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Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date	Thursday, 26 September 2019	Time	2.00 pm
Venue	Meeting Rooms G3/G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT		

Enquiries Regarding this Agenda

Democratic Services	Josef Galkowski	01952 388356
Media Enquiries	Corporate Communications	01952 382406
Lead Officer	Jessica Tangye, Partnership Manager	01952 382186

Committee Membership:	Cllr A J Burford (Chair)	Cabinet Member for Health & Social Care, TWC
	Cllr R C Evans	Cabinet Member for Customer Services, Partnerships, Culture & Leisure, TWC
	Cllr S A W Reynolds	Cabinet Member for Children, Young People & Education, TWC
	Cllr H Rhodes	Cabinet Member for Parks, Green Spaces & The Natural Environment, TWC
	Cllr K T Tomlinson	Liberal Democrat / Independent Group, TWC
	Cllr I T W Fletcher	Conservative Group, TWC
	Cllr P Watling	Labour Group, TWC
	J Leahy	Telford & Wrekin CCG
	B Parnaby	Healthwatch, Telford & Wrekin
	D Evans	Telford & Wrekin CCG
	C Jones	Director of Children's & Adults Services, TWC
	L Noakes	Director of Public Health, TWC
	S Dillon	Assistant Director: Early Help & Support, TWC
	R Woods	NHS England (North Midlands - Shropshire & Staffordshire)
	P Moxley	Community Safety Partnership
	M Harris	Sustainable Transformation Plan
	C Hart	Voluntary Sector Representative

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Agenda Item 3

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday, 6 June 2019 at 2.00 pm in Quaker Room, Meeting Point House, Southwater Square, Telford, TF3 4HS

Present: Councillors R C Evans, S A W Reynolds, H Rhodes, J M Seymour, J Leahy, C Jones, L Noakes, Condlyffe, P Moxley and M Harris

In Attendance:

Apologies: A J Burford, D Evans and S Dillon

1 Declarations of Interest

None.

2 Minutes of the Previous Meeting

A Member expressed their disappointment that the papers for this committee had not been received late, Officers and partners would be reminded of the importance of submitting reports in good time.

RESOLVED – that the minutes of the meeting held on 21 March 2019 be approved and signed by the Chair.

3 Public Speaking

There were no requests to speak.

4 Drugs and Alcohol Strategy Update

The Board received the report of the Assistant Director: Health and Wellbeing on the refreshed drugs and alcohol strategy for Telford and Wrekin. The strategy looked to re-focus priorities to reduce drug and alcohol misuse harm in the Borough.

A system wide approach for improving services had been undertaken, and significant service improvements had been seen. The treatment services had been transformed and there was a strong recovery community in place.

The Board noted that there was an aging cohort of opiate / heroin users with entrenched dependency, as well as a more complex cohort overall with complex social and health issues, even within the younger population.

A Member noted that in the later STP report that Telford and Wrekin was ranked 96 out of 149 for drugs and alcohol services, which was lower than expected. The Consultant in Public Health confirmed that the data within the STP report was several years out of date and the service had moved forward

in this time. Telford and Wrekin performed well for alcohol services but acknowledged that further work was needed on drug services. It was noted that alcohol related harm was also in the long term NHS plan.

In response to a question, it was confirmed that the service was increasingly looking to work with the whole family, for example, increased work with children whose parents were affected by drugs or alcohol misuse.

RESOLVED that the refreshed Telford & Wrekin Drugs & Alcohol Strategy 2019-2022 be approved.

5 Early Help Strategy and 0-19 Healthy Child Programme Update

The Board received the update on the Early Help Strategy and the 0-19 Healthy Child Programme. The Commissioning Team had undertaken a procurement exercise and had awarded the contract to Shropshire Community Health Trust for the new model for the Healthy Child Programme. This would involve School Nurses and Health Visitors working closely together in an innovative way.

Members noted the strong links from this policy with other policies. It was noted that comprehensive training had taken place with professionals regarding the new strategy. The strategy aimed to reinforce the message that Early Help is everyone's responsibility.

In response to a question, Members were advised that it was hoped that progress on identified outcomes would be seen within 12 months. A discussion was held regarding improved outcomes for the whole family, not just the child.

A Member asked about smoking levels. The Consultant in Public Health advised that smoking in pregnancy was part of the local maternity system plan and the stop smoking service was delivered by midwives. This service was under constant review. For people other than pregnant women, stop smoking services were delivered through Council services.

RESOLVED – that the contents of the report be noted.

6 Better Care Fund Annual Update

The Board received the update on the Better Care Fund (BCF). It was noted that there had been significant improvements to the service, and that Delayed Transfers of Care (DTOC) had been good and the Council had ranked 22nd nationally at month 12 for this. Areas of progress had included developing neighbourhood working into an integrated partnership and work on admission avoidance, particularly in the Newport area.

The Regional BCF lead had reviewed the service and reported to be happy with the progress made and had no concerns with the work done to date. It

was noted that there were still pressures in the system, notably population changes. There had been an increase in residents presenting at 80 or 90 years old who had previously not been known to services. Domiciliary care had been a challenge earlier in the year, but this had improved.

A significant concern was raised in relation to funding. The national funding formula had not yet been announced for the following year and the policy guidance had not yet been issued, it was unlikely this would be released before July 2019.

A Member raised a query regarding the spending on 'other care' in the annual budget and what this contained. Members were advised this included a range of services, including the disabled facilities grant (such as adaptations), previous CHC funding and some provider contracts.

In response to a question, Members were advised that the aim of the frailty front door was to stop people being admitted to hospital if there was another suitable alternative. Early identification of those service users was vital so that they could diverted to more appropriate services to avoid them being admitted to an acute hospital. These people were usually over 75 with an acute onset illness, such as a UTI. Members noted the negative impact hospital admissions can have on vulnerable people, such as loss of muscle mass.

Members raised their concern regarding the lack of policy and funding, but acknowledged that it was out of the hands of the service. The Service Delivery Manager Community Early Help advised that although they do not have a formal Section 75 agreement in place, they are working as if they did.

Members stated that a further update report should be provided for the September Board, as by this time the guidance and funding formula should be received.

RESOLVED to note the progress made and the action plan for the coming year and how it will support the integrated delivery of the cross-cutting priorities of the Health and Wellbeing Strategy.

7 Health and Wellbeing Strategy Performance

Members received the presentation on the Health & Wellbeing strategy performance data.

Members welcomed the improvement in relation to physical inactivity and active lifestyles and noted that the Council was the most improved Council nationally.

A Member queried if there had been a correlation between the low number of referrals into adult social care and hospital admissions going up. A Member raised concern that this may mean that residents were not qualifying for the appropriate care which may have prevented admission. Members were advised that a lot of the hospital admissions were inappropriate, with zero

length stays. Members were advised on the threshold for support under the Care Act and the various options of support in the community. A discussion was held regarding the rapid response nurse pilot scheme, which was not taken forward.

Members noted the health inequalities between areas of the most and least deprivation in the Borough and it was confirmed that further work was taking place to address this.

8 STP Report and System Operating Plan

Members received the report of the STP Director, which included the operational plan for the upcoming year. The overall ambition of the STP was to create a joined up health service.

Members praised the report provided, which was considered to be informative. In response to a query about the CCG reducing funding for the Severn Hospice, it was confirmed that the STP includes representatives from the CCG and that discussions would be had regarding this.

Members raised their concern regarding fairness across the STP area and ensuring that Telford got its fair share. It was acknowledged that there would need to be ongoing work to find out what resources were needed in each community in an open and transparent manner. Members raised their concern regarding the inequalities between Shropshire and Telford and Wrekin. Members were advised that the Joint Strategic Needs Assessment (JSNA) would be updated which provided data down to ward level.

A discussion was held regarding NHS England viewing debt across systems, rather than in individual organisations.

Members requested that the JSNA be brought to the Health and Wellbeing Board.

RESOLVED – that:

- a) The system narrative submission, that has been developed collaboratively with all system partners, be noted; AND
- b) The current context, challenges, system structure, governance and performance, all of which are subject to change as the system works towards becoming an Integrated Care System, be noted; AND
- c) The system ambition and priorities ‘The ambition of Shropshire, Telford & Wrekin STP is to deliver joined-up transformed health and care services for local people’, be noted; AND
- d) The timeline, delivery and enablement programmes, approach to activity and capacity planning and overall system financial position be noted.

9 Single Strategic Commissioner for Shropshire & Telford and

Wrekin CCGs

The Board received the report of the Accountable Officer, NHS Telford and Wrekin CCG. NHS England issued a directive that each STP area should have a single CCG and that each CCG needed to make 20% cuts to their running costs (excluding any clinical activity). A joint workshop took place with members of both Shropshire and Telford and Wrekin CCGs who came to the conclusion was the only choice they had was on a matter of timing for the merger.

The Vice-Chair stated that the CCGs had been clear that they would dissolve both CCGs and create a new single CCG rather than merge the organisations. The detailed proposals for the new CCG had to be taken to NHS England by September 2019.

Members queried what would happen to the deficit that Shropshire CCG had built, the CCG confirmed that the debt is owned by the system and there would need to be a whole system approach to reduce the deficit. Members expressed that the proposals should go to Scrutiny, which was agreed by the CCG.

Members again noted their concern that Telford would suffer more cuts than Shropshire and this was not fair on residents.

The CCG confirmed that by having one organisation rather than two would save the necessary 20% off the non-clinical budget, due to avoiding duplication. The CCG noted that they were determined that a strong Telford locality be maintained throughout the proposals. A discussion was held regarding existing deficits in the system and how these may have occurred.

Members considered that NHS England should attend the next Health and Wellbeing Board to explain the rationale behind the decision. Members requested that the proposals remain a standing item on the Health and Wellbeing Board agenda.

RESOLVED - that the contents of the report be noted.

The meeting ended at 3.55 pm

Chairman: _____

Date: Thursday, 26 September 2019

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TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 26 SEPTEMBER 2019

REVIEW OF TERMS OF REFERENCE

REPORT OF THE ASSISTANT DIRECTOR: GOVERNANCE, PROCUREMENT & COMMISSIONING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

For the Health and Wellbeing Board to note and accept changes made to the Terms of Reference by Full Council.

2. RECOMMENDATION

- 2.1 That the Board note and accept the changes to the Terms of Reference set out at Appendix 1.**

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	The Health & Wellbeing Board is part of the Council's decision making framework and therefore contributes to all of the Council's priorities.
	Will the proposals impact on specific groups of people?	
TARGET COMPLETION/DELIVERY DATE		If the Health & Wellbeing Board recommends any further changes to the Terms of Reference; they will proceed to Council Constitution Committee and then, if approved, onto full Council at the earliest opportunity.
FINANCIAL/VALUE FOR MONEY IMPACT	No	There are no financial implications arising from adopting the recommendations of this report RP-18.9.19
LEGAL ISSUES	Yes/No	The Constitution requires that the Terms of Reference be reviewed on an annual basis. The Council is required to comply with the Constitution.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are no other specific impacts arising from this report.

IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact
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PART B) – ADDITIONAL INFORMATION

4. INFORMATION

- 4.1 The Council's Constitution requires that the Terms of Reference for each of its Committees and Boards be reviewed annually to enable the Council to efficiently conduct its business.
- 4.2 The Terms of Reference forms part of the Constitution and was approved by Full Council in that context on 14 July 2016.
- 4.3 At its meeting on 25 July 2019, Full Council amended the Terms of Reference of Health & Wellbeing Board to reflect the new Cabinet Member priorities and service areas for 2019/20. In addition, in order to reflect these changed priorities and in recognition of the changing role of both Cabinet Members and elected Members generally, Council resolved that the role of Chair of the Health and Wellbeing Board should not be required to be a Member with Cabinet responsibilities (although the Chair can still be a Cabinet Member if necessary).
- 4.4 No further changes to the Terms of Reference are suggested.

5. PREVIOUS MINUTES

- 5.1 Council – 14 July 2016 and 25 July 2019

6. BACKGROUND PAPERS

Constitution – www.telford.gov.uk/constitution

Report prepared by Deborah Moseley, Democratic & Scrutiny Services Team Leader. Telephone 01952 383215

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Telford & Wrekin Health and Wellbeing Board - Terms of Reference and Procedure

The Board has the responsibility for public health and health and wellbeing responsibilities within the Borough.

TERMS OF REFERENCE

1. The Health and Wellbeing Board is responsible for
 - 1.1. the development of a joint Health & Wellbeing Strategy for Telford & Wrekin based upon the needs identified in the Joint Strategic Needs Assessment (JSNA)
 - 1.2. the ongoing development of the JSNA and the development, review and oversight of the delivery of actions identified in the joint health and wellbeing strategy and other key plans and strategies that may be developed from time to time
 - 1.3. the encouragement of joint and co-commissioning between health and care sectors, including Telford and Wrekin CCG, Telford and Wrekin Council, and NHS England and ensuring that commissioning activity of the relevant organisations are aligned with the priorities set out in the Health & Wellbeing Strategy
 - 1.4. the general oversight of the Council's Public Health responsibilities and receiving the annual report of the Council's Director of Public Health
 - 1.5. the receiving of reports from and making recommendations to Full Council, NHS England, and the Clinical Commissioning Group Board and Boards and sub-committees that it may establish (and delegate functions to) and from other Boards and organisations involved in the provision of that influence of health and well-being outcomes for the whole population within the Borough.
2. The Health and Wellbeing Board will link to the Local Strategic Partnership and local Adults and Childrens' Safe-guarding Boards

3. General

- 3.1. At the first meeting after the Annual Council Meeting and in response to any further guidance consider its terms of reference, structure, membership and activities.

PROCEDURE

4. General

Unless specifically provided for in these Terms of Reference the [Council Procedure Rules](#) govern the way that committees operate but these may be varied or suspended at the discretion of the Chairman of the Committee in the interests of efficient and effective management of the committee

5. Membership

- 5.1. Members of the Health and Wellbeing Board will comprise representatives from the Telford & Wrekin Clinical Commissioning Group, Telford & Wrekin Council, HealthWatch and NHS England Local Area Team. The core members are:

- 5.2. An elected Member of Telford & Wrekin Council (Chairman of the Health and Wellbeing Board)
- 5.3. Cabinet Member for Health & Social Care
- 5.4. Cabinet Member for Customer Services, Partnerships, Culture & Leisure
- 5.5. Cabinet Member for Children, Young People, & Education
- 5.6. Cabinet Member for Parks, Green Spaces & The Natural Environment
- 5.7. Director responsible for Adult Social Care
- 5.8. Director responsible for Children's Services
- 5.9. Director of Public Health
- 5.10. NHS England Local Area Team representative
- 5.11. Chair of Telford and Wrekin Clinical Commissioning Group (CCG) (Vice Chair Health and Wellbeing Board)
- 5.12. Non-Executive Director from Clinical Commissioning Group
- 5.13. Chief Officer from Clinical Commissioning Group
- 5.14. Representative of local HealthWatch
- 5.15. Chair of the Community Safety Partnership
- 5.16. Each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights.
- 5.17. Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate
- 5.18. The members of the Board will be advised and supported by officers from the local authority and CCG.
- 5.19. Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

6. Quorum

- 6.1. Quorum of one quarter is required, with a minimum of one Councillor Board member from Telford & Wrekin Council and one Board member from the CCG required in attendance.

7. Disqualification for Membership

- 7.1. Any person who would be disqualified from being able to stand for election as a councillor will be disqualified from being a member of a committee or sub-committee of a local authority. The regulations state that these disqualifications will be retained for Health and Wellbeing Board, but the regulations will ensure the disqualifications do not apply to Health and Wellbeing Board in so far as they cover disqualifications in respect of members of the board holding any paid employment or office in the local authority – this allows the Directors of Adult Social Services, Children's Services and Public Health to be formal members of the Health and Wellbeing Board.
- 7.2. The following disqualifications will be retained for members of the Health and Wellbeing Board:
- 7.3. Being the subject of a bankruptcy restrictions order or interim order
- 7.4. Having been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed a sentence of

imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

8. Voting Rights

- 8.1. All Members of the Health and Wellbeing Board will be able to vote alongside the elected representatives. This applies to any additional board members appointed in addition to the statutory membership set out in the Health and Social Care Act 2012.

9. Meetings

- 9.1. The Health and Wellbeing Board will meet quarterly and in public. Dates and times of meetings will be agreed and published in advance. Note - the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.
- 9.2. Agendas and supporting papers will be issued at least five clear days before each meeting and action notes will be produced, confirmed as a true record of the meeting and signed by the Chair. Note - documents that may disclose confidential or exempt information, will be made available for public inspection five days before the meeting.
- 9.3. Members of the public and press will have access to the meetings and there will be provision for public speaking section at each Health and Wellbeing Board meeting. A procedure for public speaking at the Health and Wellbeing Board is in place and is available on the Council's website or by contacting Democratic Services.

10. Code of Conduct and Declaration of Interest

- 10.1. The Health and Wellbeing Board will adopt the Council's code of conduct. Any interests in item(s) on the agenda should be declared at the start of the meeting.

11. Reporting Mechanisms/Accountability

The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant Scrutiny Committee of the Council.

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2019

Looking back, looking forward

Making health everybody's business

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Agenda Item 7



Foreword

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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 Woates

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

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Acknowledgements

Editorial Team

Liz Noakes

Assistant Director, Health and Wellbeing (Statutory Director for Public Health)

Helen Onions

Consultant in Public Health

Louise Mills

Service Delivery Manager, Health Improvement & Library Services

Damion Clayton

Senior Research & Intelligence Officer

Matthew Missen

Public Health Specialty Trainee

Contributors

Stacey Norwood

Senior Public Health Commissioner (Telford & Wrekin Council)

Sally Ellis

Public Health Commissioner (Telford & Wrekin Council)

Lyn Stepanian

Public Health Practitioner (Telford & Wrekin Council)

John Barlow

Graphic Designer (Telford & Wrekin Council)

Rachel Threadgold

Senior Health Improvement Practitioner (Telford & Wrekin Council)

Ann-Marie McShane

Public Health Nurse (Telford & Wrekin Council)

Mandy Sznobor

Health Improvement Practitioner (Telford & Wrekin Council)

Marvyn Joseph

Health Improvement Practitioner (Telford & Wrekin Council)

Claire Page

PR & Communications Manager (Bournville Village Trust)

Craig Baker

Corporate & Business Development (Shropshire Wildlife Trust)

Louise Hickman

Sergeant, Serious Violence Co-ordinator & Knife Crime Lead (West Mercia Police)

Ed Pontin

Telford Harm Hub Sergeant (West Mercia Police)

Jade Hibbert

Exploitation and Vulnerability Trainer (West Mercia Police)

Vicki Ridgewell

Exploitation and Vulnerability Trainer (West Mercia Police)

Sian Deane

Head teacher (Holmer Lake Primary)

Adam Gornall

Consultant in Feto-maternal Medicine & Clinical Director for Maternity (Shrewsbury & Telford Hospital NHS Trust)

Claire Growcott-Jones

Senior Housing Solutions Officer (Telford & Wrekin Council)

Sue Marston

Service Delivery Manager, Skills (Telford & Wrekin Council)

Sarah Downes

Integrated Place Partnership Manager, Adult Social Care (Telford & Wrekin Council)

Anita Hunt

Public Protection Manager, Trading Standards & Licensing (Telford & Wrekin Council)

Lesley Williams

Public Protection Manager, Private Sector Housing (Telford & Wrekin Council)

Nicky Minshall

Service Delivery Manager, Customer & Neighbourhood Services (Telford & Wrekin Council)

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.

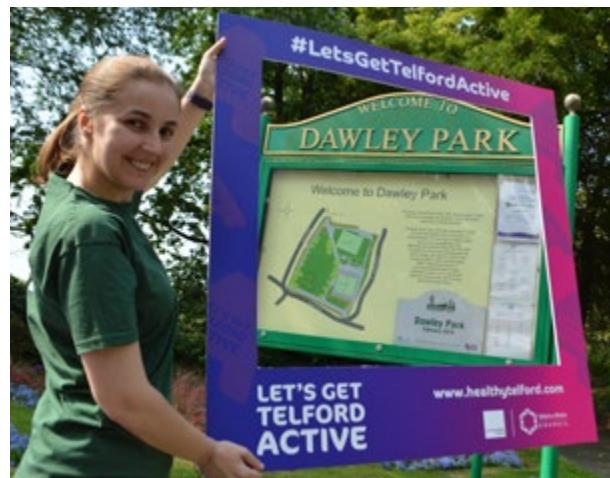
Influences on physical and mental health and wellbeing throughout life are deeply rooted in our socioeconomic circumstances. The so called wider determinants of health, are a diverse range of social, economic and environmental factors, which affect where and how we live. Combined with individual lifestyle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

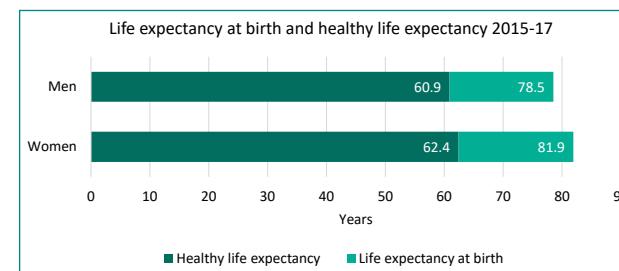


Figure 1.1 Life expectancy at birth and healthy life expectancy at birth 2015-17.

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.

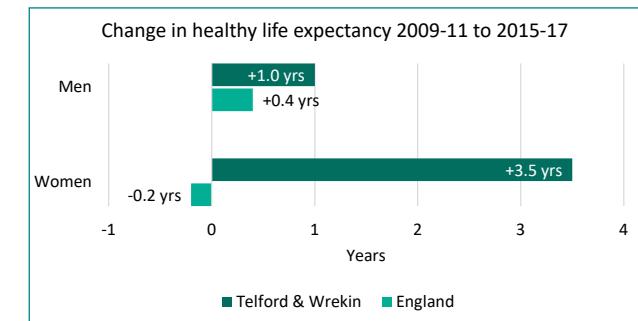


Figure 1.2 Change in healthy life expectancy 2009-11 to 2015-17.

Source PHE Public Health Outcomes Framework

Executive Summary So what progress have we made?

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:

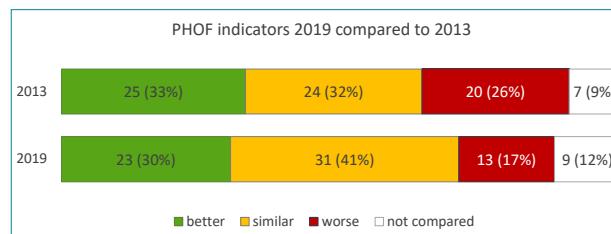
- In 2010-12 inequality in life expectancy for men between the most and least deprived areas was 7.5 years - by 2015-17 this had increased to 9.6 years.
- For the same period, inequality in life expectancy for women between the most and least deprived areas has increased from 3.8 years in 2010-12 to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

Overview of progress 2013-2019

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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.

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.



- 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

- 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

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.

Social inequality and health

Social inequality and health

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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

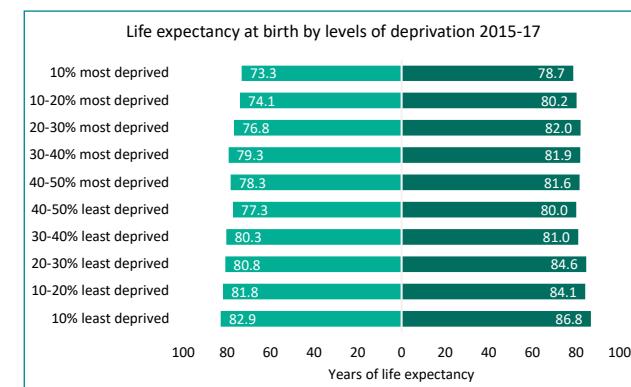
to spend an additional 20 years of their lives in poor health, compared to those in the least deprived areas.

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.

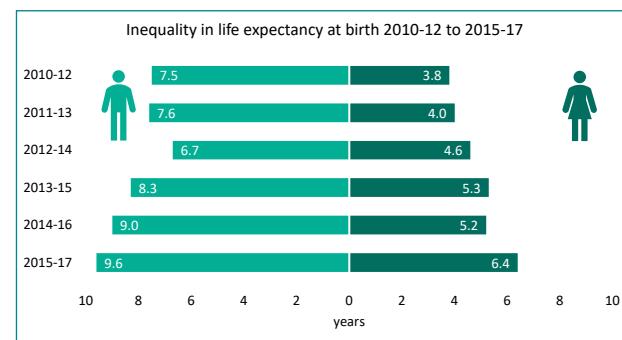
Social inequality and health

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

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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.

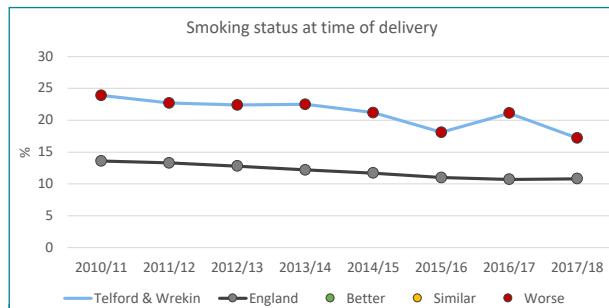


Figure 5 Trends in smoking in pregnancy

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

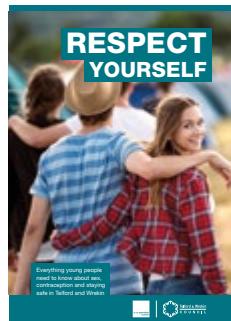
levels of long acting contraception prescribed by both GPs and the sexual health service, which is known to reduce the risk of unintended pregnancy.

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.

Chapter 1 Achieving the best start to life

Page 41

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.

Search our website Search

About us Self Help Common Conditions Contact us

Hello we are Bee U, we deliver help & support to young people & their families [View all partners](#)

Hey! We're Bee U, nice to meet you.

Who are you?

I'm a young person →

I'm a parent or carer →

I work with young people →

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.

A promotional advertisement for 'Teen Gym'. It features a dark blue background with white text. At the top, it says 'teen aspirations NEW'. Below that, it lists benefits: 'Available to 14 and 15 year olds including: ✓ Unrestricted access to 7 gyms ✓ Over 55 Les Mills fitness classes per month ✓ Use of 4 swimming pools ✓ Access to Level 4 fitness professionals advice'. There is a large yellow circle containing the text 'ONLY £15 per month*'. At the bottom, it says 'www.telfordandwrekinleisure.co.uk/teenaspirations' and 'Telford & Wrekin COUNCIL'.

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

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 - Capgemini, Telford

The Capgemini 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 Capgemini 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:

Craig Baker
Project Officer: Corporate Partnerships and live well and work well with nature
Email: craigb@shropshirewildlifetrust.org.uk

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

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:

Rachel Threadgold
Senior Health Improvement Practitioner
Email: rachel.threadgold@telford.gov.uk

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:



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.morgan@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](#).



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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

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

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

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.

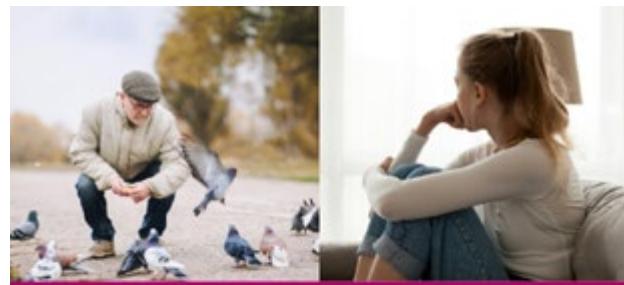
Eight different stories were filmed – the stories are powerful and share the very different approaches that people are taking to combat loneliness and isolation in their own lives including the support they are receiving from local people, communities and support services. Four task & finish groups (Volunteering, 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 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 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](#).

Bromford.



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

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 bedrooned flat until the landlord could free up a one bedroom flat for him to move into.



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.



Chapter 5 Improving Health through Partnership Working

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

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.



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 or 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

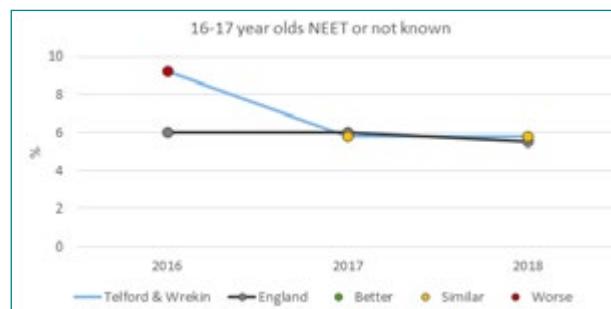
Public Health Outcomes Framework

Improving indicators

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

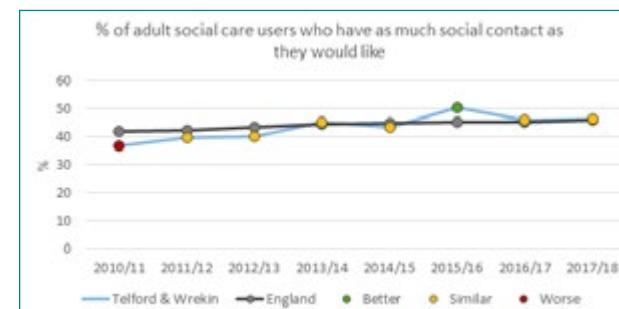
Domain 1 - Wider determinants

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.



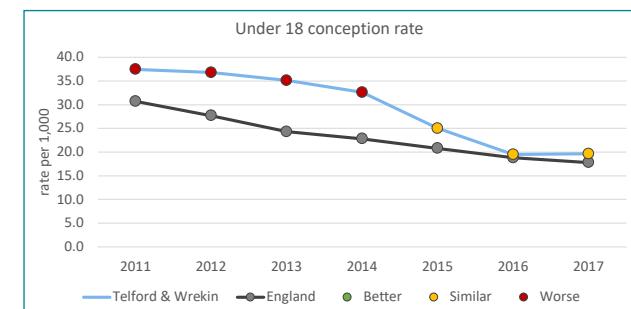
Social Isolation: percentage of adult social care users who have as much social contact as they would like

This indicator 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.

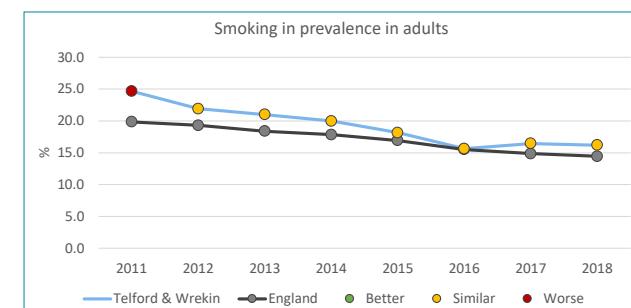


Domain 2 – Health improvement

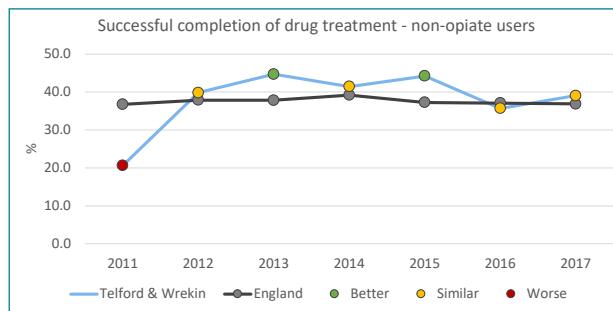
The number of **under 18 conceptions** in the borough has reduced from 37.4 per 1,000 in 2011 (the figure reported in the 2013 report) to 19.6 in 2017 (the latest published figure). For the last three data points the Telford and Wrekin rate has been similar to the England average.



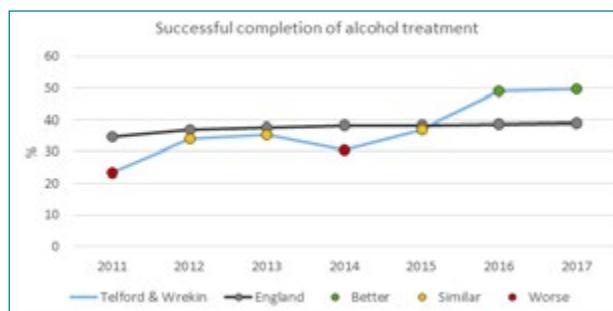
Smoking prevalence in adults has reduced from 24.7% in 2011 to 16.2% in 2018. After consistently being worse than the England average smoking prevalence in Telford and Wrekin has been similar to the England average since 2012.



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.

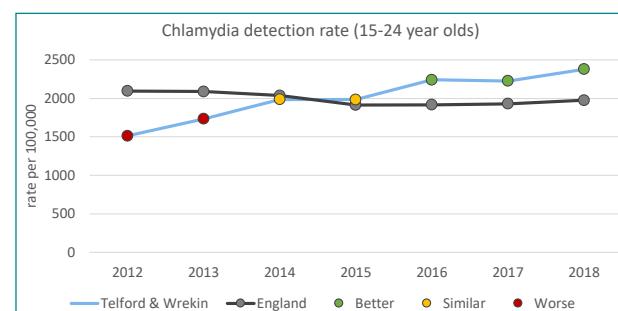


Additional Indicators Not Included in the 2013 Report

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.

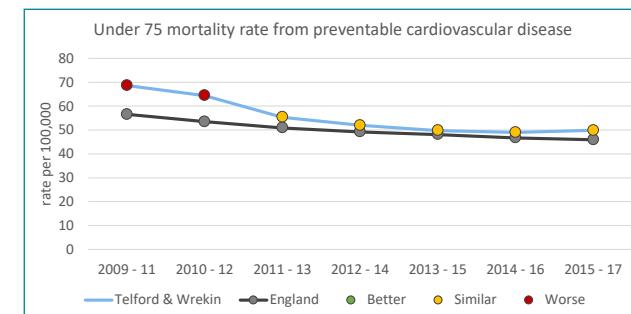
Domain 3 – Health protection

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.

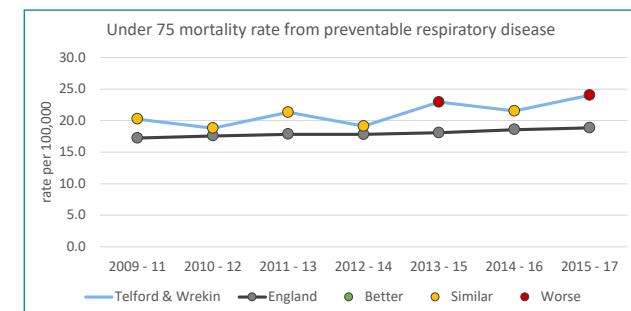


Worsening Indicators

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

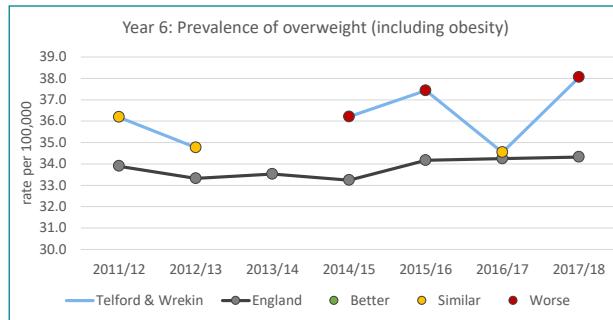
Under 75 mortality from respiratory disease

Under 75 mortality from respiratory disease considered preventable has increased from 20.2 per 100,000 in 2009-11 to 24.0 per 100,000 in 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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TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD

16 SEPTEMBER 2019

**REPORT TITLE: JSNA UPDATE: UNDERSTANDING TELFORD AND WREKIN
2019: A DEMOGRAPHIC, HEALTH AND SOCIO-ECONOMIC PROFILE OF OUR
COMMUNITIES**

**REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR: HEALTH AND
WELLBEING**

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

‘Understanding Telford and Wrekin: A demographic, health and socio-economic profile of our communities in 2019’ is now available. The purpose of this report is to highlight to board members the release of the document, highlight key messages from the document and signpost members to where to access the full profile.

The purpose of the profile is to:

- Provide an overview of the population of Telford and Wrekin
- Build a picture of the social, cultural, health and economic needs of communities in the borough
- Help the council and partners identify the communities and groups most in need of support
- Help the council and partners to evaluate the appropriateness of services and activities currently offered and whether these meet the needs of communities
- Help the council and partners to set appropriate priorities and targets as part of the service and financial planning process.

This document also forms a key foundation of the Telford and Wrekin Joint Strategic Needs Assessment (JSNA).

The profile is formed of 6 chapters:

- **Chapter One: Introduction, Executive Summary and Headline Messages**
 - The purpose of the document
 - JSNA Executive Summary
 - JSNA Headline Messages: Understanding Telford & Wrekin
 - JSNA Headline Messages by topic: population & household characteristics; being healthy; staying safe; enjoying & achieving; economic wellbeing
 - JSNA Headline Messages by locality: Hadley Castle; The Wrekin; Lakeside South

- JSNA Headline Messages by age group: young people; working age adults; older people
- **Chapter Two: Population and Household Characteristics**
 - Population estimates and projections, including fertility and mortality rates
 - Demographic information including ethnicity, religion, sexual identity, migration
 - Cross border service users
 - Household composition including dependent children, lone parents, carers
- **Chapter Three: Being Healthy**
 - General health of the population, including life expectancy, mortality, long term limiting illnesses, physical disability, mental health, dementia, loneliness
 - Prevalence of various health conditions
 - Hospital attendance and admissions, including by reason
 - Low birth weight, teenage pregnancy rates, smoking in pregnancy and breastfeeding rates
 - Healthy lifestyle rates including smoking, binge drinking, drug use, physical activity, excess weight and obesity
- **Chapter Four: Staying Safe**
 - Hospital admissions for accidental and deliberate injuries
 - Rates of children presenting to Safeguarding services, presenting needs of families
 - Homelessness and households in temporary accommodation
 - Crime and anti social behaviour rates by crime type
 - Drug and alcohol service users
- **Chapter Five: Enjoying and Achieving**
 - Attainment rates at all key stages, absence rates, attainment gaps and population qualifications
 - Special educational needs
- **Chapter Six: Economic Wellbeing**
 - Income deprivation rates, unemployment, benefit claimant rates, NEETs, fuel poverty
- **Appendix to each chapter:**
 - Ward and children centre data for each topic

The document can be accessed in full at www.telford.gov.uk/populationprofile

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY eg CCG, Council)

- Board members to note the publication of 'Understanding Telford and Wrekin: A demographic, health and socio-economic profile of our communities'
- That the JSNA informs the refresh of the Health & Wellbeing Strategy
- Board members to consider any developments to current workstreams based on any new intelligence

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

By continually developing our use of intelligence, our understanding of services, communities and the demands they place on public sector organisations will improve. Intelligence led service planning and decision making will contribute to understanding the impact of actions across the Health and Wellbeing Board.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>all</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>All</i>
	Will the proposals impact on specific groups of people?	
No		
TARGET COMPLETION/DELIVERY DATE	<i>Insert date and if more than 6 months after the date of the Cabinet report, list key milestones</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>There are no direct financial implications foreseen from accepting the recommendations of this report.</p> <p>Information and intelligence about the demand likely to accrue to health and social care services is already in use by the Council to create financial modelling and forecasting. Data identified and developed as part of this work will be helpful in refining the future financial models necessary to identify the impacts of demand and a changing health picture on Care services. It may also help to identify the impact on the Council of changes and demands elsewhere in the public services. This information will be valuable in producing information to support future budget strategy decisions.</p> <p>TAS 5/9/19</p>
LEGAL ISSUES	Yes	Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended) places a duty upon the Council and each of its

		<p>partner clinical commissioning groups (CCGs) to produce and publish a joint strategic needs assessment (JSNA) through the Health and Wellbeing Board.</p> <p>The JSNA must be produced in co-operation and with regard to any statutory guidance issued by the Secretary of State and involve the Local Healthwatch organisation for the area and involve people who live or work in the area. The aim is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities.</p> <p>The statutory guidance upon Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was last issued by the Secretary of State on 26th March 2013. Additional guidance is issued from time to time, for example "Guidance for Local Authorities and NHS commissioners on assessing the hearing needs of local populations" published in June 2019 KF 5/9/19</p>
EQUALITY & DIVERSITY	Yes	<i>The JSNA demonstrates inequalities in Telford and Wrekin, including variations in need due to characteristics or geographical factors.</i>
IMPACT ON SPECIFIC WARDS	Yes	<i>The JSNA highlights variations in levels of need in different communities and contains ward-level information.</i>
PATIENTS & PUBLIC ENGAGEMENT	No	<i>If yes, briefly summarise event</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<i>If yes, briefly list any other significant impacts, risks & opportunities-</i>

5 PART B) – ADDITIONAL INFORMATION

This section of the report provides an Executive Summary of the Understanding Telford and Wrekin 2019 Profile.

5.1 Understanding Telford and Wrekin 2019

“Understanding Telford and Wrekin 2019” gives a detailed insight into demographic, health and socio-economic landscape of the Borough and its communities, and is designed to support needs-based planning.

The report reinforces that the Telford & Wrekin is a place of contrast and difference. Much of the Borough is prosperous, and 12% of the population live in the least deprived areas in England. However, a significant number of our neighbourhoods are not, and 27% of the population live in the most deprived areas in England.

These levels of deprivation significantly impact local people’s lives, drive our key health challenges, and generate additional demand on public sector and other support services.

5.2 Population and Household Characteristics

Telford & Wrekin is one of the fastest growing local authority areas outside of London, largely due to record levels of housing growth. The population of the borough is forecast to grow from 175,800 to 196,900, an increase of over 20,000 people in the next 12 years – with about 1,000 new homes built each year.

As the population grows and ages it is becoming more diverse. Much of the population growth is driven by internal migration – that is people within the UK moving to the borough.

We will see notable changes in the age profile of our population: There will be 3,700 more 0 to 15 year olds (a 10% increase) and 3,400 more people aged 85+ (a 98% increase) by 2031. However, only 5,500 (just over a quarter) of the overall population increase will be in working age people, meaning the ratio of working aged population (16 to 64) population to non-working aged population will fall from 1.6 to 1 to 1.4 to 1.

Again these demographic changes will impact on the future demand for services, impacting on housing and labour supply, and specific roles such as carers.

5.3 Being Healthy

Over the past 21 years the health of the borough has improved significantly. Life expectancy is now 78.3 years for men and 81.8 years for women. Healthy life expectancy is increasing at a greater rate than the national average, and men can now expect to live 60.9 years in good health and women 62.4 years in good health.

Despite this improvement, health inequalities have widened as the health of our poorest communities has either worsened or not improved. The inequality in life expectancy between the most and least deprived areas is 9.6 years for men and 6.4 years for women.

A number of key measures of health and wellbeing show that residents have poorer health than those seen on average in England. Whilst smoking prevalence in adults has reduced to 16.2% and is no longer worse than the national average, the level of maternal smoking is still high at 17.2%. Excess weight in 10-11 year olds has increased to 38.0% and is significantly worse than average.

Supporting communities to adopt and sustain healthier lifestyles and improving wellbeing needs to be considered alongside other wider determinants such as housing and employment.

5.4 Staying Safe

Three consistent challenges to keeping our population safe are domestic abuse, mental health and substance misuse. National research and our own local analysis demonstrate that these are too often related to individuals seeking support from local services including health, Police and safeguarding services.

The most common risk factors identified in 1,800 annual assessments completed by Children Safeguarding Teams were domestic violence (43.4%), mental health (43.4%) and drug misuse (24.5%). The majority of the 600 families who are assessed under our Strengthening Families programme in 2017/18 are reported as having some mental and emotional health needs. We know that these issues affect large numbers of people in our communities and can often be the drivers of other needs.

There are also challenges to local partners and communities to provide support to our most vulnerable people, including those who are homeless, misuse drugs or alcohol, are socially isolated or have increased care needs due to dementia, mental health or disabilities.

5.5 Enjoying and Achieving

The majority of children in the borough attend ‘good’ or ‘outstanding’ schools, and children in our primary schools achieved good results, with Early Years, Key Stage One and Key Stage Two above the national average in 2018. The challenge remains to improve the attainment of pupils in all of our secondary schools to consistently above the England average and also to narrow the attainment gap for disadvantaged children.

The levels of educational attainment in the population are also lower than the national average, with the borough having higher levels of working age residents with low levels of qualifications than the national average.

5.6 Economic Wellbeing

The most significant challenge to “economic wellbeing” in Telford & Wrekin is poverty. In our JSNA this is expressed as multiple deprivation measured by the Index of Multiple Deprivation. The Index shows us:

- 17.3% of the population (30,500 people) live in income deprivation. In Lakeside South this is 23.8%.
- 23.9% of children (to the age of 15) live in income deprived households. In Lakeside South the rate is 34.7%.
- 18.1% of the 60+ population are income deprived.

There are numerous factors that influence this. From an economic perspective, the borough has a good rate of employment and a successful track record of attracting investment to secure and create jobs. However, we have specific challenges around

the number of young people who are “not in education, employment or training”, relatively low wage rates and a higher proportion of low/unskilled jobs. A key challenge is to ensure that all of our communities benefit from growth and prosperity.

Through geographic analysis of demographic, health and socio-economic data, “Understanding Telford and Wrekin 2019” demonstrates that there are significant differences between the neighbourhoods of the Borough. It is essential that these are considered when services are designed and commissioned to ensure that the specific needs of communities are effectively met.

Report prepared Helen Potter, Research & Intelligence Manager, Telford & Wrekin Council

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TELFORD & WREKIN COUNCIL

SMT – 9TH SEPTEMBER 2019

HWB – 26TH SEPTEMBER 2019

REFRESH OF HEALTH & WELLBEING STRATEGY

REPORT OF ASSISTANT DIRECTOR HEALTH & WELLBEING

LEAD CABINET MEMBER – CLLR ANDY BURFORD

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 The development of a Joint Health and Wellbeing Strategy is a statutory requirement placed upon the Health and Wellbeing Board under the Health and Social care Act 2012. The current strategy covers the period 2016 to 2019 and therefore there is a need to review the Health & Wellbeing Strategy for the years 2020 to 2023. It is proposed that a 'light touch' refresh the Strategy is undertaken, building upon the engagement already taken and planned as part of our approach to Integrated Place Based Working, during the autumn.
- 1.2 This paper proposes a strategic framework for the new Health & Wellbeing strategy and a process for refreshing the priorities.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to endorse that:

- 2.1 The strategic objectives of the Integrated Place Partnership should form the strategic framework for the new Health & Wellbeing Strategy. These are:
 - Building Community Capacity and Resilience
 - Prevention and Healthy Lifestyles
 - Early Access to Advice and Information
 - Integrated Care and Support Pathways
- 2.2 The new Health & Wellbeing Strategy should include 'improving outcomes for giving every child the best start in life' and for 'improving outcomes for complex vulnerable groups' and
- 2.3 Approve the process for refreshing priorities against the above framework.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improving Health & Wellbeing
Will the proposals impact on specific groups of people?		
	Yes	This plan is about refreshing the health & wellbeing strategy – the implantation of which should improve wellbeing for a range of specific groups and narrow health inequalities.
TARGET COMPLETION/DELIVERY DATE	It is proposed that the new strategy will be from 2020 to 2023.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<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 Health & Well-being Strategy.</p> <p>The grant allocation for 2019/20 is £12.012m. The allocation for 2020/21 is expected to rise by 3.4% as announced in the Spending Round on 4th September. The detailed settlement information for individual authorities will be published in later in the calendar year.</p> <p>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, of which £1.1m has been allocated to services within our Health & Well-Being Service which target Prevention and Healthy Lifestyles. A further £0.2m is available in one of funding in Public Health reserves.</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 2021. 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>(ER – 06.09.2019)</p>
LEGAL ISSUES	Yes	Section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended) places a duty upon the Council and each of its partner clinical commissioning groups (CCGs) to prepare a joint health and wellbeing strategy for meeting the needs included in the Joint Strategic Needs Assessment [JSNA] by exercising the functions of the Council, the National Health Service Commissioning Board or the CCGs.

		<p>Consideration must be given to whether the needs could be met more effectively by arrangements under Section 75 National Health Service Act 2006 [2006 Act].</p> <p>The partners must have regard to the mandate published by the Secretary of State under Section 13A 2006 Act and any guidance issued by the Secretary of State.</p> <p>The partners must involve the Local Healthwatch organisation and the people who live and work in the area in its preparation and must publish the strategy</p> <p>The partners may also include a statement on how arrangements for the provision of health related services in the area could be more closely integrated with arrangements for the provision of health services and social care services.</p> <p>The statutory guidance upon Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was last issued by the Secretary of State on 26th March 2013.</p> <p>KF 05.09.2019</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	Once the strategy is developed impacts, risks and opportunities can be assessed.
IMPACT ON SPECIFIC WARDS	Yes/No	Borough-wide impact but with targeted action n some wards in order to narrow health inequalities.

PART B) – ADDITIONAL INFORMATION

4. BACKGROUND

- 4.1 The development of a Joint Health and Wellbeing Strategy is a statutory requirement placed upon the Health and Wellbeing Board under the Health and Social care Act 2012. The current strategy covers the period 2016 to 2019 and therefore there is a need to review the Health & Wellbeing Strategy for the years 2020 to 2023. It is proposed that a ‘light touch’ refresh the Strategy is undertaken, building upon the engagement already taken and planned as part of our approach to Integrated Place Based Working, during the autumn.
- 4.2 The core aim of the Health and Wellbeing Strategy is to develop local evidence based priorities for developing local programmes and services that will improve the health and wellbeing of our residents and reduce inequalities. One of the core purposes of the Board is that it drives partnership working to develop closer integration and approaches that are person-centred and community centred.
- 4.3 The Health & Wellbeing Strategy should be informed by the JSNA. The latest JSNA is being presented to the Health & Wellbeing Board (agenda item x). The key findings of the JSNA should drive the development of priority outcomes and actions that local authorities, the local NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. The development of ‘population health management’ across the Sustainable Transformation Partnership (STP) where intelligence is to be developed more collaboratively will support JSNA development going forward.

5. POLICY CONTEXT

- 5.1 Telford & Wrekin Council has agreed its 4 Year Programme to invest, protect and care for the borough and makes a number of pledges against the following themes:
 - Protect and support our most vulnerable children and adults
 - Securing the best start in life for Children & Young People
 - Protect and create jobs as a ‘Business Supporting, Business Winning Council’
 - Improve local people’s prospects through better education, skills and training
 - Keep neighbourhoods safe, clean and well connected
 - Support communities and those most in need and work to give residents have access to suitable housing
 - Improving health & wellbeing across Telford & Wrekin
 - Protect and champion our environment, culture and heritage.
- 5.2 Many of these themes are supporting action to tackle the wider determinants of health – housing, community safety, inclusive economic development, jobs and skills, leisure and culture. The ‘Improving Health & Wellbeing’ and ‘Best Start in Life’ themes have a strong focus on investment in prevention and community based services, mental health and building more resilient communities. The Council clearly wants to drive partnership working and integration and will continue to stand up against the loss of NHS services from the borough.

5.3 The national NHS Long Term Plan is driving NHS policy. This plan sets out the direction for local CCGs to become larger more strategic organisations and empowering ‘Placed Based Working’ coterminous with Local Authorities. Telford & Wrekin and Shropshire CCGs are proposing to form a new Strategic Commissioning Organisation in April 2020.

5.4 The NHS Long Term Plan has a number of strategic objectives:

- A new Service Model for the 21st century including to boost ‘out of hospital’ care, developing more personalised care and increasing digitally enabled care
- More NHS action on prevention and health inequalities including smoking, obesity, alcohol, air pollution and stronger action on health inequalities
- Further progress on care quality and outcomes including best start in life and major health conditions.

CURRENT STRATEGY & PRIORITIES

5.5 The current Health and Wellbeing Strategy 2016-2019 was based upon an approach that supported and developed community assets and strengths and harnessing the skills of local residents and organisations. It set three broad priorities:

- Encouraging healthier lifestyles
- Improving mental wellbeing and health
- Strengthen our communities and community based support.

5.6 More recently it has set within these broad priorities three cross-cutting priorities – tackling the ‘Toxic Trio’ of Mental Health, Substance Misuse and Domestic Abuse and addressing issues of ‘Excess Weight’ and ‘Social Isolation’.

5.7 The Health & Wellbeing Board has received regular updates against these broad priorities and the cross-cutting themes together with updates from its constituent partnerships. Each year the Board has received an outcomes progress report – the latest of which was presented to the Board in June 2019. The Board has also considered the Director of Public Health’s Annual Reports that have focussed on some of these themes and this year’s focusses on progress across the last six years since Public Health transferred to the Council and the Health & Wellbeing Board was set up.

5.8 The report of the Integrated Place Partnership is on the Health & Wellbeing Board agenda at appendix x. This partnership is accountable to this Board and to Shropshire and Telford & Wrekin Sustainability and Transformation Partnership (STP) for the ‘Prevention’, ‘Integration’ and Placed Based’ working elements of their work.

5.9 It is recommended that the strategic objectives of this partnership should form the strategic framework for the new Health & Wellbeing Strategy. This would ensure that the emergent Health & Wellbeing Strategy clearly aligns with STP plans.

PROPOSED STRATEGIC FRAMEWORK

- 5.10 The proposed framework for the new Health & Wellbeing Strategy is therefore proposed to be:
- Building Community Capacity and Resilience
 - Prevention and Healthy Lifestyles
 - Early Access to Advice and Information
 - Integrated Care and Support Pathways
- 5.11 The Integrated Place Partnership has focussed on a set of outcomes which are adult focussed particularly around frail older people and it is therefore recommended that, if the above proposed framework, is adopted – the outcomes for our new Health & Wellbeing Strategy include those focussing on ‘Giving Every Child the Best Start in Life’ and on ‘Improving the outcomes for complex vulnerable groups’ such as those suffering from conditions linked to Mental Health, Substance Misuse and Domestic Abuse.

PROPOSED PROCESS TO ENGAGE & REFRESH

- 5.12 Each partnership has based their current priorities on intelligence and engagement with key stakeholders. The development of the refreshed Health & Wellbeing Strategy needs to build upon this and agree a set of key priorities using the new framework. The Health & Wellbeing Board will engage with each partnership to take this forward.
- 5.13 The Board recognises that more engagement needs to take place with the Community & Voluntary Sector to share the work of integrated placed based working and this can be used to support their engagement around future priorities.
- 5.14 The outline timeline for refreshing the Health & Wellbeing Strategy is given below:

Publication of JSNA to inform Strategy	September 2019
Health & Wellbeing Board agree Strategic Framework & refresh process	September 2019
Joint Workshop between Health & Wellbeing Board and Integrated Place Partnership	October/November 2019
Discussion of Strategic Framework and priorities at Community Safety Partnership & LSCB Executive Group	September to November 2019
Engagement of Community & Voluntary sector partners with Integrated Placed Based working and future priorities	October/November 2019
Draft Health & Wellbeing Strategy developed and shared with	December 2019
Light touch public consultation process on the refreshed Health & Wellbeing Strategy	January/February 2020

Final Health & Wellbeing Strategy shared with STP and CCG	February 2020
Final Health & Wellbeing Strategy endorsed at Health & Wellbeing Board	March 2020

6. RECOMMENDATIONS

The Health & Wellbeing Board is asked to endorse that:

- 6.1 The strategic objectives of the Integrated Place Partnership should form the strategic framework for the new Health & Wellbeing Strategy. These are:
 - Building Community Capacity and Resilience
 - Prevention and Healthy Lifestyles
 - Early Access to Advice and Information
 - Integrated Care and Support Pathways
- 6.2 The new Health & Wellbeing Strategy should include ‘improving outcomes for giving every child the best start in life’ and ‘improving outcomes for complex vulnerable groups’; and
- 6.3 Approve the process for refreshing priorities against the above framework.

7. PREVIOUS MINUTES

N/A.

8. BACKGROUND PAPERS

N/A.

**Report prepared by Liz Noakes, Assistant Director Health & Wellbeing,
liz.noakes@telford.gov.uk Telephone: 01952 383003**

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TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 26 September 2019

REPORT TITLE: Mental Health Update including Suicide Prevention

REPORT OF :

Steph Wain, Telford & Wrekin Council,
Frances Sutherland, NHS Telford & Wrekin CCG,
Cathy Davis, NHS Shropshire CCG,
Helen Onions, Telford & Wrekin Council

LEAD CABINET MEMBER – Cllr Burford and Cllr S Reynolds

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an update of the work being undertaken across Telford and Wrekin to improve and support the mental health of local residents.

The following report is therefore divided into two sections:-

- Update on Mental Health Strategy – including 0-25 emotional health and wellbeing service and support for survivors of Child Sexual Exploitation / Abuse (CSE/CSA).
- Update on Suicide Prevention

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY eg CCG, Council)

To note the updates provided on both programmes of work.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

All actions described within the report are intended to have a positive impact on those who have or who are at risk of having a poor emotional health, mental health problems, or at risk of suicide.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improving Mental Health</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Plan to:</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities and address health inequalities. <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
Will the proposals impact on specific groups of people?		
Yes	<p>The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.</p> <p>This will include children and adults.</p>	
TARGET COMPLETION/DELIVERY DATE	Various targets / milestones contained within the plans.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>For the Council, the actions detailed in this report are expected to be delivered and outcomes achieved from resources approved in the Council's budget strategy.</p> <p>Not all the initiatives in this report have recurrent funding e.g. Mental Health Hubs were funded for the first time in 2017/18 from one off resources, and still do not have ongoing funding and this issue is part of ongoing discussions with the CCG.</p> <p>Where further initiatives under the strategy ensue the expectation is that these will be delivered from within existing resources.</p> <p>The successful NHSE Wave 2 Trailblazer bid secured approximately £360,000 for Telford and Wrekin CCG to use to implement this service with the aim of it being fully implemented later in 2020 once training has been completed.</p>

		RP 16/9/19
LEGAL ISSUES	Yes	<p>The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983) and under the revised statutory Code of Practice under the MHA 1983, which came into force on 1 April 2015.</p> <p>Section 2B of the National Health Service Act 2006 (as amended) places a duty upon local authorities to take appropriate steps to improve the health of local people in its area.</p> <p>The Public Health, NHS and Adult Social Care Outcomes Frameworks all contain outcomes in respect of the mental health and wellbeing of adults and children, which the Council and NHS bodies are required to meet.</p> <p>The HWBB has a role in co-ordinating and encouraging integrated partnership working.</p> <p>Accordingly, work undertaken by the HWBB to identify and investigate mental health and suicide prevention issues assists the Council in undertaking its statutory responsibilities.</p> <p>KF 22 September 2019</p>
EQUALITY & DIVERSITY	Yes	The strategy will aim to reduce inequalities for those experiencing mental health issues.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	The 2016-2019 mental health strategy, and local suicide prevention strategy was developed following significant engagement. A stakeholder group of volunteers, service users and third sector groups have overseen the implementation. The MH STP strategy is currently being developed by partners and includes engagement with service users.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The Mental Health Strategy and Health and Improving Mental Health priority has many interdependencies with other strategies such as: Commissioning

	Strategies on drugs and alcohol, autism, dementia, Children in Care and Care Leavers. The aim is that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing.
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PART B) – ADDITIONAL INFORMATION

1. INFORMATION

The following report is divided into two sections:-

- Update on mental health Strategy(children and adults, and the work of the STP)
- Update on suicide prevention

Section One: Mental Health Strategy

The following describes some of the key pieces of work that are currently being addressed by commissioners and operational colleagues:

1.1 Adult Mental Health

- A mental health forum meets on a regular basis. Together they share best practice, develop new partnerships and solutions. There are over 20 organisations represented on this group. They are also consulted on key developments such as the STP.
- A new provider is now established delivering the Independent Mental Health Advocacy Service.
- A developing voluntary sector continue to offer a range of mental health support.
- Commissioners are in discussions with a number of housing providers to increase the range of accommodation available to people with poor mental health.
- The support service for adult survivors of CSE has been running for 1 year now. This builds on the 6 month pilot and the Emotional Trauma model developed by local partners. Additional counselling services have also been commissioned by the Council to improve access to counselling for survivors.
- Work to review current residential placements is ongoing, with alternative provision used wherever possible. A project focusing on domiciliary care is planned, to move towards an enablement model which focuses on building independence.
- In 2018/19 the Emotional Wellbeing service (IAPT) provided therapy to over 3800 Telford and Wrekin residents who were depressed or anxious; 62% of those in

therapy were recorded as recovered (the national target is 50%); 98% seen and commence treatment within 6 weeks and 100% seen and commence treatment within 18 weeks. The access rate has been commissioned to rise to 25% by 2020/21 which will mean nearly 5000 people being seen by the service in that year.

- The service also provides an integrated service to support individuals with physical health issues particularly those with diabetes, respiratory conditions and musclo skeletal problems. In addition the service also provides support in the DWP office and Job box.
- The Early Intervention psychosis service more than achieved its access target seeing 100% of patients in the last quarter of the year within 2 weeks. During the year over 50 patients were supported by this service to manage their first episode of psychosis
- DTOC – improved systems are in place between Health and social care to ensure delayed transfers are prevented, and where incurred, reduced. Commissioners are able to report an improved position overall in relation to DTOC, and are working to agree procedures for where MDT decision making is required.
- Work has commenced on developing an improved mental health crisis pathway. Workshops have been held with professionals, carers and service users to understand what is in place and how we could improve the system. Key themes from the work highlighted:- easy and early access to support to prevent a crisis; improved understanding of the offer of help; alternatives options for those in crisis; support for carers when someone is in a crisis and improved crisis support for children and young people.

1.2.1 Children's Mental Health

CCG and LA commissioners are working closely with the provider of the BeeU service to improve outcomes for young people. Key issues / progress to note:

- Telford and Wrekin has been accepted on to the Anna Freud programme the aim of which is to bring together education and mental health professionals so that more C&YP get the help and support they need. Shropshire is already on the programme and is already reporting positive changes in terms of the timeliness and appropriateness of referrals, as well as managing peoples understanding and expectations of services.
- In addition to this programme the CCGs, Telford and Wrekin and Shropshire LA have been successful in a bid to be part of NHSE Wave 2 Trailblazer programme to develop new Mental Health Support Teams (MHSTs) in key schools across Shropshire, MHSTs will develop models of early intervention for mild to moderate mental health and emotional wellbeing issues, such as anxiety, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff; Enhancing the

opportunity 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. By locating the mental health teams across key schools we are confident that relationships, competence and knowledge about early identification and prevention of mental health will significantly increase.

- Telford and Wrekin have exceeded the national average for the percentage of children and young people with diagnosed mental health conditions receiving treatment for their illness, 72% of children and young people with a diagnosed mental health condition receiving treatment for their illness in 2018/2019. Developing a school/education wide approach to CYP mental health, will support the earlier management and support offered to CYP experiencing emotional and mental health issues, including those with neurodevelopmental problems. As part of the programme of work being developed with schools, we are developing a new pathway to support the assessment and diagnosis neurodevelopmental problems to ensure that in line with best practice we offer a multidisciplinary approach, and a rate of diagnosis that is in line with the national picture.
- There is now improved system wide governance over the BeeU service (with membership from the mental health trust, both local authorities and CCGs) which reports to the Clinical Quality Reporting Meeting (CQRM).
- Additional physical health screening was carried out to improve clinical governance.
- A service communication has been shared with schools.
- A Mental Health Task Force has been established to bring together BeeU, social care, wider health partners and schools to implement new programmes of work and to support improved working relationships and outcomes for young people.

1.2.2 The Mental Health STP and Local Transformation Plan (LTP) for Children

The mental health STP group is developing its strategy which focuses on prevention, resilient communities, care and support and crisis. The groups membership includes the 2 LA's, 2 CCG's, and is chaired by Midlands Foundation Partnership Trust.

The Children's LTP is also in development. A workshop is planned for mid-October to enable partners to develop the action plan.

Section Two: Suicide Prevention Update

1.3 Suicide Prevention Update

The Telford & Wrekin Suicide Prevention Action Group is a proactive multi-agency partnership with a membership of 40 people. Progress delivered by the group includes:

- Annual networking events held for the past 3 years, which have been very well attended. In 2018, 163 people attended the joint event. This year, the event is planned for February 2020 to coincide with the national Time to Talk campaign.
- Health Education England funding secured for face-to-face suicide prevention training and 120 frontline staff were trained by May 2019.
- “Save a life” Zero Suicide online training, which was well taken up and acknowledged as an excellent resource:
<https://healthytelford.com/2018/10/09/course-saved-life/>
- Suicide Intervention Policy for schools. Samaritans are increasing their work with schools and were part of Crucial Crew this year.
- Development of an information sharing protocol for utilisation within the action groups.
- Police are sharing hotspot data so Samaritans can target signage, which is clearly having a local impact.
- Key priorities currently being worked on are: developing work on self-harm in young people, real time surveillance to provide better in-depth learning, and Z card for frontline practitioners, which has been designed by young people.
- Beginning to develop Real Time Surveillance in order to:
 - Target appropriate early support for those bereaved by a suicide death given the higher risk of suicide and greater likelihood of dropping out of work or education in those affected.
 - Develop trend profiles of hot spot areas, clusters and demographics to support action planning, coordination and targeting of prevention.
 - Build strong links between Police, Public Health, the NHS and the Coroner to enable better use of shared intelligence and resources.
- On 8th September 2019, as part of World Suicide Prevention Day, the Council and partners held an awareness raising event in Southwater Square. The event and associated publicity and social media activity acknowledged the number of men who take their lives each week in the UK, as 84 men gathered for an 84 second silence as poignant recognition of the issue.
[It's okay for men not to be ok](#)
[Why we need to end the stigma around male suicide](#)

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

3. PREVIOUS MINUTES

September 2019, Health and Wellbeing Board.

4. BACKGROUND PAPERS

None

Report prepared by

Steph Wain, Group Specialist Commissioner, Telford & Wrekin Council
Helen Onions & Lyn Stepanian, Public Health Commissioner, Telford & Wrekin Council
Cathy Davis, NHS Shropshire CCG
Frances Sutherland, NHS Telford & Wrekin CCG

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD – 26 SEPTEMBER 2019

INTEGRATION OF HEALTH AND SOCIAL CARE – TELFORD'S 'PLACE' APPROACH AND PROGRESS

REPORT OF ASSISTANT DIRECTOR OF ADULT SOCIAL CARE, TWC & DEPUTY EXECUTIVE INTEGRATED CARE, CCG

LEAD CABINET MEMBER – CLLR ANDY BURFORD

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1. In 2015 the CCG and Council began work on a collaboration to design and deliver a programme called 'Neighbourhood Working' across Telford and Wrekin. This programme was adopted as part of the Shropshire, Telford and Wrekin STP.
- 1.2. Following the release of the NHS Long Term Plan in January 2019, Neighbourhood Working was reviewed to ensure it aligned to the Long Term Plan as well as the current and future needs of Telford and Wrekin. Consequently, 'Neighbourhood Working' evolved into the 'Integrated Place Programme', including the expansion of the Neighbourhood Steering Group into the Telford & Wrekin Integrated Place Partnership (the membership of which now includes senior representative from Shrewsbury and Telford Hospital Trust, Shropshire NHS Community Trust, Midlands Partnership Foundation Trust and Primary Care Network clinical directors) to drive the directional change to delivering community based support to the people living within the boundaries of Telford and Wrekin.
- 1.3. This report outlines the objectives of Integrated Place Programme, highlights the progress made so far and summarises the next steps for this programme over the next 6-12 months.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 2.1 Note the progress set out in this report and request a further update report in March 2020.
- 2.2 Endorses the Integrated Place Programme and its objectives for 2019/2020.

3. SUMMARY IMPACT ASSESSMENT

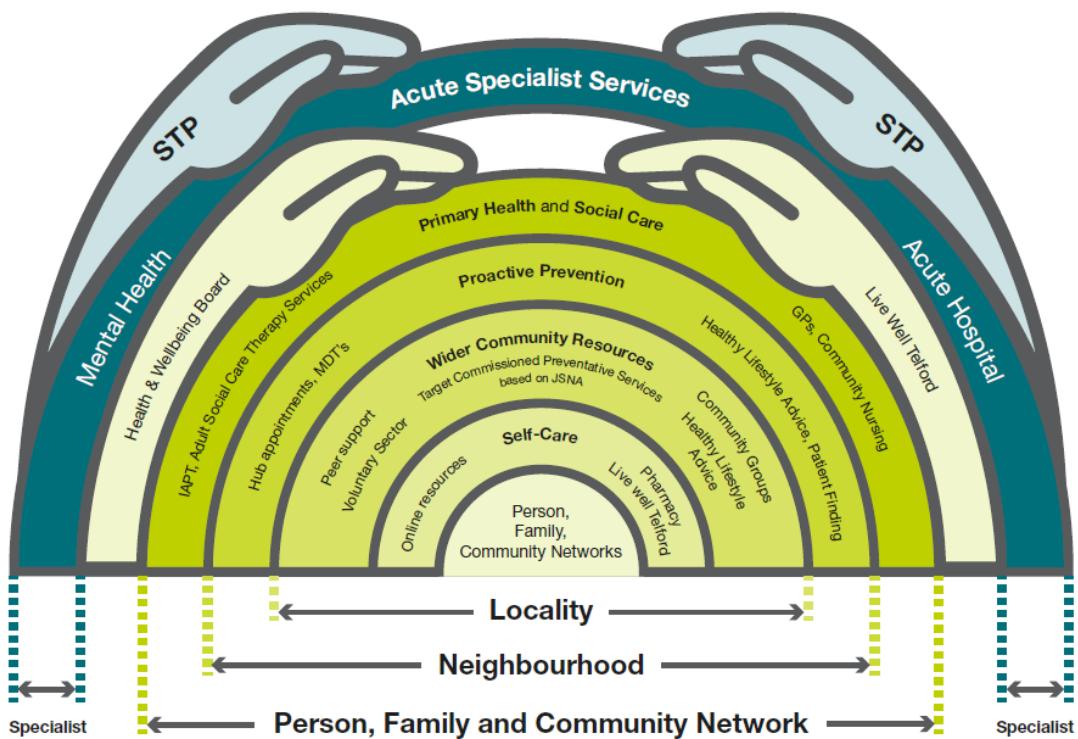
COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<ul style="list-style-type: none"> • Protect and support our most vulnerable children and adults • Support communities and those most in need and work to give residents access to suitable housing • Improving health & wellbeing across Telford and Wrekin)
	Will the proposals impact on specific groups of people?	
	No	The programme of work will impact on all residents.
TARGET COMPLETION/DELIVERY DATE	Ongoing programme of work aligned to the Sustainability and Transformation Partnership (STP).	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Council's contribution to the delivery of this programme is met from within existing resources, including the Better Care Fund and the Public Health Grant. It is anticipated the Council will need to find further savings anticipated to total £25m over the next two years, 2020/21 and 2021/22 and this may impact on the funding for this programme. <i>(TS, TWC 16/8/19)</i></p> <p>NHS Telford and Wrekin CCG contributes to the support of this programme from within existing management costs. The delivery costs of the programme are within the current NHS Shropshire Community Trust Budget and the health contribution to the Better Care Fund and Primary Care Budgets. Whilst there are no plans to disinvest from commissioned services for 2019/20 HWBB will be aware that as a system further savings are required to maintain financial sustainability going forward. <i>(TJ, CCG, 01.08.2019)</i></p>
LEGAL ISSUES	Yes	A duty of the Health and Wellbeing Board under Section 195 of the Health and Social Care Act 2012 is to encourage integrated working in the provision of health and social care services and in particular to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging arrangements to be made

		<p>under Section 75 of the National Health Services Act 2006 [2006 Act]</p> <p>The Board may also encourage commissioners of health-related services in its area to work closely with the Board and encourage commissioners of any health or social care services and commissioners of health-related services in its area to work closely together</p> <p>Accordingly, the proposals in respect of the Telford & Wrekin Integrated Place Programme set out in this report will assist the Board in meeting its legal obligations.</p> <p>This continuing commitment to integrated working is also a requirement of the Board's Terms of Reference and links to the Joint Health and Wellbeing Strategy prepared under Section 116A of the Local Government and Public Involvement in Health Act 2007</p> <p style="text-align: right;">(KF, TWC 05.09.2019)</p> <p>The NHS Long term plan published Jan 2019 requires the NHS to move towards a new model of care .GP practices – typically covering 30-50,000 people – will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. New expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to increase NHS support for people living in care homes.</p> <p style="text-align: right;">(TJ, CCG 01.08.2019)</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are opportunities relating to sustainability and improved efficiencies through delivering on the integration agenda.
IMPACT ON SPECIFIC WARDS	Yes	The programme of work impacts across the population of the Borough and includes targeted activity within those wards reporting higher levels of health and wellbeing need and inequalities.

PART B) – ADDITIONAL INFORMATION

4. BACKGROUND

- 4.1. In 2015 the CCG and Council began work on a collaboration to design and deliver a programme called ‘Neighbourhood Working’ across Telford and Wrekin. This programme was adopted as part of the Shropshire, Telford and Wrekin STP. ‘Neighbourhood Working’ encompassed all elements of community based developments including volunteering, development of community health and social care services and joint working between GP practices. The work includes a broad range of changes which aims to improve quality of life for the people living in Telford and Wrekin and, amongst other aspirations, will reduce admissions to hospital and residential care. This will be achieved through primary prevention, strengthened community support and by taking a more proactive and collaborative approach across the system.
- 4.2. Following the release of the NHS Long Term Plan in January 2019, Neighbourhood Working was reviewed to ensure it aligned to the Long Term Plan as well as the current and future needs of Telford and Wrekin. Joint working between the Council and CCG led to the development of the following high level model that was based around ‘place’ and enabled further integration of services/teams.



- 4.3. Consequently, ‘Neighbourhood Working’ evolved into the ‘Integrated Place Programme’, including the expansion of the Neighbourhood Steering Group into the Telford & Wrekin Integrated Place Partnership (now includes 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.

4.4. The Telford & Wrekin Integrated Place Programme is accountable to the Telford & Wrekin Health and Wellbeing Board (HWB) and the Shropshire and Telford & Wrekin Sustainability and Transformation Partnership (STP). Please see Appendix A for a copy of the current governance structure of the STP.

4.5. Whilst the Integrated Place Programme is not accountable to the Safeguarding Partnership, it does include aspects of work that deliver the prevention agenda for safeguarding and as such will engage with them when required.

5. OUR STRATEGIC APPROACH

5.1. The Integrated Place Programme is a complex set of activities bringing together all aspects of community centred approaches under the same strategic vision and principles of working to achieve the following outcomes:

- **Communities will be connected and empowered**
- **People will stay healthy for longer**
- **Clinical outcomes for patients will be optimised**
- **Services will be available closer to home**
- **People will feel supported during times of crisis**
- **People and their carers will be supported at the end of their lives**

5.2. To ensure there was a consistent narrative across the Borough, a strategic plan for the programme was developed and agreed at the Telford & Wrekin Integrated Place Partnership by all members. This plan has 6 strategic priorities for the next year:

- **Building Community Capacity and Resilience** - strengthening communities through community development, asset based methods, developing social networks, volunteer and peer roles, developing collaborations and partnerships and improving access to community resources.
- **Prevention and Healthy Lifestyles** - support people to stay healthy with a combination of individual and whole population approaches.
- **Early Access to Advice and Information** - integrated approach to information and advice, including use of the voluntary sector, online directories, development of locality hubs and an independent living centre.

- **Integrated Care and Support Pathways (including out of hospital)** - all organisations in Telford and Wrekin delivering services which connect and empower people to stay healthier for longer and preventing unnecessary admission to hospital.
- **One Public Estate** - developing and using existing and new estate to enable delivery of integrated support.
- **Governance** - shared local commitment, leadership, accountability, performance metrics and governance.

5.3. Please see Appendix B for a copy of the Strategic Plan 2019/20 which details more information on the direction of the travel for the programme.

6. CURRENT WORK PROGRAMME

6.1. Building Community Capacity and Resilience

What is included in the work?

The aim of this priority is to build on the assets within our communities, voluntary organisations and the Council to help create confident, connected and resilient communities.

To deliver this the following areas of work have been agreed:

- Information Advice and Guidance to Voluntary, Community and Social Enterprise (VCSE) Sector;
- Individual Support to VCSE Organisations;
- Delivery of Council Funded Grant Programmes;
- Identifying gaps in community provision with ASC colleagues including:
 - Community Connectors
 - Flexible Volunteering
 - Personal Assistants;
- Receiving referrals from ASC and Children's Services for Community Support; and
- Volunteering including:
 - Lead on Council policy and practice for volunteering
 - Manage number of Council volunteering schemes
 - Develop new volunteering schemes
 - Support Council services and Voluntary Sector to develop volunteering
 - Promote volunteering

What progress has been made?

- Community Business Support has been transitioned into the Community Participation Team, allowing for an increase in appropriate provision within the community that will help reduce the pressure on health and social care services.

- **Information, advice, guidance and support to the Voluntary, Community and Social Enterprise (VCSE) sector:**
 - The TWC Community Support website provides a range of online toolkits that assist the start-up and development of community-based provision. 680 individuals accessed these toolkits in 2018/19, an increase of 419 from the previous year.
 - 84 VCSE groups were provided with individual tailored support and advice during 2018/19 to help the development of their community provision, and
 - 23 new VCSE groups received support (in 2018/19) to set up a range of provision that provide support for older people, people with mental health difficulties, people with disabilities, children and families and peer support groups.
- Facilitated **3 community ‘Health Matters’ workshops** to raise awareness of health inequalities, to support the community to identify health and well-being priorities and to map and agree that collective action we can take to make improvements.
- Delivery of **Council funded grant programmes** - in 2018-19
 - £2m was allocated through Telford@50
 - 2 programmes of events grants - £50,000
 - 2 capacity fund grants were launched for the growth of community-based activities and services that benefit health and social care projects:
 - Get Started – 13 groups, £15,741
 - Develop – 8 groups, £63,180
 - Councillors’ Pride Fund - £54,000 support social community projects and £54,000 supported environmental community projects.
 - Community buildings and facilities grants:
 - £234,000 to small grants
 - £750,000 to large grants
- Developed two rolling course **programmes to help target more people into care work**, in particular Personal Assistants (PAs). 22 attended the introduction to care courses and 2 are now employed. 7 achieved Level 1 ‘Preparing to Work in Adult Social Care’ of which 4 progressed to further training, 1 is in part-time work and 2 are volunteering. 93 PAs have been recruited.
- A volunteer scheme (**Community Connectors**) was developed to recruit, train and DBS check local volunteers who are matched with clients who are socially isolated and/or lonely and/or lack self-esteem/confidence. 40 referrals were received, but several challenges outweighed the positive outcomes - the scheme is currently being revised and will be re-launched in autumn 2019.
- **Hoarding Support and Prevention** – following the TW Safeguarding Adult Board launching a new Hoarding policy and associate

procedures in 2018 a community based hoarding support project and service was set up. 10 individual cases are receiving support. 2 cases have had successful outcomes with individuals being able to leave long term (12 weeks) hospital respite care and return home as well as receiving therapeutic support to prevent future hoarding behaviour.

- **Support provided to Adult Social Care and Children's Services** for community support – 74 enquires with 90% able to support with information about community-based provision that could assist clients.
- **Volunteering:**
 - Co-ordinate and Chair the Volunteer Manager's Forum that focuses on corporate policy and practice through the year.
 - Managing volunteers across the Borough including: Health Champions, Feed the Birds, Community Connectors, Street Champions and Snow Wardens.
 - Ongoing support is provided to the volunteers through training, communications, risk assessments, shared supervision meetings and evaluation.
 - At the end of 2018/19 the overall total of Council Volunteers stood at 1,412 (up from 942 the previous year).
 - In 2018/19, 10 teams were supported with developing/managing new volunteer schemes to support Council Services.
 - Volunteer Telford website has 76 organisations offering 158 volunteering opportunities. The total number of hits on the website in 2018/19 was 22,416, an average of nearly 2,000 per month.
 - Volunteering is promoted throughout the year in a variety of ways:
 - Ongoing through social media - on the Volunteer Telford Facebook page and Twitter account.
 - The Council's Volunteer web pages
 - Volunteer Telford website
 - National Volunteers Week – a borough wide campaign ran annually the first week of June
 - In the weekly Community Participation E Newsletter
 - Targeted recruitment at events- the focus this year being on younger people (under 18s), people with physical and learning difficulties and job seekers.
 - Other themed activities – for example the Great British Spring Clean campaign - March/April 2019

Case Study: Feeding the Birds

"Volunteering leaves me with a feeling of fulfilment and knowing that we are benefiting someone else life. Seeing the vast improvement in Freda who suffers with dementia, depression and anxiety is outstanding, over time we have built a great relationship and the admiration Freda has for my daughter is wonderful."

Click [here](#) to read the full story

What are the plans for the future?

- Further develop and build the Personal Assistant market
- Launch themed grant promotion rounds based on the borough's needs (first themed round launched Summer 2019)
- Development of flexible volunteering schemes to support Pathway '0' (Pilot scheme operational by September 2019)
- Development of Youth Health Champion volunteer programmes (recruitment of first Youth Health Champions in September 2019)
- Re-launch Community Connectors (Autumn 2019)
- Supporting VSCE groups to grow capacity (completion by March 2020)
- Taking forward the actions from the local Call to Action: Loneliness Conference including developing a local campaign and maximising the continuation of the Council's cultural offer (completion by March 2020)
- Development of local libraries as hubs for health and wellbeing (completion by March 2020)

6.2. Prevention and Healthy Lifestyles

What is included in the work?

The aim of this priority is to support people to stay healthy with a combination of individual and whole population approaches.

To deliver this the following areas of work have been agreed:

- Mobilisation and launch of the British Heart Foundation community blood pressure testing programme;
- Delivery of the NHS Diabetes Prevention Programme;
- Delivery of the Macmillan Living with and Beyond Cancer Programme;
- Development of the Healthy Lifestyle Advisor Role as a link worker for social prescribing;
- Rolling out Making Every Contact Count Training to Adult Social Care and GPs; and
- Delivery of a whole system approach to reduce childhood and adult obesity.
- Implementation of 'Telford Healthy Hearts' aimed at maximising medical management of risk by primary care in cardiovascular disease combined with promotion of self-care and healthy lifestyle choices.

What progress has been made?

- The **community blood pressure testing programme** has commenced. The programme launched in April 2019, initially offering testing in-house to Council staff at the main office sites and extending to off-site employees. Testing is now being carried out in community venues, at community events, and through a planned programme with contractors such as Veolia, Ideverde, local employers such as Ricoh and other partners (e.g. Police). By mid-August they had tested 820 people, with almost 100 of these supported to carry out home testing

using a loaned monitor. Of those who needed home monitoring, about half have a final result in the normal range, and half show sustained high blood pressure – these people are then directed to their GP. An additional 6 people had an initial result which require immediate mediate advice or intervention.

- The **Healthy Lifestyle¹ Advisor** role has been further developed and they are now also the ‘link worker’ for social prescribing. This will result in increased capacity within general practice and the community to deliver social prescribing – connecting patients to community based support and reducing demand on services.

Case Study: How I went from playing PC games 12 hours a day to a budding triathlete

“By making small changes in his lifestyle, local resident Shane is managing to turn his life around”

Click [here](#) to read the full story



Shane reaching the finishing line of his first triathlon

During 2018/19 The Healthy Lifestyle Advisors have received 1803 referrals and 1544 Personal Health Plans were agreed with clients. 64% of these achieved their primary goal in behaviour change. The number of clients with a long term condition committing to a Personal Health Plan has increased by 43%. Many clients will have more than 1 long term condition and this number is represented in the total which demonstrates some of the complexities the team are working with. The main source of referrals to Healthy Lifestyle Advisors is from GP's - 71%. The Smoking Team receive 82% of their referrals from GP's and the Healthy Families Team receive most of their referrals from Community settings. The team offers 81 clinics across Telford, including evenings and weekend – these vary in location and include GP Surgeries, Libraries, Live Well Hubs and Centres, Children's Centres, Salvation Army and Christian Centres, Sikh Temple, Newport Cottage Care, PRH, Schools, Pharmacies, Leisure Centres and Residential Homes.

- **Health Champions** have been upskilled to support community based service delivery including health checks, taking blood pressures, supporting events and promotions and offering support to residential homes and support living housing. This will result in increased

¹ The Healthy Lifestyles Service is a holistic service offering behavior change support across all ages.

capacity to provide healthy lifestyle advice within communities through the use of trained volunteers.

- **Mass participation campaign #LetsGetTelfordActive** launched to support, encourage and inspire residents to increase Physical Activity. Now supporting over 22 local groups/organisations through TWC Get Telford Active Grants to assist them in delivering & promoting events targeted at people who are doing no/limited activity.
- Targeted work with Early Years and School Settings supporting a whole setting/school approach to deliver **positive change around physical activity**, P.E & sport and in food culture and behavior implementing national and locally developed pilots/programs: Active 30:30, Daily Mile (gone from 3 to 29), Active Families and Food for Life.

Case Study: How the Daily Mile is making schools better



"The Daily Mile improves concentration in lessons, gives pupils time to unwind and improves physical health"

Click [here](#) to read the full story

Pupils and teachers from Grange Park Primary School on their Daily Mile track

- Established **community initiatives that promote health & wellbeing** e.g. 'Men in Kitchens' Wrekin Housing Trust, 'For the Record' (Forge Urban Revival @The Wakes) bringing people together through activity, creativity or food.
- In conjunction with the Community Participation Team supported the **setup of Holiday Activities and Eat Well Fund** which aims to reduce the pressure during school holidays, on CYP and families in Telford who receive Free School Meals and those who are on low incomes through community holiday clubs. Groups and Organisations has expressed interest in the fund to provide clubs that have regular and accessible provision of a diverse range of positive activities which include physical activity and a healthy nutritious meal.

- Following the inspirational and successful **Social Isolation & Loneliness conference**, a call to action to tackle this issue we are reigniting support through specific task & finish groups: age friendly communities, volunteering, culture and young people. In addition following up how the 80+ Loneliness Champions are progressing with their pledges - showcased as part of Loneliness Awareness Week 17 – 22 June #TelfordTalksLoneliness. The image on the right shows some pledges made and what has happened since:

- The first element of the **Telford Healthy Hearts**, year long programme has commenced and addresses the drug management of cholesterol risks alongside promoting healthier lifestyle choices. There are four main groups of people that we are targeting through the cholesterol work:
 - People who have taken statins before but have stopped
 - People who are prescribed atorvastatin at a dose that is classed as low or moderate intensity – national guidance recommends that we should be using high intensity doses
 - People who are prescribed a statin other than atorvastatin at a dose that is classified as low or moderate intensity – national guidance recommends that we should be using atorvastatin at a ‘high intensity’ dose (this is a dose that reduced LDL cholesterol by more than 40%)
 - Those people who have already got heart disease or are at a significant risk of getting it ($\geq 10\%$ risk of developing cardiovascular disease in the next 10 years), but are not on a statin.

The results below show that more people are now being prescribed effective doses of statins that will reduce their overall risk of having a stroke or heart attack.

The total no patients prescribed statins = 22,492 (July 2019) (20,562 May 2018)

Number Rx high intensity statins = 15,027 (66.8%) (July 2019) (10,595 (51.5%) May 2018)

Number Rx low/medium intensity statins to be prioritised for review = 7,465 (33.2%) July 2019 (9,967 (48.5%) May 2018)



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...

Make links between churches and health groups to ensure they are aware of the activities provided by churches that can help support isolated & lonely people.

How are you getting on with your pledge?

Email us back
public.health@telford.gov.uk
and let us know

I/we have...

We have encouraged churches to attend the Community Health Plan meetings. Churches are using the Community News for You information email to provide information about local activity groups.

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
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 other libraries within Telford & Wrekin.

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

Thank you!



Telford Healthy Hearts also promotes awareness of risk factors and the CCG has developed a website with links to other programmes of work within our integrated place partnership. In response to patient feedback a local clinician and patient have starred in a video that will be used in surgeries and on websites to compliment the written leaflets, posters and pull up banners in surgeries. Watch it here:

<https://www.youtube.com/watch?v=TQQ5N6GtBzc>

What are the plans for the future?

- Completing 10,000 new blood pressure tests by March 2021
- Supporting the local delivery of the NHS Diabetes Prevention Programme, including raising awareness of local support services
- Supporting the local delivery of the Macmillan 'Living with and Beyond Cancer Programme'
- Working with Community Early Help and Support in relation to prevention pathways
- The Healthy Lifestyle Support within Clinical Pathways to increase referrals for patients with mental health problems, learning disability, long term conditions and MSK.
- Delivering Making Every Contact Count training to Adult Social Care and GPs
- Working with key partners to coordinate implementation of the excess weight and obesity action plan.
- Facilitating 'Community Centred Approach to Health & Wellbeing' workshops with interested individuals/groups from across the communities of Malinslee, Leegomery and Madeley to be part of a local conversation that will identify community-driven neighbourhood initiatives that support local communities to live well.
- Implementation of hypertension, atrial fibrillation and heart failure elements of Telford Healthy Hearts.
- Implementation of a Population Health Management approach to reducing risk factors for newly diagnosed Type 2 Diabetes patients.

6.3. Early Access and Advice and Information

What is included in the work?

The aim of this priority is to develop an integrated approach to information and advice, including use of the voluntary sector, online directories, development of locality hubs and an independent living centre.

To deliver this the following areas of work have been agreed:

- Further integration of the Information, Advice and Guidance Services - new tender for the expansion of the current My Choice Service to include the integration of the Carers Services into the existing specification;
- Development of Live Well Hubs in the community localities to provide a one stop shop for people to access services within their local community;

- Development of an Independent Living Centre (Smart House) as an all-purpose environment to promote independent living and to reduce costs of care and support.
- Development and launch of an online community asset resource directory;
- Lean review of Adult Social Care front door to help determine whether there is potential for a single point of access to health and social care; and
- Integration of the upcoming specification and tending of the alarm/monitoring systems in the Borough.

What progress has been made?

- **Living Well Drop Ins have been developed in the community**
localities with Adult Social Care this is allowing for early identification of issues and prevention of escalation of health and social care needs.
The current locations for hubs are:
 - Newport Library
 - The Wakes, Oakengates
 - Hub on the Hill, Sutton Hill
 - Lawley Bank Court, Lawley
 - Wellbeing Community Café, Madeley
 - Dawley Christian Centre, Dawley,
 - Community Centre, Brookside
 - Stirchley Medical Practice
 More Hubs are starting up over the next few months, including in Leegomery and Wellington. Positive feedback from attendees includes:
 - Being seen quickly,
 - Leaving with an outcome to work towards, including applications to extra care housing and assistive technology completed at the time and signposting to the Citizens Advice Bureau (CAB)
 - Ability to book in to see Social Worker at one of their bookable appointments; and
 - Being able to sign up to the Carers Centre at the time.
- **Live Well Telford** (online community asset resource directory) has been launched (<https://livewell.telford.gov.uk/>):
 - A communication and action plan for Live Well Telford has been developed to further promote the benefits of the new website with the community and partners
 - A comprehensive, all age, online community assets directory for Telford that is available and accessible for all Residents, Professionals, Providers, Voluntary Organisations, Carers and Family and Friends
 - A self-help tool, not only for individuals but for professionals to find information, advice and services in the local area, which will reduce reliance on health and social care services
 - Offering early help with a view to preventing crisis, promoting the five ways to wellbeing such as continued learning, getting



- active and preventing issues such as social isolation by presenting the community options and opportunities as well as events in the community.
- Went live in May 2019 with a soft launch approach by demonstrating LWT, including at Operational team meetings, Public Health Social Isolation Event, ASC Communication Sessions, Safeguarding Boards, SMT, Parish Council and Ward Clerk Meetings, Wrekin Area Committee Parish Forum, Police Cadets, Healthwatch Meeting, Market Place Event, Partnership Boards.
 - Google analytics monthly monitoring to measure number of 'third party users' registering their services and data around usage of LWT itself
 - Work is underway on the **Independent Living Centre/Smart House** project with the following areas already being achieved:
 - A suitable central location has been identified and negotiations are underway to get it agreed.
 - The offer has been devised and is illustrated in the following picture:



- The interior renovation of the venue has been designed and final agreements being made with the relevant service about what they need to deliver the offer.
- An early programme for the use of the space has been developed which includes information, advice and guidance, Assistive Technology showcasing, Assistive Technology Hub sessions, Occupational Therapy assessments, access to early

help (including booked appointments) and group meetings/presentations. It is anticipated that the venue will be open for a late night/Saturday opening.

What are the plans for the future?

- Expanding the Live Well Drop Ins to include public health, 3rd Sector, SCHT and signposting services (by September 2019)
- Developing a digital inclusion offer as part of the Drop Ins and Independent Living Centre – this will include supporting people ‘to get online’ increasing access to information and advice.
- Deliver the Independent Living Centre project (including building refurbishment, workforce development, outcome measures and communications) and launch in November 2019.
- Deliver the communication plan for Live Well Telford.
- Consideration of a single point of access for health and social care.
- Integrating the upcoming specification and tending of the alarm and monitoring systems in Telford and Wrekin.

6.4. Integrated Care and Support Pathways (including out of hospital)

What is included in the work?

The aim of this priority is to ensure all organisations in Telford and Wrekin deliver services which connect and empower people to stay healthier for longer and preventing unnecessary admission to hospital.

To deliver this the following areas of work have been agreed:

- Review and further development of health and social care integrated pathways;
- Launch of booked appointments for adult social care and other partners to help reduce waiting times and preventing escalation to a crisis situation;
- Further development of Multi-Disciplinary Teams (MDTs) attached to GP surgeries – including risk stratification tools;
- High Intensity Service Users Project;
- Pilot co-working between Social Workers and Occupational Therapists in the Hadley Locality;
- Rollout of the Emergency Passports, Red-Bag Scheme and I-Stumble protocols in care homes (Care Homes MDT Model);
- Frailty at the Front Door team; and
- Zoning of Domiciliary Care to increase capacity in the market.

What progress has been made?

- **Admission avoidance pathways reviewed** through:
 - Consultation with carers about what would enable the person they are caring for to remain at home; and
 - A multi-agency workshop held at the end of June, 2 workshops were led by NdTI (National Development Team for Inclusion)

with the aim of looking at the ways in which we can work together to avoid admission to acute services (e.g. hospital, residential beds). Almost 100 professionals attended from health, social care, housing, voluntary sector and commissioning. They discussed their vision for what the support needed to keep people at home should look like, as well as their principles and what behaviours they would expect to see.

- Some of the development suggestions from those involved:



This information was presented to senior leader across the health and social care landscape and is being used to shape future provision, as well as providing some excellent examples of what is working well and what could be developed further.

- **Pathway Zero has been developed across Telford and Wrekin and Shropshire.** Pathway Zero is preventative Pathway to support discharge from hospital, sitting alongside the pre-existing Complex Discharge Pathways 1, 2 & 3. Pathway Zero is aimed at people below the normal threshold for support. The aim of Pathway Zero is to direct people and carers to a network of community based options, which will support and maintain them in their normal place of residence. Across Telford and Wrekin and Shropshire there is a wide network of this type of provision. For example using technology enabled care, community centres, groups working to improve balance and mobility, places to get meals, groups aimed at improving social isolation and loneliness. The person can have an appointment to see a Social Worker, locally to them or if their need is more complex discussed in a Multi-Disciplinary Team Meeting at their GPs. Three hospital wards (Ward 10 at Princess Royal Hospital and Wards 22 and 32 at Royal Shrewsbury Hospital) are piloting this approach to help inform how this pathway works operationally as well as training workshops, videos and pop up events in Princess Royal Hospital at the beginning of September.
- **Booked appointments in adult social care have been set up** which is helping to reduce the adult social care waiting list as well as prevent admissions to hospital and carer breakdown. This is enabling people to get a solution to their need quicker by the right service and preventing potential escalation of the need.

- **Primary Care Multi-Disciplinary Team (MDT) Meetings** are now being held in 3 pilot sites across the Borough. MDTs are a means to enable practitioners and other professionals in health and social care to collaborate and reach solutions based on an improved collective understanding of the person's needs. Initial successes include:
 - Patients being able to remain in their own home/supported housing due to a different approach (e.g. use of a cleaner to enable the person to concentrate on remaining well, rather than exhausting themselves cleaning the property, and a person avoiding admission by being seen by the Home Treatment Team).
 - A shared understanding by all professionals involved of the person's needs and of the agreed solution;
 - Deeper understanding of each other's roles and responsibilities; and
 - Resources being used more efficiently through reduced duplication, greater productivity and preventative care approaches.

A review of the MDT pilots is being undertaken by the CCG and TWC to look at how this approach can be rolled out across the Borough.

- **New Diabetes Foot Care Pathway has been agreed** with Podiatry Service and Primary Care Colleagues which will enable moderate and high risk patients to receive increased levels of support.
- **Care Home Team Rollout** of Emergency Passports, Red Bag Scheme and I-Stumble protocols across further care homes. The emergency passports and Red Bag Scheme aim to document in one place information about the individual, medical and personal so that if they should be admitted to hospital the staff there can understand about the individual's needs and preferences. It aims to ensure that the decision taken by people who choose not to be admitted into hospital especially at end of life can be implemented.
- **Frailty at the Front Door team** is now placed 5 days a week at the PRH. This team of therapists supported by nursing and medical staff aim to identify frail, usually older people, who would be better managed in community settings rather than being admitted for a stay within an acute hospital. They will do this through a comprehensive assessment. This scheme is the start of a wider focus on Frailty within the community with the aim of looking at how individuals could be better supported to prevent them attending the emergency department.
- Development and approval of business case to **pilot Post Exacerbation Domiciliary Pulmonary Rehabilitation** in partnership with Shropshire NHS Community Trust. This will enable people who due to medical reasons cannot attend the existing groups to receive this important self-care and exercise advice and intervention. Pulmonary Rehabilitation has been shown to reduce the frequency of exacerbation (worsening) of Chronic Obstructive Pulmonary Disease

(COPD). Research has shown that with better controlled COPD people are less likely to be admitted into the acute hospital.

- Over the last 12 months TWC have worked with domiciliary care providers to **redesign the way we deliver domiciliary care** to make it more flexible and to encourage people to become workers in that market. One of the outcomes of this is through zoning. There will be 5 zones across the borough and each will have some primary and secondary domiciliary care providers. The providers will work alongside voluntary orgs, care homes and carers to deliver person centred care in a more efficient manner. Formal communication of the providers and their zones will be completed in August with contracts going live in October 2019.
- Ahead of the CCG Clinical Change Agent starting in September, the CCG has invested in support from a nurse working in a management consultancy role who is working with the Shropshire Community Health Trust to undertake a **productivity/workforce review** to understand capacity/capability to work differently (supply predictions). In addition this individual will identify pre-requisites for successful implementation of risk stratification and map out expected demand in emerging medium to high risk segments by PCN and practices (demand predictions).
- **Modelling of potential admissions avoidance impact** aligned to Shropshire CCG through use of Optimity data/methodology (opportunity predictions) has been completed. This is an important piece of work to indicate what the potential could be to deliver sub-acute care within the community. This work will be ongoing to assist in business cases in relation to increased community investment in the future.
- Work to map the **alignment of services to Primary Care Networks/ Neighbourhoods** in the Borough has been completed and demonstrated the work that has already been undertaken to help us achieve our wider goal of integrated teams. Please see Appendix C for a copy of the current alignment of services as at June 2019.

What are the plans for the future?

- Continued engagement, consultation and collaboration with people with lived experience, carers, practitioners, parish and town councils and the voluntary organisations to ensure pathways and services meet the needs of the community.
- Evaluation, further development and roll out of Pathway Zero.
- Evaluation of the pilot MDT sites to inform roll out of GP based MDTs across the Borough.
- Consideration of a joint single Point of Access for health and social care with an integrated response team including developing a pilot to inform long term plans.

- Embedding the booked appointments and then expanding to enable other partners to be part of the booked appointments (e.g. SCHT, MPFT) and roll out the ability to book to other agencies to book (e.g. WMAS, Police).
- STP level Diabetes redesign as part of Population Health Academy Approach.
- Locally from a Telford focus there has been a redesign and refresh of the diabetes self-care/education programmes commissioned from the Community Trust to focus on areas of highest prevalence and to explore evening and weekend courses to enable greater participation. This will be evaluated for impact and re-targeted as necessary during the remainder of the year.
- STP level Respiratory Service redesign through joint working with Shropshire Medical Director in lead STP role. Locally, the initial Telford focus is on the delivery of Post Exacerbation Domiciliary Respiratory Rehabilitation.
- Full implementation of Frailty model at the front door.

6.5. One Public Estate

What is included in the work?

The aim of this priority is to develop and use existing and new estate to enable delivery of integrated support.



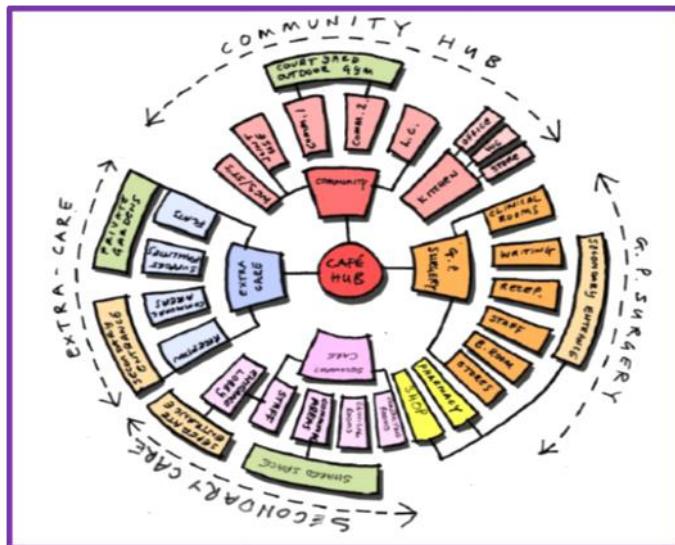
To deliver this the following areas of work have been agreed:

- Host a stakeholder event to aid in future planning of new estate to enable development of multi-functional space through joining up locally and using shared resources.
- Identify and progress where appropriate potential development sites within the borough where an integrated approach to development could be used.

N/B Please note this is a specific work stream of the STP and more detailed updates will be provided by the STP update reports.

What progress has been made?

- In May the workshop with all partners around One Estate was delivered using the below diagram as a model of working. This was extremely well attended and follow up project meetings were agreed and set up.



- The first project meeting took place on 1st July, with colleagues from Telford & Wrekin Council, CCG, together with the SPT leads. The meeting discussed the potential opportunities for some of the projects that were highlighted as possibilities at the May workshop and these will now be progressed through conversations with stakeholders before setting up a project steering group to develop the project. It is expected that this will then form a blueprint to take other options forward.

What are the plans for the future?

- Further development of a new extra care scheme to include health and social care services
- Set up a project steering group to develop the estate projects.

6.6. Governance

What is included in the work?

The aim of this priority is to ensure there is shared local commitment, leadership, accountability, performance metrics and governance to deliver this programme.

To deliver this the following areas of work have been agreed:

- Re-launch and develop the Neighbourhood Steering Group;
- Develop an overarching plan and vision for the work including principles of working;
- Develop appropriate programme management tools, including a programme plan, risk register, communication and engagement plan and integrated scorecard;

- Identify the most appropriate way to engage with the voluntary sector on a strategic basis;
- Review the organisational and workforce development needs to deliver the programme (in line with the STP's work-streams); and
- Review the relationships between the Integrated Partnership and the Health and Wellbeing Board.

What progress has been made?

- **Telford & Wrekin Integrated Place Partnership (TWIPP) is in place**, replacing the Neighbourhood Steering Group, and enables strategic integration and driving delivery of it across all health and social care partners. The partnership meetings are chaired by Director for Adult Social Care, Telford & Wrekin Council and are attended by the Clinical Commissioning Group, Shrewsbury and Telford Hospital Trust, Shropshire Community Health Trust, Midlands Foundation Partnership Trust, Primary Care Network Clinical Directors, Healthwatch and TWC Adult Social Care, Public Health and Commissioning.
- As outlined in Section 5 of this report, the **Strategic Plan for the Partnership** has been agreed. (Please see Appendix B for a copy.)
- **Programme Management tools** are in place including a programme plan, risk register and engagement log. This will enable the partnership to keep driving delivery of the programme effectively and efficiently.
- **Communication and Engagement** Strategy and Plan is in development but initial activities include:
 - Integrated Place newsletter – first iteration distributed beginning of August with the next one due end of September
 - Live Well Telford twitter account is being used to promote integration work - @livewelltelford
 - Various engagement and collaboration events/sessions with stakeholders over the past few months to share work – carers, Telford Patient First Group, practitioners, voluntary sector, housing, STP, Parish and Town Councils, Assuring Involvement Committee and NHS England.
- **Integrated Place Programme Portal established** to provide a one stop shop for all integration related documents and timelines.

What are the plans for the future?

- Finalising the Communication and Engagement Strategy and agreeing a multi-agency delivery plan, aligning with the STP's (October 2019);
- Developing a 'Partnership Agreement' to formalise the agreement by all partners to deliver this work (October 2019)
- Developing an integrated performance dashboard for the partnership to

- monitor impact (October/November 2019);
- Host a stakeholder event for the voluntary sector to share the work and look how we engage and work with them on a strategic and operational level (Oct 2019); and
 - Facilitate a joint workshop between the HWB and TWIPP members to look in more detail about the work of integration and what difference it will make to our community (November 2019).

7. **CONCLUSION**

- 7.1. The Integrated Place Programme in Telford and Wrekin has progressed significantly over the past 6 months. Relationships have been established, developments are underway, new teams introduced and plans created to increase, and maintain, the pace of change in place based solutions.
- 7.2. The programme is owned and driven from the top of organisations as well as evolving from the community and front line staff. Together these areas of work will enable us to have a more innovative and integrated model of care across the health and social care economy in Telford and Wrekin.

8. **PREVIOUS MINUTES**

Health and Wellbeing Board – 21 March 2019
Health and Wellbeing Board – 12 September 2019

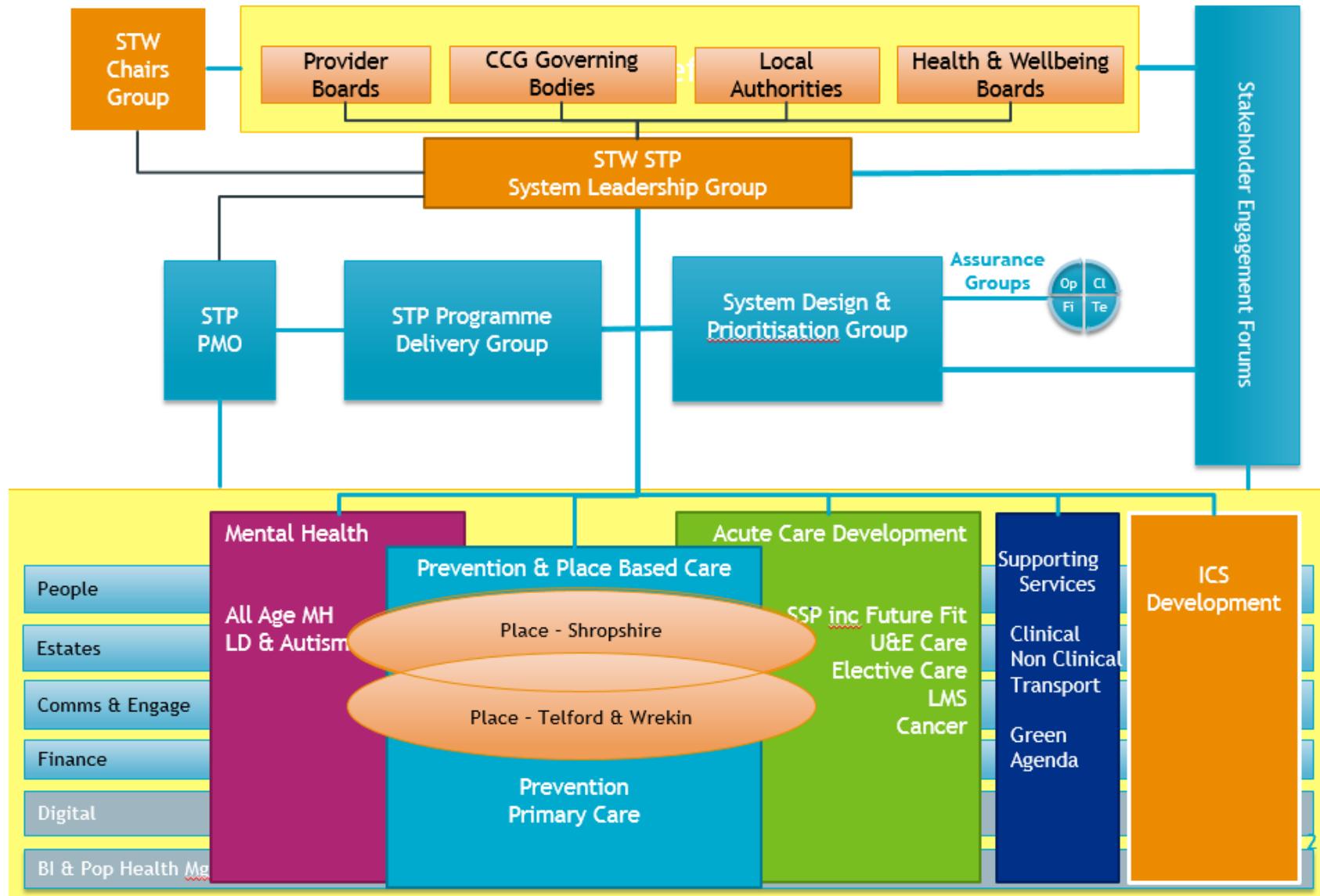
9. **BACKGROUND PAPERS**

Health and Wellbeing Board – 21 March 2019 – Agenda Item 4 and 5.
Health and Wellbeing Board – 12 September 2019 – Agenda Item 7.
[NHS Long Term Plan](#)
[Sustainability and Transformation Partnership Plan](#)

Report prepared by:
Sarah Downes, Integrated Place Partnership Manager, sarah.downes@telford.gov.uk, 01952 385099

Appendix A

Shropshire and Telford & Wrekin Sustainability and Transformation Programme (STP) Governance Structure – as at June 2019



Appendix B

**Telford & Wrekin Integrated Place Partnership
Strategic Plan 2019 – 2020**

"Working together to achieve the healthiest, most fulfilled people in Telford and Wrekin"

Our Strategic Priorities:

- Building Community Capacity and Resilience** - strengthening communities through community development, asset based methods, developing social networks, volunteer and peer roles, developing collaborations and partnerships and improving access to community resources.
- Prevention and Healthy Lifestyles** - support people to stay healthy with a combination of individual and whole population approaches.
- Early Access to Advice and Information** - integrated approach to information and advice, including use of the voluntary sector, online directories, development of locality hubs and an independent living centre.
- Integrated Care and Support Pathways (including out of hospital)** - all organisations in Telford and Wrekin delivering services which connect and empower people to stay healthier for longer and preventing unnecessary admission to hospital.
- One Public Estate** - developing and using existing and new estate to enable delivery of integrated support.
- Governance** - shared local commitment, leadership, accountability, performance metrics and governance.

We will deliver this by:

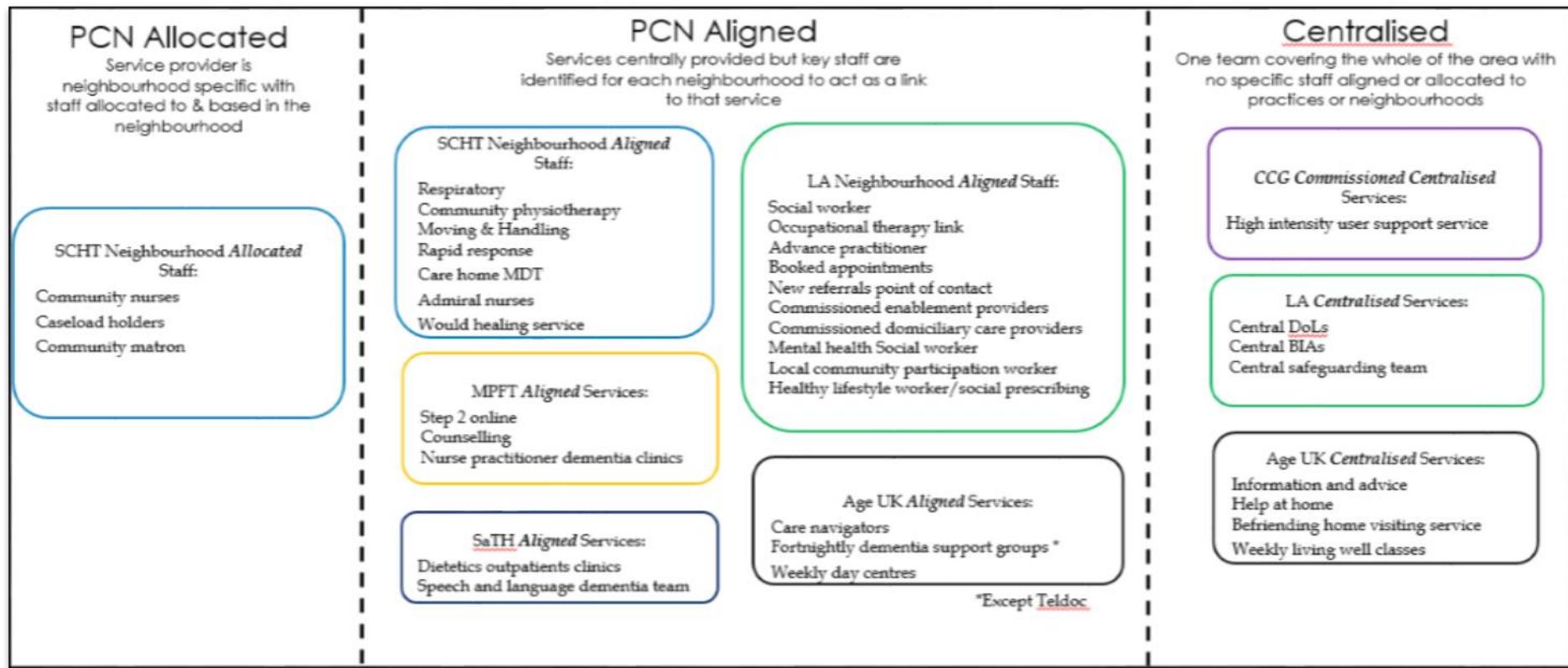
- Developing a shared vision for integration and a health and social care system fit for the future.
- Shifting capacity from acute to preventative and community services as per NHS Long Term Plan.
- Maximising the use and development of community based support and volunteering opportunities.
- Utilising our community assets as hubs for health and wellbeing.
- Using technology as a solution wherever possible, including:
 - Self-service and early help
 - Integrated case management records
- Deliver evidence based integration projects, including:
 - An integrated support plan,
 - A universal risk stratification tool to help predict health and social care needs,
 - Multi-Disciplinary Teams,
 - Hubs, and
 - Independent Living Centre.
- Reviewing and developing integrated place based estates.
- Engaging the workforce and public to develop the health and social system.
- Demonstrating effectiveness through joined up performance data.

Our outcomes:

- Communities will be connected and empowered
 - People will stay healthy for longer
- Clinical outcomes for patients will be optimised
 - Services will be available closer to home
 - People will feel supported during times of crisis
- People and their carers will be supported at the end of their lives

Our Principles: Person Centred and Strengths based approach Local and place based Maximising independence and fostering self-help Prevention Being radical	What does good look like? One conversation and one point of contact The right information and advice at the right time Integrated and seamless services - 'One team'
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Appendix C – Alignment of Services to Primary Care Networks/Neighbourhoods as at June 2019





Shropshire, Telford & Wrekin
Sustainability and Transformation Partnership

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STW STP Long Term Plan: An Overview

September 2019

In Development

Agenda Item 12

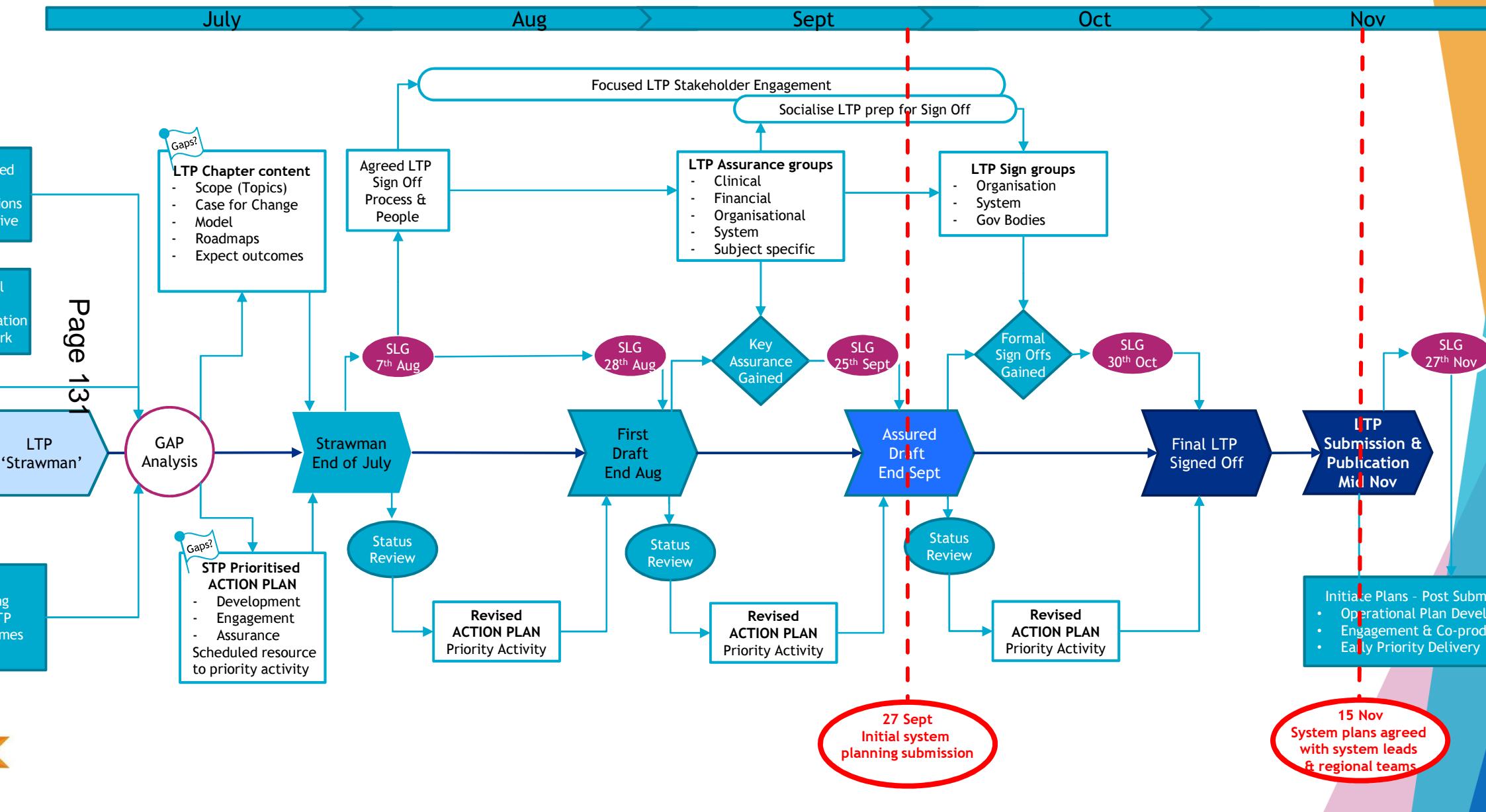
Developing ST&W STP's Long Term Plan

- ▶ Our one system plan will describe how all partners within the STP will work together locally to ensure current and future health and care needs are met. It will describe how the STP will deliver its agreed priorities and the requirements of NHS Long Term Plan Implementation Framework.
- ▶ The Long Term Implementation Framework expects ICSs and STPs to develop and publish their five year plans according to the following timetable:

By 27 September 2019	Initial submission of ST&W STP draft plan to NHSE/NHSI Midlands Team
By 15 November 2019	STP plan agreed with Senior Leadership Group and NHSE/NHSI Midlands team
November onwards	Local delivery plans to be developed

- ▶ Currently our ST&W STP Long Term Plan is DRAFT and will continue to evolve and change based on the feedback and views gathered across the system.

LTP Document Development & Sign-off Process



HWBB involvement in the development of STW LTP

- ▶ Audit of stakeholder engagement delivered to date and planned for future (including Shropshire, Telford & Wrekin Council's engagement)
- ▶ STP and Long Term Plan updates presented at the HWBB
- ▶ ~~Council Councillors /Staff / VCS engagement on the NHS Long Term Plan via survey (August)~~
- ▶ ~~HWB Board Member involvement in the development of the ST&W LTP:~~
~~132~~ Senior Leadership Group (SLG)
 - ▶ Healthwatch ST&W STP LTP Report
 - ▶ VCS ST&W STP LTP Engagement Event
 - ▶ Population Health Management and Business Intelligence (Chapter 2 of ST&W LTP)
 - ▶ Prevention & Place Based Care Cluster (Chapter 3 of ST&W LTP)
 - ▶ Telford & Wrekin Place (Chapter 3 of ST&W LTP)
 - ▶ Acute Care Development Cluster (Chapter 5 of ST&W LTP)

Long Term Plan - Draft Content

Chapter 1: Our System Structure and Governance to support delivery of change

Chapter 2: What underpins our ambitions

Chapter 3: Delivering a new service model for Prevention and Place based integrated care

Chapter 4: Delivery of world class Mental Health services

Chapter 5: Acute Care Development

Chapter 6: Support Services

Chapter 7: A comprehensive new Workforce plan

Chapter 8: Digital Enabled Care

Chapter 9: Estates

Chapter 10: Financial Sustainability & Productivity

Chapter 11: Next Steps – New Ways of Working

Our System Structure and Governance to support delivery of change

Our vision

We will work together with the people of Shropshire, Telford and Wrekin to develop innovative, safe and high quality services delivering world class care that meets our current, and future, rural and urban needs.

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We will support people – in their own communities – to live healthy and independent lives, helping them to stay well for as long as possible.

As the world faces up to a climate emergency, we are committed to delivering an internationally recognised system known for its environmentally friendly services that make the best use of our resources.

Together as one, transforming health and care for Shropshire, Telford & Wrekin

- ▶ Shropshire, Telford & Wrekin's Sustainability and Transformation Partnership (STP) brings together health and social care organisations across the county
- ▶ Working more closely than ever before to transform health and care services to deliver world class care which meet current and future needs of our rural and urban populations
- ▶ We want all our residents in Shropshire, Telford and Wrekin - children, adults of working age, and older people, to live in good health for a long as possible throughout their life
- ▶ We will help them to live independent lives with a greater emphasis on preventing illness and staying well, but also providing the right care when and where they need it
- ▶ By joining up local services and working in collaboration with local people and our voluntary sector, we can achieve much greater benefits for our community
- ▶

Together as one, transforming health and care for Shropshire, Telford & Wrekin

- ▶ Together we need to tackle the cause of the problems such as loneliness, poverty and obesity, and work differently so that services are joined up, making the most of new digital technology and using buildings that are fit for modern day health and care
- ▶ We need to do more to support people lead happier and healthier lifestyles by encouraging people to be more physically active, manage their weight or change habits such as stop smoking or alcohol abuse
- ▶ We need to reduce the growing demand on our services, staff and resources, making it easier for people to get an appointment, as some are waiting longer than we would like for treatment, and some are spending longer in hospital than they need to
- ▶ By working together, we can tackle some of the big problems we are facing, and can share skills, resources and money and give a better service to everyone, no matter where they live in Shropshire, Telford and Wrekin.

Together as one we will:

- ▶ Provide a greater emphasis on prevention and self-care
- ▶ Help people to stay at home with the right support with fewer people needing to go into hospital
- ▶ Give people better health information and making sure everyone gets the same high quality care
- ▶ Utilise developing technologies to fuel innovation, support people to stay independent and manage their conditions
Page 37
- ▶ Attract, develop and retain world class staff
- ▶ Involve and engage our staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- ▶ Develop an environmentally friendly health and care system

ST&W LTP - Sign off approach

- Key groups to achieve sign off by 15th November

	Groups	Engage	Develop/ Input	Scrutiny	Sign Off	Approve
	Commissioning Governing Bodies	8&9 Oct				12&13 Nov
	Provider Governing Bodies	26 Sept				31 Oct
	STP Chairs Group	25 Sept				
	Telford & Wrekin H&WBB	26 Sept	TBC			
	Shrop H&WBB	12 Sept	22 Oct			
	Joint HOSC			2 Oct		
	Senior Leadership Group	Sept -	- Oct		30 Oct	
	Workstream SRO - LTP Chapter	Sept -	- Oct		24 Oct	

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 26th September 2019

REPORT TITLE: Single Strategic Commissioner for Shropshire & Telford and Wrekin CCGs

REPORT OF: Mr David Evans, Accountable Officer
NHS Telford and Wrekin Clinical Commissioning Group

Mr David Stout, Accountable Officer, NHS Shropshire Clinical Commissioning Group

1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- note the report;
- comment on the plan and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and
- indicate their level of support for the proposals.

DATE:	26 th September 2019
TITLE OF PAPER:	Single Strategic Commissioner for Shropshire & Telford and Wrekin CCGs – Update Report
EXECUTIVE RESPONSIBLE:	David Evans, Accountable Officer, Telford & Wrekin CCG David Stout, Accountable Officer, Shropshire CCG
Contact Details:	Ext: Email:
AUTHOR (if different from above)	Alison Smith, Executive Lead Governance & Engagement, Telford & Wrekin CCG Sam Tilley, Director of Corporate Affairs, Shropshire CCG
Contact Details:	Ext: Email:
CCG OBJECTIVE:	All CCG Objectives

For Discussion For decision For performance monitoring

EXECUTIVE SUMMARY	In November 2018 NHS England (NHSE) set a new running cost savings target of 20% for CCG's to attain by the end of the financial year 2019/20 Following this announcement in January 2019, the NHS Long Term Plan was published setting out key ambitions for the service over the next 10 years. The long term plan included the requirement to streamline commissioning organisations with typically one commissioner for each STP/Integrated Care System. In response to these announcements and with NHSE support, Shropshire CCG and Telford & Wrekin CCG carried out separate facilitated sessions and then a joint session early in 2019 to begin exploring the appetite for and mechanisms required to support closer working. These sessions were positively received and resulted in a firm commitment to explore the formation of a strategic commissioning organisation to cover the entire country.
FINANCIAL IMPLICATIONS:	Future working arrangements will impact on future resources required by the CCG's
EQUALITY & INCLUSION:	No identified impact.
PATIENT & PUBLIC ENGAGEMENT:	The programme has a Communications and Engagement Plan which is attached as appendix 1.
LEGAL IMPACT:	In proposing the dissolution of the existing two statutory bodies and the creation of new statutory body across the whole footprint, the CCGs will be required by NHS England to follow a prescribed process for authorisation.
CONFLICTS OF INTEREST:	There are no identified conflicts of interest.
RISKS/OPPORTUNITIES:	Future working arrangements are a key consideration in the financial and clinical sustainability of the CCG's going forward.
RECOMMENDATIONS:	The Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> • Note the report; • Comment on the plan and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and • Indicate their level of support for the proposals.

Telford and Wrekin Health and Wellbeing Board meeting 26th September 2019

Single Strategic Commissioner for Shropshire, Telford and Wrekin – Update Report

David Stout, Accountable Officer, Shropshire CCG

David Evans, Accountable Officer, Telford & Wrekin CCG

Introduction

1. The NHS is now in a period of transition with new emerging concepts of the role of commissioner and provider organisations. CCGs must respond flexibly to the new landscape and consider where best to focus clinical and managerial leadership and how they can adapt and interface with their local Sustainability and Transformation Partnership to transform into a commissioning organisations fit for this future. The recently published NHS Long Term Plan reinforces this direction of travel.
2. In addition CCGs have been tasked with making 20% reductions in their running costs by the end of the financial year, 2019/2020.
3. This report is to provide a further update to the Health and Wellbeing Board on the recent decision by Shropshire CCG and Telford and Wrekin CCG to dissolve the existing two organisations with a view to creating one single strategic commissioner across Shropshire and Telford and Wrekin footprint.
4. With NHS England (NHSE) support, Shropshire and Telford & Wrekin CCGs carried out separate facilitated sessions and then a joint session early in 2019, to begin exploring the appetite for and mechanisms required for closer working. These sessions were positively received and resulted in a commitment to explore this further, including the formation of a new single strategic commissioning organisation.
5. In order to ensure it is fit for purpose, remains efficient and effective and can best serve its population, Telford and Wrekin CCG must consider the most appropriate organisational form for strategic commissioning going forward. Discussions have included both options of closer working; informal working using joint management and collaborative mechanisms whilst still retaining two statutory bodies and the alternative of dissolving the two CCGs and creating one new strategic commissioning organisation.
6. To meet the 20% reduction in running costs*, the total reduction in allocations between 2018/19 and 2019/20 is £1.218m across both CCG's (£0.775m Shropshire and £0.443 for T&W). Although the first option has some benefits, it was felt that the efficiencies both CCGs could achieve by stripping out all the duplication of effort, time and staff resource currently used to commission services and oversee contractual performance of the same providers would not be fully realised, as some duplication will still remain.
7. The conclusion of these discussions was that the second option of dissolution of both CCGs and the creation of a new strategic commissioning organisation across the whole footprint of Shropshire, Telford and Wrekin will realise the following benefits:

*The '20%' reduction quoted in the NHSE guidance is based on comparing 2019/20 allocations to 2017/18 outturns adjusting for pay awards , pension changes etc. and assumes that the CCGs are operating within their running cost allocations.

- It will immediately respond to the requirements set out in the NHS Long Term Plan for one strategic commissioner per STP area by allowing both CCGs to redesign a new organisation that will have the right capacity and capability to commission at a strategic level and also at a more local 'place' level.
 - It will allow duplication of staff time that is currently used to contract and oversee performance to be focused on other commissioning priorities, i.e. health inequalities/prevention.
 - By reducing duplication both CCGs will be well placed to reach the 20% running cost target set by NHS England.
 - Although creating uncertainty for staff in the short term, this option will provide a more sustainable future for our staff in the long term.
8. At CCG Board meetings in May 2019, the Governing Bodies of both CCGs gave support for the creation of a single strategic commissioner for the Shropshire, Telford and Wrekin footprint by April 2020, with an application deadline to NHS England of the 30th September 2019.

Report

9. In moving towards the creation of a single strategic commissioning organisation and acknowledging the ambitious timescale of creating a new CCG by April 2020, the CCGs have set up a programme management office to oversee the project, created a Joint Executive Group to act as the project board and created 5 work streams that report to it, to focus on the key deliverables of the programme.
10. The CCG Chairs have completed a recruitment process for a joint Accountable Officer across both existing CCGs with a view that this person will become the new Accountable Officer for the single strategic commissioning CCG in the future. The recruitment to a single Accountable Officer role has been completed and a recommendation of a preferred candidate has been made to NHS England. There is not prescribed timeline for NHS England to respond, however we expect a response in early September.
11. The CCGs have secured support from Deloitte as an organisational Development (OD) Partner to help facilitate at pace engagement with the membership of both CCGs, staff and key stakeholders to help inform the development and vision of a new single strategic commissioner. Some engagement discussions had already been initiated by the Chairs of the CCGs and Accountable Officers in July, acknowledging that an OD partner would not be able to commence until early August. Therefore some discussions have already taken place with the respective membership of each CCG through Locality Meetings for Shropshire and the Practice Forum for Telford and Wrekin and with Directors and Executive Leads from both organisations. Briefings have also been provided to both Health and Wellbeing Boards and the Joint Health Overview and Scrutiny Panel.
12. Work supported by Deloitte started on 8th August with discussions with both CCG Governing Bodies, CCG membership, local authorities and staff within the CCGs. Plans are also in place to engage with ICS partners, senior managers in the CCGs, CCG staff and Healthwatch in the coming weeks. The Deloitte work has been structured into two phases, the first being initial engagement to help inform the case for change, high level operating model and initial Organisational Development (OD) Plan which all form key documentary evidence for application to NHS England on 30th September. This will then be followed by a second phase which will be to deliver the OD plan agreed from 30th September through to 31st March 2020.
13. The CCGs have convened a Joint Executive Group, composed of the Directors and Executive leads from both CCGs and chaired by the Accountable Officers, which is meeting weekly to provide the necessary oversight to the programme and to ensure project timelines are adhered to and risks are identified and mitigated where possible. The Joint Executive Group is supported by a PMO team to ensure that the project timelines and interdependencies are sufficiently managed.
14. The programme has also established 5 workstreams to undertake the detailed work required to prepare for creation of a single strategic commissioner. The workstreams have been focussed on producing first drafts of the evidence required for application submission on 30th September which were submitted to NHS England

on 19th August, in preparation for a pre application meeting scheduled on 5th September with NHS England. As this report was written prior to this pre application meeting taking place, Accountable Officers will update Governing Bodies verbally on the outcome of this meeting.

- Functionality – this will include engagement with members and stakeholders, determine the new operating model for the single strategic commissioner and respective documents that will support this model.

The workstream has produced a first draft of a Commissioning Strategy, Primary Care Strategy and a case for change document which are both being dynamically informed by the OD engagement taking place.

Work is being undertaken to produce a Quality Strategy, Benefits Realisation Plan and Procurement Strategy, with plans in place to deliver these to the required standard by 30th September.

Key risks at this stage include; not enough discussion has taken place to help inform an operating model which in turn will provide the foundation for much of the Commissioning Strategy, Case for Change, Benefits Realisation Plan and future governance structure. This is however planned but not yet delivered. The Commissioning Strategy also has to be based on the Long Term Plan for the Shropshire health system which will not be fully developed until November 2019.

- Communications and Engagement – to provide oversight of the development of a Communications and Engagement Strategy for the new CCG and to develop and oversee the delivery of a communications and engagement plan for the project itself, across all stakeholders.

A Communications and Engagement plan has been developed and is attached as appendix 1 for information. The plan includes all key stakeholders, staff, CCG membership, senior managers, public and key patient groups. Delivery of the plan has already commenced.

A Communications and Engagement Strategy for the new single strategic commissioner has been developed and submitted on 19th August in preparation for the pre application meeting on 5th September. This is not fully completed as key areas of the strategy that described engagement at a local level has yet to be determined as this will be informed by the OD discussions planned by yet to be delivered fully.

The work stream has also take advice on the level of equality impact assessment (EIA) that would be required to support this proposal. The advice has highlighted that the application process for NHS England requires an EIA of the proposal on the workforce of both CCGs. In addition, although the proposal is a structural change to the CCGs and has no immediate impact on the populations both CCGs serve, the CCGs have been advised to undertake an EIA of the proposal on the populations of Shropshire, Telford and Wrekin. As a result the CCGs have commissioned from Arden and GEM CSU Equality Impact Assessments on both the workforce of both CCGs and of the populations the CCGs serve.

The key risks at this stage are; that not enough discussion has taken place to help inform an operating model which in turn will provide the basis for describing engagement at a local level in the Communications and Engagement Strategy and that we have a very short timescale to deliver the project engagement plan and EIA work.

- Finance - to provide oversight of the development of the Medium Term Financial Plan for the new CCG and to plan for the creation of a new financial ledger for the new CCG.

The work stream has produced a first draft of a Medium Term Financial Plan (MTFP) for the new CCG and has undertaken a piece of work to compare Standing Financial Instructions of both CCGs as required by the application criteria.

The key risk at this stage is that the MTFP requires alignment with the STP financial model which is not due to be completed until the end of September.

- HR - to provide oversight of the management of change process that both CCGs will be required to run in order to identify staff who will transfer into the new legal entity.

This work stream has been focussed to date on the recruitment process for the Accountable Officer across both CCGs. In addition some preparatory work has been continuing on ensuring job descriptions for existing staff are up to date.

Key risks are around delays in commencement of management of change process due to any further delays in appointing an Accountable Officer.

- Governance - to provide oversight of the development of a new corporate governance framework, constitution and governance processes for the new CCG.

Delivery of a Constitution and governance structure is scheduled for delivery after 30th September in line with requirements from NHS England.

The key risk at this stage is that OD discussions do not produce outcomes to support the design of a high level governance structure that will be required to produce a draft Constitution and Governance Handbook.

15. Project timeline

The high level timeline is as follows:

14 th May 2019	Governing Bodies agree to support proposal to apply for dissolution of existing CCGs and creation of a new single strategic commissioner.
June	Creation of a project overview group – Joint Executive Group Creation of 5 work streams and confirmation of work stream and sub work stream leads Confirmation of deliverables for each work stream against NHS England application criteria and inter dependencies
1 st July	PMO in place – produce programme plan Additional technical HR support in place – begin planning for Accountable Officer recruitment Procure OD partner
By 30 th July By 8 th August	Accountable Officer recruitment process completed Recommendation to NHS England on preferred candidate for Accountable Officer

1 st August 19 th August	OD partner in place Deadline for submission for pre-application evidence
5 th September w/c 16 th September w/c 23 rd September 27 th September	Pre application meeting with NHS England Membership support for application Governing Body support for application Final application and evidence submission to NHS England
3 rd October	Make application to NHS SBS to create a new ledger
18 th October	NHS England Regional Management Team to make recommendation on status of application to national team.
29 th October	NHS England Statutory Committee to consider application
21 st November	Application to NHS Digital for new organisational code made if application is successful.
21 st January	National team notify Government Banking Services
27 th February	Draft Constitution prepared and submitted to NHS England for review and approval
5 th March	Staff transfer schemes and grant of merger documents to be signed off
6 th March	Letter to existing CCGs regarding dissolution
31 st March`	New CCG established.

The PMO reports to the Joint Executive Group weekly and currently the project is delivering against target, but it should be emphasised that the timeline that the CCGs are working to is very challenging, with the greatest risk to delivery of the project that there will not be sufficient time to in the first instance to produce an application and supporting evidence to the standard required by NHS England by 30th September to ensure it is successful.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the report;
- Comment on the plan and rationale to create a single strategic commissioner for the whole Shropshire, Telford and Wrekin footprint; and
- Indicate their level of support for the proposals.

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NHS Shropshire CCG and NHS Telford and Wrekin CCG

Single Strategic Commissioner Transition Communications and Engagement Plan

Outline of the Plan

This is a working document setting out the planned communications and engagement to support the transition to one single strategic commissioner and the dissolution of Shropshire CCG and Telford & Wrekin CCG.

Aims

To create understanding of the transition and how it will be delivered whilst at the same time giving reassurances to patients and key stakeholders, with particular reference to the CCG's respective staff, to ensure they are involved and feel involved in the process.

Objectives

- Offer the opportunity for feedback and two-way dialogue on the transition to our stakeholders from across the whole County.
- Provide accurate, timely information tailored to an audience's particular needs with appropriate messaging.
- Provide a planned programme of engagement to reach across stakeholders including GP practices, partners, staff, patients and the public.
- Ensure participation from the GP membership and their support for the transition.
- Support as smooth as possible the transition for the CCG's respective staff by utilising and co-ordinating engagement opportunities.
- Demonstrate how feedback has been considered and, if appropriate, used.

Approach – special considerations

The key consideration is that all activity is co-ordinated and is always presented as a joint approach from the two respective CCGs.

Timing is a critical factor with the delivery submission date of September 30th and then a live date of 1st April 2020.

Already activity has been underway on a drip feed approach timed around the Governance.

Engagement and Communications Activity to date – an overview

Board Engagement

With NHS England (NHSE) support, Shropshire and Telford and Wrekin CCGs carried out separate facilitated sessions with their governing bodies late 2018 and then held a joint session early in 2019, to begin exploring the appetite for and mechanisms required for closer working.

Discussions included both options of closer working:

- informal working using joint management and collaborative mechanisms, whilst still retaining two statutory bodies, and
- the alternative of dissolving the two CCGs and creating one new strategic commissioning organisation with one governing body, one management team and one governance structure.

These sessions were positively received and resulted in a commitment to explore this further. In light of this, papers were presented to both CCG's governing bodies initially in March and then a final proposal in May 2019. This resulted in both Boards approving the dissolution of the existing CCGs and the formation of a new single strategic commissioning organisation across the whole Shropshire footprint.

Board Announcement

Engagement activity started early to co-ordinate with the first public Board paper to announce the intention in May 2019. This was delivered through a co-ordinated advance staff briefing delivered by each respective AO in face-to-face team meetings. This was further supplemented by stakeholder briefings to all partners across the health and social care economy as well as planned media releases.

GP Practice Membership

With GP practice membership there have been visits across the Shropshire CCG membership network meetings and for Telford and Wrekin membership through attendance at two Practice Forum meetings in June and July 2019. These were completed by the respective Chairs and AOs for each organisation to personally update them and assess reactions and initial feedback.

The feedback received from the meetings was mixed and further tailored engagement is being planned. A standing open offer for further engagement has been given to all practices should they have any further questions.

Executive Team Engagement

Both executive teams were brought together with a facilitator to start to discuss what the potential benefits of creating a new CCG could be in order to undertake some preparatory discussions prior to the OD partner being commissioned. The outcomes of this session were shared with the OD partner when they started their contract.

Staff Engagement

Both CCGs have internal communication mechanisms, but a priority needs to be a co-ordinated approach. Principally, this relates to verbal team briefs as Shropshire CCG holds a face-to-face team brief once a month, whereby Telford & Wrekin CCG holds a weekly huddle at the start of each week. There is clearly a need to align any news announcements on the transition so they are co-ordinated across both CCGs.

Monthly staff newsletters also run shared content on the transition as well as staff announcements issued electronically for more time-sensitive updates.

A staff Q&A has been developed and is being reviewed weekly with both organisations capturing questions via team meetings and designated ‘post boxes’ to allow anonymous questions to be submitted. All questions are presented to the weekly Joint Executive Meeting where they are reviewed. The signed off responses are then provided back to the Communications and Engagement Team to update the master copy who issue the revised version to all staff in a co-ordinated manner across both CCGs.

Stakeholder engagement

Accountable Officers and Chairs have attended and presented an overview of the proposal to the two local authority Health and Wellbeing Boards in July 2019 and to the Joint Health Overview and Scrutiny Committee for both local authorities in June 2019. The Accountable Officers have also met with the LMC and have meetings planned with Healthwatch.

Communication and Engagement Channels

Steps are now being made, where possible, to align channels to ensure that messages are co-ordinated and delivered in a timely manners across both CCGs, particularly with regard to staff messaging/engagement activity. This plan initially focusses on internal staff comms and engagement.

- Staff newsletters
Both CCGs produce a monthly staff newsletter – details included in the activity calendar appendix 1.
- Staff face-to-face staff briefings
At Telford & Wrekin CCG there is a staff huddle on Monday mornings hosted by AO David Evans, but in his absence Chris Morris/Jon Cooke. This is a quick, informal update for staff on news/events of the last week or up-coming. Staff can ask questions or share information with colleagues.
- Staff briefings
Shropshire CCG has a planned monthly programme of staff briefings with updates from the AO and Chair to all staff. This is scheduled for one hour and is mandatory that staff attend unless required at essential meetings. Informal in nature but there is an agenda with agreed presentations and guest speakers. Usually includes an interactive activity with staff as part of engagement.
- Shared files
Telford & Wrekin CCG Staff/GP member intranet - information can be uploaded on a daily basis.
Shropshire CCG does not have an intranet, but has a dedicated corporate documents section on its shared drive which all staff can access. This is managed by the CCG’s Communications and Engagement Team.
- GP newsletter

Telford & Wrekin CCG has a monthly GP newsletter to subscribed GPs and Practice managers.

Shropshire CCG has a weekly practice bulletin which is aimed at GPs and all practice staff. This is produced in-house with copy and layout every Thursday and Friday, with an issue day every Monday.

- GP and Practice engagement

There are opportunities to have direct engagement with practices through their regular group meeting which are organised slightly differently in the two CCG areas:

Telford & Wrekin CCG GP Practices hold a Forum.

- These are held on the third Tuesday of every month, except in August and December, from 1.30pm.
- A new Chair is due to be appointed and one GP from each practice and the practice member attends.
- The agenda is set by Karen Ball at T&W CCG - it gets full very quickly so anything which needs to go on the agenda needs to be sent a.s.a.p. Papers go out the week before the meeting.

Shropshire CCG holds Locality Meetings

- These are held on a monthly basis with the exception of August and October (protected learning time).
 - Shrewsbury & Atcham Locality – third Thursday every month, pm meeting
 - North Locality – fourth Thursday every month, pm meeting
 - South Locality – six weekly cycle, on a Wed/Thurs from 3.30pm – 7pm
- For each of the Locality Meetings above it is possible to be considered for an agenda item and in the first instance contact is required with SCCG's locality managers to discuss.

Note:

For the purposes of this project the two respective CCG's are using existing corporate e-mail accounts to capture any feedback

Stakeholder Mapping – to be revised

The scope of the plan covers the pre-engagement completed to date and future engagement required with the following stakeholders:

- CCG Practice membership
- CCG Staff
- Local Medical Committee
- Any specific boards
- Health & Wellbeing Boards
- NHS Provider Chief Executives
- Local Authority Directors of Adult Care
- Local Authority Directors of Children's Services
- Elected Representatives
- Joint Health Overview & Scrutiny Committees for Shropshire Council and Telford and Wrekin Council
- Healthwatch: Shropshire and Telford and Wrekin
- NHS England/NHS Improvement

- MPs
- Patients and the public, via:
 - FT Governors & memberships
 - PPG Chairs and members
 - Lay and Patient Reference Groups
 - General public messaging

Key Messages (to be refined)

The proposal is that the existing CCGs are dissolved to create a new statutory body that will become a single strategic commissioner across the whole footprint of Shropshire, Telford and Wrekin.

The OD engagement discussions are at a very early stage, however the working assumptions made from these discussions to date on the case for change are:

- Potential to break down barriers and create genuinely integrated pathways that are better for patients and improve outcomes.
- A single set of commissioning and decision making processes should mean:
 - reduced variation in outcomes and access to services across the county,
 - greater influence with providers,
 - better use of clinical and managerial time on the things that count,
 - reduced duplication and potential financial efficiencies as required by NHS England.
- Enables strategic commissioning of quality services that are financially sustainable.
- Enables the health system to create a new integrated care system that prioritises healthcare transformation.
- It is the national direction of travel to have a single CCG (strategic commissioner) for each Integrated Care System (ICS) footprint across the country.
- The CCGs have a unique opportunity to design the future single CCG that we wish to see.

Governance

- **Sign off protocols**

Sign off will be by Accountable Officers for communications related to stakeholders and staff, with sign off for membership by Chairs of the CCG.

Due to holiday periods where annual leave may not allow this sign off procedure, then planning for sign off should take place well in advance.

- **Reporting**

Reporting of feedback, planned communications and other related information or risks will be to the PMO to include in the weekly update report to the Joint Executive Group.

Activity Plan

Background & Pre-engagement

The two CCGS have an ambition and intention to dissolve in order to create a new single strategic commissioner organisation. The Strategic Outline Case was taken through Governing Body discussions on 12/13th March 2019.

This direction was agreed by the two CCG Governing Bodies on 14/15th May 2019.

Approach

The approach focusses internally on the staff within the CCGs and externally with key stakeholders

Internal Stakeholders

- The Executives for each area act as the main advocates for the change during the pre-merger process and then post merger.
- Two staff meetings are held to explore the advantages and dis-advantages of merger along with any concerns raised prior to application and a whole staff meeting held pre 31/2/20 for staff.
- Regular individual directorate meetings are held, with the merger as a statutory agenda item.
- A regular specific newsletter item is sent to staff on any merger updates.
- A staff survey is undertaken regularly for views.
- A regular frequently asked questions is sent to staff.
- Senior Management Team meetings have a set agenda item on the transition and creation of a single strategic commissioning organisation.
- Regular HR sessions are held for staff to ask questions

External

- CCG CEO, 2 x Chairs, GB clinical leads, the CCG Chairs to act as main advocates for change during engagement period.
- Utilise existing CCG place, education and network meetings where available to engage with CCG membership.
- Utilising existing strategic sessions/Boards to take opportunity to consult with key stakeholders.
- With an approach of co-production hold a series of engagement events through the life cycle of the project with key stakeholders. The initial meeting would be an opportunity to highlight any issues, concerns or risks as well as identifying what has worked well in the current CCGs and what could be changed. This would then move on to what the new organisation could look like and how it would interact with stakeholders along with further updates and engagement as required.
- Secure support from LMC.

- Secure agreement from the membership with a face-to-face vote at the Membership Forum for GP Practices in Telford & Wrekin CCG and an electronic vote for GP Practices from Shropshire CCG.
- Survey to be delivered for patients, members of the public, staff and stakeholders to capture wider feedback – this will be based on the questions given to practices in the face-to-face vote and the electronic survey.

Additional information – the findings from the survey will be used to help inform and develop further engagement activity and will be supplemented by a planned Equality Impact Assessment, which has recently been commissioned.

Two CCG Governing Bodies/membership/stakeholders

Activity	Timescale
2019	Strategic Outline Case discussions at CCG Governing Bodies & with NHS England

Engagement

2019 Activity	Timescale	Action By
w/c 1 July	Governing Bodies and Executives to map out benefits realisation with clear strategic narrative on why merger. Include dis-benefits and mitigations	AS
w/c 1 July	Map engagement opportunities with stakeholders for work during July/August. Align CEO and Chairs to these sessions.	AS/ST
w/c 1 July	Map engagement opportunities for CEO and Chairs at existing primary care forums, including network, education, place alliance meetings. <ul style="list-style-type: none"> • Pre-membership forum • During engagement period Align managers to support discussions and get agenda time as required.	AS/ST
w/c 1 July	Agree internal governance on decision making and map GB decision points (plan may need amendment accordingly).	PMO – programme plan
w/c 8 July	Draft Engagement document	AH
w/c 8 July	Governing Body meetings to agree strategic paper	ST/AS
w/c 8 July	Invite to Membership Forums to be held in August and again in September	AS/ST
w/c 15 July	Information to HOSC chairs to brief on background	AS

w/c 15 July	Finalise plans for launch of engagement, including views collation method, promotional materials, media handling, social media calendar.	AH
w/c 22July	Finalise engagement documentation and fulfilment/distribution methods.	AH
22 Jul – 22 Aug	Attendance at existing stakeholder meetings for pre-engagement <ul style="list-style-type: none"> • HWBB x 2 • JHOSC 	June and July 2019
w/c 22 July	NHS England Sense Check meeting.	AS
w/c 22 July	Finalise membership voting process	ST/AS
DATE OF GP Membership meetings	Membership Forum – Shropshire	ST
w/c 05/08/19	Draft Strategic Narrative Paper from AOs shared with GBs	Deloitte/ST/AS
w/c tbc	Present to Local Authorities	Deloitte/AOs/Chairs
w/c 05/08	Discuss merger proposal with Healthwatch Shropshire/Telford and Wrekin	AOs
w/c 13/08	Membership forum - Telford	Deloitte/ST/AS
w/c 02/09	Membership forum – Shropshire if required	Deloitte/ST/AS
w/c 12/09	Membership forum – Telford	Deloitte/ST/AS
w/c 02/09	Draft public questionnaire (based on BSOL& Derbyshire)	AH
w/c 02/09	Review engagement document draft	AH
w/c 02/09	Prep Survey Questions for GP membership	
	Prep Survey Questions for Public/stakeholders	
w/c09/09	Layout and load two surveys with supporting comms and messaging	AH
w/c02/09	Develop template for engagement questionnaire	AH
TBA	Launch Public Engagement online – 2 websites and social media	AH
TBA	Upload copy & Survey link to 2 CCG websites	AH
On-going	Launch stakeholder engagement – <ul style="list-style-type: none"> • ICS partners • Health & Wellbeing Board • NHS Provider Chief Executives • Local Authority Directors of Adult Care • Local Authority Directors of Children's Services • LMC • Elected Representatives • Health Overview & Scrutiny Committees for TBA • NHS England/NHS Improvement • PPGs • General Public 	AH
w/c 09/09	Develop drip feed of updates for practice vote	AH
TBA	Record votes (Support or Oppose)	AH

TBA	Closure of stakeholder engagement	AH
	Collate stakeholder responses and develop decision engagement report documenting feedback from all stakeholders including membership.	AH
TBA	Decision/recommendation made following engagement	Chairs
	NHS England Panel Meeting	AS
w/c 17/9	Governing Body Decision on Submission – meeting in common	AS/ST
	GP membership receive outcome of engagement and GB decision on options	AS/ST/AH
w/c 24/9	Update report emailed to HOSCs, HWBB and Healthwatch	AH
w/c 24/9	Share engagement feedback and decision with stakeholders	AH

Key:

Complete
In progress
Pending

Feedback mechanism and reporting

In order to demonstrate what feedback has been provided and how it will be used, a feedback capture template and log has been developed (see appendix 2 and 3).

Feedback from each engagement opportunity will be captured in the template and then transposed across to the tracker which will be used to identify themes. From this an engagement report on the proposal will be published to allow the governing bodies and membership of the CCGs to determine what mitigation can be put in place to address the feedback received.

Engagement Activity Plan - Appendix 1

	Activity	Date	Stakeholder	Status
	Staff Briefing across both CCGs – face-to-face	3 June	Staff – both CCG	Complete
	Presentation on NHSE directive to reduce workforce by 20% and single organisation	April 16	T&W GPs	Complete
	Report from the CCG Board presented to GPS	May 21	GPs T&W	Complete
	Roundtable discussion	June 18	TBA – Sharon at T&W	Complete
	Launch of AO recruitment – e-shot	21 June	Staff - both CCGs	Complete
	Staff announcement – update on HOSC – e-shot	25 June	Staff – both CCGs	Complete
	Staff announcement AO update	26 June	Staff - both CCGs	Complete
	Staff FAQs	1 July	Staff - both CCGs	
	SCCG Staff Briefing	11 July	SCCG staff	Complete
	Staff FAQs	16 July	Staff – both CCGs	Complete
	Dr Leahy presentation	16 July	GPs	Complete
	Staff FAQs	22 July	Staff – both CCGs	Complete
	SCCG Staff newsletter	26 July	Staff	Complete
	SCCG GP Newsletter update	29 July	GP members	Complete
	Update on AO recruitment	2 August	Staff – both CCGs	Complete

	Staff FAQ	6 August	Staff – both CCGs	Complete
	Note: Staff FAQs on a weekly basis, every Tuesday, subject to any questions being received			
	SCCG Staff Briefing	19 August	SCCG staff	
	SCCG Staff newsletter	Last week August	SCCG staff	
	T&W Staff Newsletter/GP Monthly newsletter	Deadline 21 August	T&W staff	
	SCCG Staff Briefing	25 September	SCCG staff	
	SCCG Staff newsletter	Last week September	SCCG staff	
	T&W Staff Newsletter/GP Monthly newsletter	Deadline 25 September	T&W staff	
	SCCG Staff Briefing	31 October	SCCG staff	
	SCCG Staff newsletter	Last week October	SCCG staff	
	T&W Staff Newsletter/GP Monthly newsletter	Deadline 23 October	T&W staff	
	SCCG Staff Briefing	18 November	SCCG staff	
	SCCG Staff newsletter	Last week November	SCCG staff	
	T&W Staff Newsletter/GP Monthly newsletter	Deadline 20 November	T&W staff	
	SCCG Staff Briefing	12 December	SCCG staff	
	SCCG Staff newsletter	Mid- December	SCCG staff	
	T&W Staff Newsletter/GP Monthly newsletter	Deadline 18 December	T&W staff	

Appendix 2
Communications and Engagement Capture Form

Single Strategic Commissioner/Group Attended Feedback Form

Date	Location	Who from CCG Attended	Group Name	Equalities Group	No of People
Feedback:					

Appendix 3

Feedback Log and Theme Analysis

See separate Excel Spreadsheet.

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Transforming Midwifery Care

HWBB

26 September 2019

Review of midwife-led care

- 2 year review of midwifery care across Shropshire and Telford & Wrekin
- How midwifery care is currently delivered to women across Shropshire and Telford & Wrekin and whether it meets the needs of families
- Listening to hundreds of women, families, seldom heard groups, doctors, midwives and other health professionals
- Looking at a wealth of evidence, research and best practice across the country
- Commissioned a travel and transport analysis and carried out a detailed non-financial and financial analysis on a range of options
- Brought together all the feedback, information and evidence we have gathered to develop a proposed new model of midwifery care

Recap on reasons for change

We need to make changes to the way midwifery care is delivered to make sure that:

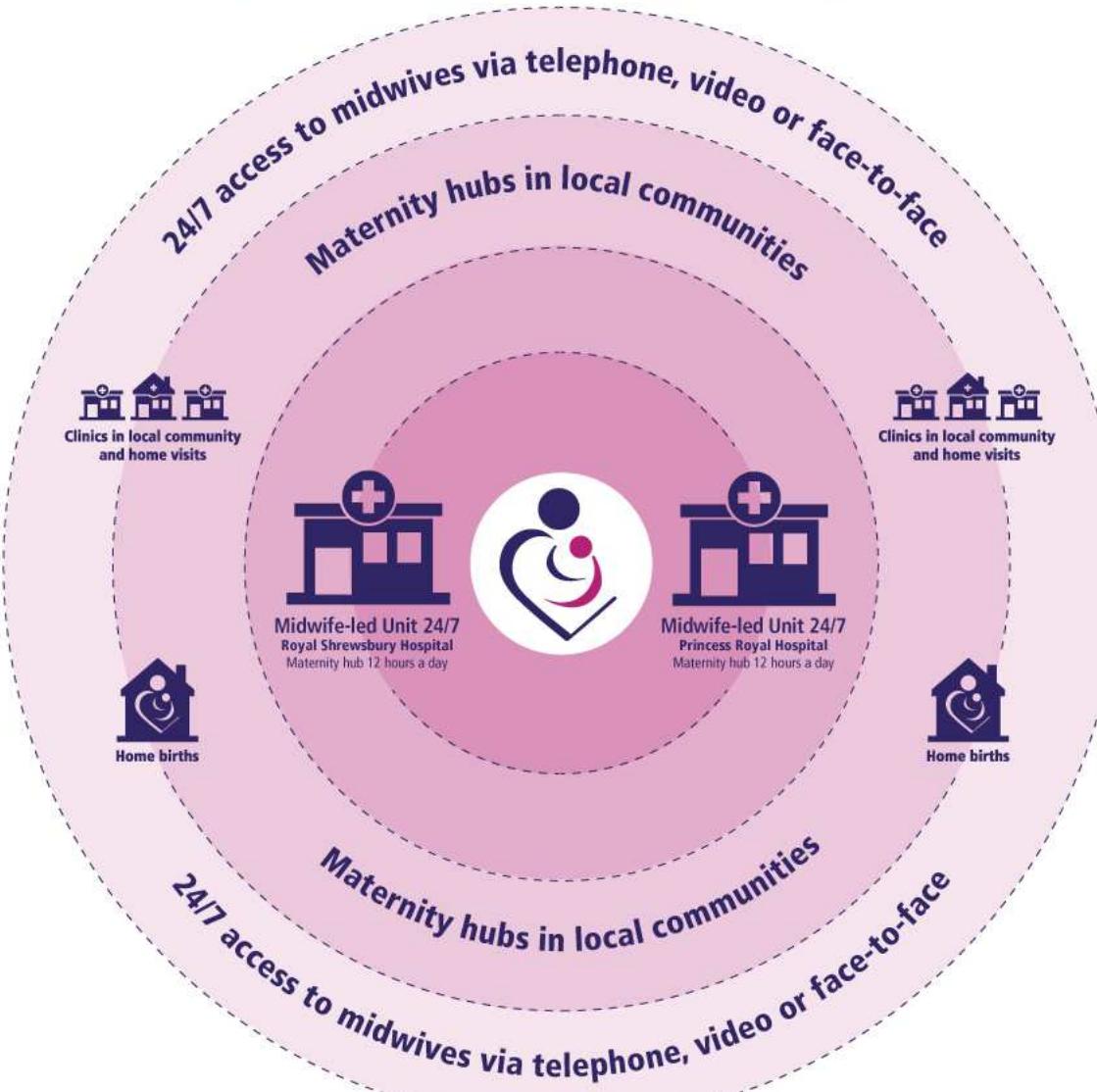
- We provide safe, high quality midwifery care to all women and families, now and in the future
- We can improve the health of pregnant women and their babies
- We provide better patient experience, choice and personalised care for women and families
- The right staff and services are available in the right place at the right time
- We make the best use of our resources



Our proposed new model of midwifery care

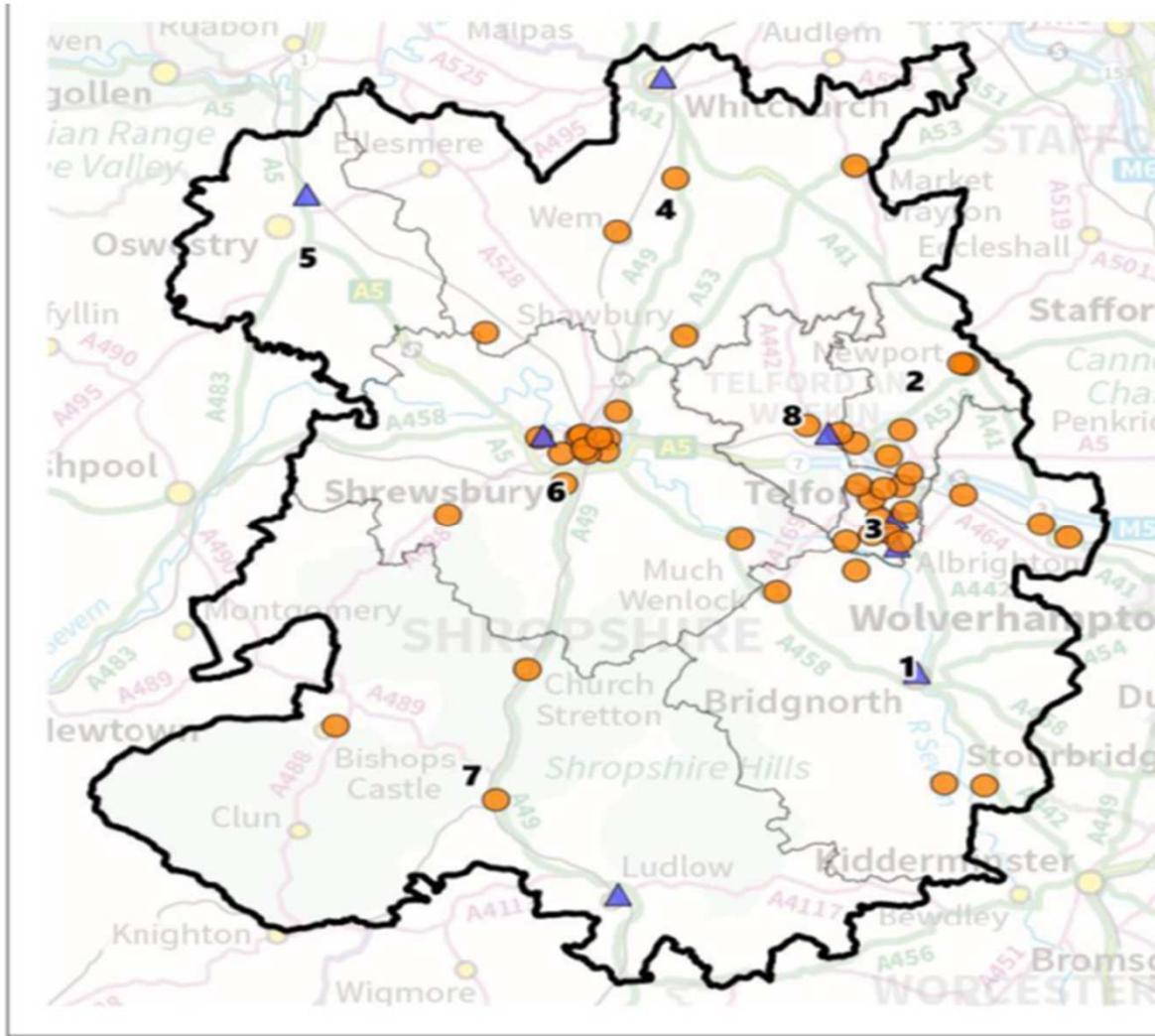
- We are proposing to transform the way that midwifery care is currently delivered across Shropshire, Telford and Wrekin to provide all women with safe, high quality and personalised care throughout their pregnancy, during the birth and following the birth of their baby
- We will do this by creating a network of midwife-led units, maternity hubs and clinics delivered in the local community and at home
- Midwives and maternity support workers will work flexibly across this network, providing personalised care to women throughout all stages of their pregnancy, birth and beyond

Proposed model of midwifery care





Clinics in the community



Routine antenatal and postnatal appointments with midwives will continue to take place in locations across the county, including GP practices, children's centres, and in a woman's home.



Maternity Hubs

- We are proposing that maternity hubs are located in line with population need and access considerations. Hubs will be open 12 hours a day, 7 days a week
- At every hub, women will be able to access the same full range of antenatal and postnatal care (including scans and obstetrician appointments)
- A range of other services will also be available, including perinatal mental health, smoking cessation & weight management
- The MLUs at RSH and PRH will also operate as hubs for 12 hours a day, seven days a week, offering the same wide range of services
- Women will not be able to give birth at the maternity hubs that aren't operating from an MLU



Your local Maternity Hub

 <p>During pregnancy</p>	<p>Planned appointments</p> <ul style="list-style-type: none"> • Midwife appointments • Appointments with an obstetrician (doctor specialising in pregnancy and birth) • Scans • Assessment of fetal wellbeing (including discussing your baby's movements with you, listening to your baby's heartbeat and measuring your baby) • Appointments with perinatal mental health team 	<p>Drop in any time for information, advice and support about</p> <ul style="list-style-type: none"> • Pregnancy • Birth options • Emotional health and wellbeing during pregnancy • Keeping fit and healthy in pregnancy • Local groups for new families 	<p>Additional support services that are regularly available</p> <ul style="list-style-type: none"> • Help with mental health and wellbeing • Support with long term conditions, e.g. diabetes • Help to stop smoking • Advice on reaching a healthy weight
 <p>Following the birth of your baby</p>	<p>Planned appointments</p> <ul style="list-style-type: none"> • Midwife appointments • Appointments with Maternity Support Worker • Newborn checks • Newborn screening 	<p>Drop in any time for information, advice and support about</p> <ul style="list-style-type: none"> • Parenthood • Feeding your baby, including breastfeeding • Caring for your baby • Emotional health and wellbeing during early parenthood • Bonding with your baby • Keeping fit and healthy in early parenthood • Local groups for new families 	<p>Additional support services that are regularly available</p> <ul style="list-style-type: none"> • Help with mental health and wellbeing • Advice on family life skills, e.g. budgeting and cooking

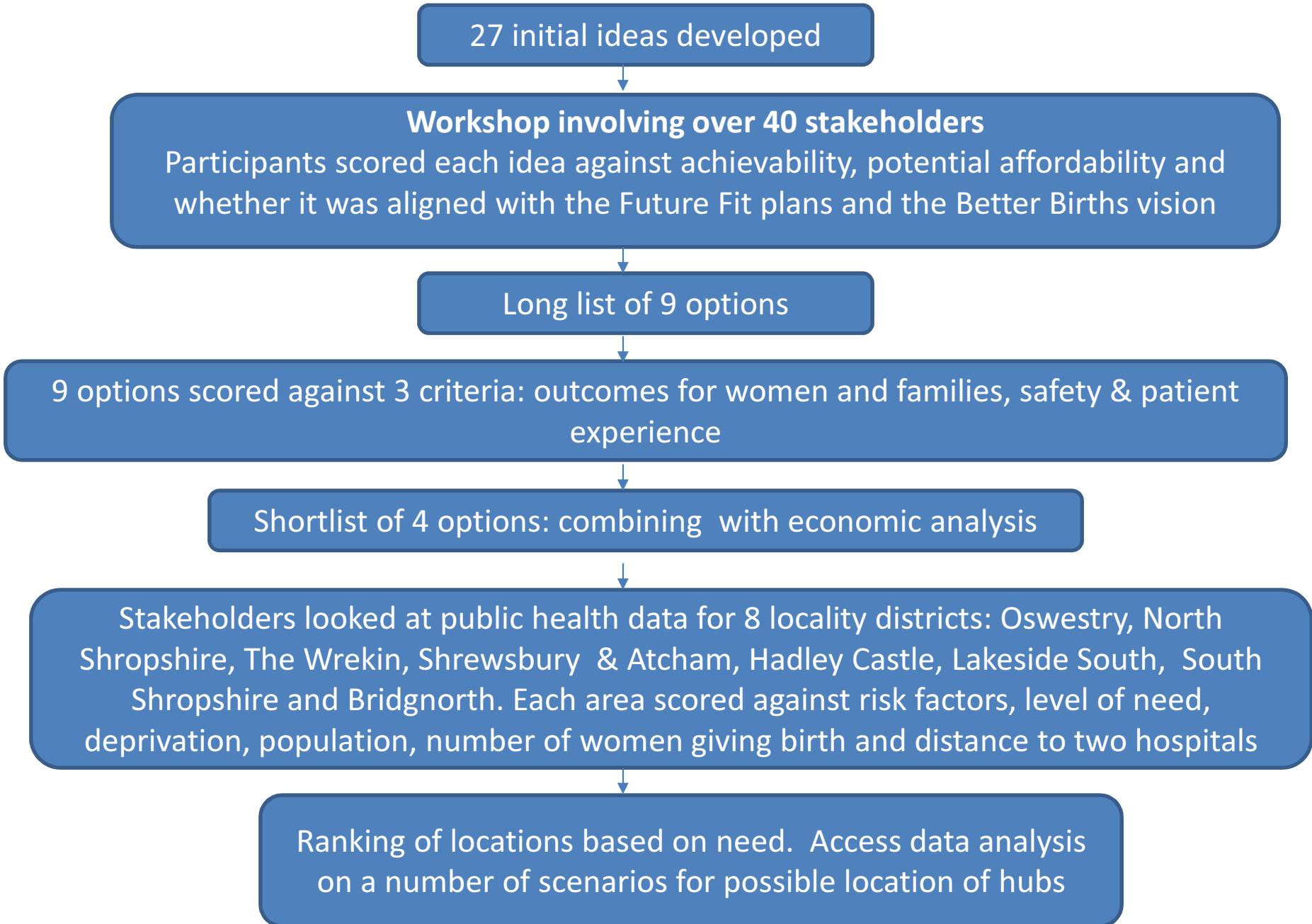
Birthing options

- Women will continue to be able to choose from a full range of settings in which to give birth:
 - Consultant-led Unit at PRH (24/7)
 - Alongside MLU at PRH (24/7)
 - Freestanding MLU at RSH (24/7)
 - Home birth (24/7)

(inpatient postnatal care will not be available at the MLUs)

Options Appraisal Summary

Options appraisal methodology



Outcome of Option Appraisal

- The 4 shortlisted options:
 - All included MLUs at RSH and PRH offering births 24/7 and operating as hubs for 12 hours a day
 - Two options included 3 or 4 additional hubs with on-call midwifery response for births
 - Two options included 3 or 4 additional hubs without births
- Shortlisted options were assessed by combining a non financial and financial score
- The highest scoring options were the two including 3 or 4 additional hubs without births
- Marginal difference as to a 4 or 3 hubs model

Number and location of Maternity Hubs

- We are looking at a range of data to make sure that the maternity hubs are in the best locations where the most women will benefit
- This includes population and public health data, the equalities impact on women and travel access data
- Outcome of Access Impact Assessment and Locality Needs Assessment (Options Appraisal) need to be considered together
- Need to consider which combination of hub locations will see the greatest positive impact for women and their families across the county
- The final decision on proposals in relation to how many and where the maternity hubs will be located will be made by the CCG boards

Access Impact Assessment

- Access Impact Assessment commissioned in order to understand:
 - How potential hub locations would impact access and travel times for women and their families
 - Whether Whitchurch or Market Drayton would be most suited in relation to access for the North Shropshire hub.
- The access impact assessment considered what impact the different potential hub locations would have for women in relation to:
 - Accessing birthing locations
 - Accessing hub services (dating scans were used as a proxy measure)
- The findings were considered by a professional group and Joint CCG Board

Consultation Plan

Consultation plan

With the help of a patient reading group, we are developing a plan for how we will communicate and engage with people during the consultation. This will include:

- Website with online survey, FAQs and key documents
- Printed consultation document, including Easy Read version
- Video for use on social media, information screens and website
- Weekly drop-in events in community locations for people to find out more and ask questions
- Staffed information stands at targeted venues, e.g. soft play centres
- Targeted engagement with seldom heard groups
- Link to survey on Baby Buddy app
- Staff drop-in events
- Regular updates at key meetings held in public
- Regular articles and interviews in the local media
- Social media

Next Steps

- Joint HOSC engagement
- CCG Board approval of model on which to consult
- NHS E/I Assurance
- Consultation Start (date TBC) subject to NHSE assurance
- 8 week consultation
- Drafting the consultation documents and materials, with help from a patient reading group and both Healthwatch
- Further 'deeper dive' engagement in specific areas before consultation

