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**Telford & Wrekin**  
**C O U N C I L**

**Addenbrooke House Ironmasters Way Telford TF3 4NT**

## **CABINET**

**Date Thursday, 10 October 2019 Time 4.00 pm**  
**Venue Meeting Rooms G3/G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

### **Enquiries Regarding this Agenda**

Democratic Services	Deborah Moseley	01952 383215
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Lead Officer	Jonathan Rowe, Chief Operating Officer (Interim)	01952 382900

### **Cabinet Members:**

Councillor S Davies	Leader
Councillor R A Overton	Deputy Leader and Cabinet Member for Neighbourhood Services, Enforcement & The Pride Programme
Councillor A J Burford	Cabinet Member for Health & Social Care
Councillor L D Carter	Cabinet Member for Finance, Commercial Services & the Borough Economy (Cabinet member for LEP)
Councillor R C Evans	Cabinet Member for Customer, Cultural & Leisure Services & Partnerships
Councillor C Healy	Cabinet Member for Visitor Economy & The World Heritage Site
Councillor R Mehta	Cabinet Member for Communities & Inclusivity
Councillor S A W Reynolds	Cabinet Member for Children, Young People & Education
Councillor H Rhodes	Cabinet Member for Parks, Green Spaces & The Natural Environment
Councillor D Wright	Cabinet Member for Housing, Transport & Infrastructure

### **Invitees:**

Councillor A J Eade	Conservative
Councillor W L Tomlinson	Liberal Democrats

## **AGENDA**

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of the Previous Meeting**

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Key	4.	<b>2019/20 Financial Management Report</b>	Cllr L D Carter	9 - 28
Key	5.	<b>Annual Public Health Report 2019: Looking Back, Looking Forward - Making Public Health Everybody's Business</b>	Cllr A J Burford	29 - 96
	6.	<b>Celebrating Local Heritage - Local Interest Buildings</b>	Cllr C Healy	97 - 106

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[http://www.telford.gov.uk/info/20243/council\\_meetings/365/filming\\_photography\\_recording\\_and\\_use\\_of\\_social\\_networking\\_at\\_meetings](http://www.telford.gov.uk/info/20243/council_meetings/365/filming_photography_recording_and_use_of_social_networking_at_meetings)

## CABINET

Minutes of a meeting of the Cabinet held on Thursday, 12 September 2019 at 4.00 pm in Meeting Rooms G3/G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

PUBLISHED ON WEDNESDAY, 18 SEPTEMBER 2019

(DEADLINE FOR CALL-IN: MONDAY 23 SEPTEMBER 2019)

**Present:** Councillors R A Overton (Vice-Chair), A J Burford, L D Carter, R C Evans, C Healy, R Mehta, S A W Reynolds, H Rhodes and D Wright.

**Also Present:** Councillors A J Eade (Conservative Group Leader) and W L Tomlinson (Liberal Democrat/Independent Group Leader).

**Apologies:** Councillor S Davies

### **CAB-19 Declarations of Interest**

None.

### **CAB-20 Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meetings held on 11 July 2019 be confirmed and signed by the Chair.

### **CAB-21 Travel Assistance Policy and Transport Review**

**Key Decision** identified as **Home to School and Adults Social Care Travel Assistance Policies for Consultation** in the Notice of Key Decisions published on 14 August 2019.

Councillor S A W Reynolds, Cabinet Member: Children, Young People & Education presented the joint report of the Assistant Directors: Education and Corporate Parenting, Adult Social Care and Customer & Neighbourhood Services which sought approval to commence a formal consultation process in respect of proposals to refresh the Home to School Transport Policy and introduce an Adult Social Care Travel Assistance Policy

The proposed updated and new policies focussed on the Council's statutory duty to provide travel assistance. The main changes were:

- eligibility criteria and assessment process had been made clearer;
- all options available for travel assistance had been listed;
- there was a clear appeals process for all age groups; and
- it covered areas where the Council may charge for services.

The objective of all the Council's travel assistance policies was to enable people to have more choice and control by accessing general travel services where possible. The Council's current transport service was a traditional model which encouraged dependency through the provision of transport for people from door to door. The proposed policies were attached as appendices to report. There was a statutory requirement for the Council to publish a Post 16 Travel Assistance Policy every year in May and the current year's policy was also attached to the report for reference purposes.

In drafting the proposals, the Council had considered the lessons learned both from councils which had completed their processes and also paid due regard to lessons from the latest Local Government Ombudsman reports into school transport decisions, best and local practice for Post 16 travel, and for adults with links into 'think local and act personal' .

The proposed policies would relate to a large number of borough residents and so it was essential there was sufficient time for meaningful consultation. The Council would commence consultation for the Home to School Travel Assistance Policy on 26 September 2019 until 15 November 2019.

The proposed timing of the Council's consultation would ensure that families and carers had a chance to review and comment on the policy as they were making decisions regarding primary and secondary school applications. However, it was noted that Government had recently launched a consultation on its Home to School Travel and Transport which ended on 31st October 2019 after which the Government would need to respond to that consultation and finalise the statutory guidance with its outcomes by spring 2020. This guidance would need to be incorporated into Council policy but if the changes were significant, this might mean the Council's policies would not align with the guidance and therefore, re-consultation might be necessary.

Consultation for the Adult Social Care Travel Assistance Policy and Post 16 Travel Assistance would commence on 4th November 2019 until 16th December 2019.

This two phased consultation approach would allow for sufficient resource to be available to support full and meaningful engagement with children and their parents/carers, adults and their carers, schools, day centres, voluntary organisations, partners, commercial services and all residents of the borough.

The indicative timetable for consultation and final policy approval was set out at appendix C to the report. The timetable would see the Travel Assistance Policies in place by spring 2020.

The Council also proposed to undertake a review of all public and private passenger transport services following the consultation exercise. The review would consider the current and future needs of residents in the borough and how these could be supported by an environmentally sustainable and cost effective service.

Members commended the report which sought to offer greater flexibility and promoted independence. The proposed review of the Council's wider strategy in terms of fleet management and partnerships was also welcomed.

**RESOLVED that –**

- (a) the consultation process for the revised Home to School Transport Policy as set out at Appendix A to the report be approved;**
- (b) the consultation process for an Adult Social Care Travel Assistance Policy, as set out at Appendix B to the report, and for Post 16 Travel Assistance to start in November 2019 be approved; and**
- (c) a review of all Council's transport services, following the outcome of consultation, to ensure the modes of transport used to transport service users and customers can demonstrate value for money and fitness for purpose be approved.**

**CAB-22 Procurement Update**

**Key Decision** identified as **Procurement Update** in the Notice of Key Decisions published on 14 August 2019.

Councillor L D Carter, Cabinet Member: Finance, Commercial Services & the Borough Economy presented the report of the Assistant Director: Governance, Procurement & Commissioning which provided an update on the Council's Procurement Intentions Document and the latest information regarding effective procurement and contract management.

It was noted that the council wide procurement continued to drive savings through robust competitive tendering and real time negotiation when brokering services.

Government had urged Councils to 'be bold' in their approaches to social value and ensure that bidders are not restricted or unintentionally excluded by making social value complicated. The Council's procurement officers had recently supported a construction event held at Flaxmill, Shrewsbury, to assist local suppliers with top tips on supporting social value. The Live Well Telford website offered an invaluable link to bidders to enable them to understand organisations they could link with in the borough who could support their social value offer.

The report included details of the social value delivered by Balfour Beatty as part of the contract for the railway link bridge and explanation of how Veolia have met their social value commitment in their contracts with the Council. In 2018, the council had become a 'carer friendly employer' and was also working towards being a Disability Confident Employer aided by the voluntary Government scheme.

The regular Procurement Intentions Document was set out at Appendix 1 to the report. The document presented up and coming procurements for the next few months.

The report was welcomed.

**RESOLVED that –**

- (a) the procurement updates in the report be noted; and**
- (b) the Procurement Intentions Document (Appendix 1 to the report) be noted and, where indicated, authority be delegated to the appropriate officers (as per the Contract Procedure Rules) to progress new procurements through the tender process to contract award.**

**CAB-23 Reducing Single Use Plastic in Telford & Wrekin**

**Non-Key Decision**

Councillor H Rhodes, Cabinet Member: Parks, Green Spaces & The Natural Environment presented the report of the Assistant Director: Commercial Services which set out progress to date in reducing single-use plastic from the Council's operations and activities and sought approval of an action plan setting out how the Council would make further improvements over the next year.

Members were aware that plastic was an extremely useful material due to its versatility, durability, cheapness and availability. However, 50% of the plastic produced was used only once and these single-use plastics had a high environmental impact. Pollution caused by single-use plastics has become an increasingly topical issue and was now starting to form part of Government policy. In addition, there were a growing number of villages, towns and cities that had reduced the use of avoidable single-use plastics in their community and had been recognised as plastic free communities by Surfers against Sewage. Becoming a plastic free community was not about removing all plastic, but rather it was focused on avoidable single-use plastics (eg plastic bottles, coffee cups, lids, cutlery, straws, bags, condiment sachets, bathroom plastics and balloons).

A direct link between plastic pollution and climate change had been identified and so the Council had resolved, at its meeting on 25 July 2019, to support the Plastic Free Communities Campaign and declared a climate change emergency. Building on this motion, the Council's strategy was divided into two main parts: Single-Use Plastic Free Council and Single-Use Plastic Free Community. The report set out the progress towards each part including the progress that had been made to reduce and remove single-use plastics from the Council's operations and activities and detailed some of the work that local organisations were already doing to address the issue.

The Council's aspired for Telford & Wrekin to become a recognised, certified Plastic Free Community, in accordance with the Surfer's against Sewage framework which would involve evidencing that five objectives (set out in the report) had been met. In order to deliver on these objectives, it was proposed

to establish a Task Force which would ensure that future plans were community-led in order to achieve the ultimate goal of becoming a Plastic Free Community. The aims and initial membership of the proposed task force were detailed in the report. Since publication of the report, Wellington Town Council had indicated that they wanted to join the Task Force. It was proposed that the first meeting would take place in late September 2019 when Terms of Reference would be agreed with taskforce members. Since

The report and positive actions which had already taken place was applauded and it was noted that the Council needed to be a pioneering organisation to set an example for other organisations in the borough and trigger individual action. There were clear links to procurement.

The fantastic work that had taken place in Newport, Madeley and Wellington was recognised and thanks were expressed to the passionate staff who were involved in the plastic free drive and for who this was not a part of their core role.

**RESOLVED that –**

- (a) progress to date with reducing single-use plastics from the Council's operations and activities and approves the action plan as set out in Appendix 1 to the report be noted; and**
- (b) the proposal to establish a community taskforce as set out in Section 4 of the report be approved.**

The meeting ended at 4.20 pm

**Signed for the purposes of the Decision Notices**

Joanthan Eatough  
Assistant Director: Governance, Procurement & Commissioning  
Date: Wednesday, 18 September 2019

Signed .....

Date: Thursday, 10 October 2019

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**TELFORD & WREKIN COUNCIL****CABINET – 10 OCTOBER 2019  
COUNCIL – 21 NOVEMBER 2019****2019/20 FINANCIAL MANAGEMENT REPORT****REPORT OF THE ASSISTANT DIRECTOR: FINANCE & H.R. (CHIEF  
FINANCIAL OFFICER)****LEAD CABINET MEMBER: CLLR LEE CARTER****PART A) – SUMMARY REPORT****1.0 SUMMARY OF KEY ISSUES****1.1 2019/20 Revenue**

The net outturn position for 2019/20 is currently projected to be within budget at year-end after applying funding from the Council's contingency. The centrally held contingency is available to meet funding pressures and any unforeseen costs with any balance remaining at year-end used to support the medium term service and financial planning strategy in future years. The current projection is that just over £2.2m of the contingency will still be available at year-end.

This is a very positive position as £6.1m savings were required to balance the 2019/20 budget and significant pressures are being experienced in a number of service areas. The aim is to reduce the impact of these pressures and improve the overall position further during the remainder of the year.

There are a number of variations from the approved budget, including some beneficial variances. The main areas to highlight are:

- A benefit of £2.6m relating to Treasury Management activities - the majority of which relates to benefits from low interest rates for short-term borrowing. Some further long-term borrowing has been taken in 2019/20 to reduce future interest rate exposure and the position is regularly monitored by senior finance staff with advice taken from the Council's external treasury management advisors.
- Children's Safeguarding & Family Support is a key pressure area with additional investment of £2.079m required which is mainly due to the cost of placements for Looked after Children. This position is after applying £1.647m one off balances and contingencies, set aside at last year end to support the delivery of the cost improvement plan. A cost

improvement plan is in place which is designed to deliver efficiencies over the remainder of the year and medium term.

- Adult Social Care has a projected overspend of £0.983m which relates to purchasing care packages. A cost improvement plan is in place which is regularly monitored.
- Education & Corporate Parenting is also under pressure with a projected overspend of £0.767m. This is largely due to additional costs for school transport for pupils with high needs. Work to mitigate the pressures is ongoing and there may be further opportunities for additional savings once the current review of Home to school transport is completed. Post 16 transport costs are also under pressure because the Government has extended the entitlement to education for high needs students up to the age of 25. This has led to an extension of some programmes with associated transport costs. Officers are reviewing the provision of all students to ensure that it is appropriate and provides positive progression. Independent travel training programmes will also be offered to a greater number of students where this is appropriate.

The Government announced a one year Spending Round for 2020/21 on 4 September 2019 and confirmed that the implementation of the proposed changes to the local government finance system due in April 2020 will be deferred until April 2021. The headline announcements in the Spending Round for 20/21 are positive, with additional funding announced for Social Care and no reductions to specific grants. However, detailed information at a local authority level won't be available until the Local Government Finance Settlement which is expected in early December so the actual impact on the Council won't be known until then. Considerable uncertainty therefore remains over the medium term with very little information available about the impact that the changes to the finance system will have on the Council. Using the limited information that is available, it is currently anticipated that the Council will need to identify around £25m further savings over the next 2 years (2020/21 – 2021/22) on top of the £123m already delivered to the end of 2019/20 and work to develop the 2020/21 budget strategy is underway.

## 1.2 **Capital**

The capital programme totals £64.3m which includes all approvals since the budget was set. At the time of compiling this report projected spend was 94.9% of the budget allocation.

There are a number of new allocations, slippage and virements which require approval which are listed in Appendix 3.

## 1.3 **Corporate Income Collection**

Income collection in relation to Sales Ledger is ahead of target, while collection for Council Tax and Business Rates are slightly behind target.

## 2.0 **RECOMMENDATIONS**

Cabinet Members are asked to:-

- |       |   |
|-------|---|
| (i)   | Note that 2019/20 revenue spending is currently projected to be within budget and continue to work with SMT to sustain this position; and approve the use of the contingency detailed in section 5.   |
| (ii)  | Recommend that delegated authority is granted to the Chief Operating Officer/Chief Executive, after consultation with the Cabinet Member for Finance, Commercial Services and the Borough Economy, to agree the use of the Brexit preparation grant allocated to the Council as detailed in section 5.2 . |
| (iii) | Note the position in relation to capital spend and recommend that Full Council approve the changes to the capital programme detailed in Appendix 3.   |
| (iv)  | Note the collection rates for NNDR, council tax and sales ledger.   |

## 3.0 **SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	Delivery of all priorities depend on the effective use of available resources. Regular financial monitoring in the financial management reports helps to highlight variations from plan so that action can be taken to effectively manage the Council's budget.
	Will the proposals impact on specific groups of people?	
	No	
<b>TARGET COMPLETION/DELIVERY DATE</b>	To outturn within the budget set for 2019/20 at 31/3/20.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	The financial impacts are detailed throughout the report.
<b>LEGAL ISSUES</b>	No	None directly arising from this report. The S151 Officer has a statutory duty to monitor income and expenditure and ensure that the Council takes action if overall net overspends /shortfalls emerge.

<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	Budget holders actively manage their budgets and the many financial risks and challenges that council services face, examples include the risk of a particularly harsh winter which would impact adversely on the winter gritting and adult social care budgets, the increasing dependency on income from a wide range of activities and the risk of interest rate movements. The Council has comprehensive risk management arrangements in place and an appropriate level of contingency within its revenue budget as detailed in this report.
<b>IMPACT ON SPECIFIC WARDS</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

### **4.0 2019/20 REVENUE BUDGET**

4.1 Financial management is the responsibility of budget holders and is supported by Finance staff using a risk based approach: following considerable reductions in finance resources through savings exercises more focus is given to higher risk areas (high value/more volatile); less frequent financial monitoring is undertaken on budgets deemed to be medium to lower risk.

4.2 The main changes since the last report are shown in the table below:

<b>Variations - £m</b>	<b>Cabinet 11/07/19</b>	<b>Change</b>	<b>Current Projected Variation</b>
Finance & HR - additional benefits from active Treasury Management	-2.000	-0.600	-2.600
Children's Safeguarding & Family Support – increased costs of providing care, mainly associated with young people over 16 and staffing costs	+1.599	+0.480	+2.079
Adult Social Care – increased cost of care packages	+0.492	+0.491	+0.983
Other variances (detailed in Appendix 2)	+0.882	+0.058	+0.940
<b>Total Projected Variation</b>	<b>+0.973</b>	<b>+0.429</b>	<b>+1.402</b>
Use of Contingency	-0.973	-0.429	-1.402
<b>Final Projected Variation</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

4.3 The overall 2019/20 budget position is summarised in the table below:

Service Area	Net Revenue Budget £'000	Variation Cabinet 11/07/19 £'000	Movement £'000	Current Variation £'000	Variation as a % of Budget %
Business, Development & Employment	(1,597)	0	0	0	0.0%
Finance & HR	3,285	(2,100)	(656)	(2,756)	-83.9%
Cooperative Council Team	1,357	0	(157)	(157)	-11.6%
Children's Safeguarding & Family Support	30,896	1,598	481	2,079	6.7%
Education & Corporate Parenting	10,853	673	94	767	7.0%
Adult Social Care	42,730	492	491	983	2.3%
Governance, Procurement & Commissioning	2,759	115	91	206	7.4%
Health & Wellbeing	2,052	0	(59)	(59)	-2.9%
Customer & Neighbourhood Services	29,667	(164)	(58)	(222)	-0.7%
Commercial & Housing Services*	2,479	433	162	595	24.0%
Council Wide	(3,068)	(74)	40	(34)	1.1%
<b>Total</b>	<b>121,413</b>	<b>973</b>	<b>429</b>	<b>1,402</b>	<b>1.2%</b>
<b>Use of Contingency</b>	<b>0</b>	<b>(973)</b>	<b>(429)</b>	<b>(1,402)</b>	
<b>Overall Total</b>	<b>121,413</b>	<b>0</b>	<b>0</b>	<b>0</b>	

\*this Service Area covers a range of services including non-commercial services such as homelessness, housing and ICT. The gross budget totals £40.9m and the overspend therefore represents just 1.1% of this.

4.4 Projected variances over £0.250m are highlighted below, other variances are detailed in Appendix 2.

Service Area	Variance £m
<b><u>Finance &amp; HR</u></b>	
<b>Treasury Management</b> – the majority relates to benefits from low interest rates for short-term borrowing.	-2.600
<b><u>Children's Safeguarding &amp; Family Support</u></b>	
<b>Children In Care Placements</b> – This position is based on the assumption that the majority of current placements continue until the end of the financial year. The number of children in care has stabilised in recent months.	+1.889
<b>16+ Children in Care</b> – costs associated with young people over 16 increased significantly in 2018/19 as a result of a small number of high cost cases. The full year impact of this is included in the 2019/20 projections.	+0.351
<b>Staffing</b> – Recruitment has been challenging which has resulted in a projected underspend. However, in some cases vacancies have to be covered by agency appointments which gives rise to an overall pressure on staffing budgets.	+0.654
<b>Use of Contingency</b> - £0.800m from reserves set aside at the end of 2018/19 and £0.847m contingency budget to	-1.647

<p>address cost pressures in Children’s Safeguarding &amp; Family Support approved as part of the 2019/20 budget strategy.</p>	
<p><b><u>Education &amp; Corporate Parenting</u></b></p> <p><b>School Transport</b> – the majority of expenditure on home to school transport is in relation to transport for pupils with high needs which is putting pressure on the transport budget. Work to mitigate the pressures is ongoing and there may be further opportunities for additional savings once the current review of Home to school transport is completed.</p> <p><b>Post 16 Transport</b> – there was a significant increase in the costs of transporting post 16 high need pupils from September 2018. In 2019/20 the full year transport costs of these young people will be incurred. This is because the Government has extended the entitlement to education for high needs students up to the age of 25. This has led to an extension of some programmes with associated transport costs. Officers are reviewing the provision of all students to ensure that it is appropriate and provides positive progression. Independent travel training programmes will also be offered to a greater number of students where this is appropriate.</p>	<p>+0.464</p> <p>+0.275</p>
<p><b><u>Adult Social Care</u></b></p> <p><b>Purchasing, Long Term Care</b> – the variation is currently being investigated. The volume of care purchased is higher than assumed activity rates.</p> <p><b>Purchasing, Short Term Reablement care</b> - delivered through the Better Care Fund; pressure relating to the efficient discharge of patients from hospital and hospital avoidance</p> <p><b>Income</b> – additional client contributions received as a result of the increased volume of care shown above.</p>	<p>+2.346</p> <p>+0.457</p> <p>-0.831</p>
<p><b><u>Commercial &amp; Housing Services</u></b></p> <p><b>Leisure Operations</b> – despite the income pressures linked to the impact of new competitors entering the gym market locally, Aspirations is still projecting to generate £1.5m income in 2019/20. An action plan is in place to mitigate this pressure which represents 1.1% of the total Service Area gross budget of £40.9m.</p>	<p>+0.438</p>

## 5.0 **CONTINGENCIES**

- 5.1 The 2019/20 budget includes a prudent general contingency of £3.7m, which is set aside to meet any unforeseen expenditure, or delays in phasing in the significant level of savings that the Council has to deliver this year. There is also an amount held centrally for contractual inflation totalling £1.2m which forms part of the approved revenue budget and will only be allocated to specific budgets when the relevant inflation information is available. Given the exceptional reductions being made in the Council's budget it is imperative that the Council has a reasonable level of contingency in order to cover increases in demand for services (e.g. safeguarding which can be significant and occur with no warning) and to allow for any delays or shortfalls in the delivery of planned savings. The current position relating to contingencies is shown below:

	<b>£'000</b>
General Revenue Contingency	3.748
Inflation Contingency	1.234
<b>Total Contingencies</b>	<b>4.982</b>
<b>Approved Uses</b>	-0.400
<b>Proposed Use:</b>	
Additional contract inflation allocation	-0.130
Independent review of Members Allowances as approved at full Council September 2019	-0.123
<b>CSE Inquiry allocation</b>	-0.650
<b>Commitments:</b>	
Required to meet the current projected pressures	-1.402
<b>Residual Balance</b>	<b>2.277</b>

The current revenue position is projected to be £1.402m over budget at year-end, which together with the proposed uses leaves £2.277m available to meet any unforeseen costs for the remainder of the year.

## 5.2 **Additional Funding for Brexit**

The Council has been allocated a total of £0.315m for Brexit preparation from the Ministry of Housing, Communities & Local Government. Use of this funding will need to be approved in accordance with the Council's Financial Regulations and a delegation to the Council's Chief Operating Officer/Chief Executive after consultation with the Cabinet Member for Finance, Commercial Services and the Borough Economy is therefore sought in this report to ensure that decisions can be taken promptly. However,

currently few specific potential calls on this funding have been identified and it will be retained centrally until additional costs are evident.

## **6.0 CAPITAL**

### **6.1 2019/20 Capital Programme**

The capital programme totals £64.32m, which includes the approvals proposed in this report.

The financial position is shown in the table below which shows projected spend is currently shown at £61.04m.

Service Area	Current Budget	Spend to Date	% Spend	Year End Projection
	£m	£m		£m
Development Business & Employment	23.70	1.77	7.49%	22.52
Customer & Neighbourhood Services	21.01	2.72	12.96%	20.58
Education & Corporate Parenting	7.40	2.29	30.93%	7.40
Adult Social Care	0.35	0.05	14.01%	0.35
Cooperative Council	0.93	0.12	12.95%	0.93
Governance Procurement & Commissioning	0.14	0.00	0.00%	0.14
Finance & Human Resources	2.27	0.10	4.19%	2.10
Commercial Services & Housing Services	8.52	1.97	23.15%	7.02
<b>Total</b>	<b>64.32</b>	<b>9.02</b>	<b>14.0%</b>	<b>61.04</b>

6.2 Some changes to the capital programme are required: slippage, new allocations and virements. These are detailed in Appendix 3.

6.3 The 2019/20 capital programme relies on £4.492m of receipts as part of its funding (after adjusting for known changes). Capital receipts included in the medium term budget strategy are under continual review and any changes will be reflected in future budget projections but are currently projected to be on target.

## **7.0 CORPORATE INCOME MONITORING**

7.1 The Council's budget includes significant income streams which are regularly monitored to ensure they are on track to achieve targets that have been set and so that remedial action can be taken at a very early stage. The three main areas are Council Tax, NNDR (business rates) and Sales Ledger. Current monitoring information relating to these is provided below. The Council pursues outstanding debt vigorously, until all possible recovery avenues have been exhausted, but also prudently provides for bad debts in its accounts.

7.2 In summary, sales ledger collection is above target, but council tax and NNDR collection is slightly behind target. Cash collection has increased for council tax and sales ledger income streams compared to last year, although NNDR has reduced due to the national revaluation exercise.



<b>INCOME COLLECTION – Aug 2019</b>			
	<b>Actual</b>	<b>Target</b>	<b>Performance</b>
Council Tax Collection	45.85%	46.58%	0.73% behind target
NNDR Collection	49.57%	49.83%	0.26% behind target
Sales Ledger Outstanding Debt	4.56%	4.70%	0.14% inside target

### 7.3 Council Tax (£88.6m)

The percentage of the current year liability for council tax which the authority should have received during the year, as a percentage of annual collectable debit. The measure does not take account of debt that continues to be pursued and collected after the end of the financial year in which it became due. The final collection figure for all financial years exceeds 99%.

Year End performance 2018/19	97.3%
Year End Target for 2019/20	97.4%

Performance is cumulative during the year and expressed against the complete year's debit.

Month End Target	Month End Actual	Last year Actual
46.58%	45.85%	46.33%

Collection rates for council tax are behind target by 0.73%, and are 0.48% behind this point last year. Taxpayers in receipt of CTS are 0.35% behind collection compared to this point last year.

### 7.4 NNDR-Business Rates (£78.2m)

The % of business rates for 2019/20 that should have been collected during the year. This target, as for council tax, ignores our continuing collection of earlier years' liabilities.

The measure does not take into account the debt that continues to be pursued and collected after the end of the financial year in which it became due. As a general rule the final collection figure for any financial year exceeds 99%.

Year End performance 2018/19	99.05%
Year End Target for 2019/20	99.05%

Month End Target	Month End Actual	Last year Actual
49.83%	49.57%	49.83%

Business rate collection is slightly behind target.

### 7.5 Sales Ledger (£61.3m)

This includes general debt and Social Care debt. Debt below 2 months is classified as a normal credit period.

The target percent is set relating cumulative debt outstanding from all years to the current annual debit. The targets and performance of income collection for 2019/20 are as follows:

Age of debt	Annual Target %	Aug 2019	
		£m	%
Total	4.70	2,795	4.56%

Sales ledger performance is within target. Work continues on focusing on outstanding ASC debt and attempting to engage with clients regards debt.

#### **8.0 PREVIOUS MINUTES**

28/02/2019 – Council, Service & Financial Planning Strategy

30/05/2019 - Cabinet, Service & Financial Planning Report – 2018/19 Outturn and 2019/20 Update

11/07/2019 – Cabinet, 2019/20 Financial Management Report

25/07/2019 – Council, 2019/20 Financial Management Report

#### **9.0 BACKGROUND PAPERS**

2019/20 Budget Strategy / Financial Ledger reports

2019/20 Service & Financial Planning Report

#### **Report Prepared by:**

Ken Clarke, Assistant Director: Finance & HR (Chief Financial Officer)  
– 01952 383100;

Pauline Harris, Corporate Finance Manager – 01952 383701

### Summary of 2019/20 Projected Variations

Service Area	Net Revenue Budget	Variation Cabinet 11 July 2019	Movement	Current Variation	Variation as a % of Net Revenue Budget
	£	£	£	£	%
Business, Development & Employment	(1,597,414)	0	0	0	0.0
Finance & HR	3,284,674	(2,100,000)	(656,269)	(2,756,269)	-83.9
Cooperative Council Team	1,356,884	0	(157,474)	(157,474)	-11.6
Children's Safeguarding & Family Support	30,895,648	1,598,553	480,404	2,078,958	6.7
Education & Corporate Parenting	10,852,925	673,205	94,191	767,396	7.0
Adult Social Care	42,729,597	491,890	491,564	983,454	2.3
Governance, Procurement & Commissioning	2,758,980	114,871	91,073	205,944	7.4
Health & Wellbeing	2,052,270	0	(59,137)	(59,137)	-2.9
Customer & Neighbourhood Services	29,666,833	(164,199)	(57,890)	(222,089)	-0.7
Commercial & Housing Services	2,479,017	433,000	162,000	595,000	24.0
Council Wide	(3,066,094)	(74,000)	40,000	(34,000)	1.1
<b>Total</b>	<b>121,413,320</b>	<b>973,320</b>	<b>428,462</b>	<b>1,401,783</b>	<b>1.2</b>
<b>Use of Contingency</b>			<b>(428,462)</b>	<b>(1,401,783)</b>	
<b>Overall Total</b>	<b>121,413,320</b>	<b>973,320</b>	<b>0</b>	<b>0</b>	

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2019/20 Revenue Budget Variations over £50,000				
Description		Budget	Variation	Comments
		£	£	
<b>Business, Development &amp; Employment</b>				
Regeneration & Investment	PIP Income & NNDR	(5,301,121)	208,000	Income and NNDR pressures arising from a number of void properties including Hollinswood House and Euston Way. A planned refurbishment programme for Hollinswood House was approved in 18/19 to enable it to compete in the market and will be marketed in 19/20 as well as Euston Way. The market for Office space remains challenging.
	Growth Fund Income	(2,666,469)	(183,000)	Early delivery of Growth fund investments due to improved tenant phasing,
	Contribution from Reserves	-	(25,000)	One off reserves
Variations under £50k		6,370,176	0	
<b>Total Business, Development &amp; Employment</b>		<b>(1,597,414)</b>	<b>0</b>	
<b>Finance &amp; HR</b>				
Treasury Management		11,193,249	(2,600,000)	Savings arising from Treasury Management Activities
External Audit Fee		201,590	(102,408)	Underspend against audit fee due to new contract with Grant Thornton
Bank Charges	Supplies & Services	117,130	(62,130)	Underspend against bank charges as a result of the banking arrangements with Lloyds. Consistent with 2018/19.
Revenues	Income	(914,320)	56,262	Shortfall against Court Fees income, in line with amounts received in 2018/19
Variations Under £50k		(7,312,975)	(47,993)	
<b>Total Finance &amp; HR</b>		<b>3,284,674</b>	<b>(2,756,269)</b>	
<b>Cooperative Council Team</b>				
Community Participation	Employees	556,980	(76,824)	Staffing saving from vacant post, officer on maternity leave and two officers not in the pension scheme.
Organisational Development & Delivery	Employees	684,495	(64,546)	Staffing saving from vacant post, officer on maternity leave and two officers not in the pension scheme.
Variations under £50k		115,409	(16,104)	No variations to report
<b>Total Cooperative Council Team</b>		<b>1,356,884</b>	<b>(157,474)</b>	
<b>Children's Safeguarding &amp; Family Support</b>				
CIC Placements		15,368,825	1,889,144	The variation reflects an increase in expenditure compared to 2018/19 as well as the impact of a shortfall against the expected cost improvement measures. The 2019/20 projection is based on the assumption that the majority of current placements continue until the end of the financial year, unless the child turns 18 over this period. Thus, if the service is able to step-down further children as is planned, particularly children currently in residential placements, then the actual expenditure may be less than that currently forecast. However, there have already been a number of cases in which a child's placement has become more expensive. This illustrates the risk that the forecast could potentially increase as well as decrease, as the year progresses. Total numbers of children in care had increased at the beginning of the year, from 377 in February to 394 in May but have stabilised in recent months, to 398 at the beginning of September.

## 2019/20 Revenue Budget Variations over £50,000

Description	Budget £	Variation £	Comments
16+ Children in Care	730,179	351,507	Costs associated with young people over 16 increased significantly in 2018/19 as a result of a small number of high cost cases, generally children already in residential placements transferring to a post 16 placement. The full-year impact of support for these young people is now included in the projections for 2019/20
Staffing - salaries	10,849,773	-250,353	Recruitment continues to be challenging resulting in vacancies within the service.
Staffing - Agency Costs		904,088	In some cases vacancies will need to be covered by agency appointments which generally cost around one third more than an equivalent substantive LA appointment, resulting in additional pressure to the Safeguarding budget. The extent of the variation as the year progresses will depend upon the balance between the numbers and costs of agency staff and the savings generated by vacancies, not all of which (e.g. short-term vacancies) will be covered by agency staff. In specific areas of the service agency staff are being placed to maintain levels of caseload appropriate to the experience of staff. The net position on the staffing numbers taking into account unfilled vacancies and additional support equate to an additional 7.97 FTE staff.
Children with Disabilities	948,932	202,583	The overall cost of direct payments is likely to be in excess of budget provision. However direct payments generally represent excellent value for money compared to more expensive care packages and so additional expenditure in this area can be cost effective overall.
Children in Care Adoption Allowances	181,270	79,147	There is a budget pressure in this area, due to the number of adopted children and the associated costs. However, in principle adoptions are a positive solution for children and for the financial situation of Safeguarding as a whole, as it means that the children and young people concerned are not placed in more expensive options.
Joint Adoption Service	509,609	132,354	T&W is part of a joint adoption service with Shropshire Council. Early indications from Shropshire Council are that the contribution required to support this service is likely to be in excess of the budget for 2019/20. See also comment above regarding adoption allowances
Contribution from Reserves	-924,238	-233,237	
Health Funding	-580,000	0	A zero variation is currently forecast, but there is a significant risk that the health contribution for 2019/20 will be less than the budgeted figure.
Under £50k	2,927,743	597,950	
<b>TOTAL</b>	<b>30,012,093</b>	<b>3,673,182</b>	
Use of contingency	0	-1,647,000	
<b>TOTAL</b>	<b>30,012,093</b>	<b>2,026,182</b>	
Independent Review - Staffing	701,940	30,742	Additional post to cover long-term sickness
Independent Review - Under £50k	181,615	22,034	
<b>Total Children's Safeguarding &amp; Family Support</b>	<b>30,895,648</b>	<b>2,078,958</b>	
<b>Education &amp; Corporate Parenting</b>			

## 2019/20 Revenue Budget Variations over £50,000

Description		Budget	Variation	Comments
		£	£	
School Transport		2,925,716	463,725	The majority of expenditure on home to school transport is related to the transport of pupils with high needs. Because of this, the increase in the number of pupils with high needs and the complexity of these needs (a national issue, not one confined to T&W) is putting upwards pressure on transport costs. Work to mitigate these cost pressures is on-going, including encouraging parents to transport their children to school where possible and more sharing of taxis. The number of coaches required to transport children to mainstream schools reduced from September 2018 and further reductions will be made in future years as denominational transport ceased for new pupils in September 2017. There may be further opportunities for additional savings once the current review of Home to school transport is completed. A report on the Authority's transport policies will be brought to Members in the near future.
Post 16 Transport		176,450	274,690	This area transferred into Education & Corporate Parenting from Business, Education and Employment in 2018, coinciding with a significant increase in the costs of transporting post 16 high needs pupils from September 2018. This was due to a small number of young people with significant transport costs joining the cohort. In 2019/20, the full year transport costs of these young people will be incurred, further increasing the projected expenditure compared to the previous year. Post 16 transport is impacted by the same high needs issues outlined above, but also has additional pressures arising from the Government's extension of potential entitlement to education for high needs pupils to age 25, as part of the September 2014 SEND reforms. This has led to some pupils in post 16 education extending their education beyond 19, with a continuation of associated transport costs. Dedicated post 16 SEND officers have recently been appointed, with a remit to review the provision of all students to ensure that it is appropriate and provides positive progression. Independent travel training programmes will also be offered to a greater number of students where this is appropriate.
Variations under £50,000		7,750,759	28,981	
<b>Total Education &amp; Corporate Parenting</b>		<b>10,852,925</b>	<b>767,396</b>	
<b>Adult Social Care</b>				
Purchasing - all types of Long term care	Residential/Residential EMI care, Nursing/Nursing EMI care, Homecare, Direct Payments, Shared Lives, Supported Accommodation and Supported Living, Daycare: Spot and Block contracts	49,324,299	2,346,075	Difference in forecast net expenditure against five year model which included various transformation strategies. The variation is being investigated and is certainly to do with variation from the assumed activity or rates forecast and is impacting income recovery as detailed below
Purchasing-short term reablement care(through BCF)	Bed based care and Homecare for up to 6 weeks	2,349,280	457,988	Pressure on the operation managed through Better Care Fund to facilitate the efficient discharge of patients from hospital and hospital avoidance. The Better Care Fund is governed by a Pooled Fund agreement between the CCG and the Council which establishes the services, outcomes and funding etc of the operation. This agreement includes risk sharing arrangements between the Council and the CCG. The pressure reported here has been notified to the CCG as part of financial reporting. The anticipated contribution from the CCG is £579k, of which £350k has previously been anticipated. Following the increase in projected expenditure the CCG have been advised that a further £229k contribution is required from both organisations and the Council's contribution (from reserves) is reported below. This will be discussed with a view to agreement at the next BCF Board meeting
Income	Client contributions	(5,536,800)	(830,608)	Impact of the volume of care purchased giving rise to contributions offsetting the Long term care pressure above

2019/20 Revenue Budget Variations over £50,000				
Description		Budget £	Variation £	Comments
Operational Locality Teams		5,921,680	(230,247)	Vacancies and lead times in recruiting
My Options-Adults & Children's services	Trading accounts	334,050	(189,806)	Projected net underspend against base budget for Adults and Children's services. Adults budgeted net costs of operation was £189k is instead projected to make a surplus of around £40k from a turnover of £5m
Contribution from reserves		-	(229,000)	One off funding to meet Council share of pressure reported above on short term reablement provision
Other	Variations under £50k	(9,662,912)	(340,948)	
<b>Total Adult Social Care</b>		<b>42,729,597</b>	<b>983,454</b>	
<b>Governance, Procurement &amp; Commissioning</b>				
Legal Services	Employees	1,173,580	155,430	Includes costs of agency staff to cover the demand. Steps are being taken to reduce the reliance of the team on agency staff over the current financial year so as to achieve a more sustainable position.
Legal Services	Income	(1,247,176)	50,514	Shortfall against the budget for legal income generated. The budget for income is being reviewed as part of a re-consideration of the business model within Legal ahead of the 20/21 budget
Other	Variations under £50k	2,832,576	0	
<b>Total Governance, Procurement &amp; Commissioning</b>		<b>2,758,980</b>	<b>205,944</b>	
<b>Health &amp; Wellbeing</b>				
Variations under £50k		2,052,270	(59,137)	
<b>Total Health &amp; Wellbeing</b>		<b>2,052,270</b>	<b>(59,137)</b>	
<b>Customer &amp; Neighbourhood Services</b>				
Environmental Maintenance	Third Party Payments	3,964,870	(168,065)	Underspends from the new Grounds & Cleansing Contract with Idverde as a result of the delivery of savings earmarked for 2020/21 early in 2019/20.
TWS Holding Account	Third Party Payments	-	(66,778)	One off refund in relation to pensions as a result of the winding up of the TWS contract.
Signs & Signals	Premises Related Expenditure	197,570	(66,619)	Underspend on electricity costs for lit signs and signals as a result of the LED lighting programme.



2019/20 Revenue Budget Variations over £50,000				
Description		Budget	Variation	Comments
		£	£	
T & W Footpath Lighting	Premises Related Expenditure	662,670	(85,019)	Underspend against electricity for footpath lighting as a result of the roll out of the LED lighting programme across the Borough. This variation has reduced since last reported as additional one off repair costs have been identified as the programme comes to its completion.
Variations under £50k		24,841,723	164,392	
<b>Total Customer &amp; Neighbourhood Services</b>		<b>29,666,833</b>	<b>(222,089)</b>	
<b>Commercial Services</b>				
Housing	Homelessness - Income	(533,730)	175,000	A report was taken to S&FP which identified a number of ongoing pressures with limited mitigating options, short-term action is being taken in 19/20 but leaves an ongoing unsustainable pressure. The pressure relates to rental income shortfall in relation to the move from one large refuge to two smaller properties to meet the needs of the client group and relatively lower occupancy levels at XRoads due to the need to ensure the right mix of clients to minimise safeguarding issues. The Housing team will review options to help mitigate these pressures in 19/20.
Commercial Projects	Income	0	(175,000)	One off use of Reserve created from 18/19 outturn to mitigate the above pressure.
Leisure Operations	Aspirations - Income	(75,000)	75,000	This pressure relates to a target to generate additional income from the solar farm by installing a private wire. However, we have decided it is not prudent to progress this, as there is a risk that this would adversely affect our Feed in Tariff accreditation with Ofgem. Instead, we are investigating alternative energy projects, but these are longer-term projects that will not be delivered in 2019/20.
Variations under £50k		(1,981,944)	438,000	Income pressures within Leisure linked to the impact of new competitors entering the gym market locally. An action plan is in place to mitigate this pressure as far as possible.
		5,069,691	82,000	
<b>Total Commercial Services</b>		<b>2,479,017</b>	<b>595,000</b>	
<b>Corporate</b>				
Staff Miscellaneous		964,280	(74,000)	Reduction in recharges for Pension Benefits from Shropshire County Pension Fund
Variations under £50k		(4,030,374)	40,000	
<b>Total Corporate</b>		<b>(3,066,094)</b>	<b>(34,000)</b>	
<b>Total</b>		<b>121,413,320</b>	<b>1,401,783</b>	

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**Capital Approvals - by Service Area**

**Appendix 3**

<b>Slippage</b>						
Scheme	Service Area	Funding Source	19/20 £	20/21 £	21/22 £	Later Yrs £
Housing Company - Housing	Development Business and Employment	Prudential	(1,850,000.00)	1,850,000.00		
Newport Innovation and Enterprise Package	Customer and Neighbourhood Services	Prudential	(100,000.00)	100,000.00		
Newport Innovation and Enterprise Package	Customer and Neighbourhood Services	External	(2,196,454.02)	2,196,454.02		
HCA Land Deal	Development Business and Employment	External	(1,000,000.00)	1,000,000.00		
Capital receipts site preparation	Development Business and Employment	Capital receipts	(350,000.00)	(200,000.00)		550,000.00
Managing the Funding of the Capital Programme	Finance and Human Resources	Capital receipts	(700,000.00)	700,000.00		
Managing the Funding of the Capital Programme	Finance and Human Resources	Prudential	700,000.00	(700,000.00)		
Orleton Park recreation	Development Business and Employment	Prudential	(200,000.00)	200,000.00		
Housing	Development Business and Employment	Prudential	(2,000,000.00)	2,000,000.00		
<b>Total</b>			<b>(7,696,454.02)</b>	<b>7,146,454.02</b>	<b>0.00</b>	<b>550,000.00</b>

<b>New Allocations</b>						
Scheme	Service Area	Funding Source	19/20 £	20/21 £	21/22 £	Later Yrs £
Asset Management Plan-General Works & Surveys	Commercial Services	Grant	265,067.80			
Housing Company - Housing	Development Business and Employment	Capital receipts	760,000.00			
Managing the Funding of the Capital Programme	Finance and Human Resources	Capital receipts		(2,180,000.00)		
Managing the Funding of the Capital Programme	Finance and Human Resources	Prudential		2,180,000.00		
Pride In Your High Street	Development Business and Employment	Revenue	500,000.00	500,000.00		
ICT/ eGov	Commercial Services	Revenue	300,000.00			
<b>Total</b>			<b>1,825,067.80</b>	<b>500,000.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Virements</b>						
Scheme	Service Area	Funding Source	19/20 £	20/21 £	21/22 £	Later Yrs £
Asset Management Plan-General Works & Surveys	Commercial Services	Prudential	(100,000.00)			
All Other School Schemes	Education & Corporate Parenting	Prudential	100,000.00			
<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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## **TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 27 SEPTEMBER 2019  
CABINET – 10 OCTOBER 2019**

**ANNUAL PUBLIC HEALTH REPORT 2019: LOOKING BACK, LOOKING FORWARD -  
MAKING PUBLIC HEALTH EVERYBODY'S BUSINESS**

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

**LEAD CABINET MEMBER – CLLR ANDY BURFORD**

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

##### **1.1 Introduction**

This paper introduces the 2019 Annual Public Health Report of the Statutory Director of Public Health. The Report provides a review of progress in improving population health since the return of the local public health function to Telford and Wrekin Council in 2013, evaluating the impact public health activities have had on the health of the Borough population during this period.

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

The Report aims to inform on matters affecting local health and wellbeing, and make recommendations which contribute to the development of the next Health & Wellbeing Strategy.

The report includes the following sections:

- Introduction
- Achieving the Best Start to Life
- Telford and Wrekin: A Health Promoting Borough
- Facilitating Strong Communities
- Improving Health in Vulnerable Groups
- Improving Health Through Partnership Working
- Recommendations for key partners to consider
- Summary of key changes to Public Health Outcomes Framework Indicators from 2012/13 to 2017/18.

The Public Health Team has worked with colleagues across the Council, partners and the local community to produce this report, aiming to reflect and recognise the collective commitment from our all partners to improving the health of the local population. The Report

also takes the opportunity to make recommendations for enhancing collaborative action to improve wellbeing and narrow health inequalities.

The current Telford & Wrekin Health & Wellbeing Strategy is in its final year, and this report is intended to inform the development of the next strategy and makes 9 broad recommendations.

## **2. RECOMMENDATIONS**

The Health & Wellbeing Board and Cabinet is asked to endorse and support the following 2019 Annual Report of the Director of Public Health recommendations:

1. With health inequalities increasing - targeting programmes to tackle the wider determinants of health and promote wellbeing, at those with greatest need, whilst maintaining an effective universal health promoting offer across the borough.
2. Enhancing collaborative local action to give every child the best start in life
3. Improving the Local Maternity System to address health inequalities and build community support.
4. Improving emotional health and wellbeing in children and young people
5. Increasing local population use of available health and wellbeing services across the borough
6. Building upon our community-centered approach to improve wellbeing
7. Building a strong and sustainable local offer for social prescribing
8. Continuing to develop multidisciplinary working and asset-based approaches to support individuals with complex needs
9. Continuing to evolve the local public health approach to reducing crime and violence.

## **3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	Infants, children and young adults Individuals with complex needs Population living with drug and alcohol dependency Older population (aged 65+ years).
<b>TARGET COMPLETION/DELIVERY DATE</b>	The Annual Public Health Report includes actions that the council will take with key partners and communities for the next 12 – 18 months.	

<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	<p>Yes</p> <p>The Council receives a ring fenced grant from Public Health England which enables the Authority to discharge its Public Health responsibilities, some of which are detailed in the Annual Public Health Report.</p> <p>Over the course of the 6 years since Public Health responsibilities returned to the Council, the Public Health grant has reduced by £2.045m or 14.5%.</p> <p>The grant allocation for 2019/20 is £12.012m. The allocation for 2020/21 has yet to be confirmed: funding for Government Departments will be announced in the One Year Spending Review, expected in September 2019 and detailed settlement information for individual authorities will be published in November/December 2019. In 2019/20 60% of the grant will be used to commission services from external providers and 40% will be used to fund Council services which are provided directly.</p> <p>The funding outlook for the Council beyond the end of the current financial year is unclear with the Government proposing significant changes to the local government finance system which are scheduled to be implemented in April 2020. However, using best available information, it is currently anticipated that the Council will need to identify around £25m of additional budget savings over the next two years (2020/21 and 2021/22). This may impact on the overall funding available to deliver the work streams contained in this report.</p> <p style="text-align: right;"><i>(ER – 23.08.2019)</i></p>
<b>LEGAL ISSUES</b>	<p>Yes</p> <p><b>Legal Comment: Annual Public Health Report</b></p> <p>The Director of Public Health has a statutory duty to prepare an annual report on the health of the people in the area of the local authority under Section 73B (5) of the National Health Service Act 2006 (as amended).</p>

		<p>The report has to be published by the local authority under Section 73B (6).</p> <p>The attached report is produced by the Director of Public Health in order to meet these statutory responsibilities.</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	Borough-wide impact but particularly wards with highest levels socioeconomic deprivation.

## **PART B) – ADDITIONAL INFORMATION**

### **4. Report Summary**

#### **4.1 Overview**

This Annual Public Health Report looks back over the past 6 years following the return of public health to local government from the NHS in 2013. During a period of austerity and changing pressures on our population's health, we have adjusted the way we work, increasingly using partnership working and a community-centered approach to make a difference to where we know we can make the greatest impact.

The Public Health Outcomes Framework sets out the indicators to help us understand not only on how long people live, but on how well they live at all stages of life. The framework includes two high-level outcomes and groups further indicators into four 'domains' covering the full spectrum of public health: wider determinants of health, health improvement, health protection and healthcare & premature mortality. The two high-level outcomes are life expectancy and healthy life expectancy and these are considered as summary measures of population health.

#### **4.2 Life Expectancy and Healthy Life Expectancy Headlines**

On average, men in Telford and Wrekin can expect to live for 78.5 years, with 60.9 years spent in good health. For women, average life expectancy in the borough is 81.9 years, with 62.4 years spent in good health.

Healthy life expectancy is increasing at a faster rate than the national average, with men gaining 1 additional year in good health, and women 3.5 years compared with 2009-11.

However, the inequalities gap in life expectancy between those living in the least and most deprived areas of Telford and Wrekin is significant and has been increasing over time. In 2015-17 this gap was 9.6 years in men and 6.4 years in women. Inequalities in life expectancy have also increased nationally.

#### **4.3 Public Health Outcomes Framework Overview of progress 2013 to 2019**



Since 2013 local action in the Council and with partners has successfully reduced the number of outcome indicators which are significantly worse than the national average – and 54 outcomes indicators are now comparable to or better than the national average compared to 49 outcome indicators in 2013.

#### 4.4 Summary of chapters

- **Achieving the best start to life** is fundamental given that experiences before birth and in the first years of life and the teenage years strongly influence outcomes in a wide range of ways, which ultimately drive health inequalities. Improving pregnancy and birth outcomes is a key priority of partners within the Local Maternity System. Unfortunately whilst smoking in pregnancy rates have fallen – this downward trend has not been sustained. Working together with schools to build resilience in children and young people that promotes good emotional health in preparation for adulthood has been a priority through Future in Mind a joint collaboration between the Severn Teaching School Alliance and the Council. Rates of teenage conceptions have fallen and are now similar to the national average. Developments in accessible, modern young people friendly services in sexual health services and in school nursing as part of the Healthy Child Programme will have contributed. Unfortunately trends in excess weight in children are not declining but we are working with schools and nurseries, in particular, to take local action.
- **A Health Promoting Borough** ethos is about working in partnership to develop and use particularly our physical assets to improve wellbeing. Maximising the use of our leisure facilities, our greenspaces and having good quality and affordable housing all make a significant contribution to improving physical and mental health and reducing social isolation. The Active Lives Adult Survey by Sport England has this year ranked Telford & Wrekin first among the entire country for improving the number of people classed as active. The Council is working with local community groups to keep the momentum going with the Let's Get Telford Active programme. Twenty-two community organisations have been awarded grants to co-ordinate 'mass participation' sporting events in their communities to inspire the inactive to get active.
- **Facilitating Strong Communities** is important given that community life, social connections, supportive relationships and contributing to local decisions can underpin good health. Volunteers are using their life experience, cultural awareness and connections to improve the health and wellbeing of others, as well as their own personal health. Together we have developed a network of 66 health champions and projects such as Feed the Birds and Men in Kitchens are underway. We also highlight how we are engaging with residents through our Community Health Matters Workshops in specific areas to start a conversation about identifying more community-driven initiatives. Healthy Telford social media is followed by almost 4,000 people and the blog has received 47,000 visits. Being able to work closely with communities is enabling new projects, such as our British Heart Foundation Blood Pressure Programme, to find new ways of increasing direct access to blood pressure testing within communities, easier to develop.
- **Improving Health in Vulnerable Groups** is crucial as increasingly the most complex health and wellbeing challenges are heavily influenced by poor social, economic and environmental circumstances. Supporting those with mental health or substance misuse issues, the homeless, individuals who are socially isolated or involved in crime is a particular focus for the Council and partners. Over the past few years we have developed,

for example, our Telford STaRS Substance Misuse Treatment & Recovery Service and have seen significant improvements in the proportion of people successfully completing alcohol treatment. Community organisations supported by local people, who are often experts through lived experience, are providing authentic practical and emotional support which is really making a difference. A more joined-up collaborative and targeted approach, particularly through Community Safety Partnership organisations, is having an impact on those most at risk.

- **Improving health through partnership working** enables organisations to pool resources and share intelligence on issues that affect health but are caused by wider factors such as vulnerability, crime and social care. This collaboration expands the reach of organisations to allow for more effective action to address community wellbeing issues. We highlight partnership work programmes, for example, with the police on violence and crime, and with the NHS in providing more preventative and integrated care to support vulnerable individuals living in the community.

## **5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None.

## **6. PREVIOUS MINUTES**

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

## **7. BACKGROUND PAPERS**

None.

**Report prepared by Matthew Missen, Public Health Specialty Trainee Email: [Matthew.Missen@telford.gov.uk](mailto:Matthew.Missen@telford.gov.uk)**

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# Looking back, looking forward

**Making health  
everybody's business**

# Foreword



After six years as Director of Public Health in Telford & Wrekin, I wanted to use the opportunity of my Annual Public Health Report to reflect on progress. Public health teams transferred to local authorities from the NHS in April 2013, and I saw this as a real opportunity to make a difference to the wellbeing of residents, their families and communities in Telford and Wrekin. Each year I have written an independent Annual Report and this edition will reflect on those reports and their themes, looking back to see where we have made progress, and where we haven't, and looking forward at what more we can do.

There is no silver bullet to improving wellbeing, many of our key public health challenges – be they poor mental wellbeing, excess weight, substance misuse – are driven by a complex web of socioeconomic circumstances. I recognise that national policy is significantly impacting on the health of some of our most vulnerable communities – people living in poorer circumstances have poorer health than those who do not. But I also believe that locally we can make a difference to mitigate some of the

impacts, harnessing imaginatively all of local government functions and adopting 'community-centred' approaches to improving health and wellbeing. The NHS alone cannot deliver improvements in population health. The greatest impacts on our health are the circumstances in which we live – our education, employment and the physical and social environment and making a difference in our communities is rooted in how we engage and empower people living in our neighbourhoods, villages and towns to live happier, healthier, longer lives together.

*So over the last six years what difference have we made to the child who was born in 2013 and is now at school?*

*The man who struggled to play with his children due to his weight?*

*The woman who suffered from drug problems and faced losing her family?*

*The older lady who had lost her husband and now didn't go out?*

Last year Telford celebrated its 50th Birthday – what will it feel like to live in the town when it celebrates its 60th birthday and the child who has just started school is 16? Will people feel healthier and happier?

I am delighted to have produced this sixth Annual Public Health Report and would like to thank my team and all the officers from across the Council and partners who have contributed.

*Liz Nates*

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

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# Introduction



# Introduction

This sixth independent annual public health report, produced by the Director of Public Health (DPH) since 2013 following the return of public health to local government from the NHS, looks back over the past 6 years.

Influences on physical and mental health and wellbeing throughout life are deeply rooted in our socioeconomic circumstances. The so called wider determinants of health, are a diverse range of social, economic and environmental factors, which affect where and how we live. Combined with individual lifestyle choices these factors drive health inequalities.

It is estimated that 80% of the causes of poor health lie outside the NHS, so improving health and wellbeing is clearly everybody's business. Directors of Public Health with their teams, have a key role to play in encouraging residents and communities, the Council, the NHS and other partner organisations to play their part together.

Local authority public health grants funded by the Department of Health, to deliver some specific services and responsibilities and improve wellbeing in their communities, have been reduced since 2013 and now only represent 2% of the total spent on health by the Government.

Whilst the financial resources Directors of Public Health have are not huge – and are earmarked for specific purposes – there are lots of ways to improve wellbeing. The way we work together, in the Council and with partners and communities allows us to draw on a wider set of human, physical and financial resources – making the collective impact potentially more significant.

The NHS Long Term Plan, launched in 2018, sets an ambition to take a more preventative approach, shifting the focus of health care towards mental health and primary and community services. Delivering this vision will depend on effective action on prevention, both inside and outside the NHS.



Our local action over the last six years has strived to make improvements in health outcomes by taking both evidence-based and community-centred approaches, to maximise the use of a range of physical and human assets in our communities. Community-centred ways of working are recognised as more effective than traditional services, especially for marginalised groups and vulnerable individuals.

Since 2013, the public health function in Telford & Wrekin has continually adapted to reflect the ever changing landscape, evolving into three distinct functions: place and community development, health improvement service delivery and commissioning. We strategically lead and manage programmes of work through strong partnerships, advocating that improving population health and wellbeing is 'everybody's business'. Through this approach we believe we can have the most impact and to deliver prevention activity at the scale needed to have an impact at population level.

Increasingly local initiatives with residents and community groups has demonstrated successes in empowering people to take greater control of their lives and health by actively participating in their local community. Reflecting the efforts by the Council and local community groups, we now have an extensive network of local residents in voluntary roles using community assets to improve health by supporting and strengthening local social networks.



## Introduction

Whilst austerity and the funding reductions to public services are affecting the wider determinants and health inequalities, with inequalities in life expectancy in both men and women increasing in particular, some population health outcomes have improved. This report will look at population health outcomes for the borough and how they have changed over the last six years.



This Annual Public Health Report has the following five chapters:

- Achieving the best start in life
- A health promoting borough
- Facilitating strong communities
- Improving the health of vulnerable groups
- Improving health through partnership working

Each chapter considers the actions taken by partner organisations and the local community and their impact on improving outcomes, as measured by the national **Public Health Outcomes Framework (PHOF)**. The case studies demonstrate where service areas across the Council and community partners are leading the way - demonstrating that improving health & wellbeing and reducing inequalities is becoming integral to what they do.

The **Health & Wellbeing Board** established in 2013, comprises of Council, the NHS, the Police and the community and voluntary sector representatives, who take a joined up partnership approach to improving health and wellbeing and reducing inequalities. The current Telford & Wrekin Health & Wellbeing Strategy is in its final year, and this report is intended to inform the development of the next strategy.



# Executive Summary

## So what progress have we made?

# Executive Summary

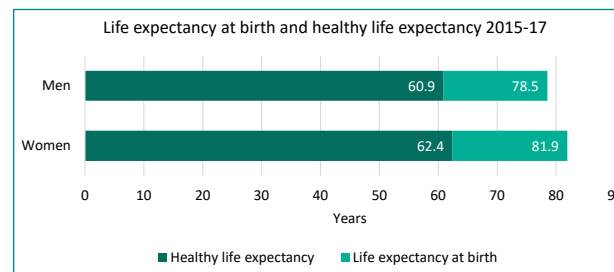
## So what progress have we made?

This annual public health report looks back over the past six years following the return of public health to local government from the NHS in 2013. During a period of austerity and changing pressures on our population's health, we have adjusted the way we work, increasingly using partnership working and a community-centred approach to make a difference to where we know we can make the greatest impact. Our focus has been collaboration to tackle the determinants of health such as: stronger communities, education, employment and housing to improve outcomes.

The **Public Health Outcomes Framework (PHOF)** sets out the indicators to help us understand not only how long people live, but how well they live at all stages of life. The framework includes two high-level outcomes and groups further indicators into four 'domains' covering the full spectrum of public health: wider determinants of health, health improvement, health protection and healthcare & premature mortality.

### Life expectancy and healthy life expectancy headlines

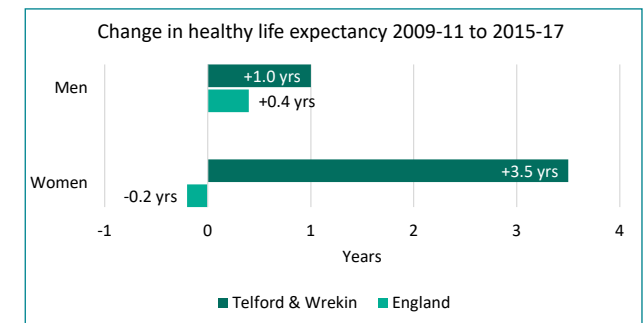
On average, men in Telford and Wrekin can expect to live for 78.5 years, with 60.9 years spent in good health. For women, average life expectancy in the borough is 81.9 years, with 62.4 years spent in good health.



**Figure 1.1** Life expectancy at birth and healthy life expectancy at birth 2015-17.

Source PHE Public Health Outcomes Framework

Healthy life expectancy is increasing at a faster rate than the national average, with men gaining one additional year in good health, and women 3.5 years compared with 2009-11.



**Figure 1.2** Change in healthy life expectancy 2009-11 to 2015-17.

Source PHE Public Health Outcomes Framework

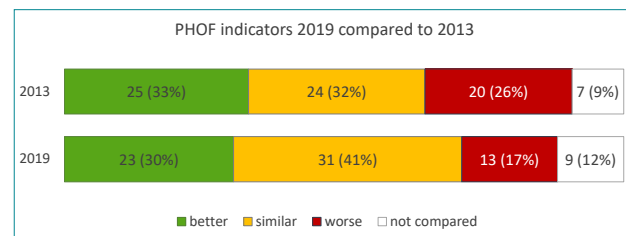
However, the inequalities gap in life expectancy at birth between those living in the least and most deprived areas of Telford and Wrekin is significant and has been increasing over time:

- In 2010-12 inequality in life expectancy for men between the most and least deprived areas was 7.5 years - by 2015-17 this had increased to 9.6 years.
- For the same period, inequality in life expectancy for women between the most and least deprived areas has increased from 3.8 years in 2010-12 to 6.4 years in 2015-17.

## Overview of progress 2013-2019

Since 2013 local action in the Council and with partners has successfully reduced the number of outcome indicators which are significantly worse than the national average – and 54 outcomes indicators are now comparable to or better than the national average compared to 49 outcome indicators in 2013.

**Figure 2** PHOF indicators 2019 compared to 2013.  
Source: PHE Public Health Outcomes Framework



## Summary

**Achieving the best start to life** is fundamental given that experiences before birth and in the first years of life and the teenage years strongly influence outcomes in a wide range of ways, which ultimately drive health inequalities. Improving pregnancy and birth outcomes is a key priority of partners within the Local Maternity System.

Unfortunately whilst smoking in pregnancy rates have fallen – this downward trend has not been sustained. Working together with schools to build resilience in children and young people that promotes good emotional health in preparation for adulthood has been a priority through Future in Mind a joint collaboration between the Severn Teaching School Alliance and the Council. Rates of teenage conceptions have fallen and are now similar to the national average.

Developments in accessible, modern young people friendly services in sexual health services and in school nursing as part of the Healthy Child Programme will have contributed. Unfortunately trends in excess weight in children are not declining but we are working with schools and nurseries, in particular, to take local action.

**A health promoting borough** ethos is about working in partnership to develop and use particularly our physical assets to improve wellbeing. Maximising the use of our leisure facilities, our greenspaces and having good quality and affordable housing all make a significant contribution to improving physical and mental health and reducing social isolation. The Active Lives Adult Survey

by Sport England has this year ranked Telford and Wrekin first among the entire country for improving the number of people classed as active.

The Council is working with local community groups to keep the momentum going with the Let's Get Telford Active programme. Twenty-two community organisations have been awarded grants to co-ordinate 'mass participation' sporting events in their communities to inspire the inactive to get active.



**Facilitating strong communities** is important given that community life, social connections, supportive relationships and contributing to local decisions can underpin good health. Volunteers are using their life experience, cultural awareness and connections to improve the health and wellbeing of others, as well as their own personal health. Together we have developed a network of 66 health champions and projects such as Feed the Birds and Men in Kitchens are underway.

## Executive Summary So what progress have we made?

We also highlight how we are engaging with residents through our Community Health Matters Workshops in specific areas to start a conversation about identifying more community-driven initiatives. Being able to work closely with communities will enable new projects such as our British Heart Foundation Blood Pressure Programme, set up to find new ways of increasing direct access to blood pressure testing within communities, easier to develop.



**Improving health in vulnerable groups** is crucial as increasingly the most complex health and wellbeing challenges are heavily influenced by poor social, economic and environmental circumstances. Supporting those with mental health or substance misuse issues, the homeless, individuals who are socially isolated or involved in crime is a particular focus for the Council and partners.

Over the past few years we have developed, for example, our Telford STaRS Substance Misuse Treatment & Recovery Service and have seen significant improvements in the proportion of people successfully completing alcohol treatment. Community organisations supported by local people, who are often experts through lived experience, are providing authentic practical and emotional support which is really making a difference. A more joined-up collaborative and targeted approach, particularly through the Community Safety Partnership organisations, is having an impact on those most at risk.

**Improving health through partnership** working enables organisations to pool resources and share intelligence on issues that affect health but are caused by wider factors such as vulnerability, crime and social care. This collaboration expands the reach of organisations to allow for more effective action to address community wellbeing issues. We highlight partnership work programmes, for example, with the police on violence and crime, and with the NHS in providing more preventative and integrated care to support vulnerable individuals living in the community.

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# Recommendations



# Recommendations

- 1** With health inequalities increasing, programmes and activities to tackle the wider determinants of health and promote wellbeing need to be targeted at those with greatest need, whilst maintaining an effective universal health promoting offer across the borough.
- 2** Early childhood experiences strongly influence a wide range of outcomes later in life. It is important that we target collaborative action to give every child the best start in life in the refreshed health & wellbeing strategy.
- 3** The Local Maternity System should:
  - a** ensure that an effective public health midwifery service is delivered and targeted at those communities most in need,
  - b** further develop preconception and community peer support initiatives.
- 4** The newly established multi-agency Mental Health Taskforce for children and young people should agree a comprehensive plan to improve emotional health and wellbeing outcomes, for all children and young people, as well as high quality and timely services for those most in need.
- 5** There is a wide range of universal programmes, services and community assets that support people to improve their health and wellbeing. The Health & Wellbeing Board need to ensure these are inclusive and focus on increasing physical activity rates, improving mental wellbeing and reducing excess weight.
- 6** The Health & Wellbeing Board should build upon our community-centred approach to improve wellbeing, supporting specific initiatives in localities as part of the council's approach to building stronger communities.
- 7** The Health & Wellbeing Board, working as part of the NHS Sustainability & Transformation Partnership (STP) and with primary care networks, should strengthen and sustain the social prescribing offer, building upon existing schemes.
- 8** The Integrated Place Partnership group need to continue to develop multidisciplinary working and asset-based approaches to support a wide cross section of individuals with complex needs, for example: older people with multiple conditions, families suffering from the effects of poor mental health, drugs and alcohol and domestic abuse and homeless individuals.
- 9** The Community Safety Partnership should further evolve the local public health approach to reducing crime and violence, with the development of prevention and disruption programmes and initiatives which protect our most vulnerable children and adults as well as the wider community.

# Our population





# Our population

## Population

- The population of Telford and Wrekin is growing faster than the national average with an increase of 4.3% since 2013. By 2031 we anticipate an additional 19,000 people will live in the borough.
- The borough currently has a younger population with a quarter of the population under 20 years (25.2%) compared to 23.7% nationally.
- Increasing life expectancy means that over half of the population increase will be in the population aged 65 years and over. An additional 10,700 people over 65 years of age will live in the borough by 2031.

## Social inequality

- There are stark contrasts in levels of deprivation across the borough with 27% of the population living in the 20% most deprived areas in England and 12% of the population in the least deprived areas.
- Mortality rates from causes considered preventable are lower than the rates recorded in 2010-12, however the borough's rates remain worse than the national.
- In older adults aged 60 years and over, 18.1% (7,243) of the population live in income deprived households.

**18.1%**  
**60+ YEARS**  **7,243**  
**ADULTS**  
**LIVE IN INCOME DEPRIVED HOUSEHOLDS**

- There are now 23.9% (8,603) of children aged 0-15 in Telford and Wrekin living in income deprived households. This number has declined in the borough since 2012/13 but still remain worse than national rate.

**23.9%**  
**0-15 YEARS**  **8,603**  
**CHILDREN**  
**LIVE IN INCOME DEPRIVED HOUSEHOLDS**

## Population with protected characteristics

- The majority of the population's ethnicity is white British. The borough has lower Black, Asian and Minority Ethnic (BAME) rates in all age groups than England (T&W 13.1%, England 25.4%). The highest proportion of BAME groups is found in the 0-24 age group.

## Education and employment

- Levels of educational attainment in the population are lower than the national average with 8.0% of working age residents with no qualifications.
- Rates of employment in adults (aged 16-64 years) in Telford and Wrekin have improved with 74% of the population employed in 2018/19 compared to 69% in 2012/13.
- At 3.6% in 2018/19 levels of unemployment in Telford and Wrekin are similar to the average.

- Youth unemployment in 2018/19 was similar to the national average at 11% and has reduced significantly from 27% in 2012/13.
- Although employment levels are similar to national picture at £522.30 average weekly earnings for full time workers are less than regional or national averages.



**£522.30**  
**AVERAGE WEEKLY EARNINGS**

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# Social inequality and health



# Social inequality and health

Health inequalities are caused by a social gradient which impacts on both health and lifespan across society. This leads to those with a lower social and economic status experiencing poorer health and shorter lives. The 2010 Marmot report 'Fair Society, Healthy Lives' recognises that the most important influences on health are wider social determinants, such as housing, employment, education and social isolation. For example living in poor quality housing increases risk of physical and mental health issues from living in damp and cold conditions as well as hazards in the home. Poor quality housing alone is estimated to cost the NHS £1.4 billion a year. In contrast a healthy standard of living such as adequate income and housing is associated with many positive health outcomes.

Across England the life expectancy gap between those living in the most deprived areas and the least deprived areas is significant - **men living in deprived areas are expected to live nine years less than those in the least deprived and women seven fewer years of life.** This gap has grown since 2010, with increasing social inequality impacting on the health of the worst off.

As well as shorter life expectancy, those living in deprived areas spend fewer years in good health. Nationally men and women living in the most deprived areas can expect

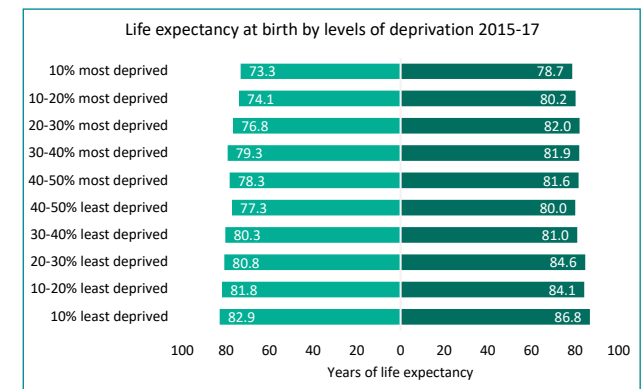
to spend an additional 20 years of their lives in poor health, compared to those in the least deprived areas.

The latest data shows that on average, **men in Telford and Wrekin can expect to live for 78.5 years with 60.9 years spent in good health. For women, average life expectancy in the borough is 81.9 years with 62.4 years spent in good health.**



In Telford and Wrekin social inequality affects life expectancy as the borough contains some of the most and least deprived wards in England. **Male life expectancy in the most deprived wards in Telford and Wrekin in 2015-17 was 73.3 years, compared to 82.9 years in the least deprived areas. Similarly, women in the most deprived areas can expect to live on average 78.7 years, compared to women in the least deprived areas who can expect to live for 86.8 years at birth.**

**Figure 3** Life expectancy at birth by deprivation decile 2015-17. Source PHE Public Health Outcomes Framework



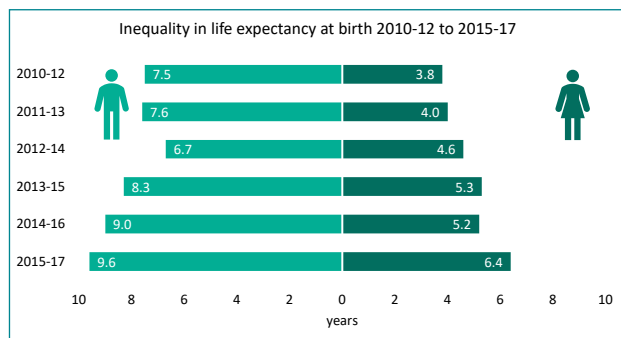
**For men and women, inequality in life expectancy between the most and least deprived areas of Telford and Wrekin has increased over time.** In 2010-12 inequality in life expectancy for men was 7.5 years and by 2015-17 had increased to 9.6 years. Over the same time period, inequality in life expectancy for women has increased from 3.8 to 6.4 years.

## Social inequality and health

National policy and local public health action can address health inequalities by addressing the wider determinants that affect health. Public health action to address health inequality in Telford and Wrekin reflects the key objectives specified in the Marmot report:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of preventing ill health

**Figure 4** Inequality in life expectancy at birth  
Source: PHE Public Health Outcomes Framework



## Chapter 1

# Achieving the best start to life



# Achieving the best start to life

## Why this is important

The importance of getting the best start in life, has been a strong recurring thread in our annual public health reports since 2013. Our early experiences before birth and in the first years of life strongly influence outcomes in a wide range of ways; from health and social behaviour to employment and educational attainment in later life. These are in turn, a key driver for health inequalities.

Unfortunately, certain outcomes for mothers and their babies in Telford and Wrekin remain worse than average, and there are clear local inequalities linked to social deprivation and age, such as smoking in pregnancy and breastfeeding.

Good social skills, along with positive relationships and role models are known to build resilience. Such factors can protect children and young people against low self-esteem, problematic behaviour and poor emotional and mental health and risk taking behaviour. Children and young people who face difficult situations such as bullying or racism, or socially disadvantaged circumstances are at higher risk of experiencing emotional and behavioural difficulties, including:

- looked after children
- those affected by Adverse Childhood Experiences such as bereavement, abuse, neglect, violence or parental substance misuse
- those with chronic health problems, such as diabetes and asthma and disabilities

## What has been happening in Telford and Wrekin

### Improving pregnancy and birth outcomes

The Shropshire, Telford & Wrekin Local Maternity System (LMS) plan aims to transform local services for mothers, babies and families by March 2021, in line with the expectations of **Better Births** the 2016 national review of maternity services. The focus of the plan is to:

- Improve the safety of maternity care
- Improve choice and personalisation of maternity services

Actions are in place, as part of the LMS plan, to improve a wide range of outcomes for mothers, both in maternity care and better prevention. The Council are a key contributor to this NHS directed work, leading the

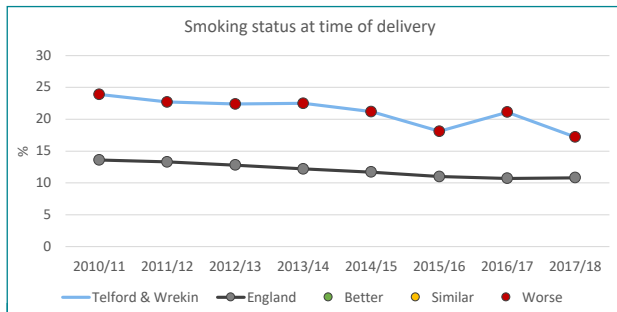
prevention plans to improve early maternal health and the commissioning of the new integrated Healthy Child Programme Service for 0-19 year olds.

### Smoking in pregnancy

Maternal smoking causes serious harm and is linked to stillbirth, sudden infant death, low birth weight, chest infections and asthma. [Find out more about this by viewing Tommy's campaign here.](#)

Looking back, from 2013 specialist pregnancy stop smoking services commissioned by the Council, have aimed to support women using friendly and informative conversations to discuss all of the practical options available to maximise the chance of quitting during pregnancy. Smoking in pregnancy rates in Telford and Wrekin in the past five years were generally showing improvement, but remained worse than average. However, rates rose again during 2016/17 and so from April 2018 a new model of stop smoking support, delivered by midwives – the public health midwifery service, was commissioned to support women more closely throughout pregnancy.

Since 2010/11 smoking status at time of delivery has reduced from 23.9% to 17.2% of mothers in 2017/18. However, despite this reduction the rate in Telford and Wrekin has remained significantly worse than the England average.



**Figure 5 Trends in smoking in pregnancy**  
Source: PHE Public Health Outcome Framework

There is a strong link with deprivation with those living in the most deprived areas more likely to smoke during pregnancy. The top 3 wards in Telford and Wrekin with the highest rates of smoking at delivery are Woodside 42.7%, Madeley & Sutton Hill 31.7% and Brookside 31%

Looking forward, given the high priority for reducing smoking in pregnancy a refreshed evidence-based action plan has been agreed. Key areas for improvement include a review of the public health midwife service to ensure best practice and innovation, regular carbon monoxide (CO) monitoring throughout pregnancy to support conversations about quitting, specialist training offered across a range of professionals who have contact with pregnant women and their families.

There is also an ambition to re-invigorate peer supporters, so local mothers can help and advise new mums, supported by professionals in their communities.

**Find out more here:**

[Pregnant, or Thinking About It? Get FREE Expert Health Advice from a Public Health Midwife](#)  
[Pregnant, or thinking about it? Free advice is available so don't miss out](#)

**Low birthweight babies**

It is known that fetal growth restriction and consequently being born with a low birthweight is a significant risk factor for stillbirth and neonatal mortality. Therefore detection of babies that are small for their gestational age is vital in order that they are delivered at the most optimal time. Looking back, the 2012/13 annual report highlighted that the proportion of infants born with a low birth weight (less than 2.5kg) in Telford and Wrekin in 2010 was statistically significantly worse than the national average. Trends show that since 2011 the low birthweight rate in Telford and Wrekin has been similar to the national average.

The [NHS England Saving Babies Lives Care Bundle](#), published in 2015 outlined “risk assessment and surveillance for fetal growth restriction” as one of the four key elements for reducing stillbirth. [Shrewsbury and Telford Hospital NHS Trust \(SaTH\) maternity services](#) have been working to improve the detection of small for gestational age babies. Customised growth charts to assess the growth of the maternal uterine size and/or the estimated fetal weight have been in use for around 10 years and staff have received comprehensive training. However, in 2018, additional LMS funding, enabled the expansion of serial ultrasound scans to many more women who are most at risk of having a baby that is small for gestational age. This development means that all of the four elements within the Saving Babies Lives care bundle are now being delivered.

**Healthy Children and Young People**

**Preventing childhood diseases**

Immunisation is still one of the most important ways to protect individuals and the community from preventable serious diseases. High uptake rates are necessary to prevent the serious infections from circulating in local communities.

Looking back, the [2012/13 annual public health report](#) highlighted the high rates of childhood immunisation in Telford and Wrekin, and in the past five years most of these rates have remained above the 95% or 90% target rates in one, two and five year olds. However, immunisation rates for Measles, Mumps and Rubella

(MMR) have been falling in the past five years, with rates amongst five year olds having received the complete two doses of MMR vaccination dipping to 88% in 2017/18.



Looking forward, the [UK Measles and Rubella Elimination Strategy](#) published in January 2019, aims to improve MMR vaccination and ensure at least 95% of children have received two doses by the time they are five years old. Local plans have been agreed to ensure that Council teams and community and voluntary sector organisations work collectively with the NHS to deliver this aim.

### Emotional health and wellbeing

Recent annual reports have highlighted that local engagement work with children, young people, parents and professionals identifies social and emotional wellbeing as especially important given the effect on their health (both as a child and as an adult) and on how well young people do at school.

### Future in Mind

Future in Mind, a joint collaboration between Severn Teaching School Alliance and the Council, started in 2016 following the annual public health report recommending the development of a schools-based programme to improve the emotional health and wellbeing of children and young people. This Continuing Professional Development network has now delivered its third academic year and has 69 partners including: primary and secondary schools, virtual school, healthy child programme health visitors and schools nurses, strengthening families and behavioural support teams, Special Educational Needs and Disability services and alternative provision.

The benefits of Future in Mind in Telford and Wrekin network have included:

- ✓ Development of a collegiate approach to tackling mental health
- ✓ Alignment of messages across all schools and phases
- ✓ The ability to train and educate the school workforce
- ✓ Good understanding of the value of inter-agency working and the benefits this brings to the child, family and society
- ✓ The ability to promote mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health
- ✓ Taking early action to prevent mental health problems from arising with those children, young people and their families who may be at greater risk

- ✓ Skills to identify swiftly that a child, young person or their family need early help
- ✓ Successfully supporting a Wave 2 Trailblazer bid
- ✓ Established inter-agency working which has secured support from the [Anna Freud Centre Mental Health and Schools Link Programme](#)

Evolving into full Continuing Professional Development days Future in Mind has delivered learning on the following topics:

### In 2016-2017

- ✓ An introduction to mental health – the Wellbeing Toolkit
- ✓ Bereavement and Loss

### In 2017-2018

- ✓ BEAT – whole day awareness training
- ✓ LGBT and the impact on mental health - Stonewall resources and research
- ✓ Relationships and Sex Education (RSE) and health education – Respect Yourself Resource
- ✓ Understanding & Preventing Self-Harm in Schools

### In 2018-2019

- ✓ Impact of the digital age on mental health
- ✓ Attachment and the impact on children and young people's mental health
- ✓ Emotion Coaching publication and the Bereavement Box
- ✓ Sleep and the impact on children, young people and adult mental health



### In 2019-2020 – Year 4 of the programme plans include:

- ✓ Support the statutory RSE curriculum from 2020
- ✓ Support the work of Emotional Health and Wellbeing Leads to bring about change
- ✓ Identify and support children and young people with sensory needs, managing behaviour that challenges such as diagnosing ASD in girls

*“The project has given us the confidence to talk openly about mental health with pupils and staff.*

*It is becoming an integral part of our curriculum. Recently Ofsted graded the personal development and welfare of pupils as outstanding; particularly highlighting the work around pupils’ mental health and their understanding of it”*

**Sian Deane, Head teacher Holmer Lake Primary**

### Healthy Child Programme

Looking forward, emotional health and wellbeing will increasingly be a focus for the new Healthy Child Programme Service as it seeks to identify needs of children, young people and families early, in order to prevent those needs from escalating. From September 2019, families will be able to access support from a specialist emotional health and wellbeing public health nurse, who in partnership with health and education professionals, will deliver tailored care packages. The aim is to ensure a coordinated and planned approach to support families more effectively.

### Teenage pregnancy

Although being a teenage parent can be a positive experience for some, this is not always the case. Teenage pregnancy is often associated with risky sexual behaviours, drug and alcohol use, education-related factors, such as low education attainment, and family background characteristics, such as being in care or being a daughter of a teenage mother.



Looking back, high rates of conceptions in women under 18 have historically been an issue in Telford and Wrekin and a number of strategies have been in place over the past decade to prevent unplanned teenage pregnancies. As a result there was a steady decline in teenage conception rates between the late 1990s and 2013. However, between 2014 and 2017 rates dramatically reduced and are no longer higher than the national average. The Council’s commissioning of integrated, sexual health services, based in Telford Town Centre, has undoubtedly improved access for young people and contributed to this improving picture. There are now high

levels of long acting contraception prescribed by both GPs and the sexual health service, which is known to reduce the risk of unintended pregnancy.

The local picture of teenage pregnancy has undoubtedly changed in Telford and Wrekin. Looking forward however, there are still opportunities to ensure that our most vulnerable teenagers do not experience unwanted or unplanned pregnancies. Research indicates that young people prefer Relationships and Sex Education (RSE) to be delivered in school and by their parents and health professionals, rather than through the media or internet. From September 2019 relationships education in primary schools and RSE in secondary schools, including academies, free schools and faith schools, will become statutory.

The Healthy Child Programme Public Health Nurses in Telford and Wrekin offer health zone drop ins for young people, offering 1-2-1 sexual health advice and support such as C-Card for condom distribution, Emergency Hormonal Contraception (morning after pill), pregnancy testing, chlamydia and gonorrhoea testing and chlamydia treatment. From September 2019 our Public Health Nurses, as part of the new integrated Healthy Child Programme Service, will increasingly use technology to interact and engage with young people about sexual health related issues whilst also ensuring ease of access to accurate information, advice and guidance.



 **Click image to watch video**  
**Views on Teenage Pregnancy and Sexual Health Services**



**Find out more here:**

<http://openclinic.org.uk>

**Respect Yourself Sexual Health Guide (ages 14+)**

**How we are improving Relationship and Sex Education in Telford**

**Here's why you should get tested for HIV**

### Young people not in employment, education and training

Looking back, in 2013 youth unemployment among 16-24 year olds was at a high of 32%, and 10% young people aged 16-18 were not in education, training or employment with training (NEET). We recognise how beneficial employment can be to improve people's wellbeing and financial situations and the borough has

seen some good progress in helping people of all ages into employment and training.

The Council has continued to invest in services to support employment in the borough through the **Future Focus** service for young people and **Job Box** for adults. Our support programmes for young people include mentoring, drop in support sessions, education and training provider events and our very successful **Apprenticeship Show** which have increased the numbers of young people continuing in education and training or employment. Local partnership work has enabled the joining up of services and focus of support to those who need it most. Transition events have been held for learners with learning difficulties and disabilities with our Parent Carers Forum and providers. In addition the Children in Care Team and Special Educational Needs and Disability (SEND) teams have worked together to find joint solutions for some local young people with complex needs.

Mental health issues have become a significant barrier in helping young people get a good start on their adult journey and the Council's **Employment Advisory Support Team** are now trainers in Mental Health First Aid which is delivered across Council teams and in the community. Key to improving the transition for young people is raising their aspirations and the Council's **Life Ready Work Ready** programme was put in place to work with schools and bring in businesses to education to help prepare young people for the world of work. All local schools in borough are now working with us on the **Careers and Enterprise Company Gatsby Benchmarks** - the guidelines which define the best careers provision in schools and colleges.

Telford & Wrekin Council have also been active in supporting National Citizen Service delivery in the borough with a record number of over 600 young people signed up to the 4 week programme raising aspirations, confidence and social skills.

All this local support and partnership action has undoubtedly contributed to the improvement in outcomes in the past six years, with the latest data showing that youth unemployment has fallen to 11% and the level of young people who are NEET is down to 5.5%.

<http://www.learntelford.ac.uk/>

### Telford & Wrekin Mental Health Taskforce

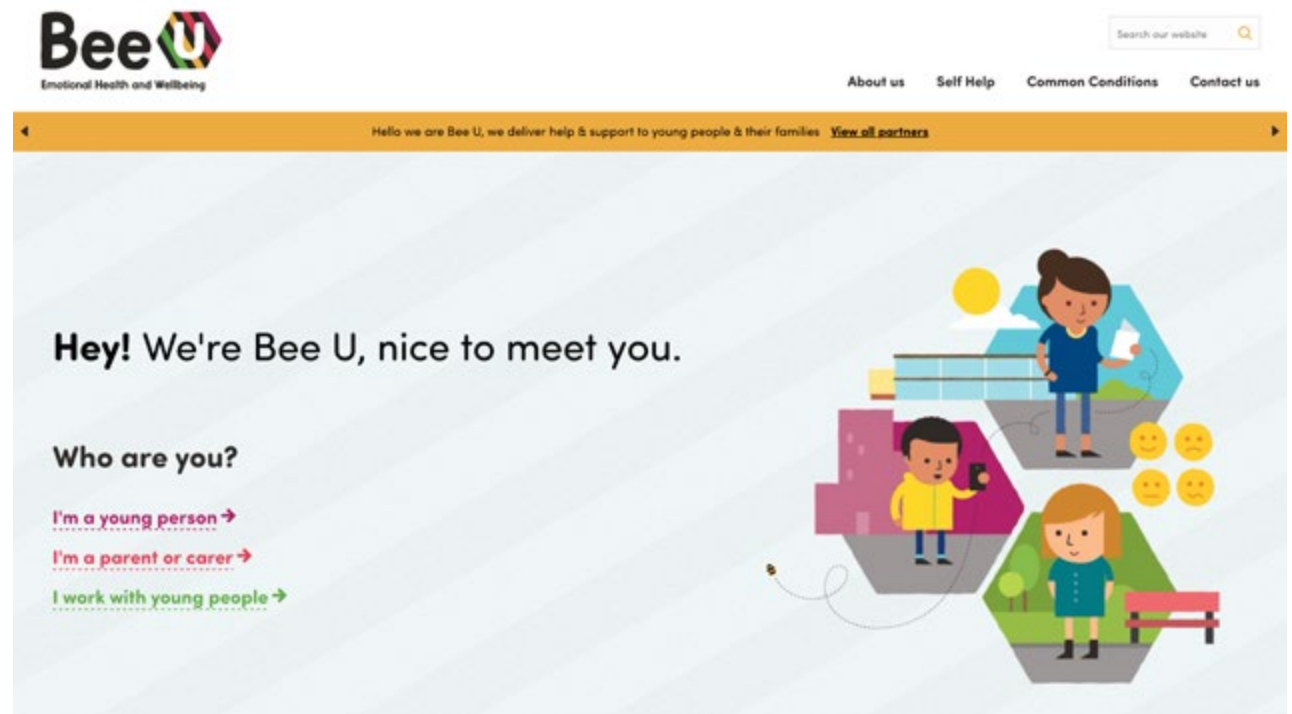
A **Telford & Wrekin Mental Health Taskforce** has been set up, to address the level concerns regarding the support for children and young people's mental health in the borough. Specifically, concerns with capacity in the local **Bee U** service (CAMHS) which provides local emotional health and wellbeing services. The Taskforce is being led by the Council's Assistant Director for Education and Corporate Parenting, along with primary and secondary school head teachers, and a range of social care and NHS colleagues. There is a recognition that a whole system approach across education, health and care settings is essential, and that a focus on early intervention will contribute to managing demand for specialist services and improve outcomes for children, young people and their families.

An action plan is being developed by the taskforce to develop and enhance the local mental health offer for children and young people. Action will include:

- Mapping the current local service, groups, initiative and programmes.
- Reviewing the specialist support for those with a learning disability.
- Developing an emotional health and wellbeing panel to support schools refer into the specialist BEE U service.
- Improving communications between schools and other partners.
- Establishing a school network for front line practitioners.

A successful funding bid, submitted by a partnership consisting of local NHS organisations, the Council and schools, as part of the NHS Local Transformation Plan, will allow the development of an innovative **Children and Young People's Mental Health Support Team** during 2019-20.

The team will be managed by the Bee U service, but located within local schools to identify and meet lower level emotional support needs and also help children and young people with more severe needs access the right support, working with schools and colleges to provide a link to specialist NHS services. The location of the team across schools will mean that relationships, competence and knowledge about early identification and prevention of mental health will significantly increase.



The core functions of the Mental Health Support Team will be:

- Delivering evidence-based interventions for mild to moderate mental health issues.
- Supporting the designated senior mental health lead in each education setting to introduce or develop their whole school or college approach.
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

Building capacity in schools will better equip schools to offer a universal approach through the curriculum and, with the specialist training, the ability to meet mild to moderate needs.

## Chapter 2

# Telford and Wrekin: A health promoting borough

# Telford and Wrekin: A health promoting borough

## Why this is important

Physical activity is increasingly recognised as having the potential to improve physical and mental health and wellbeing. We more often have to consciously build physical activity into our daily lives as fewer of us have manual jobs and for many technology dominates at home and at work.

Access to green space and the natural environment contributes to overall health and wellbeing at all stages in life. Benefits to users of green spaces, include physical recreation, interacting with nature and learning through play which improves a child's ability to deal with stress and adversity in life. Activities in nature can have a significant impact on reducing social isolation and symptoms of anxiety and depression in adults.

Good housing supports families as children are particularly affected by living in poor quality housing, which can cause respiratory problems, increase the risk of injuries and impact on emotional and mental health and educational attainment. Working-age people are affected by the affordability, availability and quality of local housing and rising rates of homelessness. Older people are especially vulnerable to accidents in the

home, and keeping those aged 65 and over who no longer need hospital care in their own homes reduces costs to the NHS and local authority.

Workplaces are a key setting for engaging people in activities to improve their health and wellbeing and business productivity.

## What has been happening in Telford and Wrekin

### Healthy activity and diet

Looking back, Active England funding in 2004 kick started partnership working between health and the Council to increase physical activity levels across the borough with Leisure Services providing: programmes such as Tackle Your Health, STARS exercise on referral and the Leisure Health Trainers. Following the transfer of public health to the Council the public health grant was invested in the Free Swimming Programme and the Leisure Concessions Scheme. From 2016 the Be Active Programme, delivered through additional Sport England funding, provided additional capacity and resource to focus on active communities.

The physical activity team transferred to public health (health improvement team) in 2017 and now focusses on: supporting groups to access funding, developing local partnerships, recruiting, training and developing local volunteers to lead activity in their local community and working with child and family settings such as schools and nurseries to encourage them to take a whole school approach to building activity into the daily lives of children and families. We continue to strategically plan with leisure services, Energize Shropshire Telford & Wrekin, National Governing Bodies of Sport and local community groups.



In the last 12 months we have supported:

- ✓ 16 organisations to secure £60,000 grant funding to coordinate community physical activity programmes
- ✓ Ricoh to secure sponsorship of £15,000 which has continued to fund physical activity sessions & events in the community, Kids for a £1 holiday activities and Telford Elite Sport Scheme
- ✓ 32 early years and school settings supported to establish the Daily Mile initiative supporting children to walk, jog and run on a daily basis
- ✓ Five community organisations to deliver the Fit & Fed summer holiday programme and trained 18 volunteers as local multi-sport activators
- ✓ 11 community organisations by award of £50,000 grants to deliver Holiday Activities and Eat Well sessions in Summer 2019.
- ✓ Promotion of 13 Outdoor Gyms through social media and supported Outdoor Gym Activator training for volunteers to lead sessions.
- ✓ 11 schools to participate in the Youth Sport Trust Active 30:30 pilot to help schools reduce sedentary behaviour and increase physical activity outside the timetabled PE curriculum
- ✓ Two Celebrating Age Events – a partnership with Telford Senior Citizens Forum and Age UK showcasing the local activity offer for older adults, attended by over 200 people

- ✓ 10 schools with high rates for childhood obesity, as part of the Energize Shropshire Telford & Wrekin Active Families Pilot, providing advice and guidance on incorporating more activity into their daily lives through the use of available technology and families being active together
- ✓ Court Street Medical Practice & Telford Mind to establish their social prescribing 'physical activity' offer with activities such as Tai Chi, Mindfulness and Walking Football

The Active Lives Adult Survey by Sport England has this year ranked Telford & Wrekin Council first among the entire country for improving the number of people classed as active. The survey revealed that the number of adults exercising for at least 150 minutes a week, has increased by 13% compared to the previous 12 months. The survey also revealed a drop of 8.9 % in the number of inactive people doing less than 30 minutes activity a week.

### Case study - Donnington Wood Junior

Donnington Wood Junior School have successfully reduced their school's overall rates of excess weight and obesity by 4% over the last 12 months. Peter Fields, the P.E coordinator with the support of the head teacher Robert Fox, has been instrumental in developing school based projects to increase activity levels across all ages and is making great progress with 72% of pupils now taking part in after school clubs. Peter has been working with the children and their families to understand the barriers they face to being healthy and driving forward the "Fit For Life Policy For All". They have:

- ✓ Reached out to children who lack confidence and have involved them in the planning of what activities should be offered
- ✓ Gifted every child with their own PE kit and introduced a tracksuit as an alternative
- ✓ Encouraged teachers to make classroom lessons 'movement friendly' and have introduced Active Maths
- ✓ Encouraged activity at lunch times with guided sessions and fun activities led by teachers such as kick rounder's, beans on toast, bikes & scooter challenges.

The school have been working with Food for Life to achieve their School Bronze Award, and have introduced an unlimited salad bar at lunch time. With support from a volunteer Health Champion the school were able to obtain a grant to develop a school garden to begin their own 'Grown to Grub' project - food that is produced in the garden is utilised in food technology and food tasting activities.

Work continues and Donnington Wood Juniors have ambitious plans over the next 12 months, including:

- Introducing a 'Daily Dash'.
- Developing and implementing a 'role model programme' where Year 5 students can support the infants to have good health and wellbeing.
- Making this everybody's business by training their teachers in how to increase activity levels in the classroom environment and during break times.

- Partnership with Family Learning to deliver group based cooking programmes to increase family knowledge and skills in preparing healthy and nutritious home cooked meals.
- Supporting parents through education to shape their understanding of the vital role they play in their children's health and wellbeing.
- Increasing provision of the Change4life clubs to support more children to build confidence in sports and physical activity.
- Partnering with the Active Families project to support the increase of physical activity within the home environment.

### Case study - Let's Get Telford Active

In January 2019, Telford & Wrekin Council awarded grants totalling £50k to 22 community organisations to coordinate "mass participation" sporting events and activities, which aim to support, encourage and inspire local residents who are inactive, to get active. For further information click here [Join us and get active in one of several summer events in Telford.](#)

Looking forward, a further £10k has now been granted to Telford Athletics Club, who are working closely with local Town Councils to establish four new borough town 5k runs within the heart of the community (Madeley, Newport, Oakengates and Wellington), aimed at new or novice runners.

A campaign, 'Let's Get Telford Active' has been developed to create a social movement and to connect each event to demonstrate Telford is coming together as

a community to get active. The campaign will deliver 22 projects across the borough which will be attended by more than 5,000 residents. The supporting social media campaign has been seen 170,000 times.



 [Click image to watch video](#)  
[Let's Get Telford Active - Telford Hornets](#)



 [Click image to watch video](#)  
[Let's Get Telford Active - Wrekin Riders BMX](#)



### Housing

The Council's development priorities provide opportunities for partnership working between planning, housing, and health and care services to improve health and wellbeing outcomes for communities. The Local Plan can be used to secure supportive and user friendly places where older people can both live independently and play an active part in their communities, for as long as they are able to. We need environments which facilitate mutual care and support and take pressure off our health and social services to help keep our ageing population 'young' for as long as possible. A number of residential schemes have been brought forward recently for single tenure developments, in particular 100% affordable housing schemes promoted by registered providers. Such schemes can deliver much needed housing in the borough.

### Better Homes for All

The Council's Public Protection Team have been improving the borough's housing stock by raising standards in the private rented sector, through the **Better Homes for All** initiative. The targeted interventions, including tackling rogue landlords and employing of a Vulnerability Support Officer, have been:

- Improving the physical conditions of the housing stock, reducing hazards to protect occupants by supporting the private rented sector to provide well-managed properties and tenancies and assisting people seeking to live, and currently living in private rented accommodation.
- Improving the management of properties, by targeting poor landlords and agents forcing improvements and promoting good landlords and agents to improve the public image and confidence in housing management.
- Increasing the number of landlords who are fit and proper and manage their properties well through use of a revised accreditation scheme, with clear explicit standards for landlords, agents and tenants in a properly regulated sector, and develop a framework for support, education and guidance services for landlords and tenants.
- Increasing the number of tenants who manage their tenancy well by making them aware of their responsibilities for maintaining their tenancy to reduce the turnover of occupants to create stable communities.

### Case study - Bournville Village Trust and Telford & Wrekin Council

Lawley and Lightmoor, Telford's largest new housing developments, are benefitting from £500k Council investment to pump prime initiatives and leverage funding from other partners. A community-led and community backed action plan has been developed, with Bournville Village Trust (BVT) playing a key part in the new community-led "task force".



Lightmoor Village is a garden village in Telford and is being developed by Bournville Village Trust (BVT) in a joint venture with Homes England. Outline planning permission for the Village, which is a mix of owned, social rent and shared ownership homes across the development, was granted in 2003. Since then, a further 200 properties have been added to the masterplan, taking the total number to 1,000 once housebuilding is complete. All of the shops in the Village Centre are occupied and, there is a flourishing school and community centre, an extra care housing scheme for

older people and three popular parks. An orchard, where a tree is planted for every new baby born, is also full.

Lawley Village is the largest new development in Telford and when completed will comprise of 3,550 new homes, a range of shops, a primary school and other amenities. The development is being delivered by a consortium of developers in partnership with Homes England.

In both villages, BVT provide stewardship to empower a sustainable community to thrive. Key elements of this service include:

- High-quality management and maintenance of well thought-out, good-quality communal areas and open spaces that connect with each other and help to promote healthy and active lifestyles.
- Community infrastructure and services including schools, a nursery and shops which encourage the community to interact and meet with each other in an informal way.
- Meaningful opportunities for people to have a say about the management of their Village including forums that scrutinise the management of key services and facilities and enable residents to influence decisions affecting their community.

In Lightmoor Village, BVT also manages the Oak Tree Centre which offers a range of health and wellbeing activities for all ages, including fitness classes such as yoga, body blast, HIIT and kickboxing. There is also a full sized football pitch, multi-use games area and changing facilities on offer.



The Oak Tree Centre also works with third parties to promote wider health initiatives and has recently worked with the Lingden Davies Charity to support its Get Active, Feel Good initiative. The programme supports patients with a cancer diagnosis in Shropshire and Mid-Wales to be physically active at a level that suits them. It also provides ongoing support to help maintain activity levels for 12 months.

The Oak Tree Centre also supports the health services as a local meeting point for weight management and mental health referrals.

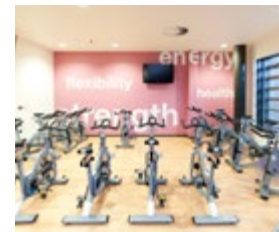
### Green spaces

The designation of Green Guarantee Sites and Local Nature Reserves further reflects the Council's commitment to promoting health and wellbeing. The Council is not simply providing the spaces but working actively to ensure they are participatory. Telford's green spaces are cared for by a combination of Council services and just around 30 individual 'friends of' groups, many of which are affiliated with The Telford Green Space Partnership. To find out more about Green Spaces in Telford & Wrekin please [click here](#).

### Case study - Telford & Wrekin Leisure

The Council's nine leisure facilities, are strategically located across the borough and provide a wide range of high quality accessible sports and recreation opportunities for the whole community. These facilities attract in excess of 1.1m community visits per year and also provide vital sports facilities for many of our schools.

Investment into the facilities, an innovative approach to programming and inclusive pricing policies have supported growth in participation amongst women, the over 50's and children and young people particularly in respect of health & fitness and swimming. As the borough's largest health & fitness provider 'aspirations' has over 6,000 members who can access seven gyms, four pools and more than 140 exercise classes per week.



The service works closely with the Public Health Team to provide targeted activities that encourage and support people to exercise in a safe and enjoyable way. Interventions such as the aspirations 121 provide tailored support for individuals who are currently inactive but

wish to start exercising. Our specialist Physical Activity Consultants are qualified to support individuals with musculoskeletal problems, cancer, cardiac conditions, diabetes and a host of other medical concerns.

It is widely recognised that physical activity levels are lower amongst older age groups, the disabled and those on low incomes. Through its concessions policy which includes free swimming for children and young people and £1 swimming for other concessionary groups along with significant discounts on all leisure activities, the service aims to ensure that those who may benefit most from increasing their activity levels, or face the most barriers to participation, are encouraged and supported.

An active childhood can lead to lifelong participation and key to this is finding an activity that is fun. As such the service provides a host of diverse activities for children and young people including ice skating, skiing, footgolf and the very popular Kids 4 £1 holiday activity programme, encouraging our young people to try something new. Recently a new 'Teen Gym' membership was launched in response to community demand.

Learning to swim is an essential life skill and the Swim 4 Life programme provides weekly lessons across all abilities for over 2,700 children. Lessons and instruction are



available across a variety of sports, through the network of voluntary sports clubs based within the leisure centres.

Looking forward, priorities for the service include delivering targeted top up swim lessons for primary schools, new family memberships, building on the successful Let's Get Telford Active scheme and encouraging greater community engagement through events, outreach activities and volunteering opportunities. [www.telfordandwrekinleisure.co.uk](http://www.telfordandwrekinleisure.co.uk)

### Workplaces as a setting for health improvement activities

#### Work well with nature programme

Shropshire Wildlife Trust support local businesses to use nature as a route to health improvement. The **Work Well with Nature** events are just one of many workplace wellbeing initiatives supported by the Council, which also includes workplace clinics for healthy lifestyles and support to quit smoking and workplace travel planning.

Work Well with Nature builds upon Shropshire Wildlife Trust's **Wild Workdays** which have operated with businesses throughout the borough and wider county for over a decade. Organisations large and small have benefitted from the scheme and have carried out a varied programme of tasks at one of the Telford-based nature reserves, green spaces or on business sites which have the space to develop areas to benefit staff and wildlife.

#### Case study - Caggemini, Telford

The Caggemini management team used a forward-thinking approach for their 'TurfUOut' initiative supported by the Wildlife Trust. The aim of TurfUOut was to encourage desk-based employees to leave their work spaces for a minimum of one hour and dedicate time to creating great new external places to hold meetings and to enjoy during breaks. Four days of nature based activity took place during 2018 with between 15 and 45 employees attending each session. Working together they have created 4 raised vegetable beds, a composting area, two large insect hotels and 30 bird and bat nest boxes; transformed six uninspiring areas of their car park entrance; transformed the roof garden and other areas with wildlife-friendly planting and created a butterfly bed.

Collaborative working between Shropshire Wildlife Trust and Caggemini has continued beyond the original project, as the leadership team are keen to support a number of company initiatives to improve staff work life, health and morale, whilst also delivering on their corporate social responsibility commitments.

#### For further information contact:

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#### Energize

Energize your workplace programme aims to raise awareness of workplace wellbeing across Telford and Wrekin and Shropshire. It supports workplaces to harness the power of physical activity to improve staff health and wellbeing. Energize helps workplaces to identify their key challenges to being active, understand the benefits of being active and provides a series of support packages to ensure activity has a long lasting impact on their wellbeing needs.

The Energize your workplace programme gives small businesses access to wellbeing support and knowledge that much larger organisations have resources to develop. Through a process of information gathering, training and ongoing support. Energize supports businesses to succeed in using physical activity to improve the mental and physical wellbeing of their staff. In 2018/19 Energize engaged over 16 businesses with approximately 8,000 employees. Alongside this Energize also provided 36 people with 'Energize your workplace' training, allowing them to make improvements within their business.



## Chapter 3

# Facilitating strong communities

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# Facilitating strong communities

## Why this is important

Communities, that are place-based or where people share a common identity or interest, make a vital contribution to improving health and wellbeing. Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health.

The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, are building blocks for good health and many people already contribute to community life through volunteering and community leadership roles.

Volunteers are highly valued in Telford and Wrekin, as they use their life experience, cultural awareness and social connections to relate to others in a way that people understand and to reach those not in touch with services or who maybe resistant to professional messages. For the volunteers themselves outcomes can include increased knowledge and awareness, skills, self-confidence, improved quality of life and improved mental health. Volunteering roles are varied and can include providing advice and information through to delivering health promoting activity.

## What has been happening in Telford and Wrekin

### Health and wellbeing in the community

Looking back, we have been increasingly using social media to engage, inspire and to nudge people through the **Healthy Telford** Twitter, blog, Facebook, and email newsletter, which shares tips for people who want to live a healthier life, and posts inspirational stories from people who are doing just that or helping others. The idea is to give people the tools they need to be healthy in a way that is interesting, easy to understand and local. The Healthy Telford social media following is nearly 4,000 people and the blog has had 47,000 visits since being set up



### Community Health Matters workshops

The Council's Health Improvement Team has been working with residents to take a community-centred approach to improving health and wellbeing – so far workshops have been held in Malinslee, Madeley & Sutton Hill and Leegomery.

Interested individuals and groups from across the community have been invited to be part of a local conversation to start to identify community-driven neighbourhood initiatives that support local people and the community to live well. We heard communities talk about important local issues such as reducing loneliness and social isolation; improving mental health, building resilience and improving physical health and reducing inactivity. Further engagement activities are planned and the team will be supporting local communities to develop their own health and wellbeing plan.

### For more information contact:

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[www.healthytelford.com](http://www.healthytelford.com)  
<https://twitter.com/HealthyTF>  
<https://www.facebook.com/HealthyTF>

### Telford & Wrekin Healthy Lifestyle Service

Supporting people to be active, eat well, drink less, to quit smoking and to take steps to improve their overall wellbeing.

Looking back, the **Telford & Wrekin Healthy Lifestyle Service**, has developed to offer a single point of access for lifestyle support delivered as part of the Council's First Point Customer Contact Centre. The service became part of the Council's health improvement team in 2016 and links across the NHS strengthened. The service has continued to evolve and now delivers lifestyle behaviour change to pregnant women, children, young people and adults, often taking a whole family approach and from 2018 the service has offered specialist stop smoking support.

A team of Healthy Lifestyles Advisors and Practitioners work in localities, developing an awareness of their community and the support services that are available to local people close to where they live. Our current programme provides 80 weekly clinics at GP Surgeries, libraries, community hubs, children's centres, Salvation Army and Christian Centres, Sikh Temple, Newport Cottage Care, Princess Royal Hospital, schools, pharmacies, leisure centres and residential homes.

Achievements include closer partnership working with the Primary Care Mental Health Teams, Health Visitors, School Nurses, Dieticians and Diabetic Nurses. Our community links have also continued to strengthen. Closer working with volunteer Health Champions has increased our presence at community events and promotions and has allowed the Healthy Lifestyle Advisors to focus on one to one behaviour change support.

In 2018/19 The Healthy Lifestyles Team delivered:



**25,742**  
**30min**  
**HEALTH CHATS**



**2,035**  
**HEALTH**  
**CHECKS**



**1,544**  
**PERSONAL**  
**HEALTH**  
**PLANS**

**64% ACHIEVING THEIR PRIMARY GOAL**



**1,322** **STOP SMOKING**  
**REFERRALS**  
**949** **QUIT DATES**  
**SET**  
**54%** **QUIT WITHIN**  
**4 WEEKS**

### Macmillan Living With and Beyond Cancer Programme - Living Well Sessions

Living Well sessions, designed to help those affected by cancer, and their family and friends, get the support they need during and after cancer treatment are now being delivered, in Telford and Wrekin and Shropshire. As part of the Macmillan Living With and Beyond Cancer Programme the collaboration, hosted by Shrewsbury and Telford Hospitals NHS Trust includes Telford & Wrekin and Shropshire Clinical Commissioning Groups, Powys Health Board, Telford & Wrekin Council, Shropshire Council, Macmillan Cancer Support and the Lingen Davies Cancer Fund.

The Living Well sessions have been shaped by extensive patient and family engagement, which showed the need for much more practical and personal information and support. Various topics are discussed to help participants cope better with issues such as fatigue, nutrition, physical activity and emotional wellbeing, with signposting to local services and self-help ideas and tips from others affected by cancer, who are there to share their experiences. For more information or to book a place on the Living Well sessions, contact Leah Morgan, Macmillan Living With and Beyond Cancer Programme Manager, at [leah.morgan2@nhs.net](mailto:leah.morgan2@nhs.net) or telephone 01743 492424.

<https://www.macmillan.org.uk/in-your-area/local-dashboard/detail/Practical%20help%20and%20support%20groups/9780/Living-With-and-Beyond-Cancer-Programme>

### British Heart Foundation Blood Pressure Programme

Almost 1 in 4 adults have high blood pressure, and as there are rarely any symptoms, people may only

discover they have high blood pressure after suffering a heart attack or stroke. The only way to know your blood pressure is to have it tested. Telford & Wrekin Council are one of 8 UK pilot sites who successfully bid to trial new ways of increasing direct access to blood pressure testing within peoples local communities as part of [The British Heart Foundation Blood Pressure Award Programme](#).



Our blood pressure advisors, Marian and Jaz, have been testing Council staff, and are now moving out into community venues. People with raised blood pressure will be loaned a monitor to carry out testing at home for a week. They will also get advice about lifestyle and what they can do to reduce their risk of stroke or heart attack. The programme aims to carry out 10,000 new tests by March 2020, and will reach out to people in the local places that they use every day, making it easy for people to get a blood pressure test. The team will be visiting all areas over the two years of the programme but will concentrate on more deprived wards, areas with ethnicities at increased risk of high blood pressure (Afro Caribbean and South Asian) and areas where people may be less likely to visit their GP unless they have symptoms.

### For more information contact:

Ann-Marie McShane

Public Health Nurse

Email: [ann-marie.mcshane@telford.gov.uk](mailto:ann-marie.mcshane@telford.gov.uk)

### Find out more here:

[How we are trying to reduce strokes and heart attacks in Telford](#)

[We know our height and weight – why don't we know our blood pressure?](#)

[Do you know your blood pressure?](#)

[5 reasons why you need to get your blood pressure checked](#)

## Volunteering for Health

### Health Champions

Health Champions are volunteers who, with training and support, bring their ability to relate to people and their own life experience to transform health and well-being in their communities. Our network of 66 Health Champions are working with each other and their wider communities to:

- **Support the Healthy Lifestyle Team** to promote the service, give advice and signpost to support
- **Deliver Healthy Lifestyle drop-in sessions** - engaging with residents and staff at various locations
- **Mystery shop** and evaluate our services providing feedback for service improvement
- **Act as Community Connectors** to help tackle social isolation and loneliness by supporting individuals to access local provisions like activities, groups or appointments

- **Deliver the Feed the Birds** initiative to tackle loneliness by visiting someone in the community to socialise and feed the birds in the garden
- **Support the Live Well Community Hubs** – attending to speak to members of the community, providing advice and promoting the Healthy Lifestyle Service
- **Set up their own projects and groups** – such as Dementia Cafes, gardening clubs, and weight management support and activity groups
- **Attend and support a wide range of events** throughout the year including Family Fun Days, Music Festivals, Street Parties and Summer Fairs

### Feed the Birds

A growing number of people are housebound, isolated and lonely, or at risk of becoming so. Bird feeding can provide great pleasure to those who are housebound and a weekly visit from a bird feeding friend can offer valuable, regular social contact. Working in conjunction with Shropshire Wildlife Trust the Council has been delivering this project across the borough for just over 18 months. Volunteers visit clients in their home once or twice a week, for up to an hour at a time, to help put up bird feeders, clean them, replace seeds and chat about birds that have been using the feeders. All equipment is provided along with a simple guide to recognising the birds that are visiting the gardens.

Since the project began 21 volunteers have been recruited, trained and matched with clients. The initial feedback suggests volunteers and clients are enjoying each other's company, feeling they have a purpose and all thinking the project works well and would like to see it continue.

We have tried to make the scheme as flexible as possible so as many people as possible participate. For example Hannah who contacted us earlier in the year because she wanted to volunteer but has a baby and would need to take her along to the visits, thought it wouldn't be possible.

### Case study - Hannah and Freda

Freda lives on her own in Shawbirch, has dementia and is housebound. Freda has limited daily support from her daughter, but for most of her days she spends her time watching television because she has nothing else to do.

When we first met Freda to look at the possibility of matching her with a volunteer she was quite unresponsive with little verbal communication. However, once she was matched with Hannah the change was instant. When seeing the baby for the first time she lit up, became very animated, smiling and wanting to hold her. She suddenly started to interact and this is where her relationship with Hannah started to develop.



Hannah is now meeting with Freda on a weekly basis and going out to her front garden to feed the birds, but this is then followed by a cup of tea in the house and time spent with baby.

#### For more information contact:

Kerry Davies  
Volunteering Coordinator  
Email: [kerry.davies@telford.gov.uk](mailto:kerry.davies@telford.gov.uk)

#### Find out more here:

[A group of volunteers are looking to reduce isolation through bird feeding in Telford](#)  
[Do you know someone who is lonely or social isolated?](#)

### Men in Kitchens Project

The Men in Kitchens project supports men who now find themselves living alone or taking on the cooking responsibilities within the home. The scheme is provided by the Wrekin Housing Trust but does great work thanks to one particular volunteer. John Thompson helps give men over 50 the skills needed to be able to create home cooked meals and advice on how to eat healthily, also a place for men to meet and talk with each other, tackling the loneliness that men over 50 sometimes experience.

Through John's support, patience and engaging manner, these men now have confidence in the kitchen environment to recreate meals at home. Men In kitchens would not happen without John's time and enthusiasm, he is a vital part of the group with a passion for helping others.



Why John volunteers:

*'When I first heard about the Men in Kitchen's I wanted to offer my skills to support these men as they have not had the chance to learn to cook before. I wanted to be able to share new ways of cooking that they have never tried before. I get enjoyment out of showing these gentlemen how to cook, how easy it is to cook. It is also nice to see these men who did not know each other come together now as a groups of friends rather than a training session. I really enjoy coming to the group each week.'*

#### Find out more here:

[How one volunteer is helping men who've never cooked before](#)

If you are interested in volunteering or a group who would like more volunteers to support an active, creative or healthy eating offer in the community please get in touch:  
Email: [public.health@telford.gov.uk](mailto:public.health@telford.gov.uk)

## Chapter 4

# Improving health in vulnerable groups





# Improving health in vulnerable groups

## Why this is important

We are all facing increasingly complex health and wellbeing challenges, which stem not only from biological and psychological causes, but which are fundamentally affected by our social, economic and environmental circumstances. Supporting the most vulnerable people, such as people with mental health issues, those who are homeless, misuse drugs and alcohol or individuals who are alone and socially isolated are a particular focus for the Council and partners. There is clear recognition that a joined-up approach is essential to better support and care for people in most need.

## What has been happening in Telford and Wrekin

### Drug and alcohol misuse

The harms caused by drug and alcohol misuse to individuals, families and our local communities are far reaching and the costs to society, especially the impact on crime, the NHS and social care are significant. Prevention work and restricting access to drugs and alcohol can stop the escalation of substance misuse.

Lives and money can be saved through access to high quality treatment and peer-led recovery support, which offers freedom from dependence, along with having a safe place to live, a job, friends and a place in society.

Looking back, strong partnership working at a strategic and operational level – with both statutory and voluntary sector organisations, has supported significant change since 2014. A key feature has been our progressive approach to the evolution of volunteer, peer-led and community-based support, which is driven by local experts with lived experience.


The series of improvements, delivered through the Telford & Wrekin Drug and Alcohol Strategy include:

- Delivering drug and alcohol awareness sessions every year to over 2,000 10-11 year olds through the **Crucial Crew** keep safe roadshow, and 1,000 12-13 year olds through Loudmouth Theatre in Education productions.
- Expansion of our social media reach, which engaged almost 7,000 people for the alcohol and road safety campaign in November 2018.
- Delivering brief alcohol interventions to over 2,000 people every year.

- Providing substance misuse training and awareness raising to around 350 practitioners across organisations every year.
- Significant expansion of our community-based, peer-led recovery support offer, through **Telford Aftercare Team - TACT, Recharge, and A Better Tomorrow** achieving one of the highest levels of mutual aid support in the West Midlands.
- Hosting five hugely successful and inspirational annual Recovery Conferences, held at The Place in Oakengates each September, with circa 170 attendees every year.
- Co-locating **Telford STaRS Substance Misuse Treatment & Recovery Service** with probation services in Priorslee, with 54% of people successfully completing alcohol treatment in March 2019, compared to 32% in 2014, achieving one of the best outcomes in the country.

### Case study



 [Click image to watch video](#)  
**Living my life: Supported recovery from drug addiction**

#### Find out more here:

[Helping to set up an alcohol and drug recovery project turned my life around](#)

[The power of belief. My journey into alcoholism and back out again](#)

[‘Change is necessary, possible and is very much happening!’ - My journey into Alcoholism, and back out again.](#)

Looking forward, the refreshed Telford & Wrekin Drug & Alcohol Strategy 2019-2022 approved in June 2019, is expecting partners to work even closer together, on these three top priorities:

- Targeting alcohol consumption advice to the most vulnerable people to increase the number of people receiving alcohol advice and treatment
- Improving drug misuse treatment and recovery outcomes further
- Developing more intensive support for children and young people affected by parental substance misuse

### Older people

There is growing recognition that loneliness is a serious problem and carries costs that are comparable with the health impacts of smoking and obesity. It has implications for individuals and communities and can affect a person's mental and physical health, especially older people.

### Tackling loneliness in Telford and Wrekin: A call to action

In October 2018 an inspirational conference was held - Tackling Loneliness in Telford & Wrekin: A Call to Action. This local event was held as a first step towards tackling this issue providing an opportunity for the council to engage with other partners and to identify opportunities to work collaboratively to address loneliness as a multi-faceted issue.

160 people representing 75 different organisations attended and this was a significant turning point for the borough where the commitment from individuals, groups and organisations was consolidated and passion

to work together through a new network was apparent. Discussions led to action, making new connections, production of outcomes from five workshops and 80 people signed up to become a ‘Loneliness Champion’ making individual or organisational pledges as part of their commitment to tackle loneliness.

Eight different stories were filmed – the stories are powerful and share the very different approaches that people are taking to combat loneliness and isolation in their own lives including the support they are receiving from local people, communities and support services. Four task & finish groups (Volunteering, Age Friendly Communities, Young People and Culture) are currently being established to prioritise and action key outcomes from the conference.

### Case studies

[Seven different stories about loneliness in Telford and Wrekin](#)



As part of Loneliness Awareness Week all Champions were contacted by ecard to see how they were doing with their pledge – this formed part of a larger campaign by the public health team #TelfordTalksLoneliness



## How are you doing?

### Tackling Social Isolation & Loneliness together in Telford!

Individuals, groups and organisations have made a commitment to reduce social isolation and loneliness in Telford.

#### Your pledge was...

Further develop library services that aim to reduce loneliness.

### How are you getting on with your pledge?

Email us back [public.health@telford.gov.uk](mailto:public.health@telford.gov.uk) and let us know

#### I/we have...

We have started a monthly board games group for adults at Madeley Library. We are now actively recruiting volunteers to make this group weekly and to also roll out the group to the other libraries within Telford and Wrekin.

Doing something makes a difference to people of all ages who feel lonely or isolated #TelfordTalksLoneliness

Thank you!



We have a number of fantastic projects that we are delivering or supporting locally to tackle and reduce loneliness. These include Health Champions, Feed the Birds, Men in Kitchens, Men in Sheds and For the Record. To find out more visit our Healthy Telford Blog <https://healthytelford.com/category/loneliness/>

### Homelessness

Homelessness often results from a combination of complex life events such as: relationship breakdown, debt, adverse experiences in childhood, ill health and criminality. Homelessness and ill health are closely linked, and research suggests that the physical and mental health of homeless people is significantly worse than the general population. Successful tackling of homelessness requires all services to collaborate and contribute in a way that recognises the personal needs, strengths and assets of every household.

Looking back, since 2013 the Council's homeless strategy has focussed proactively on prevention of homelessness working with our network of local partners, the successes include:

- ✓ Launching an online housing advice tool, [www.telfordhousingoptions.co.uk](http://www.telfordhousingoptions.co.uk) and an in-house lettings agency **Telford Homefinder**, which signposts people to properties available with accredited landlords
- ✓ Developing a young person scheme to accommodate with support
- ✓ Piloting a scheme with **Maninplace** – Telford's homeless charity, to support those rough sleeping out of hours

- ✓ Introducing a triage service at Southwater One to allow early intervention and prevention of homelessness support
- ✓ Working with the Home Office to carry out immigration checks, ensuring that we operate to the Government's Right to Rent
- ✓ Implementing a home from hospital protocol to enable homeless people to be discharged from hospital more quickly
- ✓ With partners, developing accommodation and support plans for groups that are at a greater risk of becoming homeless, such as those due to leave care and those released from prison.

The **Homeless Reduction Act 2017** placed new duties onto local authorities to assist all eligible persons regardless of priority and intentionality from April 2018. The Act requires local authorities to try to **prevent** homelessness within 56 days, and where someone becomes homeless a further 56 days to try to **relieve** the homelessness.

The complexity and increasing vulnerability of people facing homelessness means everyone has a role to play to focus on the underlying causes. The partnerships we are building in Telford is getting stronger. Supporting vulnerable clients recover from homelessness in a sustainable way, is key and there is strong joint working in Telford and Wrekin between the Council and partners, such as [Wrekin Housing Trust](#), and the [Thrive](#) partnership organisations - [Maninplace](#), [Stay](#), [Wellington YMCA](#), [Bromford](#), [Salvation Army KIP Project](#).

unable to return home and his discharge from hospital was dependant on ground floor accommodation. The joint working between agencies identified temporary accommodation and with adaptations put in place to support JK's discharge from hospital. Following this Housing Options nominated JK to Wrekin Housing Trust so he was successfully supported into his own tenancy.

A 62 year old woman with mental health problems made homeless due to property repossession, was sleeping in woods in Telford having been evicted from temporary accommodation earlier in the year. She presented as homeless for a second time due to domestic violence and was provided temporary women's refuge accommodation. Supported by Housing Solutions, Thrive and Mental Health Services she eventually moved into accommodation with Bromford Housing Association.

Probation working with Maninplace and [Telford STaRS](#) supported a 56 year old men on discharge from prison. He had a history of serving custodial sentences and losing tenancies and therefore private landlords had not been willing to offer him accommodation. All services worked extremely hard to find a landlord that was willing to offer him a tenancy. He was supported by Discretionary Housing Payments into a two bedroomed flat until the landlord could free up a one bedroom flat for him to move into.



### Case Studies

The Council's Housing Options Team, drug & alcohol services, Adult Social Care and Occupational Health teams and Thrive, worked together to support a 48 year old man (JK) who was admitted to Princess Royal Hospital for a hip fracture and an alcohol detox. His relationship with his wife had broken down, so he was

## Chapter 5

# Improving health through partnership working

# Improving health through partnership working

## Why this is important

Joint working between public health and local partners enables local action to be delivered on issues that affect health but are caused by wider factors outside of the public health function such as vulnerability, crime and social care. Collaboration allows for pooling of resources, intelligence and sharing and expands the reach of organisations to allow for more effective action to address community issues which affect the health of the population in Telford and Wrekin. Locally we have a range of partnership boards which deliver joint action on important issues such as knife crime and the identification of vulnerable individuals living in the community.

## What has been happening in Telford and Wrekin

### Reducing violence and tackling crime – a public health approach

The police, Council and partners in Telford and Wrekin are increasingly taking a **public health approach to reducing crime and violence**. The aim is to improve the health and safety of all people through a joined

up approach, addressing underlying risk factors which increase the likelihood that individuals become victims or a perpetrator of violence. This coordinated approach involves a number of Council teams, including, community safety, cohesion, environmental enforcement, public protection, children and adults safeguarding and public health.

A series of actions, interventions and programmes are being implemented as part of the Telford & Wrekin Serious Violence Strategy.

### Telford Harm Hub

The Harm Hub in Telford is designed to identify the key areas of harm within our communities. Through engagement with partners and proactive innovative work the Hub looks to tackle perpetrators whilst offering support and protection to the most vulnerable. Through the work that is carried out key messages are delivered to all of the community members and early intervention is effectively carried out.

### MATES

The Multi- Agency Targeted Enforcement Strategy (MATES) team are a good example of local collaboration. MATES exercises involve the police, Shropshire Fire and Rescue Service, Council Public Protection, The Border Force, HMRC, Department for Work and Pensions, and the Gangmasters & Labour Abuse Authority working together to tackle issues such as: illegal working, the sale of counterfeit and smuggled tobacco, rogue landlords and unlawful houses of multiple occupancy, serious breaches of fire and safety regulations, exploitation of workers, modern slavery, human trafficking and child sexual exploitation.



Sergeant Ed Pontin is from West Mercia Police's Harm Reduction Hub based in Telford says:

*'Working in partnership with other agencies is absolutely crucial to help us tackle these issues and make sure people who are being criminally exploited are safeguarded. Enforcement activity plays a part and where there are obvious signs someone is being exploited we will not hesitate to take robust action to identify and pursue those who are responsible but we also need to make people aware of the signs and what they should look out for.'*

*'People who are being exploited don't always realise they are a victim which is why, in partnership with other agencies, it's really important we make these visits.'*

Click here for more information on the MATES collaboration

### Steer Clear – Youth Knife Intervention

Tragically violent crime, including knife crime is increasing across the country and knives are the most common weapons used in killings of young people. An important, innovative programme is now being offered in Telford

**KNIVES - KNOW THE FACTS**  
Telford & Wrekin Steer Clear Programme

- Possession of a knife carries a prison sentence of up to 4 years even if it's not used.
- There is no 'safe place' to stab someone. Get stabbed in the heart and you can lose all of your blood in one minute. But a wound in the arm or the leg can still kill and young people have died from wounds to the leg because an artery was severed.
- Knives are the most common weapons used in killings of young people.
- Knife crime can affect anyone, not just people in gangs. Innocent bystanders can get caught in the middle of other people's disputes and suffer trauma, serious injuries or worse.
- If you stab somebody and they die, you'll face a life sentence and serve a minimum of 25 years.
- Police can - and do - stop and search anyone they think is carrying a weapon.
- If you have a criminal record you might not be accepted into a college or university, get a job, or travel to some countries, like the USA, Canada or Australia.
- It's illegal to carry a knife or offensive weapon in a public place without a reasonable excuse. Reasonable excuses include those who need them for work, like fishermen or carpet fitters, but this only applies while they're actually at work.
- Even if it's not you who does it, if someone is injured or killed by a knife in your presence you could be sent to prison for murder or attempted murder in what is referred to as 'joint enterprise'.
- If you are caught with a knife it doesn't matter if it was for your own protection or you were carrying it for someone else - you will be arrested and prosecuted. Self-protection is not a reasonable excuse for carrying an offensive weapon.
- By carrying a knife, you are much more likely to get stabbed yourself as situations involving weapons can quickly get out of control.

**CARRYING A KNIFE. ITS YOUR CHOICE.**

and Wrekin to deter young people from involvement in knife crime. Steer Clear is a collaboration by West Mercia Police, Telford and Wrekin Council, Youth Justice Service, West Midlands Ambulance Service, Energize and YSS.

**STEER CLEAR PROGRAMME**  
"Working together for our young people"

**HELP US TO DETER YOUNG PEOPLE FROM KNIFE CRIME**

**ANYONE CAN MAKE A REFERRAL**

Our Team reach out to young people under the age of 18yrs who we believe are most vulnerable to being involved in knife crime and the harm associated with it

We will strive to Educate and Support each referred young person whilst tackling knife related crime in order to protect our communities from harm

Our programme is voluntary and there are no costs involved. Through your engagement and help you will contribute to keeping a young person safe from knife crime and assist in preventing the criminalisation associated to it

Please contact our team if you suspect a young person is involved in knife related crime:

louise.hickman@westmercia.pnh.police.uk  
Tel: (01952) 214 747 or 07970 544 956

**CARRYING A KNIFE. ITS YOUR CHOICE.**

The Team reach out to the most vulnerable under 18 year olds, who are at risk of being involved in knife crime and the harm associated with it. This free, voluntary programme strives to educate and support young people, to keep them safe, preventing criminalisation and protect our communities from harm.

Key facts about knife crime in Telford and Wrekin:

- Knife crime increased by 8% during 2017/18 compared to 2016/17
- Knife incidents involving youths have recently been linked to exploitation
- The largest age group responsible for violence in Telford are aged 11-15 years
- Through Steer Clear children as young as 10 years have been identified as carrying knives

Between January and June 2019 a total of 37 individuals attended the Steer Clear Programme workshop, out of the 64 who were invited.

Young people attending Steer Clear are also referred onto Nick Herbert, the More Than Sport Officer for Energize who has supported individuals to participate more in sport, examples include football, swimming, kickboxing and athletics.

*‘Thank you so much for all you have done for my little boy, I can’t tell you what it means to have such support’*

**Quote from parent**

### Exploitation & Vulnerability Training

Protecting those vulnerable in our communities from exploitation is a top priority of Telford & Wrekin Council, West Mercia Police and the Telford & Wrekin Safeguarding Children & Adults Board.

One of the key ways we are doing this is to provide training and advice on how to spot the signs of exploitation and give people the confidence to report these concerns.

Through an innovative joint project, two Vulnerability & Exploitation Trainers have been recruited and have developed a new training programme, which allows for safe, non-judgemental training, designed to be open to all people, whatever their background.

It has been brilliantly received by all who have attended. The ‘National Working Group’ has acknowledged that no other local partnership has created this type of forward thinking programme to manage harm, risk, vulnerability and exploitation across any area, whether it be through policing, the Council or safeguarding, so it is clearly innovative.

Since September 2018 over 7,000 delegates have benefitted from the training and phase two of the training is in development, to expand on topics such as Adverse Childhood Experiences.

If you are interested in the training please contact Jade Hibbert or Vicki Ridgewell by phone on 101, extension 5627, or by email [jade.s.hibbert@westmercia.pnn.police.uk](mailto:jade.s.hibbert@westmercia.pnn.police.uk) or [vicki.ridgewell@westmercia.pnn.police.uk](mailto:vicki.ridgewell@westmercia.pnn.police.uk)

Quotes from people benefitting from Exploitation & Vulnerability Training:

*“Training very good, but needs to reach more people, for example the whole pharmacy team” Pharmacist*

*“High quality trainers, a difficult topic for me, delivered very well, thank you” Teacher*

*“Fantastic! This training should be delivered all schools – staff and pupils, colleges and all front line services staff” Teacher*



The Council’s Public Protection Team, as well as being a key partner in the MATES operations, have carried out a range of inspection and enforcement activities in partnership with the Police, including:

- Trading Standards tobacco control activities, to tackle the supply of illicit tobacco and ensure that e-cigarettes are compliant and cigarettes and tobacco sales are not made to under 18’s



- Tackling knife crime through Operation Sceptre test purchases in retail premises, to help crack down on knife sales to under 18's and to offer advice and support to retailers, ensuring they have systems in place to stop illegal sales
- Organising a series of local area information days with voluntary organisations to offer advice and support to the community on a variety of subjects to improve health and wellbeing of residents

### Shropshire Fire & Rescue Service – Safe & Well Visits

Shropshire Fire & Rescue Service have carried out Home Fire Safety visits since 2001, but expanded these in 2017 to include a discussion on health and wellbeing. The public health team supported the programme by delivering Make Every Contact Count (MECC) training to the fire crew staff.

The free **Safe and Well Visits** aim to make vulnerable people aware of potential hazards within the home and can take appropriate actions, as well as covering topics such as slips, trips and falls and stop smoking advice. In addition people aged over 75, who have a long standing illness or disability, or are physically unable to fit a smoke alarm may also be eligible for free smoke alarm to keep them safe.

To book a visit please call 01743 260 260 or for further advice and assistance contact the Fire Prevention Team.



### Joint working between public health, health and social care

In 2015 the CCG and Council began work on a collaboration to design and deliver a programme called 'Neighbourhood Working'. This programme was adopted as part of the Shropshire, Telford and Wrekin Sustainability and Transformation Plan (STP). Through focusing on primary prevention, strengthened community support and by taking a more proactive and collaborative approach across the system the programme aims to improve the quality of life for the people living in Telford and Wrekin and, amongst other aspirations, to reduce admissions to hospital and residential care.

Following the release of the NHS Long Term Plan, Neighbourhood Working was reviewed and evolved into the 'Integrated Place Programme', including the expansion of the Neighbourhood Steering Group into the Telford & Wrekin Integrated Place Partnership (now

including providers and Primary Care Network chairs) to drive the directional change to delivering support to the people living within the boundaries of Telford and Wrekin.

Our current strategic plan has six priorities for the next year:

- Building community capacity and resilience;
- Prevention and healthy lifestyles;
- Early access to advice and information;
- Integrated care and support pathways (including out of hospital);
- One Public Estate;
- Governance

Key achievements:

- ✓ Launch of the **Live Well Telford** online service directory
- ✓ Planning for an Independent Living Centre to showcase assistive technology, to deliver occupational therapy assessments and to support access to information, advice and guidance
- ✓ Launch and delivery of Live Well Hubs at accessible community venues to support access to information and advice and signposting from adult social care and community organisations
- ✓ GP based multi-disciplinary team (MDT) meetings are now being held in 3 pilot sites across the borough leading to: a shared understanding by all professionals involved of the person's needs and of the agreed solution; more effective use of resources through reduced duplication, greater productivity and preventative care approaches; and more patients able

to stay in their own home or supported housing due to the different approach

- ✓ Consultation with carers about what would enable the person they are caring for to remain at home
- ✓ Successful delivery of a multiagency workshop attended by 100 professionals to consider the values, principles and behaviours of working together in a community support led way to increase the number of people who can remain in their community rather than being admitted into hospital or residential beds.

### Case study – Sara’s story

Sara, a local resident and carer was able to get the help she needed right there and then at the Live Well hub:

*‘I found out about the hubs from a friend who had recently been to one in the Brookside and said it really helped her so I thought I’d pop in for myself. My daily routine is based around my husband as he needs a lot of care now due to his MS. My husband had such a joy for life but he finds moving very difficult and painful and is becoming more and more frustrated with himself because he can’t do what he used to do anymore.*

*‘I managed to get a few spare minutes that day to pop down to the Live Well hub in Stirchley, not really sure what I would find and if anyone would be able to help but I thought it would be quicker than trying to get to see the GP. So why not, plus it got me out of the house for a bit.*

*‘Well, it certainly wasn’t what I was expecting... it was busy as there were lots of people milling around asking questions about what could help them but it only took a few minutes for one of the workers to find me and asked how they could help me. I told her why I popped down and that I wasn’t sure where to go for help. She really listened to me and what was worrying me – mainly money and my husband being isolated at home. She talked me through some solutions that were out there that might help.*

*‘It certainly did – because of that conversation I:*

- *Had a chat with the CAB (citizens advice bureau) on the phone who helped me with my money worries – I now know what I need to do, and definitely feel less stressed.*
- *Signed up to the Carers Centre – it’s great to know there are others out there going through the same thing, and they contacted me super quick too.*
- *We did an application for an assistive tech. assessment there and then – I’m hoping that this might give my husband a bit more independence and he used to like his gadgets so it could work.*
- *And I got an appointment to the Occupational Therapy clinic to see what other equipment he could have at home to make him more independent.*

*‘So, yes I would say my little walk was well worth it – plus I got to try some different food from Deano’s Dinner round the corner, might use them when I get a bit tired as they deliver home cooked food.*

*‘I’ll definitely say thank you to my friend for suggesting it and I’ll share it with my neighbours.*

*‘I also got an appointment to the Occupational Therapy clinic to see what other equipment he could have at home to make him more independent.’*

# Public Health Outcomes Framework

A photograph of a woman with long dark hair carrying a young girl on her back. They are both smiling and looking towards the right. In the foreground, another young girl is hula hooping. The scene is set outdoors in a park-like area with trees and grass. The entire image is overlaid with a semi-transparent teal color.

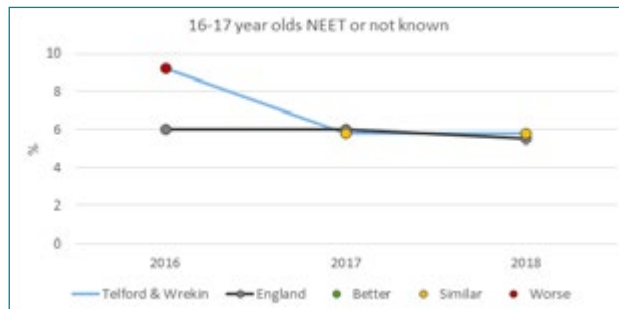
# Public Health Outcomes Framework

## Improving indicators

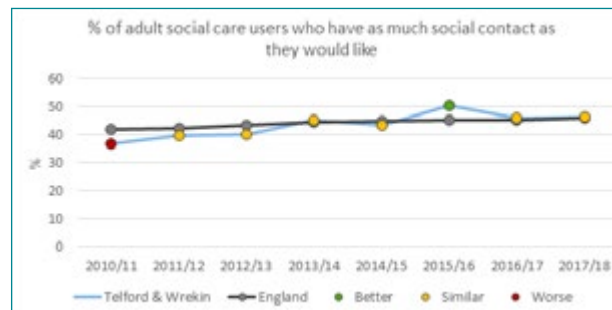
The following indicators have shown sustained improvement relative to the England average since the 2013 report.

### Domain 1 - Wider determinants

**16-17 year olds not in education, employment or training (NEET) or whose activity is not known.** The definition of NEET was changed at the end of 2016 to include young people whose activity is not known. As such the latest figures cannot be compared directly with the 2013 report. However, since the introduction of the new definition the proportion of NEET or not known in Telford and Wrekin has improved from being worse than the England average in 2016 to similar since 2017.

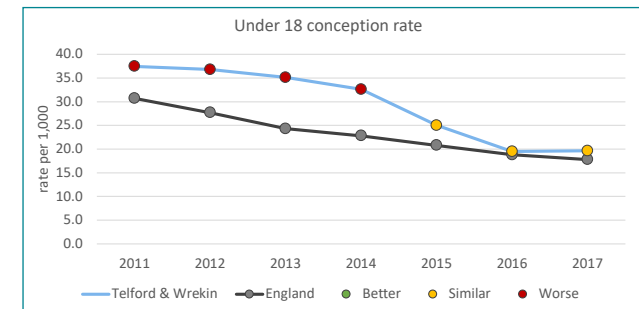


**Social Isolation: percentage of adult social care users who have as much social contact as they would like** was first included in the 2014 Annual Public Health Report. From being worse than the England average in 2010/11 this indicator has been similar or in one instance better than the England average since 2011/12.

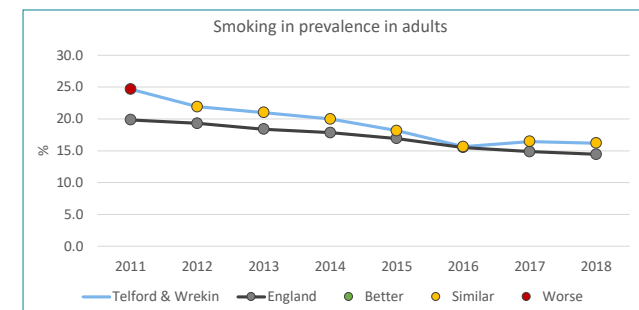


### Domain 2 – Health improvement

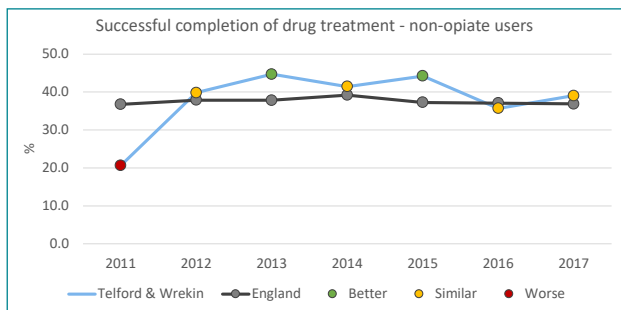
The number of **under 18 conceptions** in the borough has reduced from 37.4 per 1,000 in 2011 (the figure reported in the 2013 report) to 19.6 in 2017 (the latest published figure). For the last three data points the Telford and Wrekin rate has been similar to the England average.



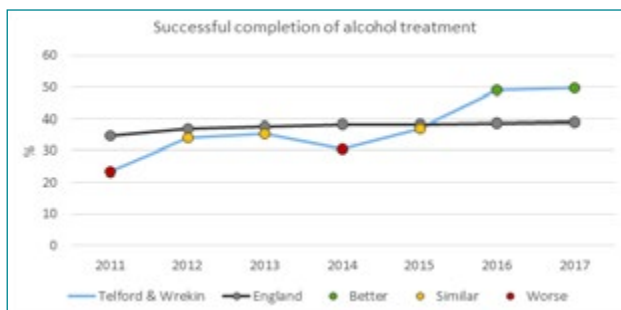
**Smoking prevalence in adults** has reduced from 24.7% in 2011 to 16.2% in 2018. After consistently being worse than the England average smoking prevalence in Telford and Wrekin has been similar to the England average since 2012.



**Successful completion of drug treatment for non-opiate users** has improved from 20.6% in 2011 to 39.0% in 2017. Since 2012 the completion rate has been similar to or better than the England average.



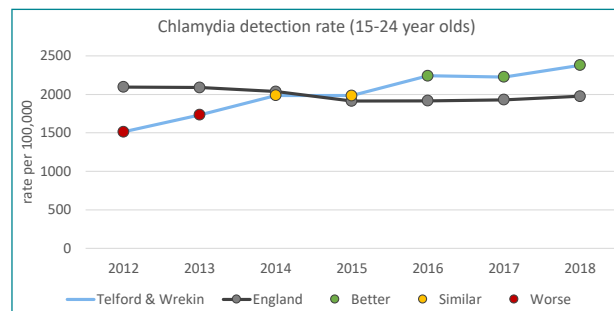
**Successful completion of alcohol treatment** was first reported in the 2017 report. In 2011 the proportion of successful completions was 23.4% and worse than the England average. By 2017 the proportion of successful completions was more than double at 49.9% and since 2016 has been better than the England average.



**Additional Indicators Not Included in the 2013 Report**  
Successful completion of alcohol treatment was first reported in the 2017 report when the 2015 figure was 37%. Up to this point the Telford and Wrekin position was similar to or worse than the England average. Since 2016 the proportion of successful completions for alcohol treatment has been better than the England average.

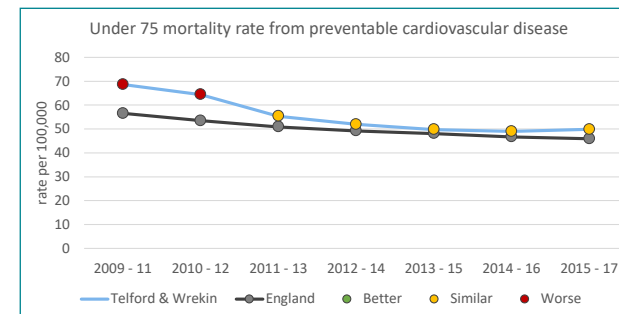
### Domain 3 – Health protection

The **chlamydia detection rate in 15-24 year olds** has improved from 1,514 per 100,000 in 2012 to 2,378 per 100,000 in 2018. From being worse than the England average in 2012, the detection rate in Telford and Wrekin has been better than the England average since 2016.



### Domain 4 – Healthcare and premature mortality

**Under 75 mortality from cardiovascular disease considered preventable** has reduced from 68.6 per 100,000 in 2009-11 to 49.9 per 100,000 in 2015-17. After being consistently worse than the England average this indicator has been similar to the England average since 2011-13.

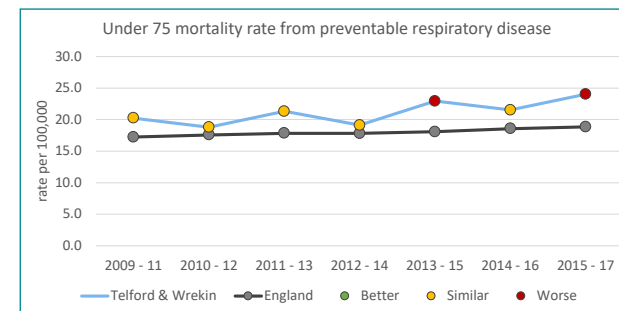


## Worsening Indicators

The following indicators have shown sustained worsening relative to the England average since the 2013 report.

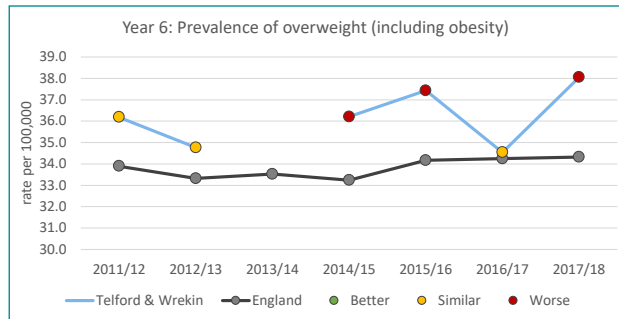
### Under 75 mortality from respiratory disease considered preventable

has increased from 20.2 per 100,000 in 2009-11 to 24.0 per 2015-17. For two of the last three data points the rate has been worse than the England average and the gap between the borough and the England average has increased from 3.0 per 100,000 in 2009-11 to 5.1 per 100,000 in 2015-17.



### Year 6: Prevalence of overweight (including obesity)

has increased from 36.2% in 2011/12 to 38.0% in 2017/18. With the exception of 2016/17 the proportion of overweight Year 6 has been worse than the national average since 2014/15.



A green rating denotes a 'favourable' or 'better' value relative to England, red an 'unfavourable' or 'worse' value and amber a 'neutral' or 'similar' value.

This approach uses statistical significance to assign RAG ratings to a value, meaning a value for Telford and Wrekin can be higher or lower than the England average but is still classified as 'similar'.

All indicators used in this section of the report are taken from the PHOF published in May 2019.

## How we use the Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF) includes indicators detailing how long and how well people live and groups further indicators into four 'domains' covering the full spectrum of public health: wider determinants of health, health improvement, health protection and healthcare & premature mortality.

Public Health England use a standard RAG (Red-Amber-Green) rating approach to compare indicators in the PHOF and in this section of the report RAG rating is used to show how the value of indicators for Telford and Wrekin compare against the average value for England.

DOMAIN 0 - Overarching Indicators					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
0.1i	Healthy life expectancy at birth	Male	60.9	63.4	2015-17
0.1i	Healthy life expectancy at birth	Female	62.4	63.8	2015-17
0.1ii	Life expectancy at birth	Male	78.5	79.6	2015-17
0.1ii	Life expectancy at birth	Female	81.9	83.1	2015-17
0.1ii	Life expectancy at 65	Male	18.0	18.8	2015-17
0.1ii	Life expectancy at 65	Female	19.9	21.1	2015-17
0.2iii	Inequality in life expectancy at birth	Male	9.6	9.4	2015-17
0.2iii	Inequality in life expectancy at birth	Female	6.4	7.4	2015-17
0.2iii	Inequality in life expectancy at 65	Male	4.7	4.9	2015-17
0.2iii	Inequality in life expectancy at 65	Female	3.8	4.5	2015-17
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole	Male	-1.05	0	2015-17
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole	Female	-1.24	0	2015-17
0.2vi	Inequality in healthy life expectancy at birth LA	Male	11.8	-	2009-13
0.2vi	Inequality in healthy life expectancy at birth LA	Female	12.1	-	2009-13

DOMAIN 1 - Wider Determinants of Health					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.01i	Children in low income families (all dependent children under 20)	Persons	20.0	17.0	2016
1.01ii	Children in low income families (under 16s)	Persons	20.5	17.0	2016
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception	Persons	70.9	71.5	2017/18
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Persons	60.2	56.6	2017/18
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	Persons	84.5	82.5	2017/18
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	Persons	72	70.1	2017/18
1.03	Pupil absence	Persons	4.52	4.65	2016/17

DOMAIN 1 - Wider Determinants of Health

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.04	First time entrants to the youth justice system	Persons	301.4	292.5	2017
1.05	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	Persons	5.79	6.0	2017
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	Persons	75.4	77.2	2017/18
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Persons	62.0	57.0	2017/18
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate	Persons	16.8	11.5	2017/18
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	Persons	70.5	69.2	2017/18
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Persons	66.5	68.2	2017/18
1.08iv	Percentage of people aged 16-64 in employment	Persons	72.5	75.2	2017/18
1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	2.96	2.1	2015-17
1.09ii	Sickness absence - the percentage of working days lost due to sickness absence	Persons	1.21	1.12	2015-17
1.10	Killed and seriously injured (KSI) casualties on England's roads	Persons	26.9	40.8	2015-17
1.11	Domestic abuse-related incidents and crimes - current method	Persons	25.7	25.1	2017/18
1.12i	Violent crime (including sexual violence)hospital admissions for violence	Persons	27.7	43.4	2015/16-17/18
1.12ii	Violent crime (including sexual violence)violence offences per 1,000 population	Persons	32.6	23.7	2017/18
1.12iii	Violent crime (including sexual violence)rate of sexual offences per 1,000 population	Persons	3.74	2.37	2017/18
1.13i	Re-offending levels - percentage of offenders who re-offend - current method	Persons	30.4	29.2	2016/17
1.13i	Re-offending levels - percentage of offenders who re-offend - historic method	Persons	25.5	25.4	2014
1.13ii	Re-offending levels - average number of re-offences per offender - current method	Persons	1.32	1.17	2016/17
1.13ii	Re-offending levels - average number of re-offences per offender - historic method	Persons	0.8	0.82	2014
1.13iii	First time offenders	Persons	184.8	166.4	2017
1.14i	The rate of complaints about noise	Persons	4.1	6.34	2015/16
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	Persons	1.19	5.5	2016



DOMAIN 1 - Wider Determinants of Health					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	Persons	2.79	8.48	2016
1.15i	Statutory homelessness - Eligible homeless people not in priority need	Persons		0.79	2017/18
1.15ii	Statutory homelessness - households in temporary accommodation	Persons	0.5	3.4	2017/18
1.16	Utilisation of outdoor space for exercise/health reasons	Persons	14.5	17.9	Mar 2015-Feb 2016
1.17	Fuel poverty	Persons	12.1	11.1	2016
1.18i	Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	46.4	46	2017/18
1.18ii	Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	37.3	35.5	2016/17

DOMAIN 2 - Health Improvement					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
2.01	Low birth weight of term babies	Persons	3.10	2.82	2017
2.02i	Breastfeeding initiation	Female	71.0	74.5	2016/17
2.02ii	Breastfeeding prevalence at 6-8 weeks after birth current method	Female	Data not available	42.7	2017/18
2.03	Smoking status at time of delivery	Female	17.2	10.8	2017/18
2.04	Under 18s conception rate / 1,000	Female	19.6	17.8	2017
2.04	Under 16s conception rate / 1,000	Female	1.64	2.7	2017
2.05ii	Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	Persons	91.8	90.2	2017/18
2.06i	Reception: Prevalence of overweight (including obesity)	Persons	22.7	22.4	2017/18
2.06ii	Year 6: Prevalence of overweight (including obesity)	Persons	38.0	34.3	2017/18
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	122.4	96.4	2017/18
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	162.1	121.2	2017/18
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	120.0	132.7	2017/18
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Persons	14.4	14.2	2017/18

DOMAIN 2 - Health Improvement

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
2.08ii	Percentage of children where there is a cause for concern	Persons	41.3	38.6	2017/18
2.09i	Smoking prevalence at age 15 current smokers (WAY survey)	Persons	6.0	8.2	2014/15
2.09ii	Smoking prevalence at age 15 regular smokers (WAY survey)	Persons	4.1	5.45	2014/15
2.09iii	Smoking prevalence at age 15 occasional smokers (WAY survey)	Persons	1.9	2.74	2014/15
2.10ii	Emergency Hospital Admissions for Intentional Self-Harm	Persons	200.3	185.5	2017/18
2.11i	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	53.0	54.8	2017/18
2.11ii	Average number of portions of fruit consumed daily (adults)	Persons	2.5	2.51	2017/18
2.11iii	Average number of portions of vegetables consumed daily (adults)	Persons	2.7	2.65	2017/18
2.11iv	Percentage who eat 5 portions or more of fruit and veg per day at age 15	Persons	49.7	52.4	2014/15
2.11v	Average number of portions of fruit consumed daily at age 15 (WAY survey)	Persons	2.22	2.39	2014/15
2.11vi	Average number of portions of vegetables consumed daily at age 15 (WAY survey)	Persons	2.30	2.40	2014/15
2.12	Percentage of adults (aged 18+) classified as overweight or obese	Persons	63.8	62.0	2017/18
2.13i	Percentage of physically active adults	Persons	68.5	66.3	2017/18
2.13ii	Percentage of physically inactive adults	Persons	24.3	22.2	2017/18
2.14	Smoking Prevalence in adults (18+) current smokers (APS)	Persons	16.2	14.4	2018
2.15i	Successful completion of drug treatment opiate users	Persons	7.0	6.5	2017
2.15ii	Successful completion of drug treatment non-opiate users	Persons	39.1	36.9	2017
2.15iii	Successful completion of alcohol treatment	Persons	49.9	38.9	2017
2.15iv	Deaths from drug misuse	Persons	3.7	4.33	2015-17
2.16	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Persons	24.1	32.1	2017/18
2.17	Estimated diabetes diagnosis rate	Persons	85.6	78.0	2018
2.18	Admission episodes for alcohol-related conditions (Narrow)	Persons	658.7	632.3	2017/18
2.18	Admission episodes for alcohol-related conditions (Narrow)	Male	795.4	809.2	2017/18
2.18	Admission episodes for alcohol-related conditions (Narrow)	Female	537.0	473.2	2017/18
2.19	Cancer diagnosed at early stage (experimental statistics)	Persons	51.9	52.2	2017

DOMAIN 2 - Health Improvement					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
2.20i	Cancer screening coverage breast cancer	Female	78.9	74.9	2018
2.20ii	Cancer screening coverage cervical cancer	Female	73.0	71.4	2018
2.20iii	Cancer screening coverage bowel cancer	Persons	58.0	59.0	2018
2.20iv	Abdominal Aortic Aneurysm Screening Coverage	Male	86.3	80.8	2017/18
2.22ii	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	Persons	72.0	90.9	2013/14-17/18
2.22iv	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Persons	44.1	48.7	2013/14-17/18
2.22v	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	Persons	31.7	44.3	2013/14-17/18
2.23i	Self-reported wellbeing people with a low satisfaction score	Persons	6.0	4.41	2017/18
2.23ii	Self-reported wellbeing people with a low worthwhile score	Persons	5.2	3.57	2017/18
2.23iii	Self-reported wellbeing people with a low happiness score	Persons	9.3	8.2	2017/18
2.23iv	Self-reported wellbeing people with a high anxiety score	Persons	20.8	20.0	2017/18
2.24i	Emergency hospital admissions due to falls in people aged 65 and over	Persons	1352	2170	2017/18
2.24ii	Emergency hospital admissions due to falls in people aged 65 and over aged 65-79	Persons	748.5	1033	2017/18
2.24iii	Emergency hospital admissions due to falls in people aged 65 and over aged 80+	Persons	3103	5469	2017/18

DOMAIN 3 - Health Protection					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
3.01	Fraction of mortality attributable to particulate air pollution	Persons	4.05	5.06	2017
3.02	Chlamydia detection rate / 100,000 aged 15-24	Persons	2378 *	1975 *	2018
3.02	Chlamydia detection rate / 100,000 aged 15-24	Male	1599	1336	2018
3.02	Chlamydia detection rate / 100,000 aged 15-24	Female	3181	2620	2018
3.03i	Population vaccination coverage - Hepatitis B (1 year old)	Persons	83.8	-	2017/18
3.03i	Population vaccination coverage - Hepatitis B (2 years old)	Persons	85.7	-	2017/18
3.03ii	Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	95.0 *	93.1 *	2017/18

DOMAIN 3 - Health Protection

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	97.1 *	95.1 *	2017/18
3.03iv	Population vaccination coverage - MenC	Persons	97.1 *	-	2015/16
3.03v	Population vaccination coverage - PCV	Persons	95.5 *	93.3 *	2017/18
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	92.8 *	91.2 *	2017/18
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years old)	Persons	93.8 *	92.4 *	2017/18
3.03vii	Population vaccination coverage - PCV booster	Persons	93.1 *	91.0 *	2017/18
3.03viii	Population vaccination coverage - MMR for one dose (2 years old)	Persons	92.9 *	91.2 *	2017/18
3.03ix	Population vaccination coverage - MMR for one dose (5 years old)	Persons	94.9 *	94.9 *	2017/18
3.03x	Population vaccination coverage - MMR for two doses (5 years old)	Persons	88.3 *	87.2 *	2017/18
3.03xii	Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	Female	90.9 *	86.9 *	2017/18
3.03xiii	Population vaccination coverage - PPV	Persons	65.9 *	69.5 *	2017/18
3.03xiv	Population vaccination coverage - Flu (aged 65+)	Persons	71.8 *	72.6 *	2017/18
3.03xv	Population vaccination coverage - Flu (at risk individuals)	Persons	49.7 *	48.9 *	2017/18
3.03xvi	Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)	Female	91.6 *	83.8 *	2017/18
3.03xvii	Population vaccination coverage - Shingles vaccination coverage (70 years old)	Persons	38.5 *	44.4 *	2017/18
3.03xviii	Population vaccination coverage - Flu (2-3 years old)current method	Persons	46.0	43.5	2017/18
3.04	HIV late diagnosis (%)	Persons	45.8 *	41.1 *	2015-17
3.05i	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	Persons	-	84.4	2016
3.05ii	TB incidence (three year average)	Persons	3.65	9.93	2015-17
3.06	NHS organisations with a board approved sustainable development management plan	Not applicable	60.0	66.2	2015/16
3.08	Adjusted antibiotic prescribing in primary care by the NHS	Persons	0.95 *	1.04 *	2017

\*value compared to a goal

DOMAIN 4 - Healthcare and Premature Mortality

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
4.01	Infant mortality	Persons	4.8	3.92	2015-17
4.02	Proportion of five year old children free from dental decay	Persons	70.9	76.7	2016/17
4.03	Mortality rate from causes considered preventable	Persons	199.5	181.5	2015-17
4.04i	Under 75 mortality rate from all cardiovascular diseases	Persons	84.3	72.5	2015-17
4.04i	Under 75 mortality rate from all cardiovascular diseases	Male	112.0	101.3	2015-17
4.04i	Under 75 mortality rate from all cardiovascular diseases	Female	57.6	45.2	2015-17
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	Persons	49.9	45.9	2015-17
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	Male	73.5	69.2	2015-17
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	Female	27.3	23.9	2015-17
4.05i	Under 75 mortality rate from cancer	Persons	149.9	134.6	2015-17
4.05i	Under 75 mortality rate from cancer	Male	171.6	149.6	2015-17
4.05i	Under 75 mortality rate from cancer	Female	129.9	120.7	2015-17
4.05ii	Under 75 mortality rate from cancer considered preventable	Persons	86.1	78	2015-17
4.05ii	Under 75 mortality rate from cancer considered preventable	Male	92.3	84.1	2015-17
4.05ii	Under 75 mortality rate from cancer considered preventable	Female	80.7	72.3	2015-17
4.06i	Under 75 mortality rate from liver disease	Persons	22.6	18.5	2015-17
4.06i	Under 75 mortality rate from liver disease	Male	28.1	24.3	2015-17
4.06i	Under 75 mortality rate from liver disease	Female	17.4	13.0	2015-17
4.06ii	Under 75 mortality rate from liver disease considered preventable	Persons	20.4	16.3	2015-17
4.06ii	Under 75 mortality rate from liver disease considered preventable	Male	25.9	21.8	2015-17
4.06ii	Under 75 mortality rate from liver disease considered preventable	Female	15.1	11.1	2015-17
4.07i	Under 75 mortality rate from respiratory disease	Persons	39.8	34.3	2015-17
4.07i	Under 75 mortality rate from respiratory disease	Male	49.0	39.9	2015-17
4.07i	Under 75 mortality rate from respiratory disease	Female	31.0	29.0	2015-17
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	Persons	24.0	18.9	2015-17
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	Male	28.5	21.2	2015-17

DOMAIN 4 - Healthcare and Premature Mortality

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	Female	19.8	16.7	2015-17
4.08	Mortality rate from a range of specified communicable diseases, including influenza	Persons	10.2	10.9	2015-17
4.09i	Excess under 75 mortality rate in adults with serious mental illness	Persons	553.7	370	2014/15
4.09ii	Proportion of adults in the population in contact with secondary mental health services	Persons	5.92	5.36	2014/15
4.1	Suicide rate	Persons	11.4	9.57	2015-17
4.11	Emergency readmissions within 30 days of discharge from hospital	Persons	11.5	11.8	2011/12
4.12i	Preventable sight loss – age related macular degeneration (AMD)	Persons	121.6	106.7	2017/18
4.12ii	Preventable sight loss – glaucoma	Persons	10.4	12.6	2017/18
4.12iii	Preventable sight loss – diabetic eye disease	Persons	6.1	2.81	2017/18
4.12iv	Preventable sight loss – sight loss certifications	Persons	41.5	41.1	2017/18
4.13	Health related quality of life for older people	Persons	0.7	0.74	2016/17
4.14i	Hip fractures in people aged 65 and over	Persons	569.7	577.8	2017/18
4.14ii	Hip fractures in people aged 65 and overaged 65-79	Persons	246.7	246.3	2017/18
4.14iii	Hip fractures in people aged 65 and overaged 80+	Persons	1507	1539	2017/18
4.15i	Excess winter deaths index (single year, all ages)	Persons	5.98	21.6	Aug 2016-Jul 2017
4.15ii	Excess winter deaths index (single year, age 85+)	Persons	7.99	30.8	Aug 2016-Jul 2017
4.15iii	Excess winter deaths index (3 years, all ages)	Persons	18.1	21.1	Aug 2014-Jul 2017
4.15iv	Excess winter deaths index (3 years, age 85+)	Persons	24.6	29.3	Aug 2014-Jul 2017
4.16	Estimated dementia diagnosis rate (aged 65 and over)	Persons	62.7 *	67.5 *	2018

\*value compared to a goal

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# REFERENCES

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<sup>1</sup> Office for National Statistics (2017) Chapter 1: Life Expectancy and Healthy Life Expectancy. Available online at <https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy>



**TELFORD & WREKIN COUNCIL**

**CABINET – 10 OCTOBER 2019**

**CELEBRATING LOCAL HERITAGE - LOCAL INTEREST BUILDINGS**

**REPORT OF THE ASSISTANT DIRECTOR: BUSINESS, DEVELOPMENT  
& EMPLOYMENT**

**LEAD CABINET MEMBER: COUNCILLOR CAROLYN HEALY**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

- 1.1 Telford & Wrekin has a proud and varied heritage with a wealth of local as well as nationally important assets from Medieval Market Towns to a rich agricultural and industrial heritage. While the Ironbridge is internationally renowned this sits alongside buildings, monuments, structures and landscapes which hold local historical significance for the communities that make up our Borough. The Duke of Sutherland Cottages at Muxton, Wellington Cottage Hospital, the Engine Houses of the Muxton Bridge Colliery in Granville Park and many Methodist Chapels in rural locations are amongst just a few of the many buildings which are valued by local communities and contribute to the character and distinctiveness of local areas. These assets are also an important part of attracting visitors and new residents to the Borough.
- 1.2 The Council is committed to celebrating and raising awareness of these important assets, working with local interest groups, Parish and Town Councils and the local community to support the preservation and interpretation of this local heritage.
- 1.3 As part of this commitment the Council will be producing an updated List of Buildings of Local Interest. The current list which already includes over 500 entries from across the Borough has not been reviewed since the 1980s and is therefore out of date and does not meet current good practice in terms of either designation or public involvement.
- 1.4 The aim of the list is to identify heritage assets which are valued by local communities and contribute to the sense of place and history of a local area. Inclusion on the list can be a material consideration in planning decisions ensuring that where change is proposed the heritage significance of the building or structure is considered and preserved - but does not pose the same statutory protection or constraints on development as a nationally Listing Building.
- 1.5 The process will begin with a consultation on the criteria to be used to consider buildings and structures for inclusion followed by consultation

on what heritage assets should be included in the new List. This will provide ample opportunity for Ward Members, Parish and Town Councils, Local Interest Heritage and Interest Groups and members of the public to comment and put forward their proposals for inclusion.

- 1.6 The work over the coming months and the final List will also provide opportunities to promote and celebrate individual assets and locations, tell their stories and support work by local partners to protect and enhance local heritage.
- 1.7 Under the Scheme of Delegation the Assistant Director for Business, Development and Employment has the authority to carry out the consultation procedure and make any amendments to the List of Buildings of Local Interest.

**2. RECOMMENDATIONS**

**That Cabinet support:**

- 2.1 Consultation to be carried out on the proposed set of criteria and review procedure for inclusion on the List of Buildings of Local Interest, as set out within this report.**
- 2.2 Consultation to be carried out on the proposed List of Buildings of Local Interest**
- 2.3 After appropriate consultation and consideration of representations received, to apply the new criteria in the production of a new List of Buildings of Local Interest and to publish and then refer to the new List in the application of Policy BE6 of the adopted Telford & Wrekin Local Plan 2011-31**
- 2.4 After appropriate consultation and consideration of representations received, to apply the new criteria and review procedure in any future review, consultation, production and publication of a new List of Buildings of Local Interest**

**3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Updating the List of Buildings of Local Interest and adopting selection criteria will provide more certainty for the public, developers and officers in the making of local planning decisions in respect of heritage assets. This will indirectly support the Council's priority to: ensure that neighbourhoods are safe, clean and well maintained.
	Will the proposals impact on specific groups of people?	

	No	The proposals do not impact on specific groups of people.
<b>TARGET COMPLETION/DELIVERY DATE</b>	Subject to approval, officers will initiate a 6 week consultation on the proposed criteria.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The consultation process and the subsequent review of the List and any communications to owners will be delivered from within existing resources.</p> <p>The implementation of the proposed criteria will not place additional liabilities on the Authority and as there are no additional planning controls there will be no additional risk to Planning fee income levels. (AEM 18/09/19).</p>
<b>LEGAL ISSUES</b>	Yes	<p>It is appropriate to undertake consultation on the review of the criteria and the review procedure. These actions, the production of a new List and processing future reviews can be undertaken by the Assistant Director under delegated powers. Inclusion of a building on the List will ensure the application of Local Plan Policy BE6 where relevant in the determination of planning applications e.g. when there is an adverse impact on a building included on the List. However, inclusion on the List does not confer any direct statutory protection. (IR 20.09.19)</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	The consultation on selection criteria will not have any significant impact, prior to implementation. The consultation process will enable community involvement in valuing and conserving the local historic environment.
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide application

**PART B) – ADDITIONAL INFORMATION**

#### **4. BACKGROUND INFORMATION**

- 4.1 2018 marked the celebration of Telford's 50<sup>th</sup> birthday but the Borough has a long and significant local and international heritage that extends back centuries and is an important part of the area and its individual communities, sense of place. Alongside the internationally renowned Ironbridge WHS are historical settlements like Wellington, Dawley, Edgmond, Newport and Admaston and numerous individual historic buildings including farmsteads, chapels, schools, war memorials and cinemas.

As well as the historical value such assets and places hold they provide opportunities for local celebration and for their stories to be retold, preserved and promoted.

- 4.2 The use of local lists is promoted by the National Planning Policy Framework (NPPF), which defines a heritage asset as: "A building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions, because of its heritage interest.
- 4.3 The NPPF advises local planning authorities in paragraph 126 to "set out in their local plan a positive strategy for the conservation and enjoyment of the historic environment". In light of the NPPF, the Telford & Wrekin Local Plan 2011-31 includes Policy BE6 to maintain a list of buildings of local interest, and to seek to conserve those buildings. It also commits to reviewing and updating the existing local list.
- 4.4 Local heritage lists identify what is valued at a local level as opposed to statutory listing which identifies nationally important historic buildings. There is no legal protection for locally listed buildings, and owners' permitted development rights are unaltered, including there being no need for any permissions for internal works. However, when planning permission is required under the usual regulations, the heritage significance is taken into account in the planning balance.
- 4.5 The existing local list for the Borough has over 500 entries, and was drawn up in the 1980s. It includes buildings that may have been substantially altered since their inclusion and many additional buildings are also now likely to have heritage interest and be valued by local communities and be worthy of addition.
- 4.6 Current national guidance on the production of local lists is set out in "Local Heritage Listing: English Heritage Advice Note 7" (2016). Criteria for assessment and an adoption process have been drafted in the light of the Historic England guidance and examples of good practice, adapted to suit the particular objectives and character of Telford and Wrekin.

## **5.0 SELECTION CRITERIA**

- 5.1 A number of criteria, and a scoring system, have been set out to ensure our local list is robust and identifies only those buildings of *special* local heritage interest and *existing* historic character and appearance.
- 5.3 It is proposed that any building to be included on the list must satisfy Criteria 1 below and two categories of each of Criteria 2 & 3. More detail is provided in the proposed assessment form in Appendix 2, which has been designed for use in the subsequent resurvey, including public consultation seeking nominations for additions to the list.
- 1 Completeness:** Any building to be considered for selection must retain a significant and recognisable amount of its original form and fabric intact.
  - 2 Heritage Asset Values:** These criteria ensure that the building classes as a 'heritage asset' according to the NPPF, reproducing its defined categories of significance: architectural, artistic, historic and archaeological interest.
  - 3 Local Heritage Values:** These criteria are designed to identify those buildings that are of particular value to the local community and/or contribute to the distinctive character of Telford and Wrekin: social or community interest, group value, landscape or streetscape value, and Telford and Wrekin identity.
- 5.4 Consultation will be carried out with Ward Members, Parish and Town Councils, and relevant local interest groups on the proposed criteria and review process, inviting comments and amendments in the light of local knowledge.

## **6.0 REVIEW PROCEDURE**

- 6.1 Following consultation and any arising amendments, the Built Heritage Specialists will review the existing list according to the above criteria and make recommendations for removal or inclusion on the list.
- 6.3 Public consultation will be carried out to invite additional nominations or removals.

## **7.0 IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

- 7.1 The designation of a building as a 'Building of Local Interest' does not bring into effect any additional legal restrictions and does not affect a resident's existing permitted development rights, so no additional planning permissions are required. Inclusion on the list rather ensures consideration of the heritage significance of that building under Policy BE6 of the Local Plan wherever planning permission is required under the usual national regulations.

**7**     **PREVIOUS MINUTES**

n/a

**8**     **BACKGROUND PAPERS**

Policy BE6 of the Telford and Wrekin Local Plan 2011-2031

[http://www.telford.gov.uk/downloads/file/4486/a1\\_telford\\_and\\_wrekin\\_local\\_plan\\_2011-2031\\_-\\_submission\\_version\\_low\\_res](http://www.telford.gov.uk/downloads/file/4486/a1_telford_and_wrekin_local_plan_2011-2031_-_submission_version_low_res)

NPPF chapter 16: Conserving and enhancing the historic environment:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/740441/National\\_Planning\\_Policy\\_Framework\\_web\\_accessible\\_version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740441/National_Planning_Policy_Framework_web_accessible_version.pdf)

English Heritage Advice Note 7 (2016) :

<https://content.historicengland.org.uk/images-books/publications/local-heritage-listing-advice-note-7/heaq018-local-heritage-listing.pdf/>

**10**    **APPENDICES**

Appendix 1 – Table of current distribution of Local Interest Buildings

Appendix 2 – Nomination and assessment form for additions to the List of Local Interest Buildings

**Report prepared by Penny McKnight, Built Heritage Specialist.  
Telephone: 01952 388152**

**APPENDIX 1: Table of distribution of current Local Interest Buildings**

<b>Ward</b>	<b>No. of Local Interest Buildings</b>
Admaston & Bratton	16
Apley Castle	1
Arleston	0
Brookside	1
Church Aston & Lilleshall	25
College	38
Dawley & Aqueduct	34
Donnington	7
Dothill	0
Edgmond & Ercall Magna	62
Ercall	2
Hadley & Leegomery	16
Haygate	27
Horeshay & Lightmoor	15
Ironbridge Gorge	174
Ketley & Overdale	13
Madeley & Sutton Hill	29
Malinsee & Dawley Bank	9
Muxton	18
Newport North & West	0
Newport South & East	1
Oakengates & Ketley Bank	15
Park	6
Priorslee	3
Shawbirch	0
St Georges	8
The Nedge	2
Woodside	1
Wrockwardine Wood & Trench	22
Wrockwardine	3
<b>Total</b>	<b>548</b>

## APPENDIX 2:

### TELFORD AND WREKIN BUILDINGS OF LOCAL INTEREST: ASSESSMENT FORM

<b>Address</b>	
<b>Assessment type</b>	Review/New nomination
<b>Owner and contact details if known</b>	
<b>Any known threat to the building</b>	
<b>Brief description and known historical information</b>	

<b>ASSESSMENT</b>		<b>For office use only</b>
<b>Completeness</b>	Is the building in its original or historic form without substantial alteration and with historic features such as doors, windows, roof covering, chimneys and architectural detail in tact?  <b>Buildings must be substantially complete to be included on the local list.</b>	
<b>How complete is the building?</b>		
<b>Heritage Asset Values</b>		
Architectural Interest	A good example of a particular architectural style, age of building, use type or building technique	
Artistic Interest	This may be designed architectural or artistic interest or the 'fortuitous' attractive qualities of vernacular buildings	
Historic Interest	Illustrative of a particular aspect of history, or well documented association with significant local person, event, industry or activity	
Archaeological Interest	Provides evidence of the potential to reveal more about human past through further study	
<b>Does the building have any of the above qualities that make it of special interest as a 'heritage asset'?</b>		



<b>Local Values</b>		
Social or Communal Interest	Is it important to the identity or memory of the local community?	
Group Value	Is it part of a distinctive group of character, or have connections with other buildings of a similar type or style elsewhere?	
Streetscape or Landscape Value	Is it a landmark or focal building in the local area?	
Identity of Telford & Wrekin	Is the building one of the following types of building, which are particularly characteristic of the area? A Duke of Sutherland cottage, non-conformist chapel or church, New Town building, related to a significant local industry or rural activity, or date from pre-industrial Telford & Wrekin?	
<p><b>Does the building have special local character and interest due to any of the above?</b></p>		
<b>For office use only</b>		
<b>TOTAL</b>		
<b>List?</b>		
Assessed by		
Reviewed by		

<b>Location Plan</b>
<p>Please insert or attach a location plan with your nomination.</p>

**Photos and Sources**

**Photos:** Please insert photographs of the building, or attach photographs separately with your nomination

**Sources:** Have you used any books, websites, historic maps etc to research or describe the building?