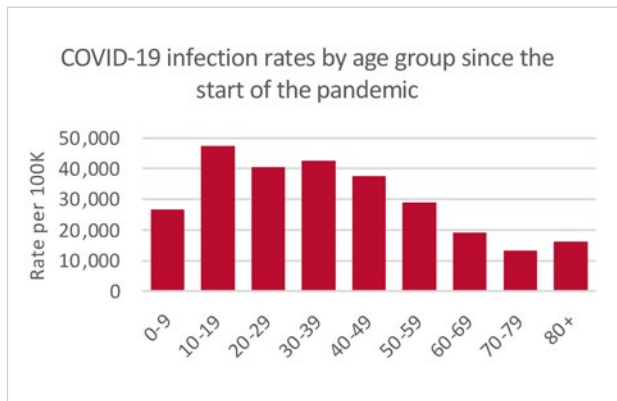


What do we know about covid inequalities in Telford and Wrekin?

Infections

Sadly the most severe impact of COVID, in terms of hospitalisations and deaths, has been experienced by older people. However infection rates have been highest amongst the borough's younger residents.

Since the start of the pandemic almost half of the borough's 10-19 population has tested positive at least once and case rates amongst the population aged 20-59 years have exceeded those in the 60+ population.

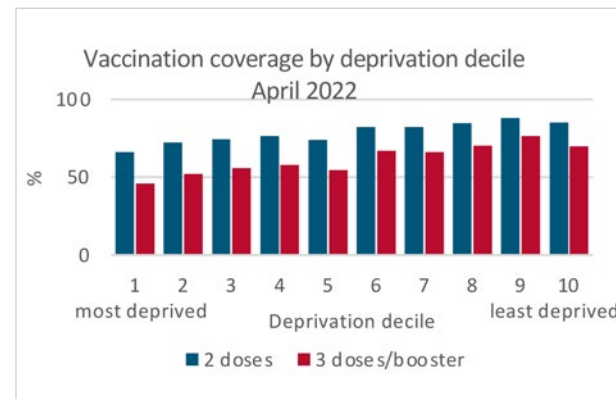


Vaccination

Data from the vaccination programme in Telford and Wrekin highlights the local inequalities gaps in vaccination coverage amongst our population.

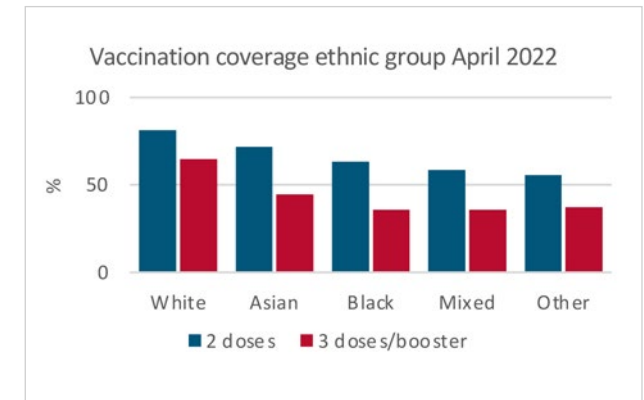
Third or booster dose vaccination coverage amongst the 12+ population varies from 46% in the most deprived areas of the borough to 77% in some of the least deprived areas.

At the start of April 2022 approximately 30,000 people aged 12+ have not had any vaccinations. 1 in 3 of these are from areas ranked in the 20% most deprived nationally.



There are also significant differences in vaccination coverage amongst people from different ethnic backgrounds. Third or booster dose coverage at the start of April 2022 was 65% for people from a white ethnic background, compared to 44% for people from an Asian background and 36% for those from a Black or Mixed background.

15% of those residents who have not had any vaccinations are from an Asian, Black or Mixed ethnic background.



Pandemic experience

The pandemic changed all our lives completely and while everyone was impacted, inequalities across the borough were acutely visible. Some of the most obvious inequalities were between older and young people, those with different ethnic heritage and background, the flexibility of working from home arrangements, the experience of health conditions and the affordability of self-isolation.

The council as a whole worked hard to support residents, providing food parcels to the most vulnerable, working with schools and care homes to keep people safe and in supporting the testing and vaccination programmes.

It is well recognised that the emotional and mental health of individuals, families and communities has suffered due to the lockdown restrictions. The impacts of mental distress have caused a wide variety of adverse events, such as: death of loved ones, traumatic illness experiences, job loss, loneliness, missed educational or work opportunities and many more.

Children and young people and those in disadvantaged communities have been especially impacted by the pandemic.

While the recovery has started, the economy has begun to improve and restrictions are largely lifted, the impact of covid will continue to be felt for a long time to come.

Betty the vaccine bus

When omicron infection hit the country in December 2021 the national covid vaccine programme was accelerated rapidly. The council grasped the opportunity to reduce vaccine inequalities through the use of a vaccination bus, previously piloted by the local NHS. The council's public health and culture and events teams worked with local NHS colleagues and military vaccinators to offer vaccines at community venues from Betty the vaccine bus. The programme was intelligence-led and used uptake data to identify venues to improve access to vaccination in the borough's most disadvantaged and ethnically diverse communities.

The council developed a comprehensive campaign between mid December 2021 and mid January 2022 to promote Betty and other community vaccination venues, such as the interfaith council. The Customer Contact Centre called and sent text invitations to people they knew were unvaccinated and to residents living near where Betty the bus was going the next day:

- 28,774 text messages sent to local residents
- 2,666 phone calls were made and 1,000s of voicemail messages left

Campaign Facebook and Instagram adverts were viewed over 300,000 times, by 63,000 residents.



Focus on domestic abuse during the pandemic

After the announcement of the first lockdown in March 2020, a number of organisations across the country expressed concern about the impact it would have on vulnerable people who no longer felt able to leave the house to escape abusers.

In anticipation of the increased demand for local support services during the lockdown, the Council allocated additional funding to support victims of domestic abuse. The Council's public health team worked in partnership with specialist domestic abuse services such as West Mercia Women's Aid, Shropshire Domestic Abuse Service and Citizens Advice.

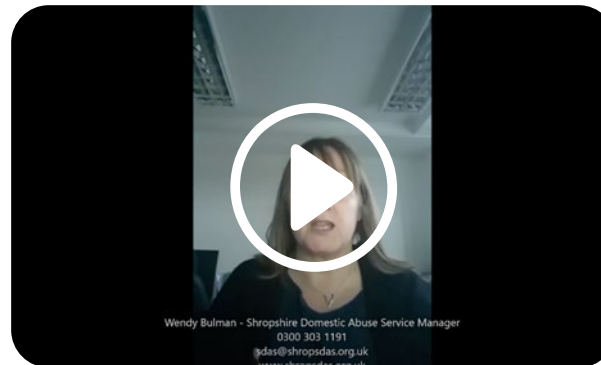
The Government's public awareness raising campaign 'You are not alone' was publicised and a number of initiatives were developed to promote the services available to local residents suffering abuse.

The council's COVID-19 web page was updated to include advice – this was viewed 3,300 times.

The website included a video developed by Shropshire Domestic Abuse Service promoting the local support, as well as advising people on how to stay safe.

A press release was issued with a call to action for people to share a heart palm symbol on social media to raise awareness

Posters highlighting the local and national support available were displayed in Telford's supermarkets, GP practices and NHS hospital and community settings.



 **Click image to watch video Shropshire Domestic Abuse Service during Covid-19**



Public Health Outcomes Framework

Public Health Outcomes Framework

Domain A: Overarching Indicators

There are a total of 12 indicators with benchmarked data reported in this domain.

The Telford and Wrekin position is similar to the England average for 7 of the indicators and worse for 5.

No indicators in this domain have had a change in RAG rating since the previous report.

Domain B: Wider determinants of health

There are a total of 29 indicators with benchmarked data reported in this domain.

The Telford and Wrekin position is better than the England average for 7 of the indicators, similar for 18 and worse for 4.

Indicators with worsening RAG rating:

- B01b - Children in absolute low income families (under 16s) – this has worsened from better (green) to worse (red)
- B15a - Homelessness - households owed a duty under the Homelessness Reduction Act – this has worsened from better (green) to worse (red)

Domain C: Health improvement

There are a total of 48 indicators with benchmarked data reported in this domain.

The Telford and Wrekin position is better than the England average for 13 of the indicators, similar for 17 and worse for 18.

Indicators with improving RAG rating:

- C10 - Percentage of physically active children and young people – this has improved from similar (amber) to better (green)

- C14b - Emergency Hospital Admissions for Intentional Self-Harm - this has improved from worse (red) to similar (amber)
- C24d - Cancer screening coverage - bowel cancer – this has improved from worse (red) to similar (amber)
- C29 - Emergency hospital admissions due to falls in people aged 65 and over – this has improved from similar (amber) to better (green)
- C29 - Emergency hospital admissions due to falls in people aged 80+ - this has improved from similar (amber) to better (green)

Indicators with worsening RAG rating:

- C24a - Cancer screening coverage - breast cancer – this has worsened from better (green) to worse (red)

Domain D: Health protection

There are a total of 29 indicators with benchmarked data reported in this domain.

The Telford and Wrekin position is better than the England average for 11 of the indicators, similar for 12 and worse for 6.

Indicators with improving RAG rating:

- D04g - Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years) – this has improved from similar (amber) to better (green)
- D06a - Population vaccination coverage - Flu (aged 65+) – this has improved from worse (red) to better (green)
- D06b - Population vaccination coverage - PPV – this has improved from worse (red) to similar (amber)

Indicators with worsening RAG rating:

- D02a - Chlamydia detection rate / 100,000 aged 15 to 24 – this has worsened from similar (amber) to worse (red)
- D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) – this has worsened from better (green) to similar (amber)
- D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) – this has worsened from better (green) to similar (amber)

Domain E: Healthcare and premature mortality

There are a total of 26 indicators with benchmarked data reported in this domain.

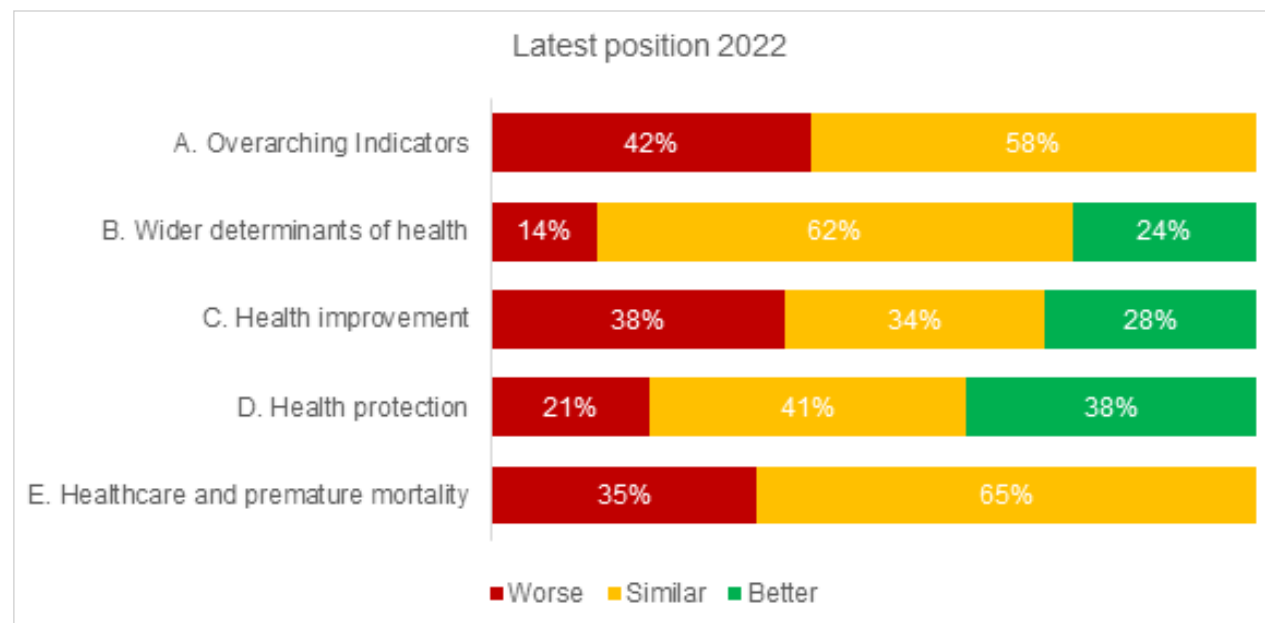
The Telford and Wrekin position is similar to the England average for 17 of the indicators, and worse for 9.

No indicators in this domain have had a change in RAG rating since the previous report.

Summary of RAG rating by domain

Domain B: Wider determinants of health and **Domain D: Health protection** are the domains with the best positions for Telford and Wrekin compared to the England average with 86% and 79% of benchmarked indicators either similar or better than the national average.

Domain A: Overarching indicators has the worst outcomes relative to the national average with 42% of benchmarked indicators worse than England.



| A. Overarching indicators | | | | | | | |
|--|----------|--------|-----------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
| A01a - Healthy life expectancy at birth | All ages | Male | 2017 - 19 | 58.2 | 61.5 | 63.2 | → |
| A01a - Healthy life expectancy at birth | All ages | Female | 2017 - 19 | 62.6 | 62.6 | 63.5 | → |
| A01b - Life expectancy at birth | All ages | Male | 2020 | 77.7 | 77.6 | 78.7 | → |
| A01b - Life expectancy at birth | All ages | Female | 2020 | 81.6 | 81.8 | 82.6 | → |
| A01c - Disability-free life expectancy at birth | All ages | Male | 2017 - 19 | 60.3 | 61.6 | 62.7 | → |
| A01c - Disability-free life expectancy at birth | All ages | Female | 2017 - 19 | 62.8 | 60.6 | 61.2 | → |
| A02a - Inequality in life expectancy at birth | All ages | Male | 2018 - 20 | 8.80 | 10.10 | 9.70 | → |
| A02a - Inequality in life expectancy at birth | All ages | Female | 2018 - 20 | 6.40 | 7.90 | 7.90 | → |
| A02c - Inequality in healthy life expectancy at birth LA | All ages | Male | 2009 - 13 | 11.80 | - | - | - |
| A02c - Inequality in healthy life expectancy at birth LA | All ages | Female | 2009 - 13 | 12.10 | - | - | - |
| A01a - Healthy life expectancy at 65 | 65 | Male | 2017 - 19 | 9.58 | 9.98 | 10.60 | → |
| A01a - Healthy life expectancy at 65 | 65 | Female | 2017 - 19 | 10.50 | 10.40 | 11.10 | → |
| A01b - Life expectancy at 65 | 65 | Male | 2020 | 17.70 | 17.5 | 18.1 | → |
| A01b - Life expectancy at 65 | 65 | Female | 2020 | 19.7 | 20.2 | 20.7 | → |
| A01c - Disability-free life expectancy at 65 | 65 | Male | 2017 - 19 | 9.79 | 9.43 | 9.86 | → |
| A01c - Disability-free life expectancy at 65 | 65 | Female | 2017 - 19 | 9.05 | 9.06 | 9.74 | → |
| A02a - Inequality in life expectancy at 65 | 65 | Male | 2018 - 20 | 4.00 | 5.40 | 5.20 | → |
| A02a - Inequality in life expectancy at 65 | 65 | Female | 2018 - 20 | 3.30 | 4.90 | 4.80 | → |

| B. Wider determinants of health | | | | | | | |
|---|-----------|---------|---------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from Previous |
| B01b - Children in absolute low income families (under 16s) | <16 yrs | Persons | 2019/20 | 17.3 | 20.8 | 15.6 | ↑ |
| B01b - Children in relative low income families (under 16s) | <16 yrs | Persons | 2019/20 | 22.1 | 25.7 | 19.1 | ↑ |
| B02a - School readiness: percentage of children achieving a good level of development at the end of Reception | 5 yrs | Persons | 2018/19 | 71.3 | 70.1 | 71.8 | → |
| B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception | 5 yrs | Persons | 2018/19 | 60.7 | 57.2 | 56.5 | → |
| B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 | 6 yrs | Persons | 2018/19 | 83.5 | 81.7 | 81.8 | → |
| B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 | 6 yrs | Persons | 2018/19 | 74.5 | 72.4 | 70.1 | → |
| B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception | 5 yrs | Persons | 2018/19 | 81.6 | 79.8 | 82.2 | → |
| B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception | 5 yrs | Persons | 2018/19 | 71.7 | 70.9 | 72.6 | → |
| B03 - Pupil absence | 5-15 yrs | Persons | 2018/19 | 4.54 | 4.75 | 4.73 | → |
| B04 - First time entrants to the youth justice system | 10-17 yrs | Persons | 2020 | 186.3 | 172.6 | 169.2 | → |
| B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known | 16-17 yrs | Persons | 2020 | 7.36 | 5.69 | 5.48 | → |
| B06a - Adults with a learning disability who live in stable and appropriate accommodation | 18-64 yrs | Persons | 2020/21 | 77.8 | 71.2 | 78.3 | → |
| B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation | 18-69 yrs | Persons | 2020/21 | 59.0 | 48.0 | 58.0 | → |
| B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate | 16-64 yrs | Persons | 2019/20 | 12.0 | 9.9 | 10.6 | → |

B. Wider determinants of health

| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from Previous |
|---|----------------|----------------|-----------------|--------------------|---------------|---------|----------------------|
| B08b - Gap in the employment rate between those with a learning disability and the overall employment rate | 18-64 yrs | Persons | 2019/20 | 73.2 | 69.7 | 70.6 | → |
| B08c - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate | 18-69 yrs | Persons | 2019/20 | 67.7 | 65.9 | 67.2 | → |
| B08d - Percentage of people aged 16-64 in employment | 16-64 yrs | Persons | 2020/21 | 72.9 | 73.7 | 75.1 | → |
| B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week | 16+ yrs | Persons | 2018 - 20 | 1.66 | 1.67 | 1.92 | → |
| B09b - Sickness absence - the percentage of working days lost due to sickness absence | 16+ yrs | Persons | 2018 - 20 | 0.96 | 0.96 | 1.02 | → |
| B10 - Killed and seriously injured (KSI) casualties on England's roads | All ages | Persons | 2020 | 41.1 | 60.40 | 86.10 | → |
| B11 - Domestic abuse-related incidents and crimes | 16+ yrs | Persons | 2020/21 | 30.4 | 33.7 | 30.3 | - |
| B12a - Violent crime - hospital admissions for violence (including sexual violence) | All ages | Persons | 2018/19 - 20/21 | 27.8 | 37.7 | 41.9 | → |
| B12b - Violent crime - violence offences per 1,000 population | All ages | Persons | 2020/21 | 32.5 | 33.7 | 29.5 | ↓ |
| B12c - Violent crime - sexual offences per 1,000 population | All ages | Persons | 2020/21 | 3.28 | 2.42 | 2.29 | → |
| B13a - Re-offending levels - percentage of offenders who re-offend | All ages | Persons | 2018/19 | 28.6 | 27.8 | 27.9 | - |
| B13b - Re-offending levels - average number of re-offences per re-offender | All ages | Persons | 2018/19 | 4.36 | 4.00 | 4.00 | - |
| B13c - First time offenders | 10+ yrs | Persons | 2020 | 219.2 | 160.6 | 159.9 | ↓ |
| B14a - The rate of complaints about noise | All ages | Persons | 2019/20 | 4.24 | 4.46 | 6.37 | → |
| B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime | All ages | Persons | 2016 | 1.19 | 4.40 | 5.50 | - |
| B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time | All ages | Persons | 2016 | 2.79 | 8.06 | 8.48 | - |
| B15a - Homelessness - households owed a duty under the Homelessness Reduction Act | Not applicable | Not applicable | 2020/21 | 12.3 | 10.20 | 11.30 | ↑ |
| B15c - Homelessness - households in temporary accommodation | Not applicable | Not applicable | 2020/21 | 0.66 | 2.10 | 4.03 | → |

| B. Wider determinants of health | | | | | | | |
|---|----------------|----------------|---------------------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from Previous |
| B16 - Utilisation of outdoor space for exercise/health reasons | 16+ yrs | Persons | Mar 2015 - Feb 2016 | 14.5 | 17.7 | 17.9 | → |
| B17 - Fuel poverty (low income, high cost methodology) | Not applicable | Not applicable | 2018 | 9.40 | 11.4 | 10.3 | - |
| B17 - Fuel poverty (low income, low energy efficiency methodology) | Not applicable | Not applicable | 2019 | 15.60 | 17.50 | 13.40 | - |
| B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like | 18+ yrs | Persons | 2019/20 | 40.8 | 46.0 | 45.9 | → |
| B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like | 18+ yrs | Persons | 2018/19 | 36.0 | 34.5 | 32.5 | → |
| B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time | 16+ yrs | Persons | 2019/20 | 26.0 | 23.7 | 22.3 | - |
| 1.01i - Children in low income families (all dependent children under 20) | 0-19 yrs | Persons | 2016 | 20.0 | 20.2 | 17.0 | → |
| 1.10 - Killed and seriously injured (KSI) casualties on England's roads | All ages | Persons | 2016 - 18 | 28.3 | 38.4 | 42.6 | - |

| C. Health improvement | | | | | | | |
|---|------------------------------------|---------|---------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
| C01 - Total prescribed LARC excluding injections rate / 1,000 | All ages | Female | 2020 | 43.5 | 27.3 | 34.6 | ↓ |
| C02a - Under 18s conception rate / 1,000 | <18 yrs | Female | 2020 | 16.8 | 15.1 | 13.0 | → |
| C02b - Under 16s conception rate / 1,000 | <16 yrs | Female | 2020 | 1.1 | 2.2 | 1.1 | → |
| C03a - Obesity in early pregnancy | Not applicable | Female | 2018/19 | 29.5 | 25.4 | 22.1 | - |
| C03c - Smoking in early pregnancy | Not applicable | Female | 2018/19 | 19.4 | 14.5 | 12.8 | - |
| C04 - Low birth weight of term babies | ≥37 weeks gestational age at birth | Persons | 2020 | 1.79 | 3.12 | 2.86 | → |
| C05a - Baby's first feed breastmilk | Newborn | Persons | 2018/19 | 63.8 | 62.5 | 67.4 | → |
| C06 - Smoking status at time of delivery | All ages | Female | 2020/21 | 14.3 | 10.6 | 9.6 | → |
| C07 - Proportion of New Birth Visits (NBVs) completed within 14 days | <14 days | Persons | 2020/21 | 91.1 | 89.8 | 88 | → |
| C08a - Child development: percentage of children achieving a good level of development at 2-2½ years | 2-2.5 yrs | Persons | 2020/21 | 62.4 | 81.6 | 82.9 | → |
| C08b - Child development: percentage of children achieving the expected level in communication skills at 2-2½ years | 2-2.5 yrs | Persons | 2020/21 | 73.5 | 78.1 | 86.8 | → |
| C08c - Child development: percentage of children achieving the expected level in personal-social skills at 2-2½ years | 2-2.5 yrs | Persons | 2020/21 | 82.2 | 73.9 | 90.2 | → |
| C09a - Reception: Prevalence of overweight (including obesity) | 4-5 yrs | Persons | 2019/20 | 26.1 | 24.6 | 23.0 | → |
| C09b - Year 6: Prevalence of overweight (including obesity) | 10-11 yrs | Persons | 2019/20 | 40.0 | 38.2 | 35.2 | → |
| C10 - Percentage of physically active children and young people | 5-16 yrs | Persons | 2020/21 | 52.8 | 42.0 | 44.6 | ↑ |
| C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) | <15 yrs | Persons | 2020/21 | 93.4 | 77.0 | 75.7 | ↓ |
| C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) | 0-4 yrs | Persons | 2020/21 | 139.0 | 109.2 | 108.7 | → |

C. Health improvement

| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
|---|-----------|---------|-----------|--------------------|---------------|---------|----------------------|
| C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) | 15-24 yrs | Persons | 2020/21 | 114.0 | 95.6 | 112.4 | → |
| C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern | 5-16 yrs | Persons | 2019/20 | 39.4 | 37.7 | 37.4 | → |
| C14b - Emergency Hospital Admissions for Intentional Self-Harm | All ages | Persons | 2020/21 | 182.4 | 166.6 | 181.2 | ↓ |
| C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) | 16+ yrs | Persons | 2019/20 | 51.1 | 52.6 | 55.4 | → |
| C16 - Percentage of adults (aged 18+) classified as overweight or obese | 18+ yrs | Persons | 2019/20 | 70.9 | 66.8 | 62.8 | → |
| C17a - Percentage of physically active adults | 19+ yrs | Persons | 2019/20 | 63.5 | 63.1 | 66.4 | → |
| C17b - Percentage of physically inactive adults | 19+ yrs | Persons | 2019/20 | 23.7 | 25.3 | 22.9 | → |
| C18 - Smoking Prevalence in adults (18+) - current smokers (APS) | 18+ yrs | Persons | 2020 | 13.2 | 12.8 | 12.1 | - |
| C19a - Successful completion of drug treatment - opiate users | 18+ yrs | Persons | 2020 | 6.9 | 3.96 | 4.74 | → |
| C19b - Successful completion of drug treatment - non-opiate users | 18+ yrs | Persons | 2020 | 47.2 | 30.2 | 33 | → |
| C19c - Successful completion of alcohol treatment | 18+ yrs | Persons | 2020 | 50.5 | 34.9 | 35.3 | → |
| C19d - Deaths from drug misuse | All ages | Persons | 2018 - 20 | 4.57 | 5.28 | 5.02 | → |
| C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison | 18+ yrs | Persons | 2020/21 | 41.7 | 36.2 | 38.1 | → |
| C21 - Admission episodes for alcohol-related conditions (Narrow) | All ages | Persons | 2020/21 | 512.3 | 515.0 | 455.9 | ↓ |
| C22 - Estimated diabetes diagnosis rate | 17+ yrs | Persons | 2018 | 85.6 | 86.3 | 78.0 | → |
| C23 - Percentage of cancers diagnosed at stages 1 and 2 | All ages | Persons | 2019 | 50.3 | 54.4 | 55.1 | → |
| C24a - Cancer screening coverage - breast cancer | 53-70 yrs | Female | 2021 | 48.8 | 62.3 | 64.1 | ↓ |
| C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old) | 25-49 yrs | Female | 2021 | 71.2 | 67.9 | 68 | ↓ |
| C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old) | 50-64 yrs | Female | 2021 | 74.4 | 74.3 | 74.7 | → |

C. Health improvement

| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
|---|-----------|---------|-----------------|--------------------|---------------|---------|----------------------|
| C24d - Cancer screening coverage - bowel cancer | 60-74 yrs | Persons | 2021 | 65.1 | 62.3 | 65.2 | ↑ |
| C24e - Abdominal Aortic Aneurysm Screening - Coverage | 65 | Male | 2020/21 | 69.4 | 51.0 | 55 | ↓ |
| C24m - Newborn Hearing Screening - Coverage | <1 yr | Persons | 2020/21 | 99.2 | 97.5 | 97.5 | → |
| C24n - Newborn and Infant Physical Examination Screening - Coverage | <1 yr | Persons | 2020/21 | 96.0 | 98.2 | 97.3 | - |
| C26a - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check | 40-74 yrs | Persons | 2016/17 - 20/21 | 34.4 | 81.4 | 71.8 | ↓ |
| C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check | 40-74 yrs | Persons | 2016/17 - 20/21 | 50.8 | 43.0 | 46.5 | ↑ |
| C26c - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check | 40-74 yrs | Persons | 2016/17 - 20/21 | 17.5 | 35.0 | 33.4 | ↓ |
| C27 - Percentage reporting a long term Musculoskeletal (MSK) problem | 16+ yrs | Persons | 2020 | 20.0 | 19.7 | 18.6 | → |
| C28a - Self-reported wellbeing - people with a low satisfaction score | 16+ yrs | Persons | 2020/21 | - | 6.51 | 6.06 | - |
| C28b - Self-reported wellbeing - people with a low worthwhile score | 16+ yrs | Persons | 2020/21 | - | 4.69 | 4.38 | - |
| C28c - Self-reported wellbeing - people with a low happiness score | 16+ yrs | Persons | 2020/21 | 10.1 | 9.88 | 9.21 | → |
| C28d - Self-reported wellbeing - people with a high anxiety score | 16+ yrs | Persons | 2020/21 | 22.3 | 24.5 | 24.2 | → |
| C29 - Emergency hospital admissions due to falls in people aged 65 and over | 65+ yrs | Persons | 2020/21 | 1688.0 | 1935.0 | 2023.0 | ↓ |
| C29 - Emergency hospital admissions due to falls in people aged 65-79 | 65-79 yrs | Persons | 2020/21 | 849.8 | 901.0 | 936.6 | → |
| C29 - Emergency hospital admissions due to falls in people aged 80+ | 80+ yrs | Persons | 2020/21 | 4120.0 | 4933.0 | 5174.0 | ↓ |
| 2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method | 6-8 weeks | Persons | 2020/21 | - | - | 47.6 | - |

| D. Health protection | | | | | | | |
|---|-----------|---------|---------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
| D01 - Fraction of mortality attributable to particulate air pollution | 30+ yrs | Persons | 2019 | 4.62 | 5.31 | 5.13 | - |
| D02a - Chlamydia detection rate / 100,000 aged 15 to 24 | 15-24 yrs | Persons | 2020 | 1668 * | 1187 * | 1408 * | ↓ |
| D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000 | 15-64 yrs | Persons | 2020 | 449.0 | 441.8 | 619.0 | ↓ |
| D03b - Population vaccination coverage - Hepatitis B (1 year old) | 1 yr | Persons | 2020/21 | 100.00 | - | - | → |
| D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old) | 1 yr | Persons | 2020/21 | 95.0 * | 91.9 * | 92.0 * | → |
| D03d - Population vaccination coverage - MenB (1 year) | 1 yr | Persons | 2020/21 | 95.4 * | 92.1 * | 92.1 * | → |
| D03e - Population vaccination coverage - Rotavirus (Rota) (1 year) | 1 yr | Persons | 2020/21 | 93.0 * | 89.4 * | 90.2 * | → |
| D03f - Population vaccination coverage - PCV | 1 yr | Persons | 2019/20 | 95.7 * | 93.0 * | 93.2 * | → |
| D03g - Population vaccination coverage - Hepatitis B (2 years old) | 2 yrs | Persons | 2020/21 | 88.9 | | - | → |
| D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old) | 2 yrs | Persons | 2020/21 | 96.7 * | 94.2 * | 93.8 * | → |
| D03i - Population vaccination coverage - MenB booster (2 years) | 2 yrs | Persons | 2020/21 | 90.0 * | 88.6 * | 89.0 * | → |
| D03j - Population vaccination coverage - MMR for one dose (2 years old) | 2 yrs | Persons | 2020/21 | 91.0 * | 90.2 * | 90.3 * | → |
| D03k - Population vaccination coverage - PCV booster | 2 yrs | Persons | 2020/21 | 90.2 * | 90.0 * | 90.1 * | → |
| D03l - Population vaccination coverage - Flu (2-3 years old) | 2-3 yrs | Persons | 2020/21 | 56.6 * | 53.9 * | 56.7 * | ↑ |
| D03m - Population vaccination coverage - Hib / MenC booster (2 years old) | 2 yrs | Persons | 2020/21 | 90.8 * | 90.0 * | 89.8 * | → |
| D04a - Population vaccination coverage - DTaP/IPV booster (5 years) | 5 yrs | Persons | 2020/21 | 87.6 * | 84.9 * | 85.3 * | → |
| D04b - Population vaccination coverage - MMR for one dose (5 years old) | 5 yrs | Persons | 2020/21 | 95.9 * | 94.4 * | 94.3 * | → |
| D04c - Population vaccination coverage - MMR for two doses (5 years old) | 5 yrs | Persons | 2020/21 | 88.0 * | 85.6 * | 86.6 * | → |
| D04d - Population vaccination coverage - Flu (primary school aged children) | 4-11 yrs | Persons | 2020 | 67.9 * | 58.8 * | 62.5 * | → |

| D. Health protection | | | | | | | |
|--|-----------------|----------------|-----------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
| D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) | 12-13 yrs | Female | 2019/20 | 87.7 * | 46.3 * | 59.2 * | ↓ |
| D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) | 12-13 yrs | Male | 2019/20 | 81.3 * | 40.0 * | 54.4 * | - |
| D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) | 13-14 yrs | Female | 2019/20 | 83.4 * | 52.3 * | 64.7 * | ↓ |
| D04g - Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years) | 14-15 yrs | Persons | 2019/20 | 93.5 * | 90.5 * | 87.0 * | ↑ |
| D05 - Population vaccination coverage - Flu (at risk individuals) | 6 months-64 yrs | Persons | 2020/21 | 54.8 * | 52.1 * | 53.0 * | ↑ |
| D06a - Population vaccination coverage - Flu (aged 65+) | 65+ yrs | Persons | 2020/21 | 80.3 * | 80.1 * | 80.9 * | ↑ |
| D06b - Population vaccination coverage - PPV | 65+ yrs | Persons | 2020/21 | 68.9 * | 69.5 * | 70.6 * | ↑ |
| D06c - Population vaccination coverage – Shingles vaccination coverage (71 years) | 71 | Persons | 2019/20 | 45.6 * | 47.6 * | 48.2 * | → |
| D07 - HIV late diagnosis (%) | 15+ yrs | Persons | 2018 - 20 | 54.5 * | 45.0 * | 42.4 * | → |
| D08a - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months | All ages | Persons | 2019 | 77.8 | 85.7 | 82.0 | - |
| D08b - TB incidence (three year average) | All ages | Persons | 2018 - 20 | 4.50 | 9.78 | 7.96 | → |
| D09 - NHS organisations with a board approved sustainable development management plan | Not applicable | Not applicable | 2015/16 | 60.0 | 55.8 | 66.2 | → |
| D10 - Adjusted antibiotic prescribing in primary care by the NHS | All ages | Persons | 2020 | 0.80 * | 0.81 * | 0.75 * | ↓ |

| E. Healthcare and premature mortality | | | | | | | |
|--|-----------|---------|-----------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
| E01 - Infant mortality rate | <1 yr | Persons | 2018 - 20 | 4.11 | 5.57 | 3.90 | → |
| E02 - Percentage of 5 year olds with experience of visually obvious dental decay | 5 yrs | Persons | 2018/19 | 21.3 | 22.7 | 23.4 | → |
| E03 - Under 75 mortality rate from causes considered preventable (2019 definition) | <75 yrs | Persons | 2020 | 163.6 | 155.5 | 140.5 | → |
| E04a - Under 75 mortality rate from all cardiovascular diseases | <75 yrs | Persons | 2020 | 95.4 | 84.8 | 73.8 | → |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) | <75 yrs | Persons | 2020 | 38.4 | 34.3 | 29.2 | → |
| E05a - Under 75 mortality rate from cancer | <75 yrs | Persons | 2020 | 154.8 | 133.2 | 125.1 | → |
| E05b - Under 75 mortality rate from cancer considered preventable (2019 definition) | <75 yrs | Persons | 2020 | 66.2 | 55.4 | 51.5 | → |
| E06a - Under 75 mortality rate from liver disease | <75 yrs | Persons | 2020 | 20.2 | 24.0 | 20.6 | → |
| E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition) | <75 yrs | Persons | 2020 | 16.4 | 21.7 | 18.2 | → |
| E07a - Under 75 mortality rate from respiratory disease | <75 yrs | Persons | 2020 | 30.6 | 31.8 | 29.4 | → |
| E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition) | <75 yrs | Persons | 2020 | 18.6 | 18.0 | 17.1 | → |
| E08 - Mortality rate from a range of specified communicable diseases, including influenza | All ages | Persons | 2020 | 10.3 | 9.6 | 8.3 | → |
| E09a - Premature mortality in adults with severe mental illness (SMI) | 18-74 yrs | Persons | 2018 - 20 | 134.4 | 110.7 | 103.6 | → |
| E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI) | 18-74 yrs | Persons | 2018 - 20 | 573.7 | 425.8 | 451.0 | → |
| E10 - Suicide rate | 10+ yrs | Persons | 2018 - 20 | 9.8 | 10.5 | 10.4 | → |
| E11 - Emergency readmissions within 30 days of discharge from hospital | All ages | Persons | 2019/20 | 13.9 | 14.6 | 14.4 | → |
| E12a - Preventable sight loss - age related macular degeneration (AMD) | 65+ yrs | Persons | 2019/20 | 106.2 | 100.7 | 105.4 | → |
| E12b - Preventable sight loss - glaucoma | 40+ yrs | Persons | 2019/20 | 10.1 | 11.5 | 12.9 | → |

| E. Healthcare and premature mortality | | | | | | | |
|--|-----------|---------|---------------------|--------------------|---------------|---------|----------------------|
| Indicator | Age | Sex | Period | Telford and Wrekin | West Midlands | England | Change from previous |
| E12c - Preventable sight loss - diabetic eye disease | 12+ yrs | Persons | 2019/20 | 4.61 | 3.33 | 2.95 | - |
| E12d - Preventable sight loss - sight loss certifications | All ages | Persons | 2019/20 | 43.4 | 41.0 | 41.4 | → |
| E13 - Hip fractures in people aged 65 and over | 65+ yrs | Persons | 2020/21 | 603.4 | 584.4 | 528.7 | → |
| E13 - Hip fractures in people aged 65-79 | 65-79 yrs | Persons | 2020/21 | 292.3 | 240.1 | 219.3 | → |
| E13 - Hip fractures in people aged 80+ | 80+ yrs | Persons | 2020/21 | 1506.0 | 1583 | 1426 | → |
| E14 - Excess winter deaths index | All ages | Persons | Aug 2019 - Jul 2020 | 18.2 | 18.0 | 17.4 | → |
| E14 - Excess winter deaths index (age 85+) | 85+ yrs | Persons | Aug 2019 - Jul 2020 | 8.8 | 22.7 | 20.8 | → |
| E15 - Estimated dementia diagnosis rate (aged 65 and over) | 65+ yrs | Persons | 2021 | 60.1 * | 58.1 * | 61.6 * | → |

*Value compared to a goal

Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

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STWICS Community Mental Health Transformation in Shropshire, Telford and Wrekin

<https://www.stwics.org.uk/our-priorities/mental-health/community-mental-health-transformation?highlight=WyJtZW50YWwiLClnbWVudGFsliwiaGVhbHRoliwiaGVhbHRoJylsImhIYWx0aCculiwibWVudGFsIGhYWX0aCjd>

NHS The community mental health framework for adults and older adults

<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

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Glossary

Glossary

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|------|--|--------|---|
| A2HA | Alternatives To Hospital Admission | SEND | Special educational needs and disability |
| ACTs | Alcohol Care Teams | SMI | Severe mental illness |
| ASB | Antisocial behaviour | SLC | Speech, language and communication |
| A&E | Accident and emergency department | STW | Shropshire, Telford and Wrekin |
| BAME | Black and minority ethnic | STWICS | Shropshire, Telford and Wrekin Integrated Care System |
| BMI | Body mass index | TWIPP | Telford & Wrekin Integrated Place Partnership |
| CCE | Child criminal exploitation | UKHSA | United Kingdom Health Security Agency |
| CCG | Clinical Commissioning Group | WMAS | West Midlands Ambulance Service |
| COPD | Chronic respiratory pulmonary disease | | |
| CPD | Continuing professional development | | |
| CSE | Child sexual exploitation | | |
| CVS | Council for Voluntary Service | | |
| GLD | Good level of development | | |
| ICS | Integrated Care System | | |
| IFS | Institute for Fiscal Studies | | |
| ILC | Independent Living Centre | | |
| MVP | Maternity Voices Partnership | | |
| NEET | Not in education, employment or training | | |
| LD | Learning disabilities | | |
| LGBT | Lesbian, gay, bisexual, transgender | | |
| LMNS | Local Maternity & Neonatal Systems | | |
| ONS | Office for National Statistics | | |
| PCC | Police and Crime Commissioner | | |
| PCN | Primary Care Network | | |
| PTSD | Post-traumatic stress disorder | | |

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