Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 3 December 2026

2.00 pm

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

Democratic Services:	**Ashley Hickman/ Alfie Rees-Glinos**	**01952 382589 / 01952 380354**
Media Enquiries:	**Corporate Communications**	**01952 382406**

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

	Agenda	Page
5.0	**Health & Wellbeing Board Quarterly Strategy Progress Report**	**3 - 18**
	To receive the Health & Wellbeing Board Quarterly Strategy Progress Report.	
7.0	**Health & Wellbeing Strategy Performance and Outcomes Report**	**19 - 32**
	To receive the Health & Wellbeing Strategy Performance and Outcomes Report.	
8.0	**Neighbourhood Health Implementation**	**33 - 46**
	To receive the Telford & Wrekin Integrated Place Partnership Update Report.	

9.0 Sport England Place Expansion Briefing **47 - 52**

To receive a breifing on the Sports England Place Expansion.

Telford & Wrekin Co-operative Council

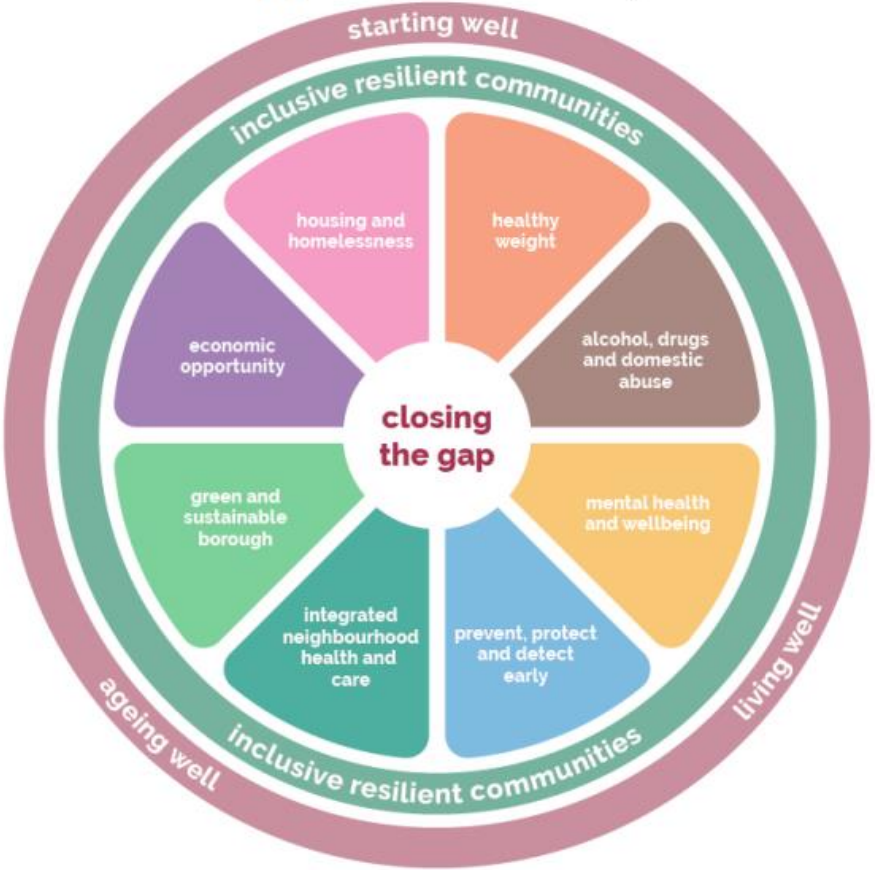
Protect, care and invest to create a better borough

Health & Wellbeing Strategy 2023-2027

Delivery Progress Report

December 2026

Our vision - happier, healthier, fulfilled lives



Borough Vision 2023 ambition – inclusive, healthy, independent lives

Closing the Gap

- Our HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. Addressing wider determinants of health is crucial and the NHS has a particular focus on reducing health inequalities through its

- The gaps in health and wellbeing experience are most repeatedly seen in our most deprived communities, compared to the most affluent communities, the 20% most deprived communities, CORE20PLUS5 programme.

- Particular and specific inequalities are also faced by different groups of people, often referred to as inclusion groups and these are closely related to characteristics which are protected in the Equalities Act.

Closing the Gap – overview of inequalities focus across HWB Strategy

Healthy Weight	• Strategy engagement focus groups with at-risk groups including people with learning disabilities, mental health disorders, males, ages 55+, ethnic minority groups, people living within our most deprived communities • Key priority for Healthy Weight Strategy is to create opportunities to support groups facing inequalities including: children and adults with a learning disability, physical disability or long-term health condition, as well as those with a common mental health problem or serious mental illness. • Schools health & wellbeing programme selects schools to take part with the highest rates of excess weight and those in our most deprived communities	Integrated health and care	**Start for Life Family Hubs:** "core20" population, younger parents, black & minority ethnic group families **Primary Care:** All PCNs have nominated inequalities leads and specific health inequality related projects in place for 24/25. Health inequalities is one the prioritisation criteria the ICB Primary Care Team use to target practices requiring improvement support.
Alcohol, drugs & domestic abuse	**Alcohol & drugs :** Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan, Ethnicity data now included in quarterly treatment monitoring data **Domestic Abuse:** focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups, improving joint working with faith groups and BAME communities	Green & sustainable borough	Initiatives targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities/additional needs.
Mental health & wellbeing	Children & Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs	Economic opportunity	The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.
Prevent, detect & protect	People living in the most deprived 20% of communities in England – the core 20 are a key focus given the gaps in life expectancy the most deprived and most affluent communities. Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation Cancer Champions & Health Champions representative of diverse communities	Housing & homelessness	People affected by trauma and poor mental health Ongoing focus on homeless clients who present with complex and multiple needs.

T&W HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. The gaps in health and wellbeing experience are most repeatedly seen in our most deprived communities, compared to the most affluent communities, the 20% most deprived communities, CORE20PLUS5 programme. Particular and specific inequalities are also faced by different groups of people, often referred to as inclusion groups and these are closely related to characteristics which are protected in the Equalities Act.

Healthy Weight

Progress / Key Highlights

- Three early years settings have engaged with the Health and Wellbeing Programme, with two completing audits and developing action plans. One setting, Chipmunks, has introduced family walks with the first walk involving 28 adults and 23 children – families have praised the walks to improve their activity as a family.
- Healthy conversations training is being developed for frontline professionals, with delivery to Family Hub practitioners and partners from December.
- Development of Healthy Telford Partners continues and has been identified as an integral part of supporting the Working Age Population theme within Place Expansion
- Free school meal auto-enrolment launched for the 2026/27 school year, identifying over 900 additional eligible children, with only four families opting out.
- Funding has been secured to support All New Move to Thrive for the remainder of the year, as well as Park Yoga 2027.

Performance

- National Child Measurement Programme data shows increases in overweight and obesity: Reception 25.6% and Year 6 40.2% - higher than England averages.
- 562 adults and 30 families have so far accessed the Healthy Lifestyles and Healthy Families programmes in 2026/27.
- The Healthy Telford team, since April, have attended 189 events, delivering 1,406 blood pressure and mini health checks and brief advice to residents.
- 31 care professionals have attended 'Nutrition on a budget' training sessions delivered by the Eatwell team.
- The Youth Health Champion programme has reached 25 pupils across three schools.
- Park Yoga 2026 delivered 3,299 attendances with positive impacts on wellbeing, confidence, physical activity and social connection reported.

Risks/ Challenges

Severe obesity among Year 6 children continues to rise. In 2025/26, 7.4% (165 children) were above the 99.6th BMI centile, increasing demand for specialist support.

Case Study

Apley Wood Primary School completed t he Schools Health and Wellbeing self-assessment, identifying areas for improvement and developing actions with support from Telford and Wrekin's Health Improvement Team. The support included attendance at parent forums, securing donations to establish an after-school cooking club and delivering the Youth Health Champions Programme.

Emma, the school lead, said: "After identifying areas for improvement, the Health Improvement Team supported in signposting and mapping ideas. One of the ways we felt we could offer the biggest improvement was with the children leading the change".

The programme aims to equip children with knowledge, skills and confidence to promote healthy lifestyle choices among their peers, families and school community.

As a result of the programme, the Youth Health Champions have developed a year-long action plan that includes delivering health and wellbeing messages to staff, promoting healthy lunchboxes and replacing traditional bake sales with non-food fundraising activities. To hear directly from two of Apley Wood Primary School's Youth Health Champions about their plans for the role, visit: https://youtu.be/uW3-357Yuvl

Domestic Abuse & VAWG

Key Progress – against strategy / work plans (Q1)

•Five local voluntary sector organisations successfully bided for small grants, up to £3K, from TWC to contribute 1 or more of the 16 commitments in the new DA & VAWG strategy 2026-2028, including a bid to strengthen the support for younger children impacted by domestic abuse

•A new grant agreement has been mobilised for two and a half years prevention work with young people most at risk of causing serious sexual harms using additional funding from TWC

•Planning work has commenced for a comms campaign and programme of community events for the 2026 White Ribbon Campaign between November and December

Issues / Challenges for the HWBB

•Increasing referrals from partners for the DA perpetrators behaviour change programme

•Increasing self-referrals from local survivors to the TWC DA SPOC

Performance (Q2)

Performance monitoring dashboards for the DA service have been reviewed and refreshed to include outcomes. The CYP Specialist Support Service achieved the following outcomes for CYP completing the programme:

- 76.3% of CYP demonstrated an increased understanding and awareness of DA
- 65.8% of CYP demonstrated they know what a healthy relationship looks like
- 76.3% of CYP demonstrated an increased ability to manage risks safely
- 71.1% of CYP reported feeling safer
- 60.5% of CYP reported improved educational attendance
- 50.0% of CYP reported the relationship between (the non-abusing) parents and children has improved

Alcohol and drugs

Key Progress – against strategy / work plans

Prevention – 325 young people engaged through school-based prevention activity during Q2, alongside delivery of seven PSHE sessions and school drop-ins focused on substance misuse and vaping awareness.

Harm Reduction – A total of 339 blood-borne virus screenings have been completed year-to-date, supporting earlier identification of infection and access to treatment. Hospital-based interventions continue to expand, with 95 brief interventions delivered during Q2.

Treatment – Overall numbers in treatment increased to 902, exceeding both the March 2022 baseline (820) and the local treatment capacity ambition of 873. Demand continues to grow, particularly for people presenting with alcohol and non-opiate substance use.

Recovery Support – Recovery support activity continues to expand through A Better Tomorrow, with approximately 260 volunteer hours delivered each week and 5 recovery, wellbeing and educational groups commencing during the quarter.

Page 69

Improving outcomes - Case Study

Following homelessness associated with long-term crack cocaine and alcohol use, an individual engaged with recovery housing and support provided by A Better Tomorrow. Through sustained engagement with recovery services, mutual aid groups and volunteering opportunities, he achieved abstinence and successfully completed a 12-week recovery programme. Recovery enabled him to secure employment, regain his driving licence and rebuild relationships with family members, including his two sons. As of August 2026, he had maintained over 16 months of sustained abstinence. This case demonstrates the positive impact of integrated housing, peer support and recovery-focused interventions in supporting long-term recovery and improved wellbeing outcomes.

Performance

902 adults engaged in structured treatment during the rolling 12 months to September 2026, exceeding both the March 2022 baseline (820) and the local treatment ambition (873).

55 young people engaged in structured treatment, compared with 28 at the March 2022 baseline, representing a 96% increase and achieving the ambition set for 2026/27.

Hepatitis C testing uptake continues to increase, with 72.3% of eligible individuals received a test during Q2 compared with 54.6% during the same period in 2025/26.

Treatment outcomes continue to improve, with 57.3% of adults in structured treatment demonstrating substantial progress during the 12 months to September 2026, increasing from the previous quarter (54%) and remaining significantly above national and regional averages (46.6% and 43.9% respectively).

Issues / Challenges for the HWBB

- Treatment demand remains highest amongst people presenting with alcohol and non-opiate substance use. Whilst numbers engaged in treatment for opiate use remain below the March 2022 baseline, recent increases in referrals and treatment commencements indicate improving engagement amongst this cohort.
- The continuing availability of synthetic opioids nationally presents an ongoing risk of overdose and drug-related harm, requiring continued vigilance, intelligence sharing, naloxone distribution and partnership working across the system.
- Demand for recovery housing continues to outstrip available provision, with occupancy levels remaining extremely high and recovery accommodation operating at or near full capacity.

Mental Health & Wellbeing

Progress / Key Highlights since last report

•Design of the new care framework has begun – this brings together both Adult Social Care frameworks. Will include market engagements.
•Recent CQC inspection and Impower highlighted the positive practice in mental health social care in terms of its work with the voluntary sector & preventative approach.
•MH neighbourhood centre planning meetings are underway. Input from the voluntary sector and adult social care in Telford are vital in seeking Telford & Wrekin solutions. Workshop held 11/11/26 which enabled us to develop our ideas for how this could work.
•Secured for the 18-25 Calm Café to continue to operate until June 2027. Review undertaken as part of the business case evidenced almost £400,000 worth of savings / cost avoidance as a result of this Calm Café alone demonstrating best value for the council and residents as we know the outcomes are positive.

•Two new subcontracts have been awarded by the new CAMHS service; Xyla will provide additional assessment support for CYP and families awaiting a neurodiverse assessment and Luminova Tales of Courage app to support CYP aged 7-12 with mild to moderate fears, worries and anxiety.
•The CAMHS service have also recently enhanced the mental health group offer, named CAMHSGO. A range of courses and groups including sleep hygiene, emotional regulation, outdoor creative CBT support for low mood and psychoeducation for parents has been developed for younger and older children and young people. Referrals are managed internally via CAMHS at present.
•Significant workforce challenges experienced within CAMHS leading to an impact on access, assessment and support. Demand for core CAMHS and ND continue, further exacerbated by an increase in workforce challenges on capacity and waiting times.
•Enhancing mental health support at place, aligned to the ambitions of FFP are underway.
•Additional investment has been awarded to MPFT by the WM CAMHS Provider Collaborative Toucan, to develop mental health support for children in care living in residential care. Work is progressing and discussions underway to develop proposals planned for 2026/27 implementation and mobilisation.

Risks / Challenges

1.ICB structural changes – there is limited ICB involvement in CYP and adult mental health workstreams.
2.Rehab phase 3 funding is still pending – this would make the vacant social work rehab worker post a full-time role. We are unable to recruit to this post without confirmation of funding. This impacts team capacity in ASC and the wider multi disciplinary team. This remains a risk.
3.Funding for 18-25 calm café beyond the end of June still unclear and further work is needed with the ICB to secure funding.
4.CAMHS workforce challenges and impact on access, assessment, waiting times and support poses significant risks.

Case Study: We have been holding a void in our 24/7 supported accommodation for someone who is stepping down from secure care. Having spent 3 years in secure care and been in and out of acute hospitals and rehab placements before that, their discharged needed careful consideration. The discharge process which used section 17 leave to facilitate visits to the accommodation has received praise from partners in Secure Care for its focus on the person and their outcomes whilst managing risk. They are planned to be discharged from secure care today (18th Nov) representing years of hard work and focus on the future.

Protection, Prevent and Detect

Progress / Key Highlights

CVD Prevent Delivered 500+ mini health checks Aug – Nov. 8.4% undetected hypertension. 74.7% White British, 20.2% from Black & Asian communities. 42.5% from top 20% IMD areas. Social Value Day at K&N, Dawley Patient Day and Interfaith Vaccination event good engagement. Healthwatch working with Telford Gurdwara and TACT delivering own checks.

Frailty & Falls Moving On class attendance increased in Sept. Targeted approach to raise awareness with Social Prescribers, HLAs and Health Champions as capacity at all session. Online classes continued steadily, with 78 registered participants across 8 settings, 220 attendances over 8 weeks, new residents joining. Positive feedback highlighting increased physical activity, confidence, independence and social connection. Capacity strengthened 3 training days, with 11 staff trained and existing residential staff upskilled to maintain participation.

Stop Smoking Aug & October 26 the Service supported 137 residents to start a quit attempt, a 33% increase compared to same period in 2025/26. Referrals increased by 25% to 347. 4-week quit rate of 56.6%, alongside growing numbers achieving long-term smoke-free outcomes. Increased reach to priority groups, with a 29.2% rise in residents in routine and manual occupations starting a quit plan. Results reflect effective partnership working, proactive engagement and high-quality support helping more residents access evidence-based services.

Data / Case Studies

CVD Prevent Taking a more targeted approach and engaging with priority communities in a way they understand the risks of high BP and the importance of getting checked is essential. Case Study Peace International Chapel WH July 2026.docx

Stop Smoking David & Dawn successfully quit smoking together after being referred through the Lung Cancer Screening Programme, achieving a 12-week smokefree milestone with support from stop smoking services, NRT, and regular CO monitoring. Since quitting, they have improved breathing, increased energy, better fitness, financial savings, and pride in setting a positive example for their grandchildren.

Challenge / Risks

CVD Prevent Need targeted approach to coproduce BP offer with priority communities and build community capacity.

Frailty Join up falls prevention programmes and why residents who've fallen are not participating in activity class as part of care plan.

Plans for next quarter

CVD Prevent Through data identify 5 – 6 communities where prevalence of undetected hypertension is the highest and develop an engagement plan together to educate, reach and check. Plan how to scale up offer to employers.

Frailty Educate on importance of movement/exercise in preventing falls. Understand why residents aren't accessing falls prevention offer. PCNs ensure frail patients are participating in movement as part of care plan. Explore digital model. Promote Live Well Age Well campaign

Protection, Prevent and Detect

Progress / Key Highlights

Live Well Community Hubs: Since August 2026: Supported 319 residents, across 27 session at 9 venues. 23% residents provided feedback 49% of these live with a long-standing illness or disability. 26% are carers. 23% are from non-White groups

Healthy Lifestyle Service Between Aug to Oct 2026 received 347 referrals. Increased number of 234 plans set**.** Ave. of 67.3% of clients successfully achieved their primary goal on completion, with a peak of 76.9% of clients achieving their plans in August 26. Seeing strong growth across both the Stop Smoking and Healthy Lifestyles services. Following a recent increase in Teldoc referrals.

Health Champions programme Recruited 6 new volunteers since Aug. 13 completed Blood Pressure Checker Training (total now 39). 40 session attendances, including 21 LWCH sessions. 4 Champion BP Checkers can now provide BMI and CO. 5 attended MECC training

Data / Case Studies

LWCH next slide

Healthy Lifestyles 2 case studies demonstrate significant improvements in weight management. HLS supporting a client with a BMI of 75.5 and weight loss of 23.8kg achieved and another client who has continued their changes and reduced their BMI from 52.2 down to 42.9 through positive lifestyle changes.

Challenge / Risks

LWCHs Donnington hubs are not reaching residents in the way we had hoped. Working with partners, we're exploring new approaches to engagement. Finding funding to continue LWCH model.

Healthy Lifestyles Maintaining service delivery during increased demand and staff absence. Increased requests for prescription-only smoking cessation medications, particularly Champix. Limited prescribing pathways creating challenges for patients/ advisors. Working with partners to identify solutions for medication access. Maintaining referral levels & quit outcomes as Lung Cancer Screening referrals reduce.

Plans for next quarter

Live Well Community Hubs Focus on securing the future beyond the end of our current funding in March 2027.
Building the evidence of impact in our end of project evaluation to strength the model, secure funding and continue to grow.

Health Champions grow and diversify the Health Champion programme, particularly in South East Telford, expand its role within Healthy Telford, and enhance volunteer skills through Moving On, MECC-style and mini health check training.

Protection, Prevent and Detect

Good News Story: Improving Access to Vaccinations at Hadley Live Well Hub

This recent Hub demonstrated the important role community outreach services play in improving access to preventative healthcare. Six residents attended the session, where four Covid vaccinations were delivered by the attending nurse.

One resident shared that she had been meaning to get her vaccination but had not yet found the opportunity. After seeing that vaccinations were available at the hub, she decided to pop in and receive her jab while also accessing support from other partner services.

The session showed how bringing healthcare services directly into communities can remove barriers to vaccination, making it easier and more convenient for residents to protect themselves against preventable illnesses.



Integrated Health and Care: Start for Life/Family Hubs (1/2)

Skills for School

All **7** Best Start Inclusion Practitioners (BSIPs) are now in post.
Experts at Hand (EAH) and Family Hubs work across localities. BSIPs support families and EAH supports early years settings. Best Start Experts advise and coach both.
Commissioning under way: Best Start Health Visitor, Occupational Therapist and Speech and Language Therapist.

Kindred Squared toilet-training pilot

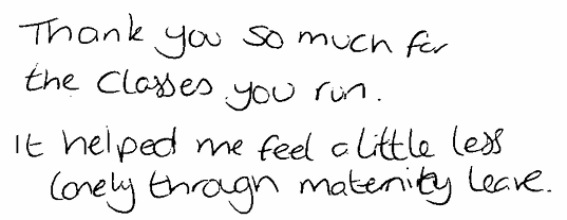
Telford & Wrekin selected for Phase 1 through Skills for School.
York, published October 2026: **42% reduction** in the proportion of Reception starters not fully toilet trained versus 2025.
Local plans: guides will accompany school offers for **2,500 families**. Partners will run workshops and staff training.

Family feedback: Music and Movement

“The session has been lovely, thank you so much. It was engaging and exciting. I’d like to book on for every session here, please.”

Family feedback

“It helped me feel a little less lonely through maternity leave.”



Integrated Health and Care: Start for Life/Family Hubs (2/2)

Telford Dads: engagement and listening

Year 1 focused on listening to dads and understanding what support they want.

- Since April 2026: **45 dads** at events and **48** at Father's Day.
- **15** survey responses. **13 dads** interested in a forum and **14** in sensory sessions.
- Telford Dads appeared on Radio Shropshire.
- Q2 (July–September): **42 dads** at the maternity open day. Support also included one-to-one sessions and Brews and Braids.
- Fathers Conference, 19 November 2026: **140 expected attendees**.

Wider partner updates

July–September 2026: pregnancy and early years support in hospitals, Hubs, communities and online.

- **Breastfeeding Network**: **544** infant-feeding contacts across antenatal, hospital and community support.
- **Eatwell**: **204** healthy-eating engagements (**128** at drop-ins), plus weaning advice.
- **Telford Mind**: **48 families** supported, **32** new referrals. Perinatal wellbeing and Roots and Rise.
- **Families in Telford**: **100+** people weekly across three community venues.

Citizens Advice: money advice

Baby Steps offers benefits, debt and housing advice through Family Hubs.
Q2: **£175,000** in income gains secured for families through Baby Steps.
June 2023–October 2026, cumulative: **260 parents** and **1,425 issues**.

Green & Sustainable Borough

Progress / Key Highlights

- Green Flag Awards: 10 sites recognised in 2026. We are aiming to retain 10 Green Flag awarded sites in 2027.

Nature Reserve and Park Improvements:

• Apley Woods LNR -The duck pond decking has been replaced with recycled plastic material. The second phase of the duck pond improvements will commence in this winter. We are hoping to repair and replace parts of the traditional cleft fencing this winter.

•Newport Canal – weed removal works have recently been completed. A project has recently commenced to better understand the factors affecting water quality within Newport Canal. This project will include analysing fish populations, waterfowl activity, historic nutrient accumulation, and potential sewage inputs on the canal's water quality. We are also looking at water quality issues and solutions at Dothill Pool.

•Hayridge Avenue & Millfields Way play areas – funding has been made available to upgrade the play areas in these two areas with more of a focus on meeting the needs of a wider range of the nearby residents. Tenders for both sites have been received and after consultation with the public and tender evaluation the tenders have been awarded. Both sites will be installed by the end of February 2027.

•Dawley Park – funding has been made available for general park improvements. The play area has been updated with some new equipment and other improvements will include signage and park furniture.

•The Grange BMX track – funding has been made available to improve the track.

•Granville LNR – Seven digital guided walk nature trails are being developed as part of the Telford and Wrekin Place Expansion project in partnership with Energize.

•Telford Green Spaces Partnership (TGSP) - TGSP supports volunteer groups caring for parks and green spaces across the borough. Funded by Fujitsu, the Butterfly and Moth Conservation Project recorded over 1,000 butterfly and moth sightings. The project also supported a pollinator garden at Hartshill Park which was planted with the help of pupils from Wombridge Primary School. A new butterfly and moth information sign will be installed in Hartshill Park this winter. Fujitsu's funding has also helped local groups deliver bulb planting, wildflower sowing, tool purchases, and bird box installations.

•Play Strategy - Consultation with the public has closed. The Play Strategy will be presented to cabinet in February 27.

•Food Resilience Project – A project is underway aimed at strengthening the borough's food system so that residents have reliable access to affordable, healthy, and sustainable food. This project will look at supporting people's access to food banks and community grow spaces.

Economic opportunity

Progress / Key Highlights

Job Box

The drop-in desk in Southwater 1 has delivered 139 appointments in September, and 107 in October. The largest age group seeking support are those aged 50-64, with the majority seeking help with their CV in addition to information, advice and guidance around find employment in the borough. The team have also been providing interview preparation support and guidance on job searching using a selection of online tools.

Learn Telford

Learn Telford has launched a new suite of Digital Skills course his academic year, with the first ones due to start this term. Courses have been designed to be short, some are only 1 day, so people can do them without making a long-term commitment to many weeks. These courses are also designed to be stackable, so people can do multiple short courses to build their digital skills in bitesize chunks. All courses will be run in Learn Telford's building at Bishton Court, as we now have a new suite of laptops to support this curriculum development. Courses cover the basics through to intermediate level IT skills.

Connect to Work

Recruitment activity continues to achieve the required staffing levels for Year 3 of the programme (April 27). 2 new Employment Specialists started with the team in November and are currently undertaking training and their caseloads will steadily increase over the next few months. The provision is still on track to achieve 100% of its profiled starts target for year 2 by end of March. Employment outcomes continue to exceed target.

Housing

Key Progress – against strategy / work plans

- Opened a Rough Sleeper Emergency Accommodation with 24/7 staff on site, ensuring all Telford & Wrekin rough sleepers have an offer off the street.
- Opened a new refuge for those presenting as homeless due to domestic abuse offering 8 beds for women and their children.
- Opened a new 5 bed unit of temporary accommodation for singles and adults who we owe a housing duty.
- Increased the supply of temporary accommodation to reduce the use of B&B which is not suitable for families.
- Continue to work with partners to provide support to clients presenting as homeless
- Delivering a Landlord and Tenant support programme
- Continue to work with Housing Associations to increase successful nominations into social housing
- Using data on housing needs across adult and children's services shaping the development market to deliver more specialist and adapted accommodation including supported accommodation, extracare and provision for care leavers
- Maintaining daily multi-agency Rough Sleeping Task Force
- Continue to work with MPFT via dedicated Mental Health Nurse to provide rapid mental health support for rough sleepers.
- Developed the website with more homelessness advice and support
- Established a Homelessness Forum with partners

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

- Since April we have prevented 150 applicants from becoming homeless
- Since April we have relieved 298 applicants from becoming homeless.
- Since April we have advised 1654 applicants with housing advice.

Plans for next quarter – what we are hoping to achieve

- Continue to work with partners to manage customer expectations about the type, size and location of housing they may be offered
- Continue to work with developers and housing association partners to ensure that new properties reflect all housing needs.
- Promote and ensure clients know that anyone rough sleeping from the borough has an offer of emergency accommodation
- Review if additional Rough Sleeping provision is required.

Issues / challenges for HWB

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

Inequalities Focus: Ongoing focus on homeless clients who present with complex and multiple needs.

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 3 December 2026

Health & Wellbeing Strategy: Outcomes & Performance Report

Cabinet Member:	Cllr Kelly Middleton: Cabinet Member for Public Health & Unlocking Opportunities
Lead Director:	Helen Onions – Director of Public Health
Service Area:	Health & Wellbeing
Report Author:	Helen Potter – Insight Manager: - Telford & Wrekin Council
Officer Contact Details:	**Tel:** 01952 381118 **Email:** helen.potter@telford.gov.uk
Wards Affected:	All wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board - 3 December 2026

1.0 Recommendations for decision/noting:

It is recommended that the Health and Wellbeing Board:

1.1 Note the current position regarding performance against the strategy priorities.

1.2 Note that this intelligence is being used to influence delivery of the Health & Wellbeing Strategy, including targeting inequalities. Differences in outcomes across our communities is also informing the development of the neighbourhood health programme led through TWIPP.

2.0 Purpose of Report

2.1 This paper provides the HWB with an update on the latest high-level performance and outcomes measures aligned to the Health and Wellbeing Strategy ambitions.

3.0 Background

3.1 As part of the approval of the Health and Wellbeing Strategy a performance framework to monitor delivery of the strategy was agreed by the Health & Wellbeing Board in September 2023. It was agreed that the HWB would be updated every 6 months on changes to this framework. This report highlights data which has changed since the previous Board report (June 2026)

4.0 Summary of main proposals

4.1 Summary of the current position of Health and Wellbeing Strategy Outcome Indicators updated in this report.

The table below provides the Health & Wellbeing Board with a high-level summary of all the indicators updated since the last report in June 2026. The overall position of each measure in relation to the England average has, where possible, been represented using the scale R = statistically worse than England, A = statistically similar to England and G = statistically better than England.

Indicator	Latest data publication date	Latest T&W Value	Latest England Value	Trend for last three data points*
Healthy Weight				
Prevalence of overweight (including obesity) – Reception	2025/26	25.6%	23.8%	R A A
Prevalence of overweight (including obesity) – Year 6	2025/26	40.2%	36.9%	A A R
Economic Opportunity				
Proportion of children in relative low income families	2024/25	24.8%	19.1%	R R R
% households in fuel poverty	2024	10.7%	9.9%	
% households on universal credit**	Aug 2026	25.1%	22.1%	
% households claiming housing benefit**	Mar 2026	5.6%	5.6%	
% people claiming unemployment benefits	Oct 2026	4.0%	4.1%	
Mental Health & Wellbeing				
Excess under 75 mortality rate in adults with severe mental illness	2022-24	382.4	378.5	A A A
Protect, Prevent and Detect Early				
Smoking prevalence in adults (18+) 3yr aggregate instead?	2023-25	8.9%	10.3%	A A A
Smokers that have successfully quit at 4 weeks	2025/26	50.9%	53.1%	A A A
Smoking prevalence in adults in routine and manual occupations	2023-25	12.5%	17.9%	A A G

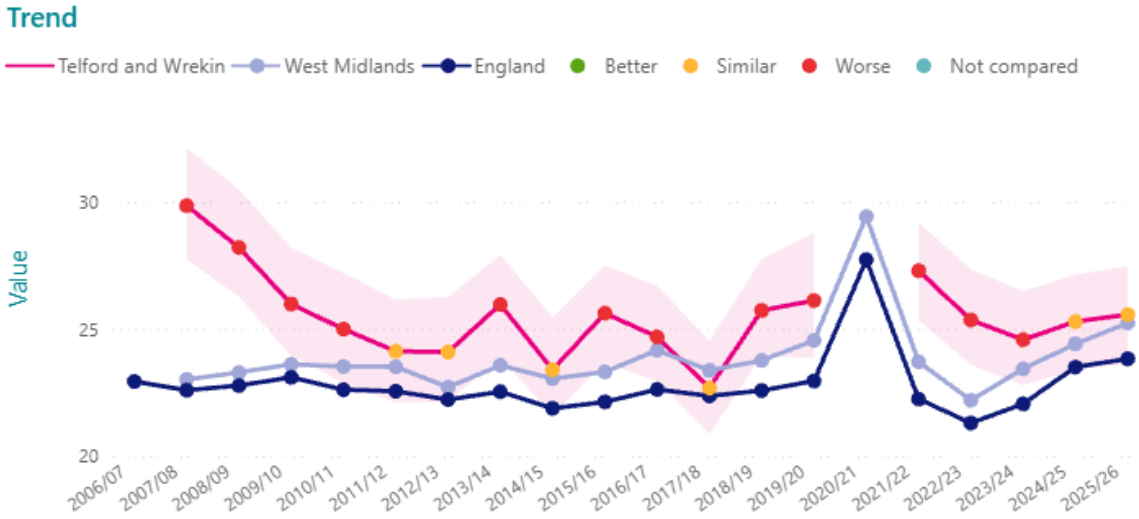
Indicator	Latest data publication date	Latest T&W Value	Latest England Value	Trend for last three data points*
Proportion of people receiving an NHS Health Check	2021/22-25/26	25.0%	36.7%	R R R
Population vaccination coverage: MMR for one dose (2 years old)	2025/26	90.6%	87.9%	G G G
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2025/26	94.0%	92.3%	G G G
Population vaccination coverage: MMR for two doses (5 years old)	2025/26	86.7%	83.8%	G G G
Adjusted antibiotic prescribing in primary care by the NHS	2025	0.7886	0.7785	G R R
Family Hubs				
Achieving a good level of development at aged 2 – 2½	2025/26	62.7%	83.1%	R R R
GP Access				
Average monthly appointments in General Practice	2026/27 ytd	104,171	n/a	
% of face-to-face appointments	2026/27 ytd	54%	60%	
% of same/next day appointments	2026/27 ytd	61%	52%	
% of 0-14 day appointments	2026/27 ytd	87%	81%	
% remote appointment	2026/27 ytd	44%	36%	
% GP patients 13+ registered to use the NHS App	2026/27 ytd	80%	78%	

**this column uses the last three data points (usually annual), displayed in chronological order from left to right, displaying the comparison to the England average at each of these points to indicate trends over time. R/A/G status and data is as published by DHSC on Fingertips.phe.org.uk. More detail of these trends is provided within the sections of the report, in previous HWB Outcome reports or on the JSNA website.*

4.2 Healthy weight

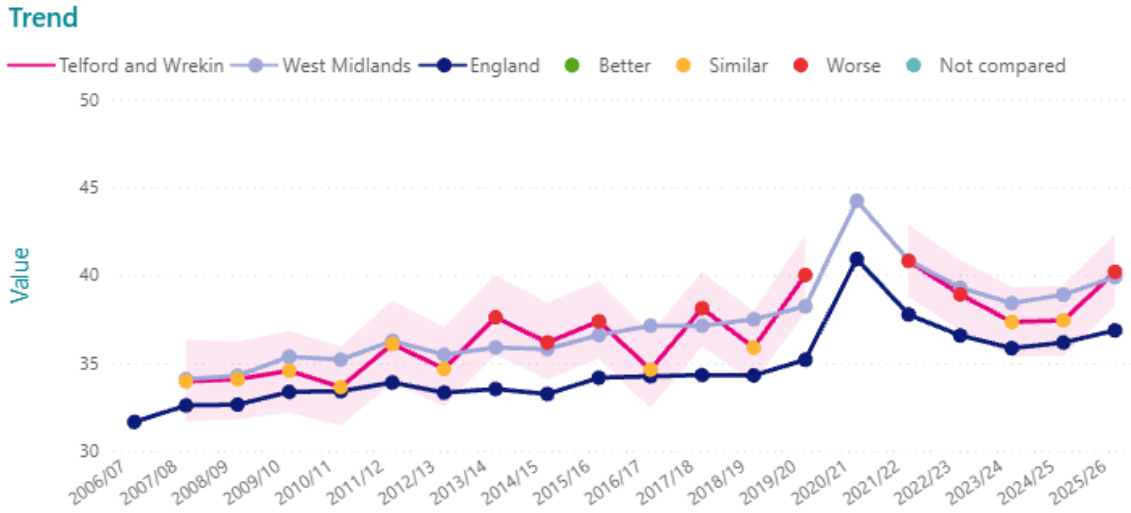
The following data has been released regarding the 'healthy weight' outcome since the last HWB performance report (June 2026):

Reception prevalence of overweight (including obesity)



- The proportion of Reception Year children who were overweight or obese in 2025/26 was 25.6%, similar to the national average of 23.8%.

Year 6 prevalence of overweight (including obesity)

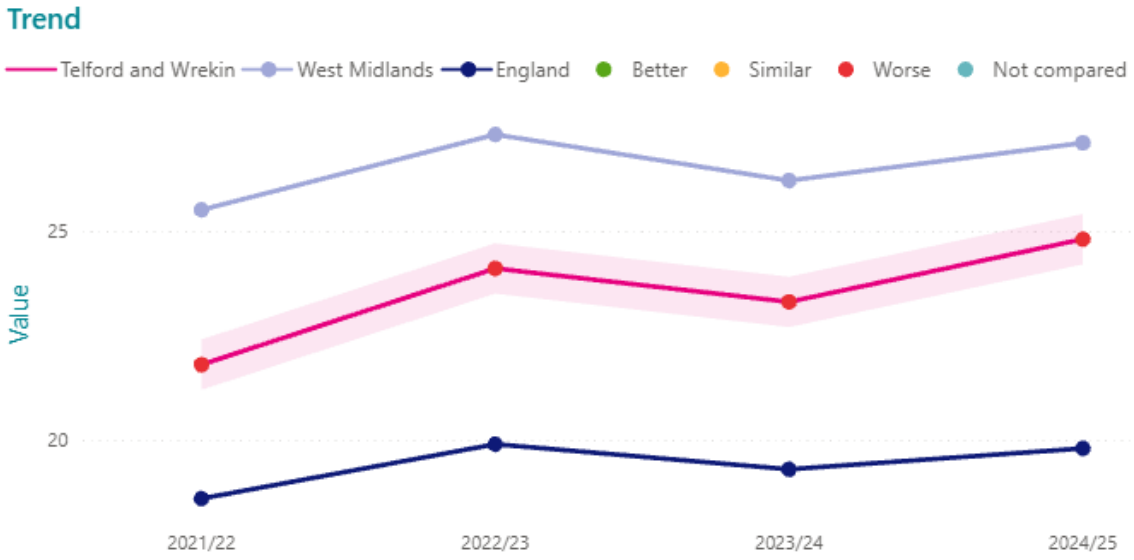


- The proportion of Year 6 children who were overweight or obese in 2025/26 was 40.2%, worse than the national average of 36.9%.

4.3 Economic Opportunity

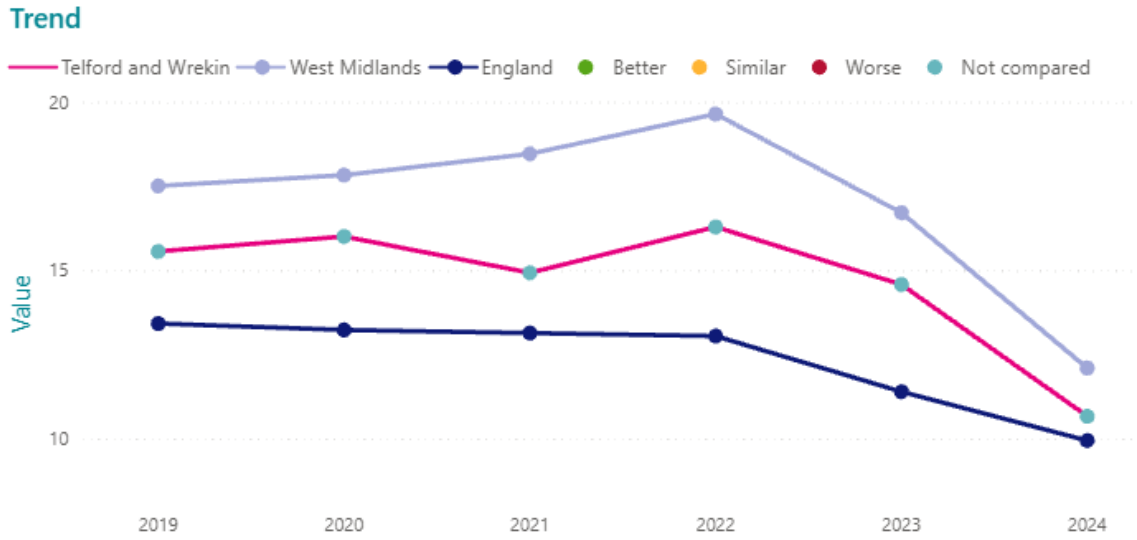
The following data has been released regarding the 'economic opportunity' outcome since the last HWB performance report (June 2026):

Children in relative low income families



- 24.8% of the borough's children were living in relative low income families in 2024/25, worse than the England average of 19.8%.

Fuel Poverty

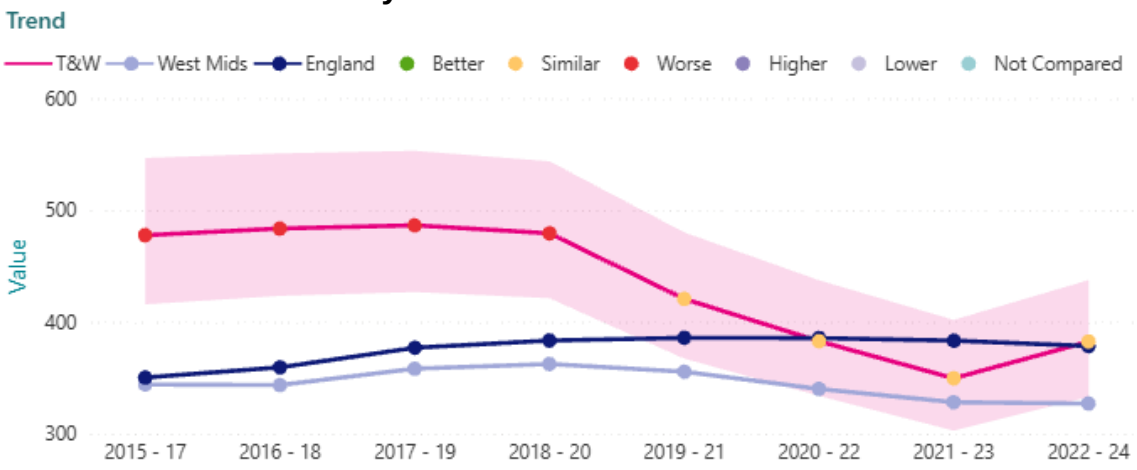


- Latest data shows that in 2024, 10.7% of households in the borough were estimated to be in fuel poverty compared to the England average of 9.9%.

4.4 Mental Health & Wellbeing

The following data has been updated regarding the 'mental health and wellbeing' outcome since the last HWB performance report (June 2026):

Excess under 75 mortality rate in adults with severe mental illness

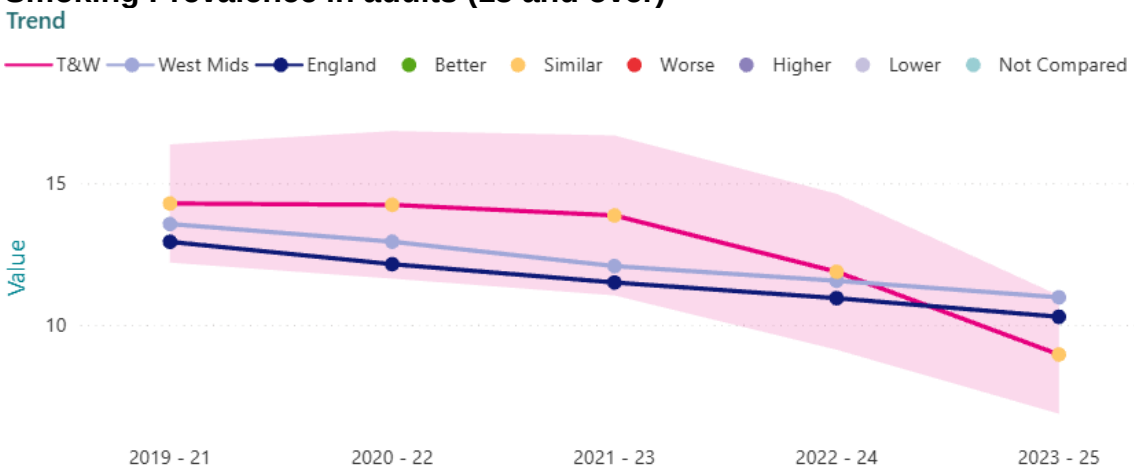


- The rate of excess premature mortality in adults with severe mental illness was 382.4 in 2022-24 and similar to the national average of 378.5.

4.5 Protect, prevent and detect early

The following data has been released regarding the 'protect, prevent and detect early' outcome since the last HWB performance report (June 2026):

Smoking Prevalence in adults (18 and over)

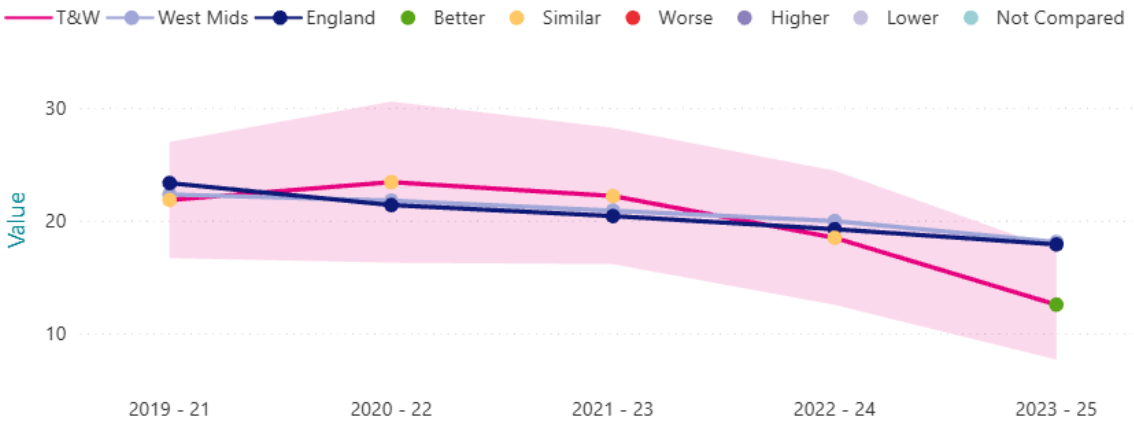


- The percentage of adults who were smokers in 2023-25 was 8.9%, similar to the England average of 10.3%.

Smokers that have successfully quit at 4 weeks

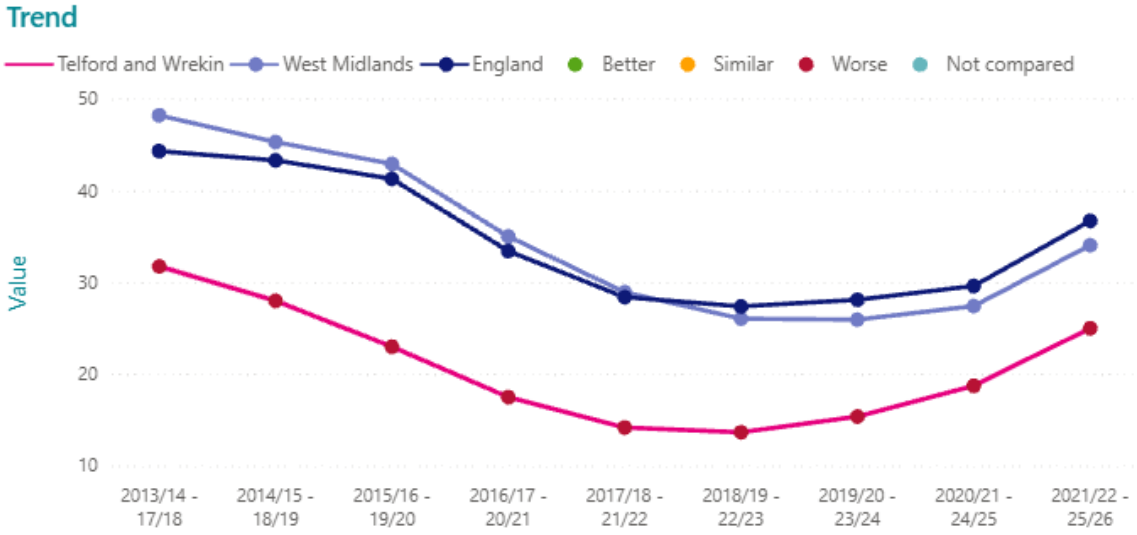
- 50.9% of smokers setting a quit date were successfully quit at 4 weeks in 2025/26. This was similar to the national average of 53.1%.

Smoking prevalence in adults in routine and manual occupations



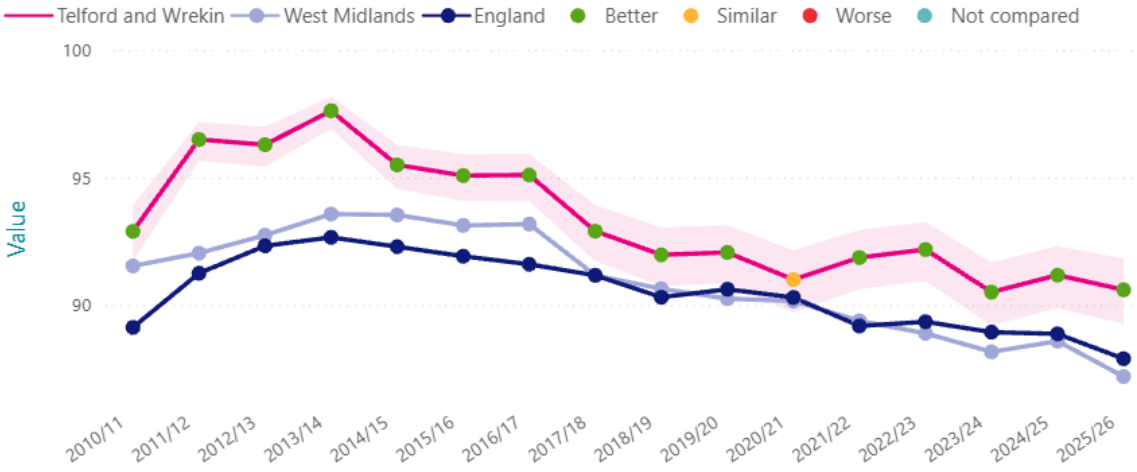
- The proportion of adults in routine and manual occupations who were smokers in 2023-25 was 12.5%, better than the England average of 17.9%.

Proportion of people receiving an NHS Health Check (5yr cumulative)



- The five cumulative percentage of people receiving an NHS Health Check in 2025/26 was 25.0%, worse than the England average of 36.7%.

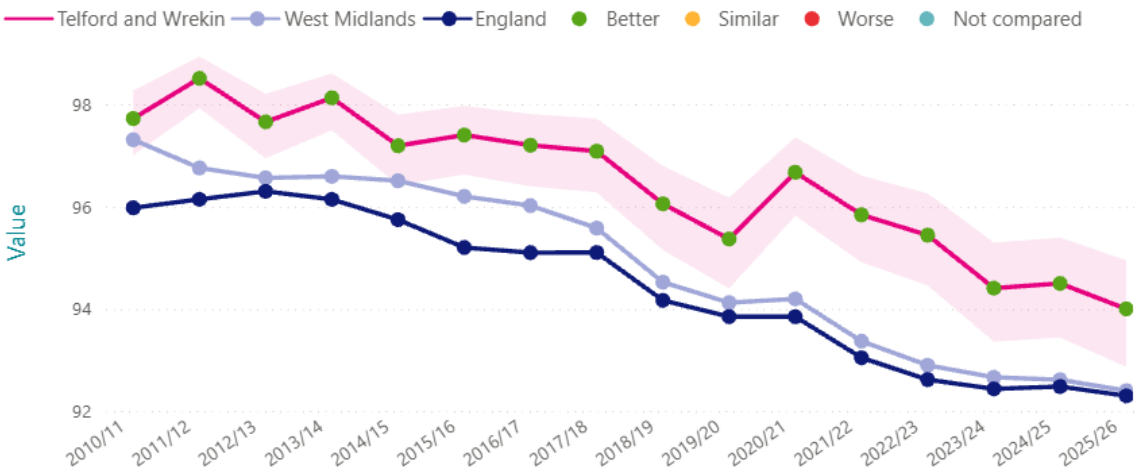
Population vaccination coverage: MMR for one dose (2 years old)



- 90.6% of 2 year-olds had received one MMR vaccination dose in 2025/26, better than the England average of 87.9%.

Population vaccination coverage: Dtap IPV Hib HepB (2 years old)

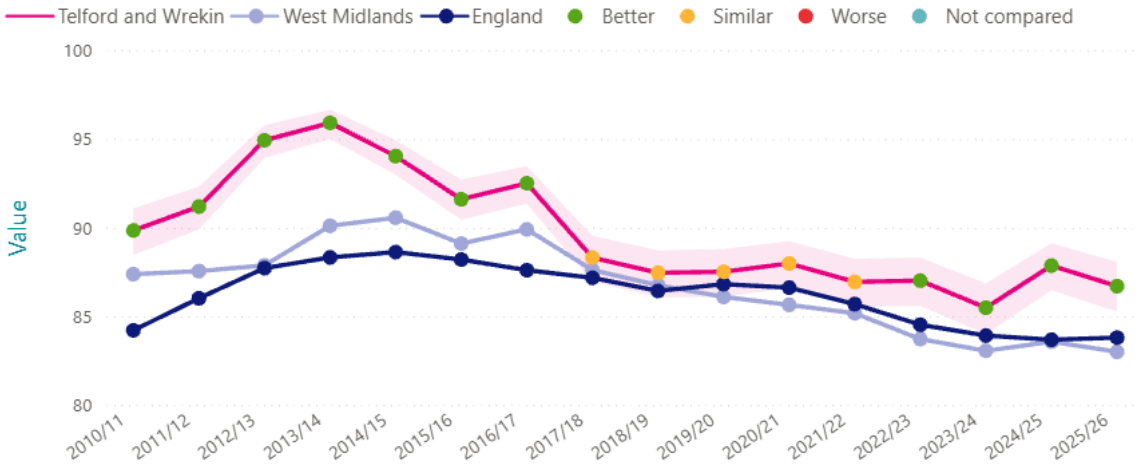
Trend



- 94.0% of 2 year-olds had been vaccinated for Dtap IPV Hib HepB in 2025/26, better than the England average of 92.3%.

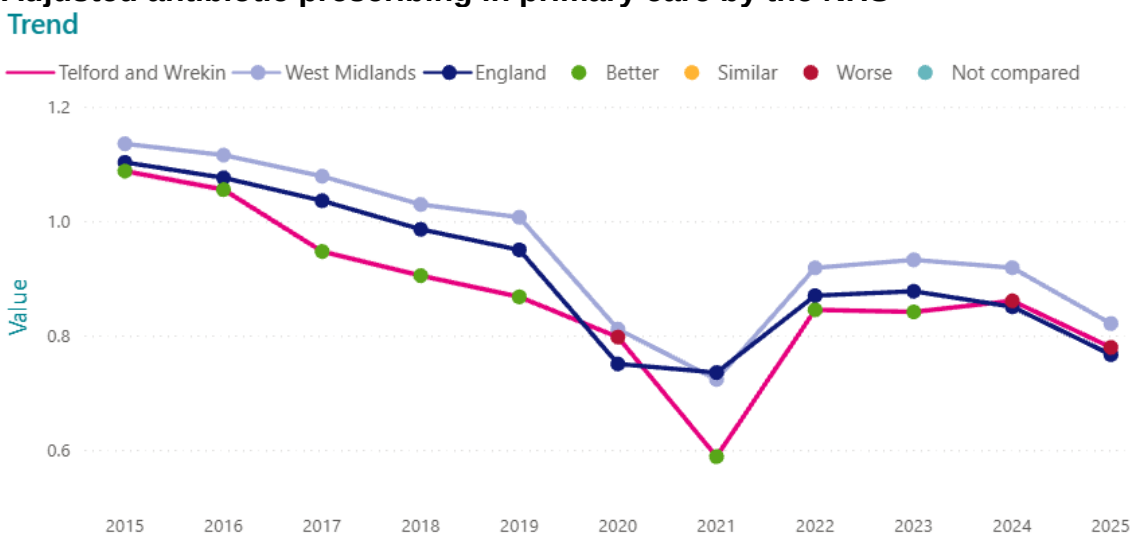
Population vaccination coverage: MMR for two doses (5 years old)

Trend



- 86.7% of 5 year-olds had received two MMR vaccination doses in 2025/26, better than the England average of 83.8%.

Adjusted antibiotic prescribing in primary care by the NHS

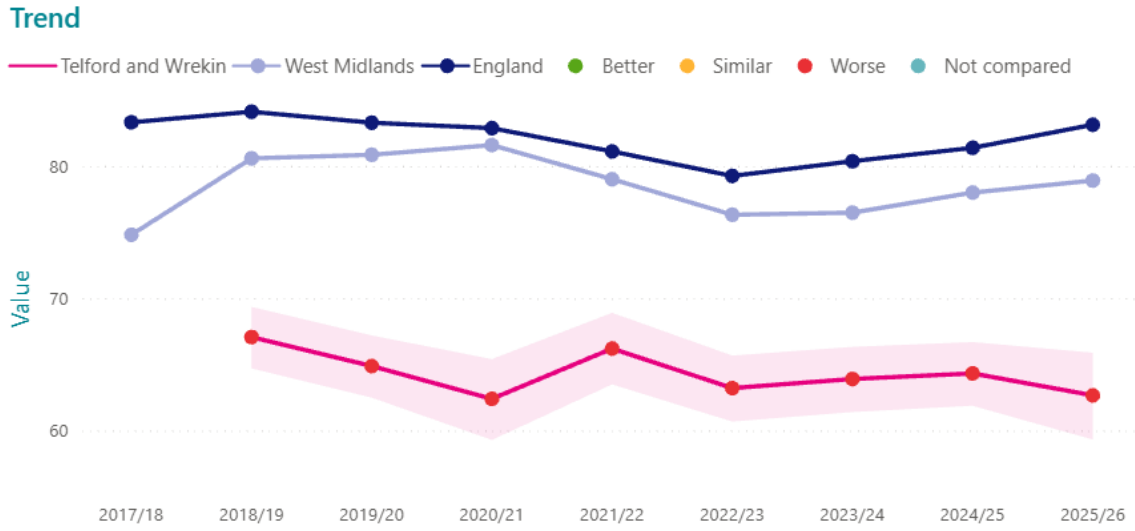


- The adjusted antibiotic prescribing in primary care by the NHS rate for 2025 was 0.78, worse than the England rate of 0.77.

4.6 Integrated neighbourhood health and care: Family Hubs

The following data has been released regarding the 'integrated neighbourhood health and care: family hubs' outcome since the last HWB performance report (June 2026):

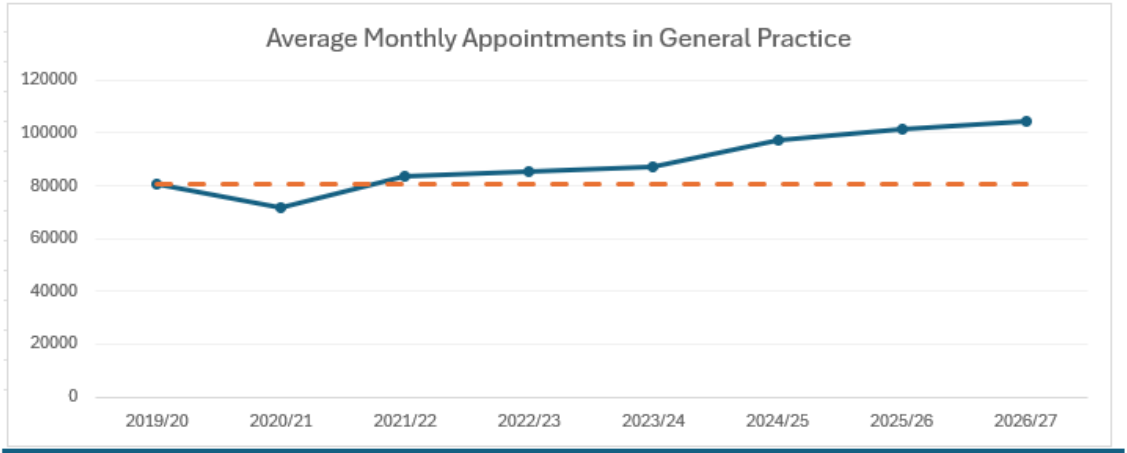
Percentage of children achieving a good level of development at aged 2 – 2½



- The proportion of children achieving a good level of development at aged 2-2½ in 2025/26 was 62.7% compared to the national average of 83.1%.

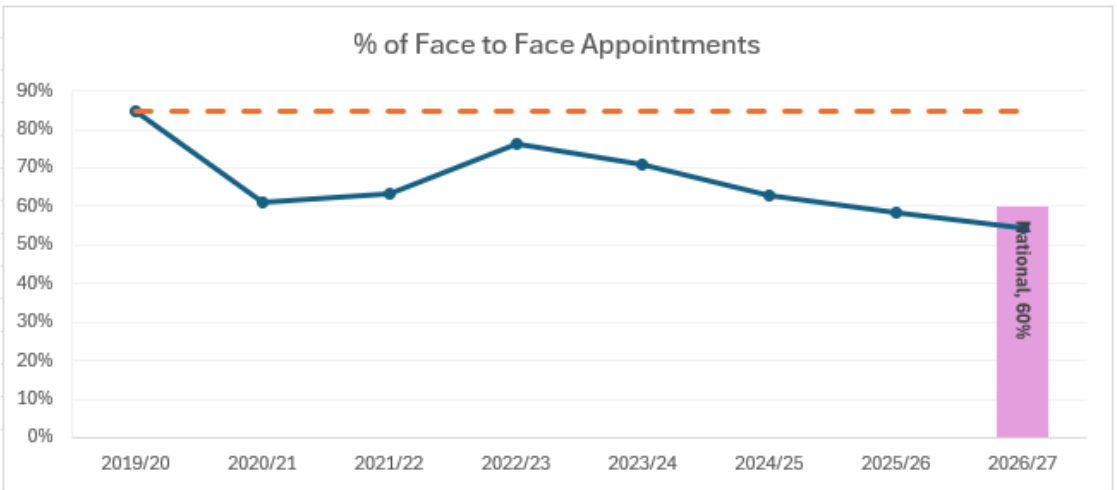
4.7 GP Access

The following data has been released regarding the 'GP access' outcome since the last HWB performance report (June 2026):

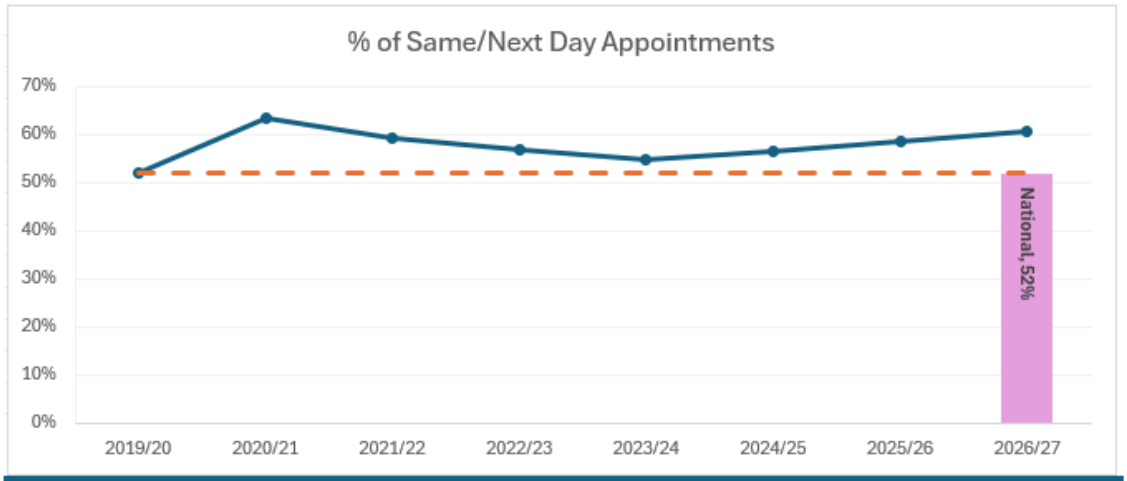


	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Total	965,201	862,269	1,002,513	1,027,767	1,046,733	1,168,866	1,217,136	625,024
Average	80,433	71,856	83,543	85,647	87,228	97,406	101,428	104,171

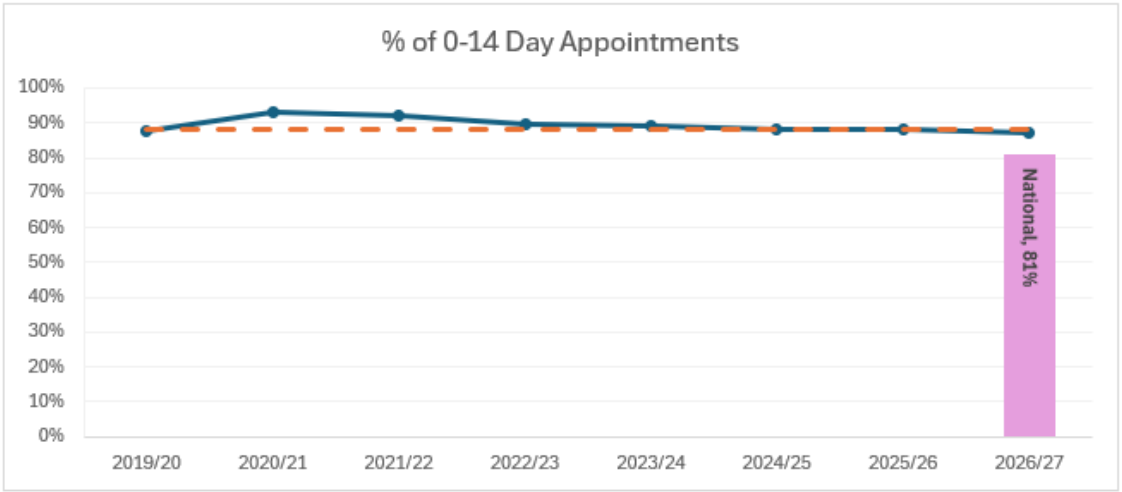
- The 1,000 per capita rate for 2026/27 YTD was 471 per 1,000 patients (nationally 494 per 1,000)



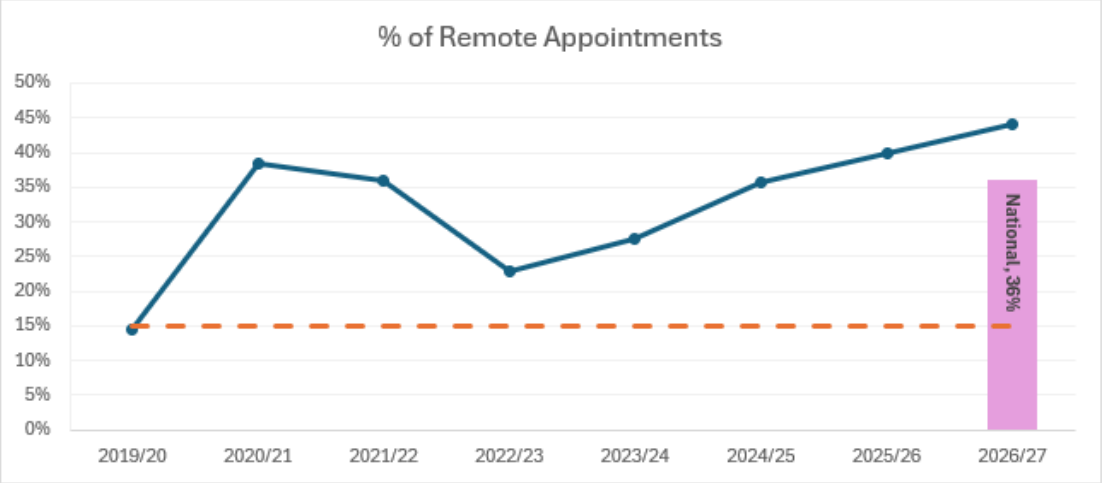
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Average	68,047	43,827	53,020	65,280	61,935	60,999	59,181	56,457
%	85%	61%	63%	76%	71%	63%	58%	54%



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Average	41,742	45,593	49,565	48,601	47,762	55,095	59,490	63,294
%	52%	63%	59%	57%	55%	57%	59%	61%



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Average	70,630	66,970	76,736	76,932	77,957	85,935	89,240	90,831
%	88%	93%	92%	90%	89%	88%	88%	87%



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Average	11,679	27,590	30,034	19,685	24,048	34,737	40,411	45,964
%	15%	38%	36%	23%	28%	36%	40%	44%

5.0 Alternative Options

5.1 A range of performance metrics were considered for inclusion within this paper. This paper proposes a concise set of key outcome metrics to enable the HWB to monitor delivery of its strategy. There are currently no alternative options proposed as the Board are required to have regular oversight of strategy delivery in a clear and focussed format. However, it is expected that the set of metrics will develop and grow through the course of the strategy.

6.0 Key Risks

6.1 There are no key risks identified

7.0 Council Priorities

7.1 The Health and Wellbeing Board performance report provides updates on a number of performance indicators which reflect all Council priorities.

8.0 Financial Implications

8.1 This report is a presentation of the latest performance data across a wide range of health-related measures. Adopting the recommendations of the report does not directly present any financial implications. However, consideration of the performance reported herein may give rise to future changes in strategy which may require further investment or a change in the way funding is being deployed. Such measures would need to be considered as part of a separate report brought by the relevant service through the Council's governance structure with the relevant financial implications reported on at that stage.
RP 25/11/2026

9.0 Legal and HR Implications

9.1 The Council has statutory obligations pursuant to the Local Government and Public Involvement in Health Act 2007 (as amended) to produce a Health and Wellbeing Strategy, setting out how the assessed health needs in relation to the borough are to be met by the Council, the Integrated Care Board and the NHS.

9.2 The recommendations in this report and the strategy itself comply with the Council's statutory obligations.

The proposals contained in this report can be delivered using existing resources.

10.0 Ward Implications

10.1 This report details performance at a borough level. The JSNA highlights needs of different communities across the borough for many of the measures included within this report.

11.0 Health, Social and Economic Implications

11.1 The measures in the Health & Wellbeing Board performance framework reflect the health, social and economic needs of the population and the changes over time. Further information about many of these measures can be found in the JSNA.

12.0 Equality and Diversity Implications

12.1 The measures in the Health & Wellbeing performance framework include specific inequalities measures. The JSNA, which also contains many of these measures, also contains variables in need due to characteristics or geographic factors.

13.0 Climate Change and Environmental Implications

13.1 The Health and Wellbeing performance framework includes measures to reflect the priority of having a green and sustainable borough.

14.0 Background Papers

Strategy Performance Report – June 2026: Health & Wellbeing Board Paper
Strategy Performance Report – November 2025: Health & Wellbeing Board Paper
Strategy Outcomes Report – June 2025: Health & Wellbeing Board Paper
Performance Report – September 2023: Health & Wellbeing Board Paper

15.0 Appendices

None

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	23/11/26	25/11/2026	HO
Legal	23/11/26	25/11/2026	KR
Finance	23/11/26	25/11/2026	RP

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Neighbourhood Health Implementation update

Telford & Wrekin Health & Wellbeing Board.
December 2026

DRAFT

Purpose and national context

What the framework is:

An ICB contract

Strategic and contractual accountability remains with the ICB. The contract variation is the formal mechanism for delivery.

A national 2026/27 task

The local programme supports NHS England neighbourhood health requirements for 2026/27.

Health-led in year one

Initial delivery is clinically focused on frailty and CVRM, with wider partners contributing to coordinated care.

Based on PCN footprints

Year one neighborhood delivery follows established PCN geographies, while remaining broader than primary care alone.

The MDT should connect primary care, secondary care, community, mental health, social care, acute and VCSE partners.

Neighbourhood Outcomes Framework

2026/27 priorities and the benefits partners expect

Year-one priorities

Focus on frailty and cardiovascular, renal and metabolic health. Provide proactive support for residents at greatest risk, starting with the highest-risk 5%.

Joined-up delivery

Integrated Neighbourhood Teams connect NHS, social care and community partners around shared care plans, with clear contributions and outcome tracking.

Benefits for residents

Earlier support and care closer to home, helping people stay independent and narrowing gaps in health outcomes.

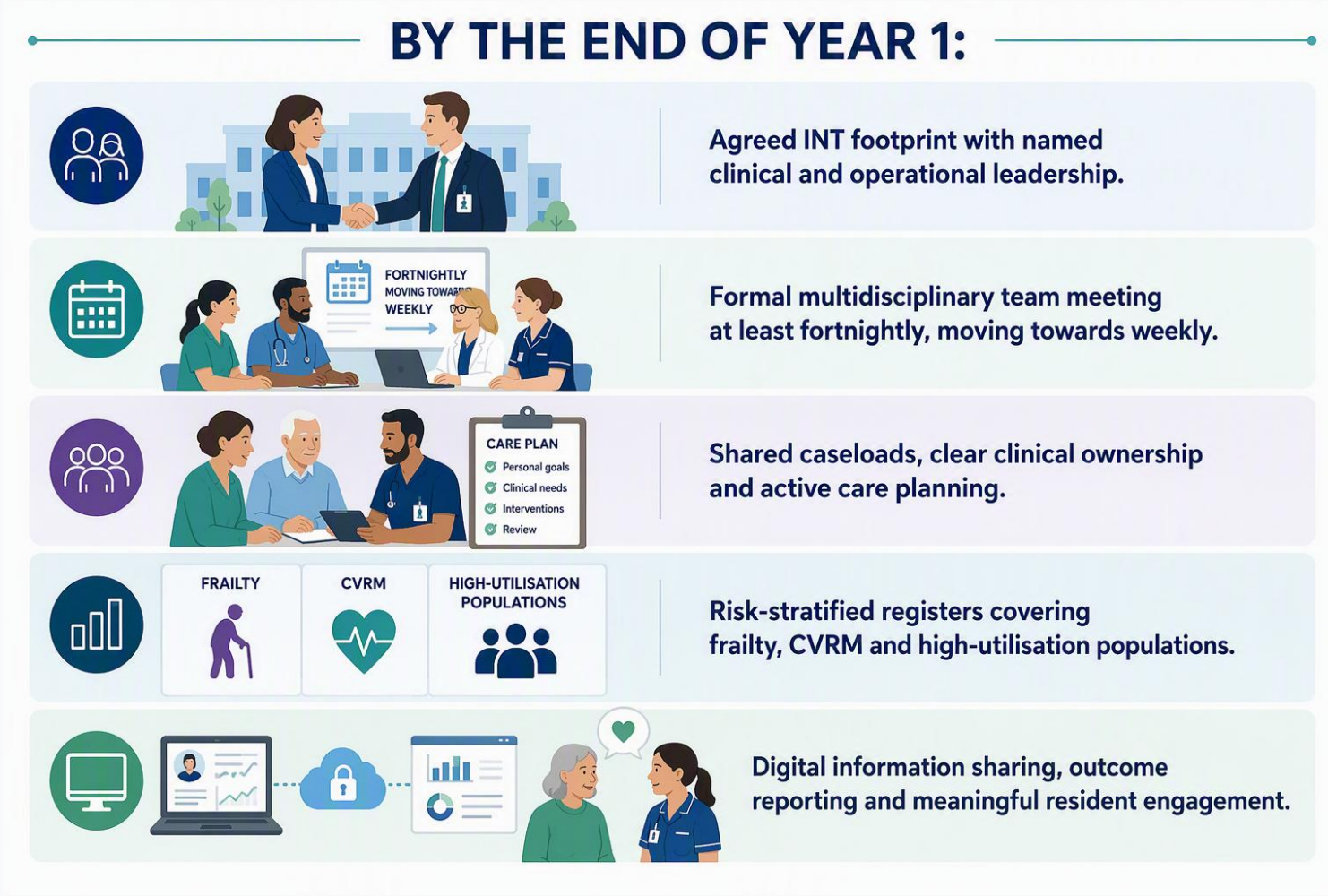
Benefits for the wider system

Fewer avoidable emergency visits and admissions. Better hospital flow and less duplication help services use available capacity more effectively.

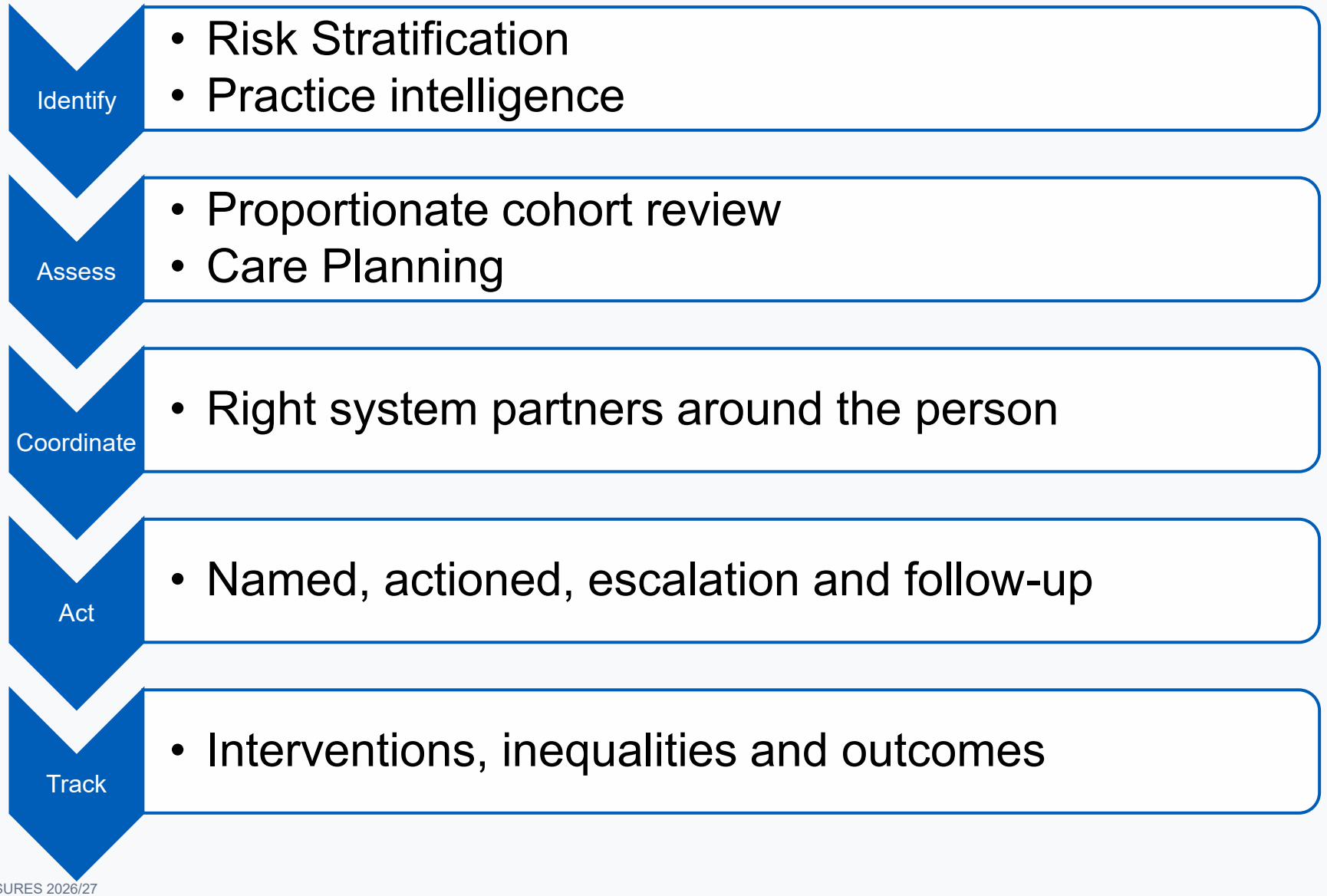
Expected benefits need evidence. Partners should track outcomes alongside demand and capacity pressures.

What every Neighbourhood will establish

"Neighbourhoods are being asked to demonstrate a measurable shift from reactive care to proactive population health management. Success will be defined by the establishment of mature Integrated Neighbourhood Teams, active management of the highest-risk residents, improved outcomes for frailty and CVRM populations, reduced health inequalities, and a reduction in avoidable hospital use through stronger community-based care."



What MDT capacity means in practice



Shropcomm role as integrator

Helping partners organise support around residents and shared local priorities

Convening the partnership

Bring council, NHS and community partners together around one neighbourhood plan, with named contributions.

Connecting care and support

Link health services with social care and community support so residents face fewer repeated referrals.

Supporting local delivery

Help teams agree priority needs and resources, then resolve barriers across organisations.

Sharing learning and assurance

Track agreed outcomes and capacity pressures. Share learning and escalate issues through place partners.

The aim is greater independence and earlier support, with less duplication across local services.

Telford & Wrekin Neighbourhood Footprints

TWIPP & HWB Footprints Workshop

- Both Committees were well represented at the first joint workshop held to discuss neighbourhood footprints on 5 November 2026.
- Neighbourhood Health Framework context was summarised, followed by mapping and data presentations covering:
  - exploration of T&W population geographies, community assets and deprivation patterns
  - overlapping GP / PCN boundaries which can complicate equitable neighbourhood healthcare
  - ICB coordinated, data-informed approach, focused initially on cardiovascular, renal and metabolic conditions and frailty

Agreeing footprints is complex

- Where people live and where they are registered with a GP does not fit a neat geographical pattern. People may use GP practices outside their community, neighbourhood or local authority area they live in
- PCNs, Electoral Wards and statistical areas (LSOAs & MSOAs) do not necessarily match communities or neighbourhoods that residents recognise themselves as belonging to
- PCNs overlap, so assigning statistical areas to one “dominant” PCN to build footprints can conceal near-even splits between PCNs and smaller patient groups
- Different boundaries or footprints serve different purposes: NHS delivery currently follows registered lists, while council and VCSE services centre around resident communities
- Compact urban neighbourhoods & dispersed rural areas have different health and access needs, community assets vary within areas, footprints can mask pockets of deprivation, access barriers and uneven availability of community services
- Changing boundaries risks disruption, given existing PCN relationships and the investment in neighbourhood teams

Key areas of common ground

- Recognition of national requirements for neighbourhood health and clinical focus, while shaping our local approach centred on prevention, inequalities and partnership working, the outcomes frameworks are only a part of healthy neighbourhoods
- Need to go beyond the current (highest 5% at risk) clinical cohort to include strengthened prevention and early support, based on community needs, rather than highest risk patients
- The need to start work promptly on children and young people and mental health priorities, involving local authorities and VCSE partners from the outset, alongside clinical and delivery partners
- Locally entrenched and well recognised health inequalities at a small area level should drive allocation of resources

Telford & Wrekin Year 1 delivery footprints

Four Year 1 neighbourhood plans are being progressed through established PCN geographies

Newport & Central

Proceeding to mobilisation. Strong partnership base and an established shared MDT approach.

South-East Telford

Strengthen and confirm. Refine partnership, cohort and funding detail.

Teldoc

Further development. Clarify cohort, timetable, partner commitments and itemised finance.

Wrekin

Supported redesign. Define the collective model, partner capacity and operational MDT.

Next Steps

Next Steps

- Continued discussion and assessment of Neighbourhood footprints.
    - Balancing need to progress as per national direction vs need to commence delivery and development of Healthy Neighbourhoods work based upon “natural communities” and existing delivery architecture.
- Update of system and Telford & Wrekin Place progress against the National Neighbourhood Health minimum requirements, goals, components and delivery milestones.
    - Presentation of Telford & Wrekin progress to follow at future Health and Wellbeing Board and Place Partnership Board.
- Finalisation of contractual mechanisms to commence delivery in Neighbourhoods for Year 1.

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Borough of Telford and Wrekin

Health & Wellbeing Board Briefing Note

Thursday 03 December 2026

Sport England Place Expansion – Progress Report

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1. Purpose

To update the Health and Wellbeing Board on progress on the Sport England Place Partnership Development Award and seek the Board's support for the submission of the Full Award application to Sport England, which should secure approximately £1.2 million of external investment for physical activity to support prevention, reduce health inequalities, strengthen communities and improve health and wellbeing outcomes across Telford & Wrekin.

2. Background

2.1 Telford & Wrekin has been selected as one of 27 additional Place Partnerships nationally through Phase 2 of the Sport England Place Expansion Programme. The programme forms part of a national investment of up to £250 million, designed to support place-based approaches that address inactivity, improve health outcomes and tackle inequalities through system-wide change.

2.2 The local partnership secured a Development Award of £414,265 covering the period November 2025 to March 2027, and in early November 2026 submitted a Full Award application for £1,185,438 covering April 2027 to March 2028. Governance is provided through the Telford & Wrekin Integrated Place Partnership (TWIPP) arrangements and led by Energize STW, with strategic oversight through local partnership structures including TWIPP. The Sport England decision on our Full Award application is expected in January 2027.

2.3 The programme reflects the ambitions of both the Health and Wellbeing Board and Telford & Wrekin Integrated Place Partnership (TWIPP) by bringing together local government, NHS organisations, Primary Care Networks, Adult Social Care, leisure services, the VCSE sector and local communities to deliver coordinated action to shared challenges in supporting people to be more active.

3. Progress Through the Development Award

The Development Award has provided an opportunity to test innovative approaches, strengthen partnerships and develop a deeper understanding of the conditions required to create sustainable system change for increasing levels of physical activity. Learning from this "test and learn" phase has identified several critical enablers for long-term success:

- Shared system capacity and resource.
- Stronger hyperlocal neighbourhood approaches.
- Improved marketing and communications.
- System leadership development.
- VCSE sector resilience and infrastructure.
- Improved access to information and digital solutions.
- Targeted investment focused on priority populations and communities.

Examples of activity already delivered include:

- System leadership programmes strengthening collaboration and collective leadership.
- Shared roles that increase capacity across organisations.
- VCSE resilience initiatives supporting voluntary and community sector infrastructure.
- The Get Yourself Active programme embedding movement within Adult Social Care.
- Hyperlocal neighbourhood approaches in Donnington that build on community strengths and local assets.

4 Proposed Full Award Investment Priorities

4.1 The Full Award proposal (reference Appendix 1) focuses on a series of interconnected workstreams designed to create sustainable system change.

These include:

Workstream	**Proposed Focus**
Governance and System Leadership	Leadership development, partnership governance and resident co-production
Shared System Capacity	Cross-sector capacity supporting delivery across key system priorities
Hyperlocal Communities	Neighbourhood investment in Donnington, South East Telford and Malinslee
Children and Young People	Youth voice, women and girls programmes and workforce development
Adult Social Care	Inclusion, co-production and workforce development
Leisure and Physical Activity	Exercise referral, outreach and workforce development
Green Assets	Activation of parks, open spaces and volunteer opportunities
Working Age Adults	Workplace wellbeing, musculoskeletal health and employer engagement
Primary Care and Acute Services	Active Practice Charter, wellbeing coaching and physical activity pathways
VCSE Development	Community navigation, infrastructure and sustainability
Digital and Data	Shared activity directory, referral systems and data sharing infrastructure
Marketing and Communications	Behaviour change campaigns and public engagement
Research and Evaluation	Embedded research and impact measurement

4.2 The programme adopts a targeted approach, directing investment towards neighbourhoods and population groups experiencing the greatest disadvantage and poorest health outcomes. Focused investment within Donnington, Southeast Telford and Malinslee will help ensure resources reach communities where they can have the greatest impact. Priority populations include children and young people, disabled people, carers, women and girls, working-age adults facing disadvantage and residents requiring support through health and care services. Through neighbourhood-level delivery and co-production, the programme will help improve access to opportunities that support health, wellbeing and social connection.

4.3 The programme supports a shift from reactive services towards prevention by embedding movement and physical activity within routine health, care and community pathways. Through work with Adult Social Care, Primary Care Networks, Health and Wellbeing Coaches, community navigators and acute services, physical activity becomes part of everyday conversations and support pathways. This approach contributes to the prevention of long-term conditions, improved management of existing health conditions, reduced deconditioning and improved mental wellbeing, supporting residents to remain healthier for longer.

4.4 A central feature of the programme is investment in local people and communities. Increased community capacity through navigators, volunteers, champions and resident-led action will support long-term improvements in health and wellbeing outcomes. Investment in VCSE infrastructure will further strengthen the community assets that residents rely upon every day.

4.5 The Full Award investment is expected to deliver:

- Increased community capacity through volunteers, navigators, champions and resident-led action.
- Better integration between the Council, NHS, primary care, leisure services and the VCSE sector.
- Earlier intervention through physical activity being embedded within services and pathways.
- Increased use of community assets, leisure facilities and green spaces.
- Greater resident involvement in shaping local solutions.
- Improved data, evaluation and intelligence to support future decision-making.

5.0 Recommendations

The Health and Wellbeing Board is asked to:

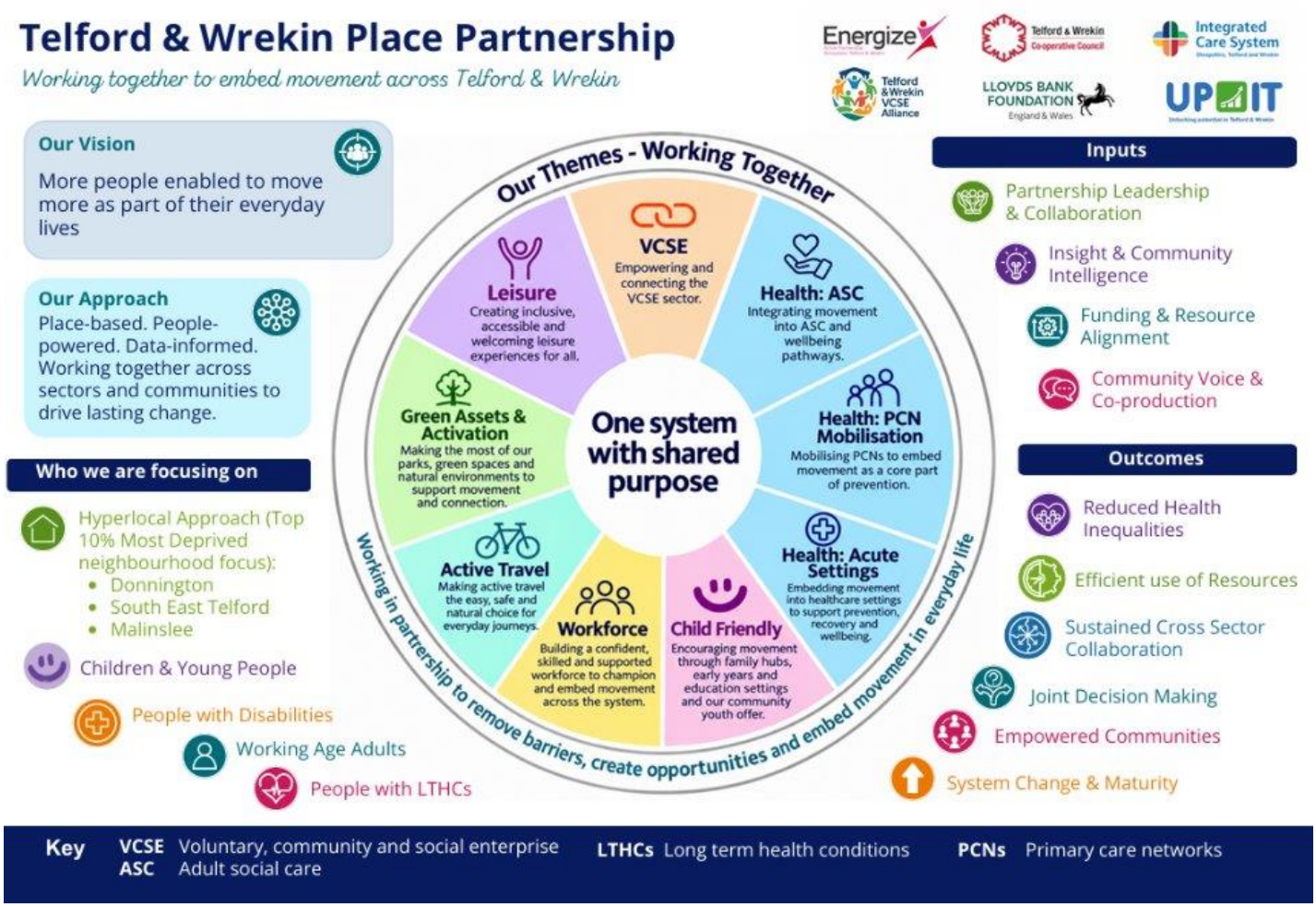
1. Note the progress achieved through the Development Award phase.
2. Endorse the submission of the Full Award application to Sport England.

Legal comment

The proposals are consistent with the Health and Wellbeing Board's role in encouraging integrated working under section 195 of the Health and Social Care Act 2012. Legal clearance

is limited to noting progress and strategic endorsement. Endorsement does not authorise acceptance of grant conditions, contractual commitments or additional Council expenditure. Before implementation, the relevant statutory powers and constitutional approvals must be confirmed, and the grant and partnership agreements reviewed to establish the legal recipient, delivery responsibilities and any Council liability, including repayment or clawback.

Appendix 1 – Sport England Place Expansion – Full Award (Plan on a page)



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