



Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 18 June 2026

2.00 pm

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

Democratic Services: Lorna Gordon 01952 384978

Media Enquiries: Corporate Communications 01952 382406

Committee Members: A J Burford (Co-Chair), Whatley (Co-Chair), K Middleton, S J Reynolds, P Thomas, K L Tomlinson, P Watling, J Britton, N Carr, E Hancox, N Lee, N Pay, C Parker, F Mercer, H Onions, J Suckling, J Williams and C Hall-Salter

Agenda

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7.0 Health Protection Update Report

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Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin
Health & Wellbeing Board
Thursday 18 June 2026
Health Protection Assurance Report 2026

Cabinet Member:	Cllr Richard Overton - Deputy Leader and Cabinet Member: Safer Streets and Better Housing
Lead Director:	Helen Onions - Director of Public Health
Service Area:	Health & Wellbeing
Report Author:	Nicky Minshall Head of Health Protection
Officer Contact Details:	Tel: 01952 382320 Email: nicky.minshall@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board – 18 June 2026

1.0 Recommendations for decision

- 1.1 The Health and Wellbeing Board is asked to note the current health protection assurance position, including key areas of progress and the challenges which require continued oversight.

2.0 Purpose of Report

- 2.1 The purpose of this report is to update the Health & Wellbeing Board on the health protection assurance arrangements in Telford & Wrekin, and provide a summary of key health protection activities undertaken by the Council and HWB partner organisations.

3.0 Background

- 3.1 Protecting the population's health is one of five mandated public health responsibilities given to local authorities under the NHS Act 2006, as amended by the Health and Social Care Act 2012. The Director of Public Health (DPH) for

Telford & Wrekin has statutory responsibility for the discharge of the local authority public health functions.

- 3.2 Health Protection is a set of measures which protect individuals and populations, through an integrated approach to infectious diseases, radiation, chemical and environmental hazards, through both prevention and response. Prevention reduces health impacts; eases pressure on the wider health system and aligns with both local and national priorities. In addition, responding effectively to emerging issues is essential as timely interventions can deliver a measurable impact. Activities include; control of infectious disease (including vaccinations) screening, Emergency Preparedness and Response (EPRR) and providing an environment that promotes health and wellbeing.
- 3.3 In practice, health protection involves a range of activities across multiple partner agencies. It includes; work to ensure the safety and quality of food, water, air and the natural and built environment, and covers the measures needed to prevent the spread of infectious diseases, preparing for and managing outbreaks and other incidents which threaten health. Immunisation programmes, to prevent diseases from developing and screening programmes to detect diseases early enough for better treatment outcomes are also part of the agenda.
- 3.4 Within Telford & Wrekin the remit for the local authority health protection duty is delivered by Health Protection team which incorporates, Food Health & Safety, Health Protection Hub and Resilience.
- 3.5 The Director of Public Health maintains assurance that health protection measures are in place and effective through the Shropshire Telford & Wrekin Health Protection Assurance Group (STW HPAG), which the Telford & Wrekin DPH chairs on behalf of STW. The Group meets bi-monthly and UKHSA, NHS England, the ICB and both local authorities provide regular reports for scrutiny.
- 3.6 The STW HPAG produced a five-year Health Protection Strategy in 2022. Progress against the strategy objectives were reviewed and RAG rated in 2025, and progress was reported to the HPAG in November 2025.

4.0 **Key updates**

- 4.1 Detailed updates across the main health protection work areas are set out in Appendix 1. Overall, the governance and assurance arrangements for health protection are established and functioning effectively.

The HWB is asked to note the following areas of strength:

- Strong partnership arrangements are in place across the local health protection system.
- Targeted vaccination, engagement and outreach work is being delivered to address inequalities in uptake.
- Statutory food and water safety responsibilities continue to be met.

- 4.2 The report also identifies areas requiring continued system focus and oversight, including:

- performance against healthcare-associated infection objectives.

- variation in vaccination uptake and persistent patterns of inequalities across some groups and communities.
- ongoing infectious disease and outbreak pressures, which require sustained planning and response capacity.

4.3 These issues are recognised and escalated in the NHS through regular reporting to the ICB Quality and Performance Committee and are being managed through partnership working and relevant oversight and improvement processes.

5.0 **Alternative Options**

5.1 Health protection assurance is mandated public health function for local authorities and is a professional requirement for Directors of Public Health.

6.0 **Key Risks**

6.1 Key risks include continued underperformance against some healthcare-associated infection objectives, variable vaccination uptake across some communities, and the need to maintain sufficient system capacity to respond to infectious disease incidents and outbreaks.

7.0 **Council Priorities**

7.1 Every child, young person and adult lives well in their community.

8.0 **Financial Implications**

8.1 The adoption of the recommendations of this report does not give rise to any material financial consequences. The work being reported is carried out for the Council's part within existing and approved budgets, agreed as part of the Council's Medium Term Financial Strategy. Any future requirement to change this will be reported and managed through the Council's Governance processes.

9.0 **Legal and HR Implications**

9.1 The Director of Public Health has a statutory duty to prepare an annual report on the health of the people in the local authority under Section 73B(5) of the National Health Service Act 2006 (as amended). The report must be published by the local authority under Section 73B(6).

10.0 **Ward Implications**

10.1 Borough-wide impact, but particularly wards with highest levels socio-economic deprivation.

11.0 **Health, Social and Economic Implications**

11.1 Effective health protection arrangements reduce the risk and impact of infectious disease, environmental hazards and other threats to health, thereby contributing to improved population health outcomes.

- 11.2 Strong health protection arrangements support wider social and economic wellbeing by reducing disruption to education, health and care services, workplaces and communities.

12.0 Equality and Diversity Implications

- 12.1 Health protection risks and outcomes are not experienced equally across the population. This is particularly relevant to vaccination uptake, access to services and the impact of deprivation on health outcomes. The targeted outreach and engagement activity described in Appendix 1 is intended to reduce inequalities and improve access for underserved groups.

13.0 Climate Change, Biodiversity and Environmental Implications

- 13.1 There are no direct climate change or biodiversity implications arising from the recommendations in this report. More broadly, environmental factors remain relevant to aspects of health protection, including water safety, food safety and resilience planning.

14.0 Background Papers

None

15.0 Appendices

Appendix 1 Health Protection Work Area updates.

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	08.06.2026	08.06.2026	HO
Legal	05.06.2026	11.06.2026	ON
Finance	05.06.2026	05.06.2026	RP

Appendix 1 Health Protection Work Programme (June 2026 Updates)

Work Area	Key Updates	Partner Responsible														
Screening	National Screening performance is reported through the Health and Wellbeing Strategy performance and outcomes framework (see June 2026 HWB report). No additional issues requiring escalation through this report are currently identified.	NHS														
Hospital Care Acquired Infections HCAI Page 7	<p>HCAIs develop either as a direct result of healthcare interventions or contact with a healthcare setting. The term HCAI covers a range of infections e.g. <i>methicillin-resistant Staphylococcus aureus</i> (MRSA) and <i>Clostridioides difficile</i> (<i>C. difficile</i>). Quality threshold targets are set by NHS England (NHSE) and infections are monitored through mandatory surveillance, post infection reviews. HCAI's pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for the NHS</p> <p>The Shropshire Telford and Wrekin Integrated Care System Infection Prevention and Control (ICS IPC) Group meet monthly to oversee IPC performance and challenges, agree system adoption of key items of national policy and develop and monitor strategic direction for IPC in the system. Reducing and preventing healthcare associated infections remains central to the safety and quality of care delivered to patients in the system.</p> <p>National Objectives for Systems, NHS Trusts for 2025/26 were published in June 25 and have not yet been updated for 2026/7. As reported at the meeting of the board of the Shrewsbury and Telford Hospital NHS Trust, local infection target figures are above expected for all HCAIs. However significant improvements have been made at Robert Jones and Agnes Hunt. All cases of HCAI are reviewed and action plans created. Improvements proposed include:</p> <ul style="list-style-type: none"> • Progress in potentially using the antibiotic Fidaxomicin as first line treatment of <i>Clostridium difficile</i> – this will reduce onward transmission to others • An action plan is being drawn up to reduce MRSA, MSSA, E. coli, pseudomonas and klebsiella • Development of a deep clean plan for 2026/27 in SaTH <table border="1" data-bbox="347 1069 929 1340"> <thead> <tr> <th>Organism</th> <th>% Under/Over Objective</th> </tr> </thead> <tbody> <tr> <td>MRSA bacteraemia</td> <td>Breached</td> </tr> <tr> <td>MSSA bacteraemia</td> <td>N/A</td> </tr> <tr> <td>CDI</td> <td>Breached</td> </tr> <tr> <td>E coli</td> <td>Breached</td> </tr> <tr> <td>Klebsiella</td> <td>Breached</td> </tr> <tr> <td>Pseudomonas</td> <td>Breached</td> </tr> </tbody> </table>	Organism	% Under/Over Objective	MRSA bacteraemia	Breached	MSSA bacteraemia	N/A	CDI	Breached	E coli	Breached	Klebsiella	Breached	Pseudomonas	Breached	ICB
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Winter Vaccinations	The Shropshire, Telford and Wrekin Integrated Care Board (ICB) received NHS England funding to increase uptake of winter vaccinations, with a particular focus on reducing inequalities. The delivery model followed the three-phase approach previously used in the local HPV/MMR programme: data analysis, targeted education and accessible clinic	T&W Health Protection														

Appendix 1 Health Protection Work Programme (June 2026 Updates)

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Page 8	<p>provision. This approach was designed to address the three key components of vaccine hesitancy—confidence, complacency and convenience—and to support improved uptake among priority groups.</p> <p>Regular and timely uptake data was provided by ICB analysts and used to identify communities and population groups with comparatively low vaccination uptake, both geographically and demographically. Analysis showed a strong correlation between lower uptake and areas of multiple deprivation. Surveys with key groups also provided insight into barriers to vaccination for adults and children. This intelligence informed a targeted communications and engagement approach, aimed at increasing awareness, addressing misinformation and improving access. Actions delivered locally by T&W Health Protection to support the objectives of the project are summarised under the following themes:</p> <p>1. Communications and awareness</p> <ul style="list-style-type: none"> • Development of local communications materials for key eligible groups, used internally and externally, including on shopping centre digital display boards • Social media campaign delivered through Facebook and X • Vaccination presentation delivered to key professionals • Winter planning checklist for Adult Social Care homes, including winter vaccination messages <p>2. Workforce and professional engagement</p> <ul style="list-style-type: none"> • Flu vaccination information sheet for visiting professionals • Flu vaccination information sheet for domiciliary carers • Communications to Telford and Wrekin managers regarding staff eligible as frontline social care workers • Communications to Telford and Wrekin staff who may have been eligible for vaccination on other grounds • Flu vaccination frequently asked questions shared with Adult Social Care homes for distribution to staff, supported by follow-up calls to older people’s care homes <p>3. Targeted outreach to communities</p> <ul style="list-style-type: none"> • Tailored information for settings to promote flu vaccination among people with learning disabilities • Info shared with mosques using British Islamic Medical Association resources/trusted Muslim community members • Engagement with Afro-Caribbean centre staff on flu vaccination, supported by tailored information • Information shared with the Inter-Faith Council 	Multi Agency
Winter Vaccinations (Cont.)	<p>4. Parent and education engagement</p> <ul style="list-style-type: none"> • Flu vaccination information sheet for early years settings and outreach workers to distribute to parents of two- and three-year-olds, supported by targeted Facebook advertising • Flu vaccination communications shared with parents through schools • Responses provided to parent and staff queries regarding flu vaccination 	

Appendix 1 Health Protection Work Programme (June 2026 Updates)

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	<p>In addition to the communications and engagement activity, three bespoke vaccination clinics were delivered by the Telford and Wrekin Health Protection Team in partnership with a local pharmacist. Significant preparatory work was undertaken to ensure clinics were available before the Christmas period, maximising protection ahead of increased intergenerational contact over the holidays. Clinics were hosted at two nurseries and one community venue, and feedback from host settings was positive. The strongest uptake was achieved where parental consent had been obtained in advance, highlighting the importance of early engagement and streamlined consent processes in community-based delivery models.</p>	
<p>Childhood Immunisations</p> <p>Page 9</p>	<p>Several vaccinations are offered throughout early childhood to give children the best protection against a host of serious diseases, including measles, polio, tetanus, hepatitis B, diphtheria, and meningococcal disease. In England, uptake of childhood immunisations generally remained static or experienced further declines compared with previous years. Vaccination coverage across the national immunisation programme are included in the Health and Wellbeing Strategy performance and outcomes framework (see June 2026 HWB report). The key local focus is to improve coverage and reduce inequalities for MMR, HPV and Meningitis ACWY</p> <p>In 2025 STW ICB received a funding from to address vaccine inequality in childhood immunisations. As a system it was decided to focus on the MMR and HPV vaccines. Whilst the levels of MMR 1 and MMR 2 are above the England average they are still below the 95% levels required for herd immunity. The HPV levels are level or below the England average. With funding T&W Health Protection initiated a programme to address HPV uptake. It has focused on targeted engagement, community outreach, tailored communications and improving access to vaccination for groups experiencing lower uptake. It has also supported wider partnership working across community settings, schools, health services and voluntary and faith networks.</p>	<p>NHS T&W Health Protection</p>
<p>Childhood Immunisations (Cont.)</p>	<p>Several vaccinations are offered throughout early childhood to give children the best protection against a host of serious diseases, including measles, polio, tetanus, hepatitis B, diphtheria, and meningococcal disease. In England, uptake of childhood immunisations generally remained static or experienced further declines compared with previous years according to Public Health Outcomes Framework (PHOF) data. Vaccination coverage across the national immunisation programme are included in the Health and Wellbeing Strategy performance and outcomes framework (see June 2026 HWB report). The key local focus is to improve coverage and reduce inequalities for MMR, HPV and Meningitis ACWY</p>	

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Page 10	<p>In 2025 STW ICB received a funding from to address vaccine inequality in childhood immunisations. As a system it was decided to focus on the MMR and HPV vaccines. Whilst the levels of MMR 1 and MMR 2 are above the England average they are still below the 95% levels required for herd immunity. The HPV levels are level or below the England average. With funding T&W Health Protection initiated a programme to address HPV uptake. It has focused on targeted engagement, community outreach, tailored communications and improving access to vaccination for groups experiencing lower uptake. It has also supported wider partnership working across community settings, schools, health services and voluntary and faith networks.</p> <p>The programme has delivered a broad range of engagement and community activities which include</p> <ul style="list-style-type: none"> • 1 community clinic • 3 school-based clinics • 2 youth club education sessions, and community group sessions including Afghan ladies, Polish school and Telford Gurdwara • 6 newsletter articles • 13 social media posts <p>This has resulted in:</p> <ul style="list-style-type: none"> • Interaction with 1030 pupils and 20 staff at school assemblies • Interaction with 70 health and community professionals • Delivery of 55 catch up vaccinations (School clinics: 15 HPV; Community clinic: 12 DTP, 12 MenACWY, 12 HPV and 4 MMR) • 4417 social media post views <p>A key finding from the work is that the community clinic model appears to achieve stronger uptake than school-based clinics. While the reasons are not fully understood, delivery has been affected by a few factors, including negative narratives about vaccination on social media, difficulties in aligning education activity with clinic timing, communication challenges and provider workforce pressures. The programme has nevertheless strengthened partnership working, improved understanding of barriers for specific communities and established a stronger foundation for targeted, trusted and locally responsive vaccination improvement activity. Current delivery arrangements have also highlighted the importance of securing flexible provider capacity and sustainable commissioning support to maintain momentum. The HPV work has received sufficient funding to allow the same model to be used in 2026</p> <p>In the autumn the focus of the project shifted to MMR. Using lessons learnt from the winter vaccinations program T&W Health Protection were able to engage a local pharmacy to deliver MMR clinics at a school and community centre.</p>	
Infectious Diseases	Local Authorities are empowered to act in relation to the control of notifiable diseases within their boundaries. They are required to appoint a “proper officer” for this function. In Telford & Wrekin Consultants in Communicable Disease	TW Health Protection

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 11</p>	<p>employed by UKHSA are appointed as the proper officer. Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council of suspected cases of certain infectious diseases.</p> <p>The Health Protection Hub receives notifications of infectious disease through this reporting route and investigates them. It also receives notifications of incidents of infectious disease directly from schools and care settings. The HPH will then offer advice to the setting on the management of the case and infection prevention control advice.</p> <p>The graphs below show the number of infectious diseases notified to the HPH between 2019-2025. Campylobacter remains locally and nationally the most reported gastrointestinal infection. Whilst other GI infections have relatively low numbers reports of Campylobacter are in the hundreds. In 2025 11 of the 30 cases of Salmonella were acquired abroad. Cryptosporidium infections are often associated with contact with farm animals particularly around lambing season; T&W Health Protection send out comms for parents via schools ahead of the spring holidays in 2025 and 2026.</p> <table border="1" data-bbox="349 662 1839 1038"> <thead> <tr> <th>Organism</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> <th>2024</th> <th>2025</th> <th rowspan="8">Shaded cells indicate numbers of 5 or less cases</th> </tr> </thead> <tbody> <tr> <td>Campylobacter</td> <td>195</td> <td>119</td> <td>87</td> <td>185</td> <td>224</td> <td>168</td> <td>185</td> </tr> <tr> <td>ECOLI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6</td> <td></td> </tr> <tr> <td>Salmonella</td> <td>23</td> <td>15</td> <td>18</td> <td>23</td> <td>20</td> <td>28</td> <td>30</td> </tr> <tr> <td>Cryptosporidium</td> <td>5</td> <td>7</td> <td></td> <td>7</td> <td>19</td> <td>13</td> <td>14</td> </tr> <tr> <td>Giardia</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shigella</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C.perfingens</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Legionella</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>The HPH will also manage outbreaks of infectious disease. An outbreak is defined as an incident in which at least 2 or more people affected by the same infectious disease are linked by time place or common exposure. The graphs below show the outbreaks reported to the HPH by years. In care settings the number of reported respiratory infection outbreaks declined whereas the number of outbreaks associated with diarrhoea and vomiting (D&V) increased. In schools chicken pox and D&V were the most reported.</p>	Organism	2019	2020	2021	2022	2023	2024	2025	Shaded cells indicate numbers of 5 or less cases	Campylobacter	195	119	87	185	224	168	185	ECOLI						6		Salmonella	23	15	18	23	20	28	30	Cryptosporidium	5	7		7	19	13	14	Giardia								Shigella								C.perfingens								Legionella								
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Work Area	Key Updates	Partner Responsible																												
Page 12	<p style="text-align: center;">No. Outbreaks in Care Settings</p> <p>The chart displays the following data:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>ARI</th> <th>Covid-19</th> <th>D & V</th> <th>Flu</th> <th>Scabies</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2023</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>2</td> </tr> <tr> <td>2024</td> <td>1</td> <td>15</td> <td>11</td> <td>3</td> <td>2</td> <td>31</td> </tr> <tr> <td>2025</td> <td>3</td> <td>4</td> <td>12</td> <td>3</td> <td>1</td> <td>21</td> </tr> </tbody> </table>	Year	ARI	Covid-19	D & V	Flu	Scabies	Total	2023	0	0	2	0	0	2	2024	1	15	11	3	2	31	2025	3	4	12	3	1	21	
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Page 13	<p style="text-align: center;">No. Outbreaks in Education Settings</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Data for No. Outbreaks in Education Settings</caption> <thead> <tr> <th>Year</th> <th>Chickenpox</th> <th>D & V</th> <th>H, F & M</th> <th>Scarlet Fever</th> <th>Strep A</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2023</td> <td>1</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> </tr> <tr> <td>2024</td> <td>11</td> <td>8</td> <td>12</td> <td>15</td> <td>3</td> <td>49</td> </tr> <tr> <td>2025</td> <td>11</td> <td>14</td> <td>1</td> <td>4</td> <td>0</td> <td>30</td> </tr> </tbody> </table>	Year	Chickenpox	D & V	H, F & M	Scarlet Fever	Strep A	Total	2023	1	2	0	0	0	3	2024	11	8	12	15	3	49	2025	11	14	1	4	0	30	
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<p>Tuberculosis</p>	<p>Tuberculosis is an infectious disease caused by bacteria that most often affects the lungs. It spreads through the air when people with TB cough, sneeze or spit. It is preventable and curable.</p> <p>The latest provisional annual data for 2025 from the UK Health Security Agency (UKHSA) shows that reported notifications of tuberculosis (TB) in England were broadly stable compared to 2024, at 9.4 cases per 100,000</p>	<p>SaTH UKHSA TW Health Protection Team</p>																												

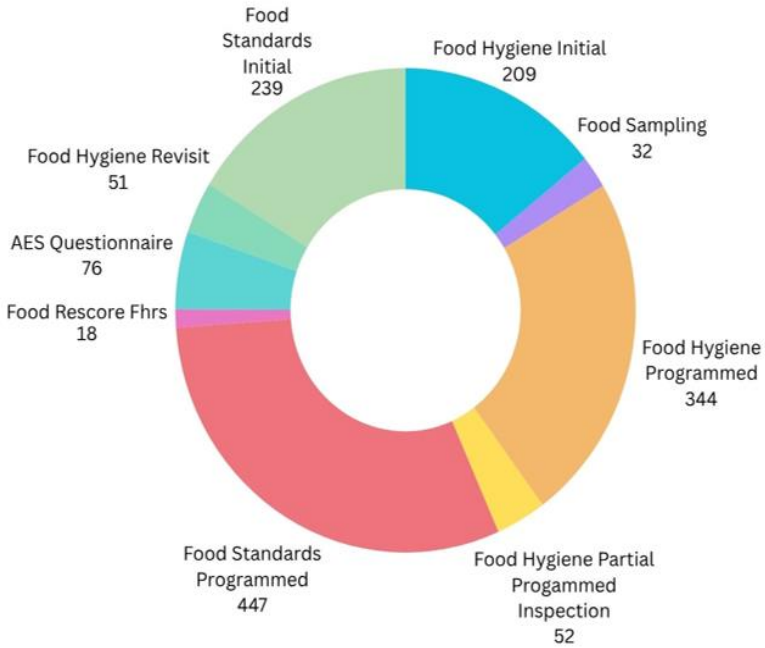
Appendix 1 Health Protection Work Programme (June 2026 Updates)

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 14</p>	<p>population. While this represents an increase above the pre-pandemic level of 8.36 per 100,000 in 2019, it remains below this Century's peak of 15.6 notifications per 100,000 population recorded in 2011.</p> <p>Telford & Wrekin remains a low TB incidence area.</p> <p>NHSE commissioned the Getting It Right First Time (GIRFT) Projects team at the Royal National Orthopaedic Hospital to deliver a review into TB services to identify good practices and identify areas of improvement. The service at SaTH took part in a multiagency meeting with the GIRFT in August 2025. An action plan for service improvement was produced.</p> <p>There have been improvements made in the TB service in SaTH in the past twelve months including recruiting additional staff and implementing the GIRFT action plan</p> <p>There is a STW TB network group that meets biannually. This group reports to the STW HPAB and provides information to the West Midlands Regional TB network meeting.</p> <p>Recently the service took part in a latent TB screening project, which targeted social care workers.</p>	
<p>Food and Water</p>	<p>Food Hygiene and Standards</p> <p>Food related compliance is dealt with by the Food Health & Safety Team. Food Hygiene considers the standards of hygienic practices, the structure of a premises, the training of staff and the management of the food business. Food Standards relates to food quality, labelling and allergens. A food business on inspection receives a risk rating that then determines the frequency until the next intervention. The higher risk will determine frequency of inspection as where possible both a food hygiene and a food standards intervention are done at the same time to minimise the impact on the business.</p> <p>The Food Health & Safety Team have a variety of statutory health protection functions. The Food Standards Agency (FSA) is the government department that has oversight over food safety and the Framework Agreement on Official Feed and Food Controls by Local Authorities sets out what the Food Standards Agency expects from local authorities in their delivery of official controls on feed and food law. The FH&S Food Law delivery plan details how the team will meet the FSA targets. Twice a year the FSA requires a statutory return on the work of the team.</p>	<p>T&W Health Protection</p>

Appendix 1 Health Protection Work Programme (June 2026 Updates)

Work Area	Key Updates	Partner Responsible
Page 15	<p>In 2025/26 The FH&S Team were able to report that all category A-D premises and all not yet rated premises that were due an inspection in the year had been completed. Only the lowest risk premises category E had premises that had not had an intervention that should have received an intervention. These have been added to the 2026/27 schedule.</p> <p>In 2025 the FSA introduced a new Food Standards Delivery model. This involved a new risk assessment matrix and required that data was converted to the new scheme. Delays in getting the data converted by the FSA meant that the new risk score were not added until March 2025. All high-risk premises were inspected but 50 premises that were now due under the revised risk rating had not been completed. These have been added to the 26/27 schedule.</p> <p>Food Sampling The team must have a Sampling Policy and must undertake food sampling as a requirement of the Framework agreement. A total of 73 samples were taken for analysis in 24/25. If the sample is unsatisfactory the Food Business is advised of the failure and advised how to rectify the issue. A further sample is then taken. Of the 73 samples taken 63% were satisfactory, 34% were unsatisfactory and 3% were borderline.</p> <p>Of those that were unsatisfactory 18 samples were Selective Androgen Receptor Modulators, also known as SARMS. SARMS are body enhancing drugs like anabolic steroids, which increase muscle mass and strength. They have been linked to liver damage, hormonal disruption, infertility and increased cancer risk. The FH&S team were notified by West Mercia Police of a SARMS manufacturer and distributor operating in Telford. This manufacturer came to the attention of the UK Anti-Doping Agency following an investigation and arrest of a person in Austria.</p> <p>SARMS are classified as an unauthorised novel food under UK law and therefore cannot be sold legally</p> <p>Officers from FH&S visited the food business in questions, which was also unregistered and a large quantity of SARMS were detained, seized and then later condemned at Telford Magistrates Court in November 2025.</p>	

Appendix 1 Health Protection Work Programme (June 2026 Updates)

Work Area	Key Updates	Partner Responsible																		
<p>Page 16</p>	<p style="text-align: center; background-color: #f8d7da; padding: 5px;">Number food Inspection April 25 – March 26</p> <div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Food Inspection Data (April 25 – March 26)</caption> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Food Standards Initial</td> <td>239</td> </tr> <tr> <td>Food Hygiene Initial</td> <td>209</td> </tr> <tr> <td>Food Sampling</td> <td>32</td> </tr> <tr> <td>Food Hygiene Programmed</td> <td>344</td> </tr> <tr> <td>Food Hygiene Partial Programmed Inspection</td> <td>52</td> </tr> <tr> <td>Food Standards Programmed</td> <td>447</td> </tr> <tr> <td>Food Rescore Fhrs</td> <td>18</td> </tr> <tr> <td>Food Hygiene Revisit</td> <td>51</td> </tr> </tbody> </table> </div> <p>Private water supplies</p> <p>There are 153 private water supplies within the Borough. A private water supply is any water supply, which supplies one or more properties that is not provided by a water company. The water could be provided by a well, borehole or spring. A lot of the sites are single dwelling supplies, and these are not part of the sampling and risk assessment scheme, although they may opt in if they desire. Commercial supplies (Regulation 9) and supplies that go to 2 or more domestic dwellings (Regulation 10) are in the scope. Together with a category know as a Regulation 8 supply. This is a supply where one or more consumers indirectly receive a supply of water from a water company’s water supply system via a third party.</p> <p>The FH&S team has a legal duty to risk assesses each private water supply in the borough (except for supplies to single non-commercial dwellings). The team are also responsible for arranging that private water supplies in their area</p>	Category	Count	Food Standards Initial	239	Food Hygiene Initial	209	Food Sampling	32	Food Hygiene Programmed	344	Food Hygiene Partial Programmed Inspection	52	Food Standards Programmed	447	Food Rescore Fhrs	18	Food Hygiene Revisit	51	
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Page 17	<p>are monitored for bacterial and chemical parameters to determine compliance with the drinking water standards and to take appropriate action to ensure that the defects are rectified. The Drinking Water Inspectorate (DWI) requires statutory return every January to monitor activity.</p> <p>In 2025 twenty-four supplies were sampled for a range of different chemical and bacterial parameters. The samples are analysed against the Drinking Water Standard by an accredited laboratory. When a supply fails a parameter then an investigation and are sample will be undertaken. Where there is a risk to human health then a notice is served one, notice was served in 2025.</p> <p>Health & Safety Botulism associated with Aesthetics Industry Between 4th June and 6th August UKHSA reported that the number of clinically confirmed cases of iatrogenic botulism was 41. https://www.gov.uk/government/news/ukhsa-issues-warning-over-botulism</p> <p>The number of aesthetic clinics has risen rapidly in recent years, driven by the demand for non-surgical procedures like Botox, dermal fillers and body contouring treatments. However, this growth has not been matched by regulations that have kept pace with the ever changing and growing sector, leaving the sector largely unregulated.</p> <p>The Government has recently committed to bringing in legislation that will address the lack of regulation; however this is still some years away.</p> <p>To raise awareness with member of the public about the risks associated with aesthetics treatments. Telford & Wrekin have put together a web page. https://www.telford.gov.uk/health-protection/food-health-and-safety/health-and-safety/aesthetic-procedures/</p>	
Emergency Preparedness	<p>The Civil Contingencies Act 2004 places duties on Local Authorities and other category 1 responders to prepare and respond to emergencies.</p> <p>In 2025 part of the work of the resilience function was pandemic preparedness.</p> <p>Pandemics are identified as a significant risk with potentially catastrophic consequences in both local and national risk registers. A pandemic is defined as the widespread transmission of an infectious disease across countries, international borders, or continents, typically caused by a novel pathogen (virus, bacteria, fungus, or other organism) to which the population has little or no immunity. The need for robust pandemic preparedness has been highlighted by the ongoing COVID-19 Inquiry, prompting renewed focus on exercising and testing response arrangements.</p> <p>In 2025 T&W Health Protection together with other LRF and NHS partners took part in three pandemic preparedness exercises</p> <p>Exercise Solaris</p>	TW Health Protection

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Page 18	<p>This took place in March 2025 and was coordinated by Local Resilience Forums (LRF). The aim was to test and strengthen multiagency pandemic response plans at both local and regional levels serving as a preparation for the national exercise Pegasus</p> <p>Exercise Tangra This was a tabletop exercise run by NHSE Midlands to provide NHS and health organisations with an opportunity to explore their response to a pandemic. It also exercised the co-ordination arrangements of ICB's at a leadership level.</p> <p>Exercise Pegasus Took place over three months in Autumn 2026 to simulate the stages of a pandemic from emergence, containment through to mitigation. It was a large national exercise that all LRF's took part in . The purpose was to comprehensively assess the UK's pandemic response capabilities across government, with participation from both national and local partners. West Mercia LRF played at a standard level, simulating a response during the emergence, containment and mitigation phases of a novel pandemic. After each stage of the exercise DPH's had to sign off a workbook which posed questions about the multiagency response discussed as part of the exercise.</p> <p>Following these exercises West Mercia LRF produced an updated pandemic response plan</p> <p>T&W Health Protection produced a local response plan</p> <p>In March 2026 the Department of Health and Social Care published there "Pandemic Preparedness Strategy : building our capabilities https://assets.publishing.service.gov.uk/media/69c3c48b93cc6e8b87a6f614/dhsc-pandemic-preparedness-strategy.pdf</p>	