



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date **Thursday, 30 September 2021** Time **2.00 pm**
Venue **Beckbury Suite, Telford International Centre, International Way, Telford, TF3 4JH**

Enquiries Regarding this Agenda

Democratic Services	Lorna Gordon	01952 384978
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Committee Membership:

J Baker	Community Safety Partnership
J Britton	Executive Director: Childrens Safeguarding & Family Support
Cllr A J Burford	Cabinet Member for Health & Social Care, TWC
S Dillon	Director: Adult Social Care
Cllr I T W Fletcher	Conservative Group, TWC
Cllr K Middleton	Labour Group, TWC
(Chair)	
L Noakes	Director: Health, Wellbeing & Commissioning
Nicky O'Connor	Shropshire Telford & Wrekin Sustainability and Transformation Partnership
A Olver	Voluntary Sector Representative
B Parnaby	Healthwatch, Telford & Wrekin
Pepper	Shropshire, Telford and Wrekin Clinical Commissioning Group
Cllr S A W Reynolds	Cabinet Member for Children, Young People, Education & Lifelong Learning, TWC
J Rowe	Executive Director: Adults Social Care, Health Integration and Wellbeing.
Skidmore	Shropshire, Telford and Wrekin Clinical Commissioning Group
Cllr K T Tomlinson	Liberal Democrat / Independent Group, TWC
Cllr P Watling	Cabinet Member for Co-Operative Communities, Engagement and Partnerships

AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** 3 - 8
To confirm the minutes of the meeting of the Health & Wellbeing Board held on Thursday, 17 June 2021
4. **Public Speaking**
5. **GP Access Update** 9 - 14
To receive the report on the GP Access Update from the Director of Partnerships, NHS Shropshire, Telford & Wrekin CCG.
6. **Health Inequalities Action Plan** 15 - 42
To receive the report on the Health Inequalities Action Plan from the Deputy Statutory Director of Public Health, Health & Wellbeing and Commissioning: Public Health and Resilience.
7. **Hospital Transformation Programme**
To receive a verbal update on the Hospital Transformation Programme from the Interim Accountable Officer, Shropshire, Telford & Wrekin CCG.
8. **Place Based Commissioning** 43 - 48
To receive the report on Place Based Commissioning from the Commissioning Procurement & Brokerage Service Delivery, Adult Social Care.
9. **Community Safety Partnership Strategy** 49 - 74
To receive the report on the Community Safety Partnership from the Chief Inspector, West Mercia Police.

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday, 17 June 2021 at 2.00 pm in The Wenlock Suite, Telford International Centre, International Way, Telford, TF3 4JH

Present: Councillors A J Burford, S Dillon, K Middleton (Chair), L Noakes, A Olver, B Parnaby, Pepper, S A W Reynolds, J Rowe and Skidmore

In Attendance:

Apologies: Councillors J Britton, I T W Fletcher, Nicky O'Connor, K T Tomlinson and P Watling

HWB10 Declarations of Interest

None.

HWB11 Public Speaking

None.

HWB12 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting were agreed and signed by the Chair.

Councillor A J Burford asked the Interim Accountable Officer, Shropshire, Telford and Wrekin CCG questions in relation to the hospital transformation programme. He raised concerns regarding the transparency of the project, as well as escalating costs. He asked for assurances that the full programme would be completed, including the investment in the Princess Royal Hospital.

The Interim Accountable Officer, Shropshire, Telford and Wrekin CCG recognised that many members of the public felt that things had gone quiet around the programme. A refresh of the programme board had taken place and it was agreed that an update report would be bought to the next committee.

It was recognised that there were questions around affordability, however, the programme board remained committed to the programme. The works to the Princess Royal remained part of the proposals. It was agreed that should there need to be a significant deviation from the proposals, then the CCG would be required to re-consult.

HWB13 Reframing the Health & Wellbeing Board & Terms of Reference

The Chair advised that during May, a board development session had taken place, looking at health inequalities. This led to a discussion regarding the work of the Board moving forward and the report captured what the agreed ways of working would look like.

It was recommended that the Terms of Reference for the Board be reviewed over the coming months, and for the interim Terms of Reference to be approved in the meantime.

RESOLVED that:

- a) The terms of reference attached at Appendix A of the report be approved; and**
- b) The proposal for a wholesale review of the Terms of Reference be presented to the Board in September 2021 be approved.**

HWB14 The Year of Wellbeing

The Board received the presentation. The presentation outlined the proposals to support residents to make positive actions for their wellbeing. There were a number of objectives to the proposals, including encouraging at least 5000 residents to sign a pledge to improve their wellbeing. The aim of the programme was to reach as many people within the Borough as possible and targeted activity had been planned to reach those who had been disproportionately affected by the Covid-19 pandemic, such as Black, Asian and minority ethnic communities, lower socio-economic background groups and those who were lonely or socially isolated.

A successful pilot that ran earlier in the year, had encouraged sign up to an email based campaign, providing simple ways to make positive impacts.

The proposed branding of the scheme was outlined, which was bright and colourful. It was noted that wellbeing was centred around people and communities.

An outline of planned activity during the year was discussed, including weekly social media posts. It was noted that there needed to be activities aimed at those who did not use social media and work had been included in the programme for those who did not want to or could not access digital activities.

Members welcomed the scheme. A discussion was held in regards to youth involvement, it was confirmed that there were youth health champions. A discussion took place in respect of Mental Health representatives on all Town and Parish Councils in the Borough and how these representatives could work with young people as well.

HWB15 Prevention & Healthy Lifestyles

The Board received the report of the Service Delivery Manager: Health Improvement. The report summarised the main programmes of work contributing to the Health and Wellbeing Strategy, and provided an update on the main prevention and healthy lifestyle services, and focused on Covid-19 recovery.

It was noted that during the pandemic, providers had continued to provide support, which had led to an increase in digital services. The report highlighted a number of challenges but also noted a number of achievements.

Board Members raised that smoking in pregnancy section did not mention fathers at all, although the dangers and risks of passive smoking were well known. It was noted that there was a new service model being implemented which would encompass a whole family approach.

Board Members praised the testimonials within the report and welcomed the range of work that was being undertaken in Telford and Wrekin.

RESOLVED that:

- a) the impact that Covid-19 has had on the provision of prevention and healthy lifestyle services be noted;**
- b) the action taken by service providers to work creatively and flexibly to continue to provide some support during the pandemic to people wanting to make positive changes to their lifestyle be noted: and**
- c) the number of initiatives that have been made possible from non-recurrent funding linked to Covid-19 grants – consideration will need to be given to how we can sustain activity for those initiatives that deliver improved outcomes linked to our priorities be noted.**

HWB16 Homelessness Health

The Board received the joint report of the Director of Health, Wellbeing and Commissioning and the Director of Housing, Employment & Infrastructure. The report provided an update on the Covid-19 response to those experiencing homelessness and rough sleeping in Telford and Wrekin.

The key points included:

- 'Everyone In' was first launched in March 2020 and the Council had committed since this date to 'No Return to Rough Sleeping'.
- A multi-agency approach, ensuring partners were jointly responding to clients and that information was shared appropriately to develop plans
- A rough sleeping task force was established in March 2020, which met daily and included representatives from the Council, Maninplace, Kip@Maninplace, STAY, STaRS, MPFT and the police.

- The task force had supported over 360 clients from sleeping rough through providing emergency accommodation and over 320 clients had been re-housed into their own accommodation.
- All clients had been supported to register with a GP and a programme to offer vaccinations against Covid-19 had been arranged to those within emergency accommodation.

There had been several successful funding bids to enable to support of some of these services, such as next steps accommodation funding which enabled the purchase of 13 homes. Peer mentors had also been established, as some clients wanted to speak to someone who had lived through those experiences.

Board Members welcomed the report and praised the work that had taken place. Members discussed wrap around support and the importance of partnership working.

A discussion was held regarding the number of rough sleepers in the Borough, it was acknowledged that this was extremely difficult to count, as it changed daily.

HWB17 Children and Young People with Mental Health Update

The SRO for Mental Health, Learning Difficulties and Autism, MPFT, presented a report to the board. The presentation provided an update on the S.31 conditions placed on Shrewsbury and Telford Hospitals (SaTH) in relation to children and young people.

The report highlighted the actions taken to improve the care and support for children and young people at SaTH, including internal actions in SaTH and system level actions, such as weekly system operational and professionals meetings to provide senior support.

Members discussed the waiting list for access to CAMHS and the impact this was having on children, young people and their families. A discussion was held regarding early intervention work and support in schools.

HWB18 Ageing Well - Celebrating Later Life In Telford And Wrekin

The Board received the joint paper of the Director: Adult Social Care, Telford & Wrekin Council, The Chief Executive, Age UK Shropshire Telford and Wrekin, the Chair, Healthwatch Telford & Wrekin and the Deputy Director of Partnerships, Shropshire, Telford and Wrekin CCG.

The paper outlined the multiagency work that had been undertaken to support people in later life in Telford and Wrekin. Telford & Wrekin's population was aging quicker than other areas. Partner organisations were working together to develop a task force and an action plan to show how these organisations would help people live independently in their later lives.

The Board heard that there was a need for older age to have a more positive focus, especially on the language used around the older person.

The vision moving forward would be '*that Telford be the best place to grow old*'.

Members welcomed the report and noted the role of the community in supporting residents in later life.

RESOLVED that:

- a) **The direction of travel focusing on the positive contribution that people later in life can make within our communities be supported and championed;**
- b) **The Health and Wellbeing Board will remain a part of the journey to improve outcomes, independence and opportunities for people later in life in Telford and Wrekin; and**
- c) **All organisations and services in our place be challenged to take a positive, enabling and independence-led approach to people in later life.**

The meeting ended at 3.49 pm

Chairman:

Date: Thursday, 30 September 2021

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Telford and Wrekin Health and Wellbeing Board Meeting

Date: 30th September 2021

Paper title: GP Access Update

**Responsible Officer: Claire Parker : Director of Partnerships Shropshire,
Telford and Wrekin CCG**

1. Summary

Shropshire, Telford and Wrekin (STW) CCG wishes to acknowledge the huge contribution that Primary Care has made and continues to make to the health system locally in the way they have responded and adapted to the challenges created by the COVID pandemic for the benefit of their patients.

In the recent National GP Survey STW CCG practices scored an average satisfaction score of 69 % for ease of getting through to GP practice on the telephone compared to the national average of 68% .However the CCG is aware from the range of responses in the National GP Survey Data, local Healthwatch surveys and individual complaints that some patients have experienced difficulties in accessing Primary Care especially via telephone, therefore the paper details the range of actions underway to assist both in access to primary care as well as promoting alternative routes for accessing care and support for health care conditions.

These changes in the range of appointment types are in line with the national direction of travel for transformation of Primary Care and have been nationally as well as locally accelerated through impacts of Covid.

2. Recommendation

To note the content of the report and to receive a update in 6 months

Access to Primary Care in Telford and Wrekin

1. Introduction

Shropshire, Telford and Wrekin CCG wishes to acknowledge the huge contribution that Primary Care has made to the overall health system locally in the way they have responded and adapted to the challenges to Healthcare provision over the Covid Pandemic. Examples of this include the joint working with Shropshire Community Trust to deliver care to the most clinically vulnerable at the start of the pandemic, the joint working to deliver vaccinations programmes across Shropshire, Telford and Wrekin and the adoption of technologies that have enabled covid safe care to be delivered using different appointment types.

As figures below detail this has been during a time of increasing demands placed on primary care. Despite these pressures, locally we know that overall experience of primary care has remained positive. The results of the National GP patient survey published in July 2021 (reflecting data collected Jan – March 2021) indicate that across Shropshire, Telford and Wrekin (STW) CCG footprint Primary Care has maintained high levels of patient satisfaction with their services. The results show that the average overall satisfaction score for GP practices was 84% (national average score 83%).

However subsections within this National GP survey and locally the Healthwatch survey along individual patient complaints indicate that some residents are experiencing difficulties in accessing Primary Care services especially with regard to getting through via the telephone to their practices.

This paper seeks to share how the CCG in partnership with Primary Care are working to improve this experience.

2. Background

General Practice has seen an increase both in the number of calls requesting appointments and in the number and range and type of appointments offered. It is acknowledged that pre pandemic the issues of long waits for telephones to be answered existed and it is not solely a consequence of increased demand, however the levels of increased demand do create challenges for Primary Care locally and importantly can impact detrimentally on patient's experience.

The demand for Primary Care appointments has increased to levels above those seen pre pandemic. The table below sets out the increase in demand from June 2019 to June 2021 across Shropshire, Telford & Wrekin:

	June 2019	June 2021	Change
Total number of GP appointments	209,519	231,845	+10.7%
Face-to-face appointments	171,370	135,163	-21.1%
Home visits	2,573	2,709	+5.3%
Telephone consultations	27,552	83,702	+203.8%
Video consultations	0	74	n/a
Percentage of patients seen face-to-face	81.8%	58.3%	

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/june-2021>

Overall demand has increased by more than 10 percent and, despite the number of telephone consultations rising from 27,552 to 87,702 almost six in 10 patients are still being seen face-to-face. The mix of appointment types reflects new ways of working including telephone triage and expanded roles within practices. It is line with the national direction of travel to have mixed appointment types according to clinical need.

This demand has fluctuated over the last 12 months. The CCG has promoted over the pandemic period through multiple media channels that Primary Care was open and available to see patients, however it is known that for a period after the announcement of the Pandemic many individuals across the whole of the country did not come forward with a surge of demand happening post March 2021 as society began to open back up as a consequence of the success of the vaccination programme. This surge in March 2021 was significant locally for our practices in Telford.

3. Current Actions in relation to Primary Care Access

The CCG is working with practices to improve patients' experience of contacting the practice by telephone and also improve the timeliness of access to an appointment / information to assist the patient's needs.

Key Actions are described below

- I. STW CCG have provided significant support to all its primary care practices to ensure that the IT/ telephony is as efficient and effective as possible to assist patients in being able to access general practice via this route .Information leads from within the CCG have undertaken work with Redcentric, the main provider of

telephony services for our practices who have provided additional technical support to make adjustments and improve phone systems.

- II. The CCG has undertaken monitoring both of the data / information accessible via the Redcentric system in addition to mystery shopper approaches to test out processes put in place to improve telephone access and issued guidance back to practices on what has been found. The Redcentric phone system provides detailed information on call volume , wait times , and demand across operating hours and the CCG is undertaking indepth targeted work with primary care so that data can inform internal changes in practices that will deliver patient benefits in reduced waiting times.
- III. The CCG have identified through an analysis of the GP Survey results that access to online services remains a potential area for improvement for the CCG with 65% of respondents not having accessed online services in the preceding 12 months, compared to a national average of 56%.The CCG have undertaken reviews of Practice websites to assess if details of how to make use of online consultation (e-consult/Emis online triage) is available and easy to find and also if there are alternative ways to contact the practice such as an email address. In addition details on the practice websites about extended hours access has also been checked. Following the website review practices have been supported to make any necessary changes.
- IV. Working with the CCG communication team and patient groups, the CCG is developing messaging that enables our wider population to be aware of alternatives ways to access primary care and other services that might be of assistance to meet their presenting concern.
This also includes messaging that patients hear when they are on hold so they can be informed of what the alternatives there are such as prescription ordering services or online options. The ultimate aim is that we develop a system where these options and others in the community are more widely known and understood and accessed first. This links to the programme of work to build on promoting pro active intervention as part of the Telford and Wrekin place Based Partnership (TWIPP).
- V. The CCG is aware that there is variation across practices and has been triangulating data from various sources to offer targeted support to practices that patients are experiencing greater levels of difficulty accessing the practice. This will also inform our physical quality visits as they are resumed which were a regular part of our calendar pre-covid and involved checks to ensure practices

are meeting all quality targets and taking action against any improvement advice from their most recent Care Quality Commission (CQC) inspection.

- VI. The CCG is also supporting practices to adopt schemes such as the NHS Community Pharmacist Consultation Service (CPCS) which offers patients same day minor illness consultations with appropriately trained community pharmacists which will improve access to timely care and also free up primary care appointment slots .
- VII. The CCG has assisted primary care in an ICS system level bid to gain additional funding to deliver increased appointment slots over the Winter Period. This will assist in managing some of the increased demand over this period.
- VIII. The new models of general practice advocate the diverse skills of a range of professionals. This is already reflected in our practices across Shropshire, Telford and Wrekin with a range of healthcare, mental health and social prescribing practitioners working in our GP networks. The CCG will work with our practices and PCNS to understand the role of these individuals in managing demand and improving patient experience.
- IX. Additionally the role of receptionist/ call handlers is expanding and changing and many staff in these roles now performs the function of a care navigator. This means they are involved in redirecting/ making appointments with wider team members. Whilst this is a positive thing for individual patient experience, further work is underway to understand if/ how this might be impacting negatively on other patient call wait times and how this can be better managed.
- X. Additionally the CCG have supported practices with Infection Prevention and Control (IPC) guidelines which have provided advice to practices to help them navigate the fine line between ensuring their doors are open and maintaining the necessary IPC measures to keep their patients and staff safe.

4. Conclusion

Despite high levels of satisfaction generally across STW CCG Primary Care there is considerable variation in access and some patients are struggling to access primary care in a timely way with excessive waits to get through to book appointments or discuss issues. The CCG has shared the range of actions it has undertaken and is continuing to undertake in partnership with primary care to address this situation.

The CCG welcomes working with the Local Council and system partners including the voluntary sector to consider the issue of digital inclusion for those who may have difficulties accessing some of the online platforms that can be used instead of telephony systems as it recognises not all sections of the community can access these routes.

5. Recommendation

To note the content of the report and to receive a update in 6 months

TELFORD & WREKIN COUNCIL

SMT – 31st AUGUST 2021

HEALTH & WELLBEING BOARD – 30th SEPTEMBER 2021

INEQUALITIES PLAN PROPOSALS 2021-2023

REPORT OF LIZ NOAKES, DIRECTOR HEALTH & WELLBEING (STATUTORY
DIRECTOR OF PUBLIC HEALTH)

LEAD CABINET MEMBER – CLLR ANDY BURFORD
HEALTH & WELLBEING BOARD CHAIR – CLLR KELLY MIDDLETON

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 Introduction

The [national Marmot reviews](#) of health inequalities over the past two decades highlight that the persistent inequalities gap caused by austerity was widening well before the coronavirus pandemic hit. In Telford & Wrekin overall life expectancy in both men and women had stalled from 2010-2019, and the inequalities gap in life expectancy between the best off and worst off communities had increased. The local picture for healthy life expectancy is even more stark. The pandemic has impacted on our health and wellbeing in far reaching ways, impacting significantly on already persistent health inequalities.

The [Black Lives Matter](#) movement, the [Commission on Race and Ethnic Disparities](#), the [Equality Act 2010](#), [Health and Care Bill](#) and NHS England policy all provide clear context for reducing health inequalities for those most at risk.

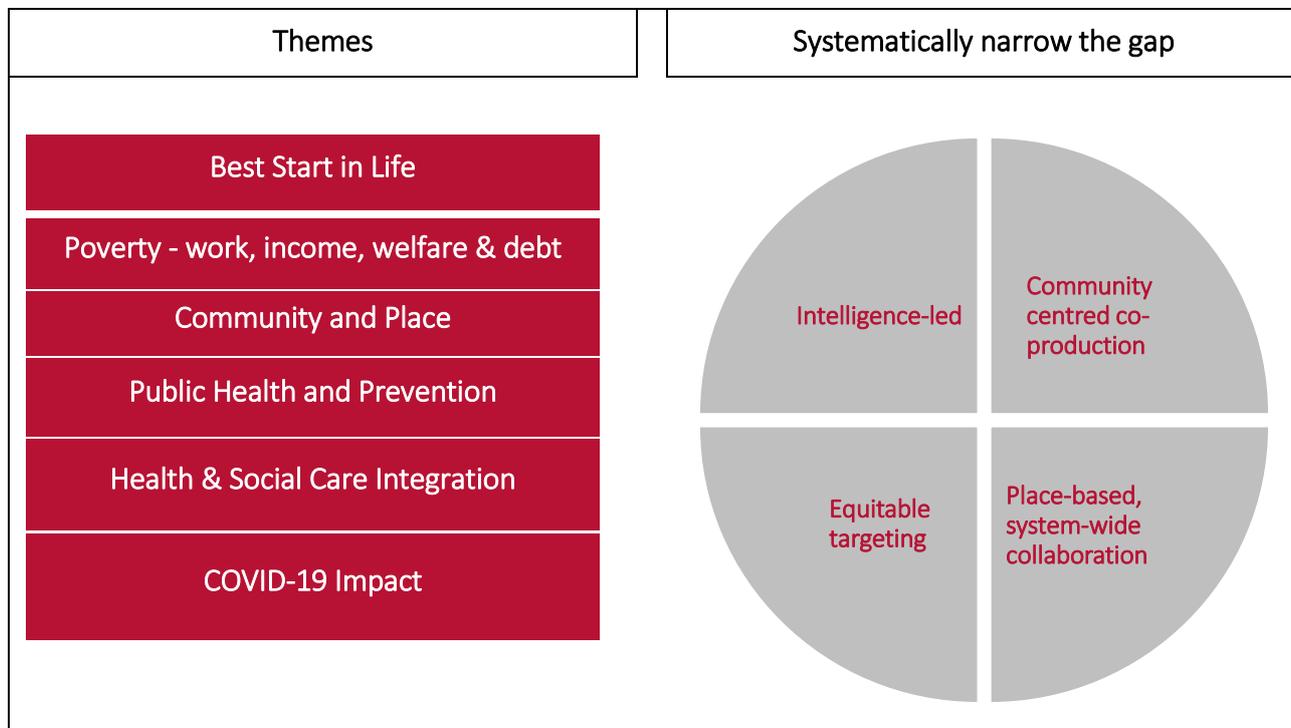
Our [Health & Wellbeing Strategy](#) clearly commits to **drive progress on tackling health inequalities.**

Focussing on wider social determinants as most important influences on health the Health & Wellbeing Strategy recognises that the need to accelerate targeted collaborative local action to reduce increasing health inequalities, by:

- Tackling the wider determinants of health – healthy homes, jobs, employment, income and education
- Giving every child the best start in life – to influence a range of outcomes throughout people's lives
- Improving the lives of the most vulnerable, people with complex needs, and those at risk of abuse, neglect or exploitation

This Inequalities Plan for Telford & Wrekin is the start of an ambitious way forward for tackling inequalities. The framework is based on the broad Marmot themes and there is a commitment to evolve a systematic, targeted, community-centered, intelligence-led partnership approach.

Telford & Wrekin Inequalities Plan Framework



The Plan highlights key areas of focus across the six Marmot-based themes given the current picture of known local inequalities. Many of these areas have already been identified as important in other partnership strategies, plans and service transformation programmes. A set of key developments for 2021/22 are proposed as important gaps for improvement as follows:

Best Start in Life	<ul style="list-style-type: none"> ➤ implement a new smoke-free pregnancy pathway (as part of the NHS Tobacco Dependency Programme) ➤ expand initiatives to narrow the gap in school readiness and educational attainment for the most vulnerable children ➤ develop the enhanced parenting support for offer for those families most in need ➤ further develop bespoke, targeted support for young people who are NEET ➤ enhance emotional and mental health support for children and young people most risk
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<p>Economic opportunity - work, income, welfare, poverty, debt</p>	<ul style="list-style-type: none"> ➤ increase the number of people receiving welfare assistance (given Universal Credit cut from Oct 2021) – including a focus on older people ➤ enhance community-based debt support e.g. through CAB – increasing the number of people who benefit from debt advice ➤ reduce unemployment rates in young people and those from BAME backgrounds ➤ improve employability support for people with learning disabilities
<p>Community and Place</p>	<ul style="list-style-type: none"> ➤ further expand tailored wrap-around housing support for our most vulnerable residents / those facing homelessness ➤ enhance targeted interventions to reduce fuel poverty ➤ expand violence prevention initiatives such as mentoring in schools and targeted youth provision
<p>Public Health & Prevention</p>	<ul style="list-style-type: none"> ➤ further develop the targeted approach of the Council's Healthy Lifestyles offer: <ul style="list-style-type: none"> • tier 2 weight management service for BAME community and people with a Learning Disability • whole-school approach to tackle excess weight in our most deprived communities • food poverty action – working with food banks • smoking support for people with mental health problems and those in routine and manual roles through workplaces ➤ NHS England* – Health Inequalities and Prevention requirements Integrated Care Systems e.g. smoking, weight management and alcohol
<p>Health & Social Care Integration</p>	<ul style="list-style-type: none"> ➤ expand community and peer support for people with mental illness, learning disabilities and autism, including: <ul style="list-style-type: none"> • extend calm cafes • improve access to mental health services • reduce social isolation • improve the uptake of preventative health care • enhance the assisted technology offer
<p>COVID-19 Impact</p>	<ul style="list-style-type: none"> ➤ continue to evolve the offer of COVID testing for both asymptomatic/symptomatic testing (LFT/rapid & PCR testing) in areas and groups where testing rates are lowest, through community venues and community champions ➤ develop a sustainable delivery model to improve uptake of COVID immunisation in those most at risk, including a comprehensive programme immunisation pop up clinics at accessible workplace and community venues ➤ NHS to restore services inclusively – e.g. improve early diagnosis of cancer and screening programme uptake in those most at risk

While certain local health inequalities are already well known and programmes to tackle these can be developed quickly, an approach to systematically identify inequalities which are currently less clear is needed in order to implement plans, programmes and interventions to narrow the gap and improve outcomes over the medium to longer term. This includes:

- Ensuring an intelligence-led approach (often referred to by the NHS as [population health management](#)) shapes our understanding of local inequalities to drive action
- Developing a systematic approach to understanding what factors are causing poor outcomes in different population groups, with a focus on deprivation, disparities and diversity e.g.:
 - deprived communities
 - people with poor mental health
 - [Equality Act protected characteristics](#)
 - those from Black and Minority Ethnic backgrounds
 - inclusion health populations
 - people with physical disabilities
 - people with learning disabilities and autism
 - people experiencing frailty
- Developing Joint Strategic Needs Assessment profiling to understand need and unmet need and how people use and benefit (or not) from health and social care and community services and support – this includes data and information and insight from community engagement and consultation
- Developing a comprehensive performance and outcomes framework to monitor progress

The Health Inequalities Plan will therefore evolve and be refreshed on an annual basis with regular reporting to the Board against the specific outcomes and interventions.

2. RECOMMENDATIONS

The Health & Wellbeing Board is asked to approve Telford & Wrekin Inequalities Plan 2021 - 2023 proposals.

SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Council priorities?	
	Yes	<ul style="list-style-type: none"> • Every child, young person and adult lives well in their community • Everyone benefits from a thriving economy • All neighbourhoods are a great place to live • Our natural environment is protected, and the Council has a leading role in addressing the climate emergency • Community-focussed, innovative council providing efficient, effective and quality services
	Will the proposals impact on specific groups of people?	
	Yes	This Inequalities Plan aims to deliver commitments of the health and wellbeing strategy to drive progress in reducing health inequalities. There is a particular focus on our most deprived communities, people from Black and Minority Ethnic Groups and children, young people and adults who are vulnerable and have complex needs.
TARGET COMPLETION/ DELIVERY DATE	The Plan will initially cover the period 2021/22-2022/23 with a commitment to regular monitoring, update and refresh.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The developments for 21/22 will be funded from within existing resources. The Inequalities Plan for 2021 to 2023 will be annually refreshed and any funding required in addition to existing resources will need to be identified before the refreshed Plan can be approved. TAS 21.09.2021
LEGAL ISSUES	Yes	Pursuant to section 149 Equality Act 2010, the Public Sector Equality Duty (PSED,) the Council is obliged, when exercising its functions, to have 'due regard' to the need to: a. Eliminate discrimination, harassment and victimization and other conduct which the Act prohibits; b. Advance equality of opportunity; and c. Foster good relations between people who share relevant protected characteristics and those who do not. Health Inequalities are systematic, unfair and preventable differences in health outcomes including protected characteristics as covered by the Equalities Act 2010. This report details the work being undertaken in relation to health inequalities which assists the Council to comply with its legal duties. (RP 20/09/21)

OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>The Health & Wellbeing Board have committed to use community-centred approaches to help build connected and empowered communities and putting communities at the heart of everything through meaningful engagement and co-production will support reducing health inequalities.</p> <p>The Telford & Wrekin Integrated Place Partnership is key to tackling the complex issue of inequalities within the integrated care arena.</p> <p>This strategic place-based inequalities plan links with NHS England expectations for Shropshire, Telford & Wrekin Integrated Care System in line with the NHS Long-Term Plan and recognising the COVID-19 impact has had on our communities.</p>
IMPACT ON SPECIFIC WARDS	Yes	<p>Borough-wide impact is expected across those groups of people most likely to face health inequalities, but focused impact is planned in wards highest levels socioeconomic deprivation.</p>

PART B) – ADDITIONAL INFORMATION

3. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None.

4. PREVIOUS MINUTES

5. BACKGROUND PAPERS

None.

Report prepared by Helen Onions, Consultant in Public Health
 Email: Helen.Onions@telford.gov.uk

Telford & Wrekin Inequalities Plan 2021 - 2023

Health & Wellbeing Board 30th September 2021

Protect
Care and Invest
to create a
better borough



Telford & Wrekin
COUNCIL

Introduction

In 2021 there is compelling evidence of the need to reduce health inequalities. [Build Back Fairer: the COVID-19 Marmot Review](#) built on previous national reviews of health inequalities emphasising that the **social, environmental and economic inequality** in our communities that damages health and wellbeing had got worse in the 20 years before the pandemic.

All organisations and communities have faced an unparalleled challenge in responding to COVID-19. However certain communities and groups with longstanding health inequalities have been disproportionately affected. There are **avoidable, and unfair differences in health between different groups of people**, such as people from deprived areas and those from Black, Asian and minority ethnic (BAME) backgrounds.

The [Black Lives Matter](#) backdrop and the [Commission on Race and Ethnic Disparities](#) findings necessitate urgent action across many areas, including tackling health inequalities.

The [Equality Act 2010](#) protected characteristics are clear context for health inequalities faced by some people, such as those with learning and physical disabilities.

The [Health and Care Bill](#) expects reducing health inequalities to be a mainstream activity in health and social care partnership integration.

Certain local health inequalities are already well known and can be tackled quickly. But we also need an approach to systematically identify inequalities which are currently less clear and then implement actions to **narrow the gap**.

This **inequalities plan for Telford & Wrekin** is the start of an ambitious way forward for tackling inequalities. The framework is based on the broad [Marmot](#) themes, recognising that the wider determinants of health impact on our local inequalities. A **targeted, community-centered, intelligence-led partnership approach** will be critical to our success.

Health & Wellbeing Strategy Context

Our Priorities

- Telford & Wrekin Integrated Place Partnership (TWIPP) priorities:
 - Building community capacity and resilience
 - Prevention and healthy lifestyles
 - **Integrated response to health inequalities**
Integrated advice, information and access to support
Integrated care and support pathways
- **Drive progress on tackling health inequalities**
- Improve emotional and mental wellbeing
- Ensure people's health is protected as much as possible from infectious diseases and other threats

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[Telford Wrekin Health Wellbeing Strategy Reset 20.21 22.23](#)

Delivering the Council Plan priorities - [Protect, Care and Invest](#)



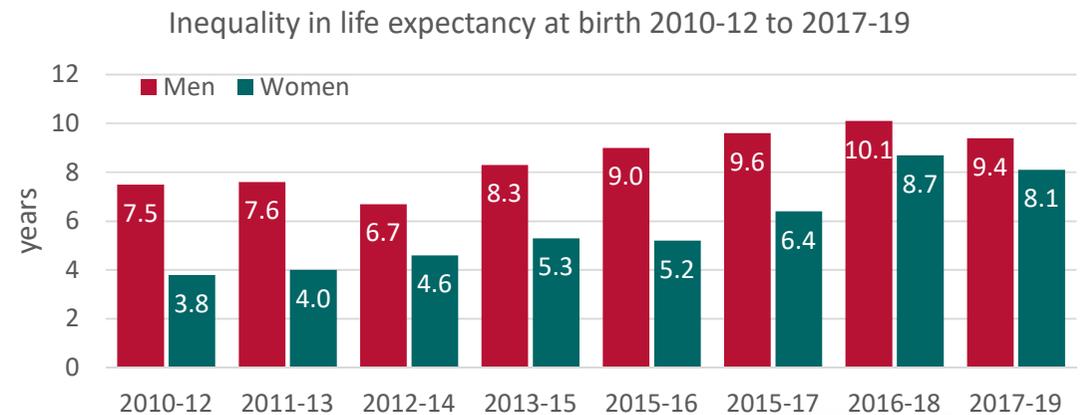
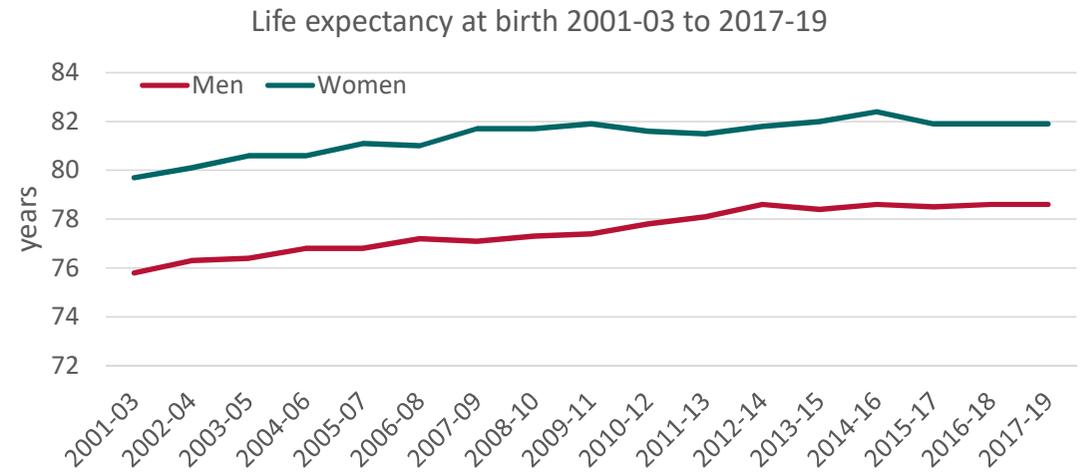
[population health framework](#)

Our Outcomes

- Improve overall healthy life expectancy in men and women by at least one year by 2023
- Halt the increasing inequalities gap in healthy life expectancy, and continue to narrow the gap
- Narrow the inequalities gap in life expectancy for people with serious mental health problems

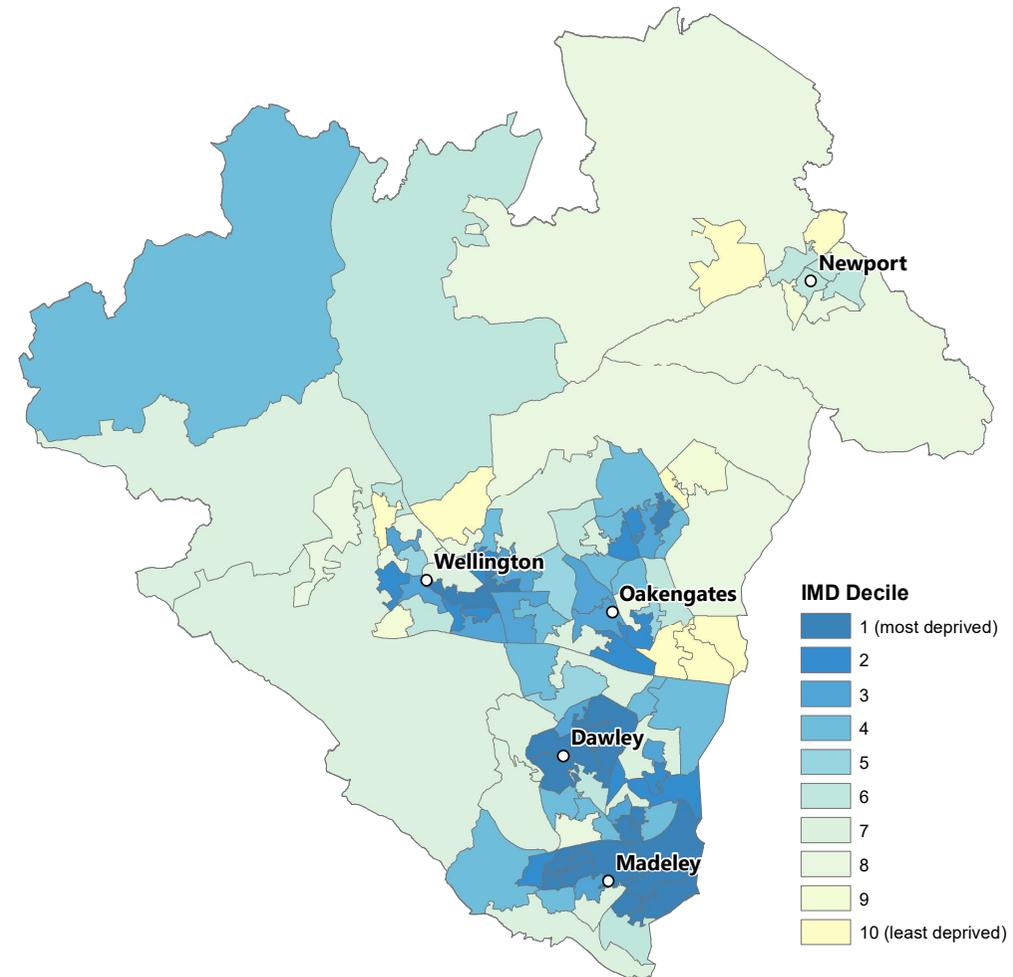
Local Inequalities Picture – outcomes

- Life expectancy worse than England average pre-pandemic
- Life expectancy rates had stalled only increasing by 0.8 years in men and 0.3 years in women (2010 to 2019)
- Inequalities gap in life expectancy has grown
 - men 9.4 years (from 7.5 years)
 - women 8.1 years (from 3.8 years)
- Healthy life expectancy worse than England average
 - males fallen to 58.2 years
 - females increased to 62.6 years
- people in more deprived areas spend more of their shorter lives in ill health
- Life expectancy much poorer for people with mental health problems and learning disabilities



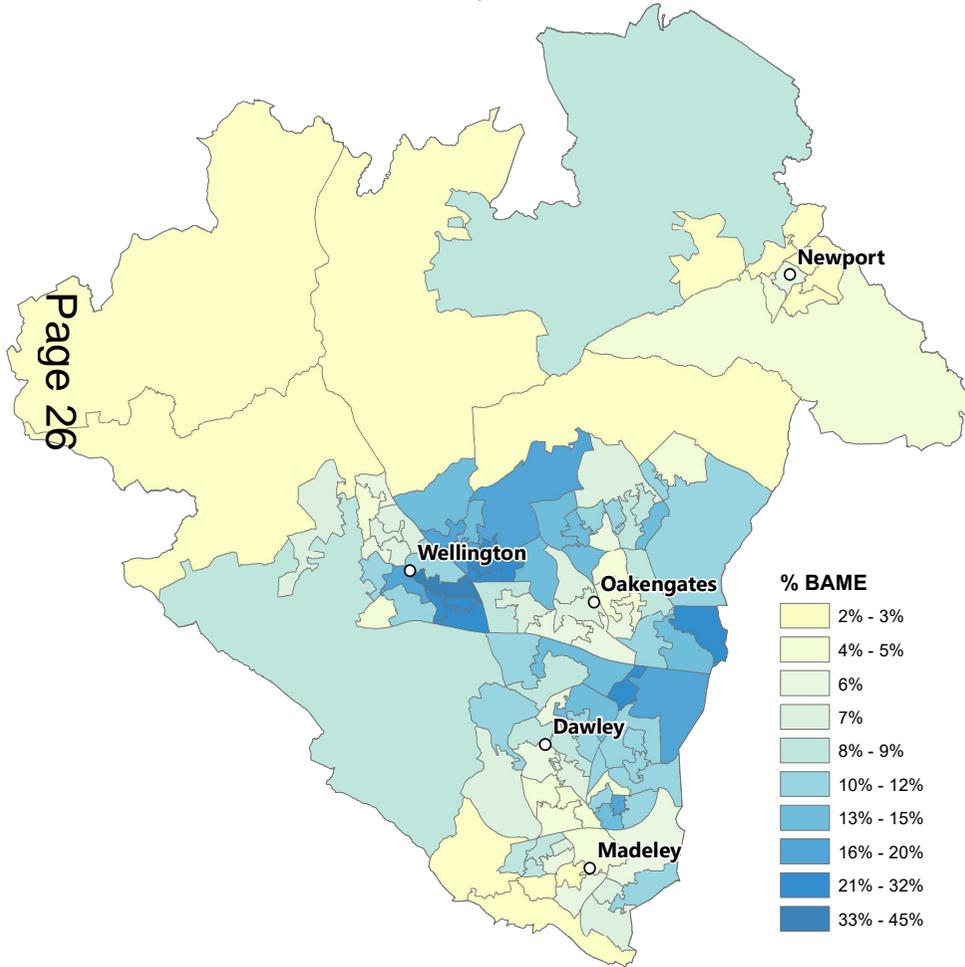
Local Inequalities Picture - deprivation

- 16% of the borough's population (28,900 people) live in areas ranked in the 10% most deprived in England
- Gap between most and least deprived parts of the borough is increasing
- 15 of the borough's 108 LSOAs in the 10% most deprived in England in 2015 - by 2019 this had increased to 18
- 6 LSOAs in the 10% least deprived in 2015 - by 2019 increased to 8



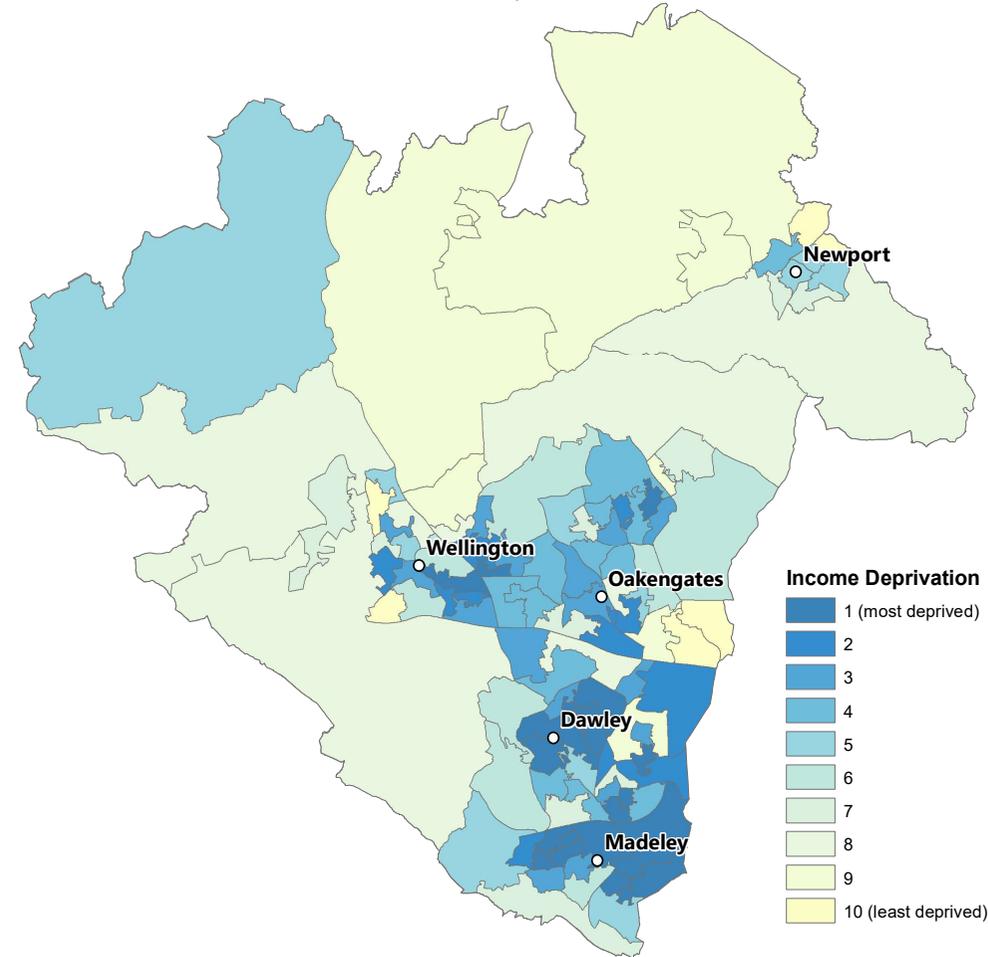
Local Inequalities Picture – Black & Minority Ethnic Communities

Our Black & Minority Ethnic Communities



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2021 Ordnance Survey 100019694

Income Deprivation



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2021 Ordnance Survey 100019694

Telford & Wrekin Inequalities Plan Overview

Health & Wellbeing Strategy commitments

Focus on wider social determinants as most important influences on health recognised [Marmot reviews](#) accelerating, targeted collaborative local action to reduce increasing health inequalities, by:

- **Page 23** Tackling the “wider determinants of health” – healthy homes, jobs, employment, income and education
- Giving every child the best start in life – to influence a range of outcomes throughout people’s lives
- Improving the lives of the most vulnerable, people with complex needs, and those at risk of abuse, neglect or exploitation

Themes

Best Start in Life

Economic opportunity
work, income, welfare, poverty, debt

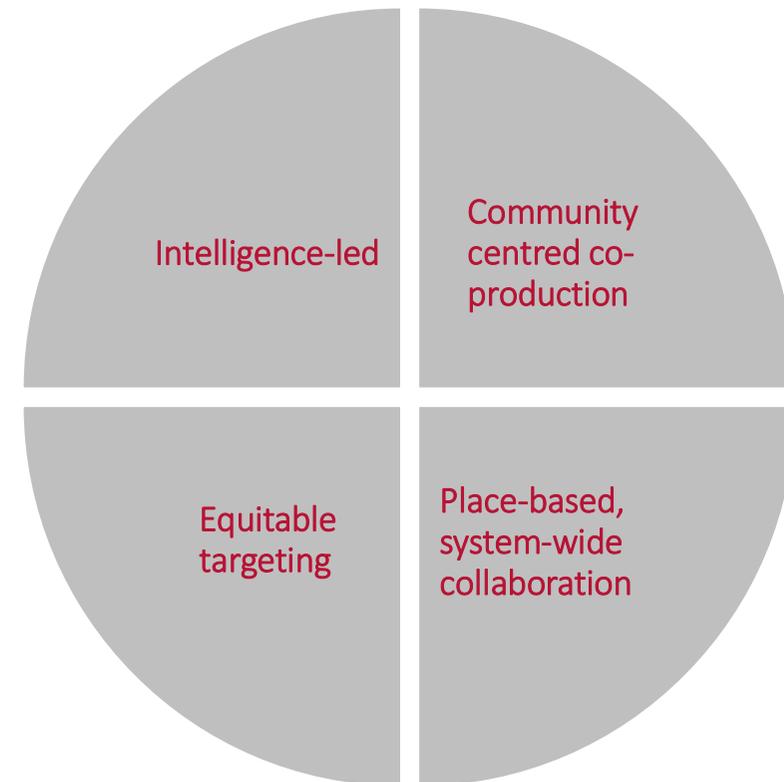
Community and Place

Public Health and Prevention

Health & Social Care Integration

COVID-19 Impact

How we will systematically narrow the gap



Delivering the Council Plan priorities - [Protect, Care and Invest](#)

Intelligence-led

- Ensuring an intelligence-led approach (often referred to by the NHS as [population health management](#) PHM) shapes our understanding of local inequalities to drive action
- Investment in Insight Team and creation of joint PHM post with CCG/ICS
- Developing a systematic approach to use of data to understand what factors are causing poor outcomes in different population groups, with a focus on deprivation, disparities and diversity e.g.:

Page 28

deprived communities

people with poor mental health

[Equality Act protected characteristics](#)

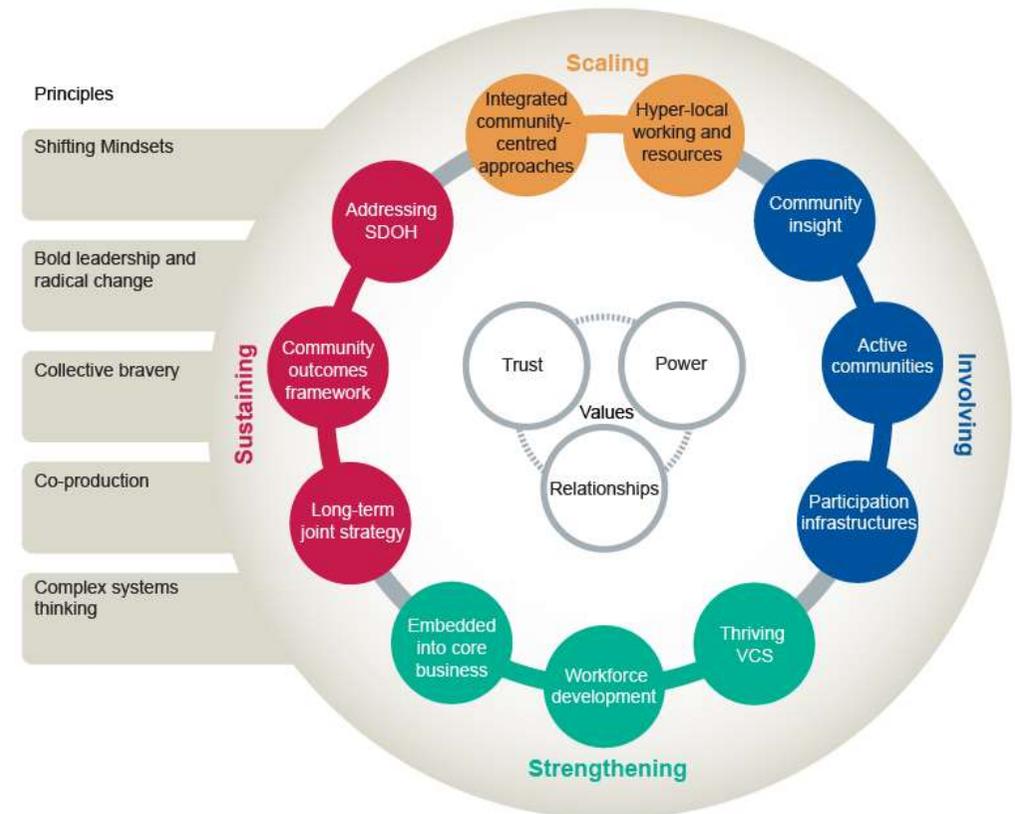
- those from Black and Minority Ethnic backgrounds
- inclusion health populations
- people with physical disabilities
- people with learning disabilities and autism
- people experiencing frailty

- Evolving JSNA profiling to understand need and unmet need and how people use and benefit (or not) from health and social care and community services and support – **data and information** and **insight from community engagement** and consultation
- Developing a comprehensive **performance and outcomes framework** to monitor progress

Community centred co-production

Putting communities at the heart of everything to reduce health inequalities through meaningful engagement and co-production. The Health & Wellbeing Board have committed to [use community-centred approaches to help build connected and empowered communities](#)

[Whole system approach to community-centred public health](#)



Equitable targeting

- Narrow the gap in service and support uptake and outcomes by targeting groups who are **most at risk or underserved** as demonstrated through intelligence

Reducing barriers to access

Interpersonal

peer views
family views
fake news & misleading views

Community

religious & cultural norms
gender norms
stigma & discrimination

Access to services and support

Transport and language barriers
digital inclusion
GP registration
culturally-specific services
programme organisation –
service location

Intrapersonal

language
Literacy
health literacy and beliefs

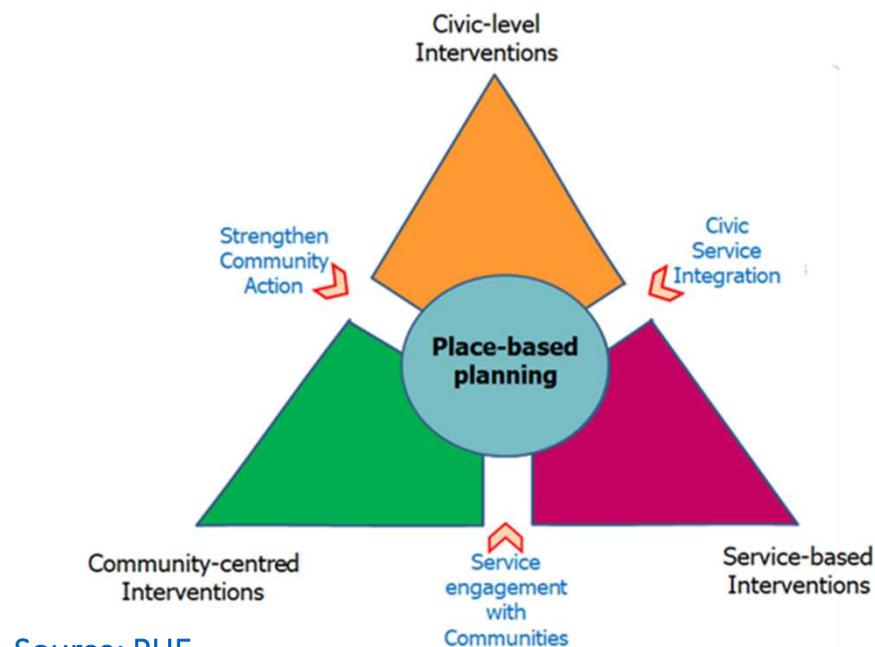
Source: PHE

- Ensure we take an evidence-based approach of what works to reduce inequalities – drawing on Marmot and best practice

Place-based, system-wide collaboration

- Tackling the complex issue of inequalities through [place-based approaches](#) through the TWIPP
- Strong place focus within the wider Shropshire, Telford & Wrekin Integrated Care System, linked to restoration of NHS services and NHS England prevention and health inequalities expectations
- Systematic action at scale

Place Based Approaches to Reducing Health Inequalities



Source: PHE

Framework for Tackling Inequalities in Telford & Wrekin

	Best Start in Life	Economic opportunity work, income, welfare, poverty, debt	Community and Place	Public Health and Prevention	Health & Social Care Integration	COVID-19 Impact
Focus	children and young people's development, early years and education	Unemployment, poverty, low income and debt	homelessness and housing support safer stronger communities	lifestyle-related preventable conditions immunisation & screening	service transformation, integrated pathways	infections, testing, immunisations
Rationale	poor outcomes and inequalities gaps for infant & child health & development and educational attainment	entrenched and persistent poverty worse than average unemployment levels in young people & deprived communities	youth crime, exploitation community cohesion increasing vulnerability of tenants and homeless people	high levels of alcohol consumption and excess weight, especially in deprived communities worse than average lifestyle-related diseases – exacerbated in lockdown	lower than average life expectancy for people with serious mental illness and learning disability	enduring transmission and vaccine inequalities in deprived and BAME communities delay in cancer diagnoses & treatment

Contribution of Key Strategies, Plans & Transformation Programmes

Council Plan – Protect, Care and Invest priorities

- Every child, young person and adult lives well in their community
- Everyone benefits from a thriving economy
- All neighbourhoods are a great place to live
- Our natural environment is protected, and addressing the climate emergency
- Community-focussed, innovative council providing efficient, effective quality services

	Best Start in Life	Economic opportunity work, income, welfare, poverty, debt	Community and Place	Public Health and Prevention	Health & Social Care Integration	COVID-19 Impact
Strategy/ plan Page 31	Local Maternity System Plan (& perinatal equity strategy)	Communities, Customer and Commercial Services Strategy	Neighbourhood & Enforcement Services Strategy	Health & Wellbeing Service Strategy	Integrated Care System Plan – TWIPP Plan	Local Outbreak Management Plan
	Children’s Safeguarding & Family Support Services Strategy - Family Safeguarding transformation	Prosperity and Investment Service Strategy	Community Safety Partnership	NHS Prevention Programmes – smoking, alcohol & obesity	Adult Social Care Service Strategy	Inclusive restoration of NHS services
	Education & Skills Service Strategy - NEET Action Plan, Belonging Strategy	Housing, Employment & Infrastructure Service Strategy	Building Safer Strong Communities Plan		Mental Health and Community Health services transformation	
		Council as an employer of choice	Housing & Affordable Warmth Strategies			
			Digital Inclusion Strategy			

Best Start in Life

Inequalities Outcomes

- Smoking at time of delivery (15.4%) worse than England average (10.4%) – highest levels in the most deprived areas (up to 29.2%)
- Children achieving a good level of development at 2-2½ years (64.9%) worse than England average (83.3%)
- School readiness and Free School Meals (FSM) gap = 13% - 60.7% of children receiving FSM achieve a good level of development compared to 73.7% of children not receiving FSM
- Young People Not in Education, Employment or Training (NEET) (6.7%) worse than England (5.0%)

Priority interventions/developments 2021-2022

- implement a new smoke-free pregnancy pathway (as part of the NHS Tobacco Dependency Programme)
- expand initiatives to narrow the gap in school readiness and educational attainment for the most vulnerable children
- develop the enhanced parenting support for offer for those families most in need
- further develop bespoke, targeted support for young people who are NEET
- enhance emotional and mental health support for children and young people most risk

Economic Opportunity - poverty - work, income, welfare & debt

Inequalities Outcomes

- 15.6% of population (28,000 people) experience income deprivation - worse than England average (12.9%)
- 21.3% of children (7,500) affected by income deprivation - worse than England (17.1%)
- 39.4% of households (6,600 households) experience fuel poverty
- higher rates of unemployment benefit claims in younger people (9.6%) compared to borough average (6.0%)
- claimant rates in most deprived areas (11.2%) almost double the borough average and four and half times that of the least deprived areas

Priority interventions/developments 2021-2022

- increase the number of people receiving welfare assistance (given Universal Credit cut from Oct 2021) – inc. older person's focus
- enhance community-based debt support e.g. through CAB – increasing the number of people who benefit from debt advice
- reduce unemployment rates in young people and those from BAME backgrounds
- improve employability support for people with learning disabilities

Community & Place

Inequalities Outcomes

- significant variation in recorded crime rate between communities. Highest 140.7 per 1,000 population and lowest 24.2 in 2020/21
- higher average levels of youth crime – first time entrants into the youth justice system
- need to develop indicators for and housing/homelessness

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Priority interventions/developments 2021-2022

- further expand tailored wrap-around housing support for our most vulnerable residents / those facing homelessness
- enhance targeted interventions to reduce fuel poverty
- expand violence prevention initiatives such as mentoring in schools and targeted youth provision

Public Health and Prevention

Inequalities Outcomes

- Worse than average early death rates from preventable cancers and heart disease
- Alcohol related hospital admissions worse than England average
- Highest rates of smoking in more deprived communities. Smoking related hospital admissions and mortality worse than England average (250 people smoking related deaths per year)
- 70.9% adults with excess weight (98,500 people) worse than England average (62.8%) - lower levels of physical activity in more deprived areas

Priority interventions/developments 2021-2022

- further develop the targeted approach of the Council's Healthy Lifestyles offer:
 - tier 2 weight management service for BAME community and people with a Learning Disability
 - whole-school approach to tackle excess weight in our most deprived communities
 - food poverty action – working with food banks
 - smoking support for people with mental health problems and those in routine and manual roles through workplaces
- NHS England – Health Inequalities and Prevention requirements e.g. smoking, weight management and alcohol

Public Health and Prevention – priority developments 2021-2022 (CCG/ICS)

NHS England – Health Inequalities and Prevention requirements for ICSs

- Health checks for people with a learning disability and/or severe mental illness
- Diabetes and CVD prevention acceleration
- Focus on prevention of long-term conditions

Tobacco

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- A new smoke-free pregnancy pathway including focused sessions and treatments (see Best Start in Life)
- A new universal smoking cessation offer, as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services

Obesity

- Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted for ethnicity)
- Doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option
- Test an NHS programme supporting very low-calorie diets for obese people with type 2 diabetes
- Take action on healthy NHS premises

Alcohol

- Hospitals with the highest rate of alcohol-related admissions will be supported to fully establish Alcohol Care Teams

Health & Social Care Integration

Inequalities Outcomes

- Reduced life expectancy for people with mental health problems and learning disabilities

Priority interventions/developments 2021-2022

- expand community and peer support for people with mental illness, learning disabilities and autism
 - extend calm cafes
 - improve access to mental health services
 - reduce social isolation
 - improve the uptake of preventative health care
 - enhance the assisted technology offer

COVID-19 impact

Inequalities Outcomes

- higher proportion of population testing positive in BAME communities
- lower testing rates in deprived communities - 8% of pop in most deprived areas tested (July 2021) compared to 11% overall & 14% in most affluent areas
- vaccine inequalities - lower vaccination coverage in BAME communities and most deprived parts of the borough
- delay in cancer diagnosis and lower than average uptake of cancer screening programmes

Priority interventions/developments 2021-2022

- continue to evolve the offer of COVID testing for both asymptomatic/symptomatic testing (LFT/rapid & PCR testing) in areas and groups where testing rates are lowest, through community venues and community champions
- develop a sustainable delivery model to improve uptake of COVID immunisation in those most at risk, including a comprehensive programme immunisation pop up clinics at accessible workplace and community venues
- NHS to restore services inclusively – e.g. improve early diagnosis of cancer and screening programme uptake in those most at risk

Best Start in Life

- implement a new smoke-free pregnancy pathway (as part of the NHS Tobacco Dependency Programme)
- expand initiatives to narrow the gap in school readiness and educational attainment for the most vulnerable children
- develop the enhanced parenting support for offer for those families most in need
- further develop bespoke, targeted support for young people who are NEET
- enhance emotional and mental health support for children and young people, especially those at most risk

Economic opportunity
work, income, welfare, poverty, debt

- increase the number of people receiving welfare assistance (given Universal Credit cut from Oct 2021) – inc. older person’s focus
- enhance community-based debt support e.g. through CAB – increasing the number of people who benefit from debt advice
- reduce unemployment rates in young people and those from BAME backgrounds
- improve employability support for people with learning disabilities

Community and Place

- further develop tailored wrap-around housing support for our most vulnerable residents / those facing homelessness
- enhance targeted interventions to reduce fuel poverty
- expand violence prevention initiatives such as mentoring in schools and targeted youth provision

Public Health and Prevention

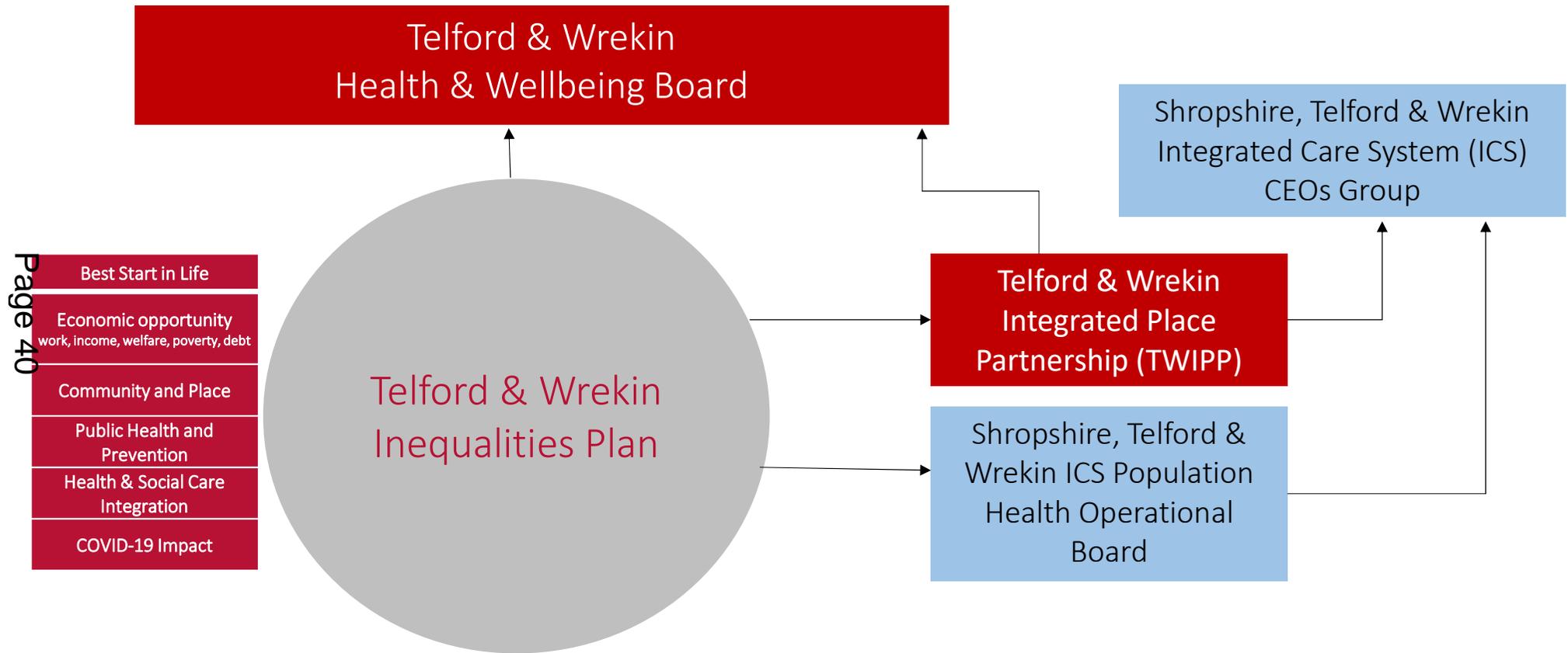
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Health & Social Care Integration

- expand community and peer support for people with mental illness, learning disabilities and autism e.g.:
 - extend calm cafes
 - improve access to mental health services
 - reduce social isolation
 - improve the uptake of preventative health care
 - enhance the assisted technology offer

COVID-19 Impact

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- NHS to restore services inclusively – e.g. improve early diagnosis of cancer and screening programme uptake in those most at risk



This strategic place-based inequalities plan links with NHS England expectations for Shropshire, Telford & Wrekin ICS in line with the [NHS Long-Term Plan](#) and recognising the COVID-19 impact has had on our communities

Next steps

- Work with leads to develop priority interventions/projects to narrow known inequalities gaps in outcomes
- Identify where partners can work together on priorities – particularly community organisations
- Further progress links with ICS prevention/health inequalities requirements
- Evolve a more systematic intelligence-led approach:
 - JSNA developments e.g. ward profiling and economic profile deep dive
 - link to ICS Population Health Management programme

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TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD 30TH SEPTEMBER 2021

THE PLACE BASED JOINT COMMISSIONING UPDATE

REPORT OF DIRECTOR OF ADULT SOCIAL CARE AND SENIOR RESPONSIBLE OFFICER PLACE BASED JOINT COMMISSIONING FOR SHROPSHIRE, TELFORD AND WREKIN INTEGRATED CARE SYSTEM

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To share the principles and emerging plans of the Place Based Joint Commissioning Project

2. RECOMMENDATIONS

For the Board to note the update in this report

3. IMPACT OF ACTION

Part of a number of key work streams that will bring together effective and efficient working across the Shropshire Telford & Wrekin Integrated Care System

4. **SUMMARY IMPACT ASSESSMENT**

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Every child, young person and adult lives well in their community A community focused, innovative council providing efficient, effective and quality services
	Will the proposals impact on specific groups of people?	
	Yes	The PBJC will impact on the most vulnerable people in the borough to support them to maximise their outcomes
TARGET COMPLETION/DELIVERY DATE	The full implementation plan will be underway by April 2022	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	This project is part of the Integrated Care System (ICS) Finance and Sustainability work stream The aim of this project is to use the commissioning and procurement knowledge and experience across the ICS to drive efficiencies and best value through joint working. The financial implications of this work will be identified as this project and the planned work is further developed. TAS 21.09.21
LEGAL ISSUES	Yes	At present Integrated Care Systems operate on an informal and locally agreed basis. The government has brought forward proposals in the Health and Care Bill to implement statutory arrangements for ICSs. The first envisaged component is the Integrated Care Partnership, or ICP which will be a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The second envisaged component is a statutory body, the Integrated Care Board, or ICB: the ICB will be responsible for the

		<p>commissioning of healthcare services in that ICS area, bringing the NHS together with local authorities to improve population health and care.</p> <p>The report sets out some of the work which is being undertaken to prepare for the future legislative footing of the ICS.</p> <p>Legal advice will be sought on an ongoing basis when needed and post the royal assent of the Health and Care Bill.</p> <p>RP 21.09.21</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Opportunities to make a positive difference to patient, service users and their families experience of care and support within their own community
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

5. INFORMATION

As part of the Integrated Care System (ICS), the Finance and Sustainability work stream, has identified six 'Big Ticket Items' that will help the System to deliver efficient and cost effective high quality services. One of the items is the Place Based Joint Commissioning Project (PBJC) which starts to bring together the commissioning and procurement function of the Clinical Commissioning Group (CCG) and Local Authorities at Place, to work as one system.

For Telford & Wrekin, our current social care demands and aspirations are set out in our Market Position Statement¹ and Specialist & Supported Accommodation Strategy². By joining up the current use and future demands across the ICS with our partners, we can build on these to represent a full Place based plan for integrated health and social care support.

The aim of this project is to use the commissioning and procurement knowledge and experience we have across the ICS to drive efficiencies and best value through joint working. This will ultimately result in a better patient and service user experience and outcomes.

The high level actions for the project are:

- To build on the existing joint working between CCG and both Local Authorities
- To provide a single commissioning voice at each Place Partnership to drive transformational change and deliver high quality, innovative access to ambitious care services
- To drive efficiencies swiftly by concentrating on the following key areas where potentially the greatest benefits and outcomes for people can be realised:
 - Sharing data to reduce duplication, inequalities and to be able to signal to the market our demand all in one place.
 - Optimising joint processes to manage Continuing Health Care, Complex Care and End of Life Community Care
 - Designing and delivering steady and smooth System flow
 - More integrated approach to procurement of health and social care services in our Place
 - Maximising mental health place based support
 - Maximising local support for continuing care and complex care for Children and Young People
 - Co-Production of a Care Market Sufficiency strategy
 - Care Quality Oversight and provider performance management to maximise "in area" opportunities.

¹

https://www.telford.gov.uk/info/20651/commissioning_for_vulnerable_people/913/market_position_statement

² https://www.telford.gov.uk/info/1010/housing_-_homeowners_tenants_and_landlords_better_homes_for_all/5311/housing_strategies

A dedicated project team is now being put in place and will report into the both the SHIPP and TWIPP with progress reports and milestone achievements over the coming months.

6. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

A health inequalities impact assessment will form part of PBJC planning.

7. PREVIOUS MINUTES

N/A

8. BACKGROUND PAPERS

Report prepared by Sarah Bass, Placed Based Joint Commissioning and Procurement Lead Ext 82470

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TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD 30TH SEPTEMBER 2021

COMMUNITY SAFETY PARTNERSHIP STRATEGY

REPORT OF CHIEF INSPECTOR JAMES DUNN, WEST MERCIA POLICE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1. To present the Safer Telford and Wrekin Strategy 2021-24.

2. RECOMMENDATIONS

2.1. For the Board to note the Strategy and its for priorities for 2021-24 and the contribution they will make to the Health & Wellbeing Board’s strategy priorities and the wider determinants of health.

3. IMPACT OF ACTION

3.1. The strategy will drive key outcomes that will impact on the wider determinants of health. Contribute to the Health & Wellbeing board priorities, in particular, to improve wellbeing and mental health.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	All priorities.
	Will the proposals impact on specific groups of people?	
	Yes	All communities
TARGET COMPLETION/DELIVERY DATE	N/A	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	As noted within Appendix 1 there are a number of investments that have been made by the Council to support the priorities outlined within the Safer Telford & Wrekin

		Strategy. These investments are included within the Councils medium term Service & Financial Planning strategy. TAS 21.09.2021
LEGAL ISSUES	No	There are no direct legal implications arising from this report. The legal framework for CSPs is set out below. The strategy forms part of the Council's policy framework as set out in Schedule 3 of the Local Authorities (Functions and Responsibilities) (England) Regulations 2000. (RP – 20/09/21)
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Opportunities to make a positive difference to all communities and to protect vulnerable groups.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

5. INFORMATION

5.1. The Crime & Disorder Act 1998 and subsequent legislation, requires partners that are identified as 'responsible authorities' to work together as a Community Safety Partnership (CSP). The CSP has a statutory responsibility to agree a strategy to prevent crime and anti-social behaviour, prevent the misuse of drugs, alcohol and other substances and prevent re-offending. The Safer Telford and Wrekin Partnership acts as the borough's CSP.

5.2. Membership of the Partnership is:

- West Mercia Police
- Telford & Wrekin Council
- Telford and Wrekin Clinical Commissioning Group
- Shropshire Fire and Rescue Service
- National Probation Service*
- West Mercia Youth Justice Service
- West Mercia Police and Crime Commissioner

5.3. With its statutory focus, the Partnership has a core role in addressing wider determinants of health – a diverse range of social, economic and environmental factors which impact on people's health.

5.4. The Safer Telford and Wrekin Partnership Strategy (see Appendix One) sets out the specific focus of the partnership for the next three years through three priorities. The priorities have been identified through the development of a core evidence base that has explored police and partner data and intelligence and to consider key local policy drivers. The priorities are:

- **Building Safer Stronger Communities** – locality working in high harm neighbourhoods. The Safer Telford and Wrekin Partnership has used data and intelligence to identify the three localities with the highest vulnerability to crime and anti-social behaviour. This took into account the volume of crimes and the severity of the impact of the crime on the victim and the community. The 3 high vulnerability areas are:
 - Sutton Hill, Brookside and Woodside
 - Dawley and Malinslee
 - Arleston

The Building Safer Stronger Communities Board is responsible for delivering the Partnership's objectives in these areas.

- **Child Exploitation** – whilst the incidence of exploitation in the borough is low the impact on victims and the potential for harm is severe. It remains an under reported crime and due to its nature, an individual may be a victim on more than one occasion.
- **Domestic Abuse** has a very real impact on the lives of the direct victim and wider family members – it is recognised as once a number of Adverse Childhood Experiences (ACEs) that can limit the chances for children

5.5. For each priority, the Strategy identifies key objectives to drive action and improved outcomes.

5.6. Child exploitation and domestic abuse are priorities that are shared with the Telford & Wrekin Safeguarding recognising that there are multiple dimensions to the actions to improve outcomes including disrupting and preventing activity, addressing offending, and, most importantly, protecting and supporting victims and survivors. Through this cross partnership approach, the priorities are aligned with other key strategies that drive and shape partnership working.

5.7. In addition to these specific priorities, the Partnership will continue to monitor crime patterns and trends to identify issues that require a partnership response. The data has shown that crime patterns have been affected by the Covid-19

pandemic and it will be particularly important to ensure that as restrictions are lifted, any emerging issues are identified and a co-ordinated response is agreed.

6. PREVIOUS MINUTES

N/A

7. BACKGROUND PAPERS

Report prepared by Jon Power, Policy & Development Manager, Telford & Wrekin Council Ext 80141

Safer Telford and Wrekin

Strategy

2021-2024

June 2021





Introduction from Chair of Safer Telford Partnership

The last 15 months have been dominated by the Covid-19 pandemic at a global, national and local level and all aspects of our lives have been affected including the work of organisations to promote safe and cohesive communities.

However, despite the impact of the pandemic the members of the Safer Telford and Wrekin Partnership have continued to work together to respond to the immediate challenges and also plan for the future. This strategy sets out how we will continue to ensure that through joint working on evidence based priorities we will have the greatest positive impact for the communities of Telford and Wrekin and support the delivery of the Safer West Mercia Plan.

The Safer Telford and Wrekin Strategy identifies three localities that experience the highest harm from crime and antisocial behaviour. This is part of a wider programme that will be delivered through the Building Safer, Stronger Communities Board and is supported by significant investment. The Council has allocated £1m towards delivery of a borough wide safer community programme that will continue to build on the successful partnership with West Mercia Police and the Police and Crime Commissioner. This programme is supported by £500,000 from the Police and Crime Commissioner giving a total project of £1.5m over two years from April 2021. The Council has invested a further £1 million to work in partnership with the voluntary sector to increase support to families in need alongside other third sector agencies and look at asset transfer to sustain the provision of local services. The Building Safer Stronger Communities Board will ensure the delivery of these programmes is co-ordinated, that local communities and organisations are engaged in this work through the development of Neighbourhood Action Plans and also identify opportunities to secure further funding.

In addition to this locality work, we continue our commitment across the borough to address child exploitation and domestic abuse. This strategy shows how both of these issues have been affected by the pandemic but we will work together strategically and operationally to raise awareness, protect victims and survivors, disrupt and prosecute these crimes.

Looking forward, we are also preparing for the introduction of the proposed Serious Violence Duty which will require partners to work together to prevent and reduce serious violence. The priorities in this strategy and the evidence base we have used puts us in a good position to demonstrate how we are already working and this strategy may be updated in line with further statutory guidance if needed.

Chair and Vice Chairs of Safer Telford and Wrekin Partnership

Our Vision

To work together to create
a safe and confident Telford
and Wrekin



Context

The Crime & Disorder Act 1998 and subsequent legislation, requires partners that are identified as 'responsible authorities' to work together as a Community Safety Partnership (CSP). The CSP has a statutory responsibility to agree a strategy to prevent crime and anti-social behaviour, prevent the misuse of drugs, alcohol and other substances and prevent re-offending. The CSP must also undertake Domestic Homicide Reviews.

In Telford and Wrekin the CSP is called the **Safer Telford and Wrekin Partnership** and the member organisations are:

- West Mercia Police*
- Telford & Wrekin Council*
- NHS Shropshire, Telford & Wrekin CCG*
- Shropshire Fire and Rescue Service*
- Probation Service*
- West Mercia Youth Justice Service
- West Mercia Police and Crime Commissioner

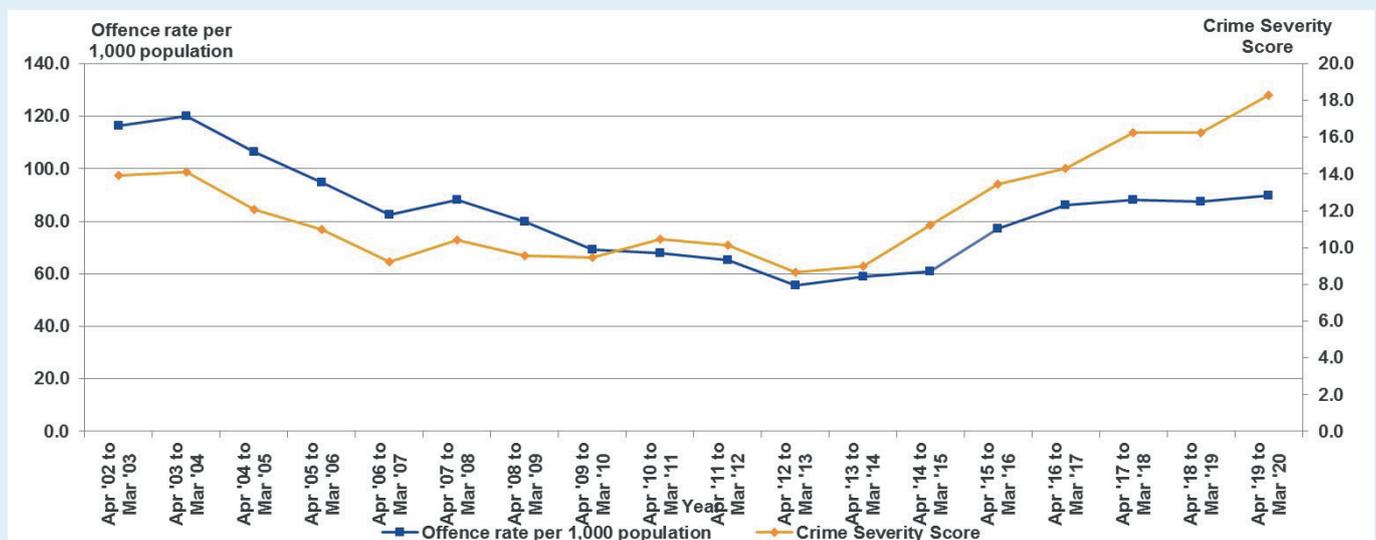
*Indicates organisations that are Responsible Authorities

Total police recorded crime increased by 3% for the year ending March 2020 in England and Wales, and in Telford and Wrekin there was 4% increase in total police recorded crime.

There were 13,667 offences recorded across the borough during the twelve month period from 1 November 2019 until 31 October 2020. The Office for National Statistics (ONS) published Crime Severity Score which provided a means of weighting crimes according to the harm that they cause, or their severity. **Chart 1** illustrates the differences in measuring frequency compared to crime severity, and how the levels of recorded severity are increasing over recent years in Telford and Wrekin.

The most frequently recorded offence category was violence against the person, which accounted for almost half of all offences in the borough. Violence without injury comprised 31.4% of all offences. This crime group includes offences such as: common assault, threats to kill and malicious communications. Violence with injury was the second highest crime group by volume and comprised 13.6% of all recorded crime in the borough.

Chart 1: Rate per 1,000 population and severity of all crime across the borough, ONS 2019



Source: ONS

Safer Telford and Wrekin Priorities 2021/24

Telford & Wrekin has a history of strong partnership working and the Safer Telford Partnership provides strategic leadership across partners and partnerships to address the issues that have been identified as key to improving the safety and wellbeing of communities in Telford. The Safer Telford Partnership was established in 1998 and the Partnership's strategy has been regularly reviewed and builds on the success of Telford and Wrekin's Violence Reduction Board's public health approach to tackling violent crime¹.

In order to co-ordinate partnership work, the Safer Telford Partnership will tackle the priority issues through a combination of targeted work in three neighbourhood localities, **Sutton Hill, Brookside and Woodside, Dawley and Malinslee** and **Arleston**, and also a thematic approach across the borough on two priority issues, **Domestic Abuse** and **Child Exploitation**. The identification of these issues and neighbourhoods is based on the analysis of data and intelligence from across the partner organisations. The co-ordination of targeted partnership working in these areas will have the greatest impact on reducing harm from crime and antisocial behaviour. The three high vulnerability localities are part of a wider programme that will be delivered through the Building Safer Stronger Communities Board which has a total of 12 priority localities. This approach aims to ensure that issues addressed in the three localities are not displaced to other areas in the borough.

The priorities identified by the Safer Telford and Wrekin Partnership for 2021-24 are:

- Three areas with highest harm from crime and antisocial behaviour: Sutton Hill, Brookside and Woodside; Dawley and Malinslee; and Arleston
- Child Exploitation
- Domestic Abuse

In addition to this the Partnership will continue to monitor crime patterns and trends to identify issues that require a partnership response. The data has shown that crime patterns have been affected by the Covid-19 pandemic and it will be particularly important to ensure that as restrictions are lifted, any emerging issues are identified and a co-ordinated response is agreed.

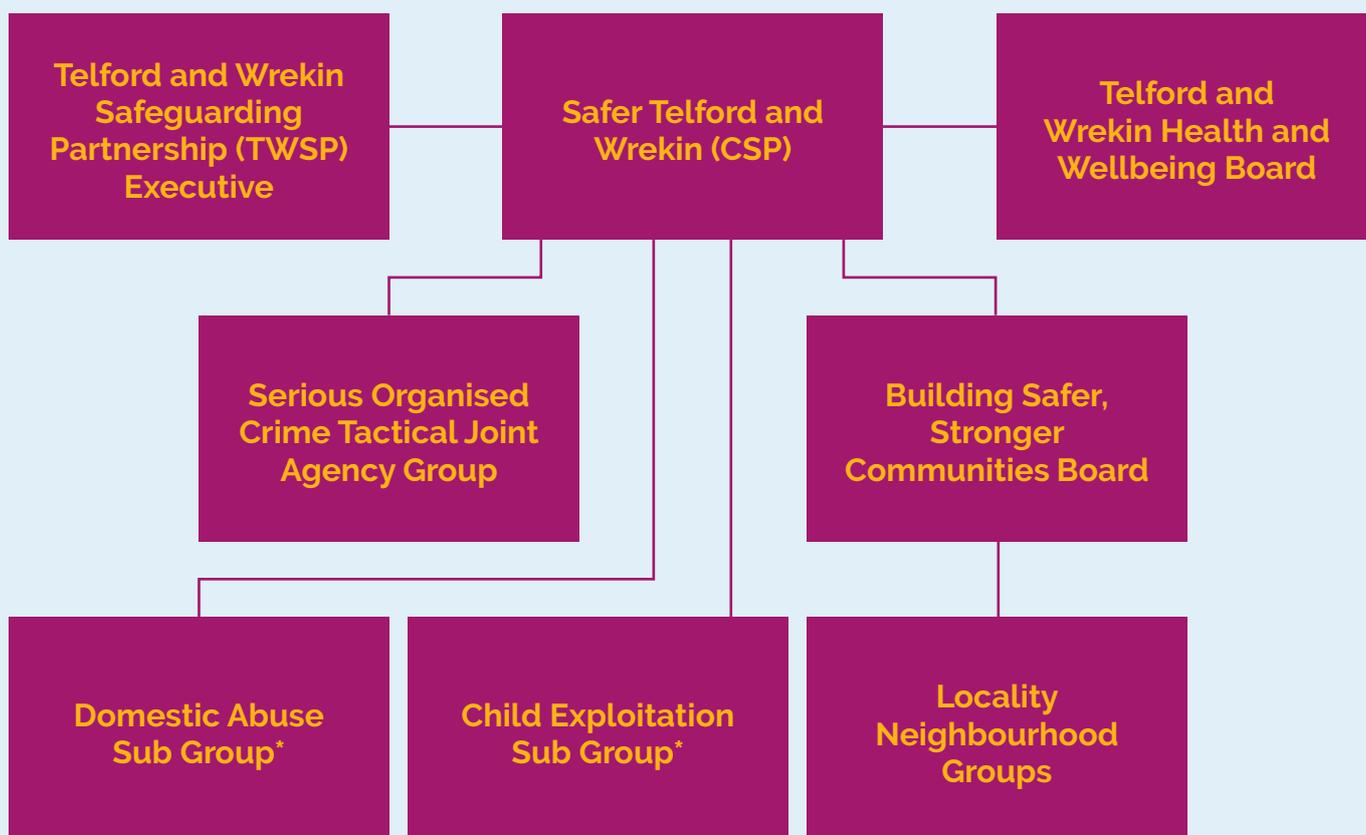
Through this approach, the Safer Telford Partnership continues to apply the underlying principles of a public health approach to include:

- a focus on a defined population e.g. vulnerable children, young people and adults who are known to be most at risk
- a collaborative partnership approach – that is not limited by organisational or professional boundaries
- putting in place long term, as well as short term solutions – e.g. prevention activities, and also more support for those affected now
- an intelligence-led approach – which is based on local data and insight
- using the evidence of what works and best practice – e.g. from Public Health England and Violence Reduction Units around the UK

¹The Telford and Wrekin Violence Reduction Board developed into the Safer Stronger Communities Board.

Governance Arrangements

As set out above, the Safer Telford and Wrekin Partnership has a statutory function as the borough's Community Safety Partnership. As a strategic body the Partnership co-ordinates the thematic and locality work across the partnership to ensure effective delivery against the agreed priorities. The diagram below illustrates the groups that are accountable to the Safer Telford and Wrekin Partnership and also two other statutory partnerships that work across the cross cutting themes. (A diagram illustrating the joint arrangements between the Safer Telford Partnership and the Telford and Wrekin Safeguarding Partnership is shown in Appendix A)



*The Domestic Abuse Sub Group will also report to the Safeguarding Adult Board within the TWSP arrangements

*The Child Exploitation Sub Group will report to the Safeguarding Children board within the TWSP arrangements

In order to ensure effective partnership working across the wider system the Safer Telford & Wrekin Partnership ensures that the strategy is aligned with the West Mercia Police and Crime Plan, the Telford and Wrekin Safeguarding Partnership Strategic Plan, Telford and Wrekin Serious Organised Crime Joint Agency Group, Telford and Wrekin Health and Wellbeing Strategy, West Mercia Youth Justice Plan and the Reducing Re-offending Group. The priorities for each of these strategies / plans is set out below:

Safer Telford and Wrekin Priorities	Telford and Wrekin Safeguarding Partnership Priorities	West Mercia Police and Crime Plan	Telford and Wrekin Serious Organised Crime Joint Action Group	Health and Wellbeing Strategy	West Mercia Youth Justice Plan	Reducing Reoffending Group
Child Exploitation	Child Exploitation	Putting victims and survivors first	Child Exploitation	Prevention and healthy lifestyle	Practice development priorities; intervention and risk planning, restorative approaches, embedding a child first approach and resettlement.	Prevent re-offending and addressing antisocial behaviour
Domestic Abuse	Domestic Abuse	Building a more secure West Mercia	County Lines	Early access to information and advice	Partnership priorities; emotional and mental health service provision and improving joint/integrated working	Deliver a local response to local problems
Three areas with highest risk to crime and antisocial behaviour	Adult Exploitation	Reforming West Mercia	Modern Day Slavery / Human Trafficking / Illegal / Immigration	Building community capacity and resilience		

Safer Telford and Wrekin Priorities	Telford and Wrekin Safeguarding Partnership Priorities	West Mercia Police and Crime Plan	Telford and Wrekin Serious Organised Crime Joint Action Group	Health and Wellbeing Strategy	West Mercia Youth Justice Plan	Reducing Reoffending Group
Monitoring all crime to identify and respond to new and emerging trends	Adverse Child Lived Experience	Reassuring West Mercia	Cyber Crime	Integrated care and support pathways	Organisation priorities; improving staff engagement, child and stakeholder voice, responding to national standards and reviews and Covid-19 recovery and transformation, including rebuilding teams.	To be publicly accountable for reducing reoffending.
			Prevent Programmes / Initiatives	Emotional and mental wellbeing		
				Driving progress to reduce health inequalities		
				Health Protection		

Domestic Abuse

The Safer Telford and Wrekin Partnership works to the the cross-government definition of domestic violence and abuse, 2018²:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional”

Domestic abuse can involve a range of behaviours, which are abusive but which would not always be classed as violent. In Telford and Wrekin the definition has also been widened to reflect coercive control, ‘honour’ based violence (HBV), female genital mutilation (FGM) and forced marriage (FM).

Why is Domestic Abuse a priority for the Safer Telford and Wrekin Partnership?

There are 3,304 offences and 2,144 crimed incidents involving domestic abuse within the twelve month period from 1 November 2019 – 31 October 2020.

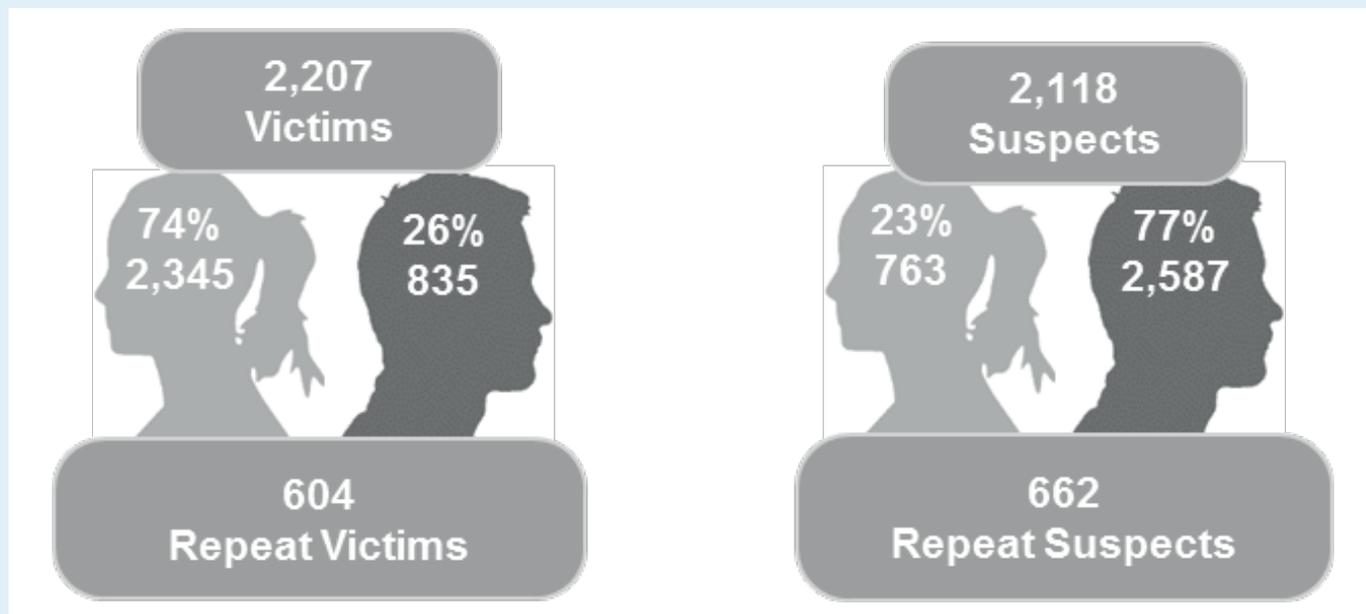
- 2,207 victims were identified from the 3,304 offences and 2,144 crimed incidents. 604 were victims of more than one offence.
- Of those repeat victims, the average number of victimisations was 2.7 offences or incidents

- Of the 2,118 individual suspects identified, 31.3% (n = 662) were the suspect for more than one offence or incident
- A small number of individuals were identified as suspect for as many as 15 incidents or offences
- Victims and suspects primarily fall into the 25-34 year age bracket
- Involved parties and witnesses were primarily children aged under 16 years

The information above highlights both the impact of domestic abuse on the intimate partner or family member and also children under 16 who live in the household. Domestic abuse is recognised as one of a number of Adverse Childhood Experiences (ACEs) that can limit life chances for children.

¹ HM Government, 2018. Domestic Violence and Abuse www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition

Chart 2: Repeat suspects and victims, 1 November 2019-31 October 2021



COVID-19 has caused fluctuation in the rates of offending but has also impacted on referrals for domestic abuse services including 101 triaging and website hits for Shropshire Domestic Abuse Service.

Chart 3: Domestic abuse recorded crime volume vs. severity

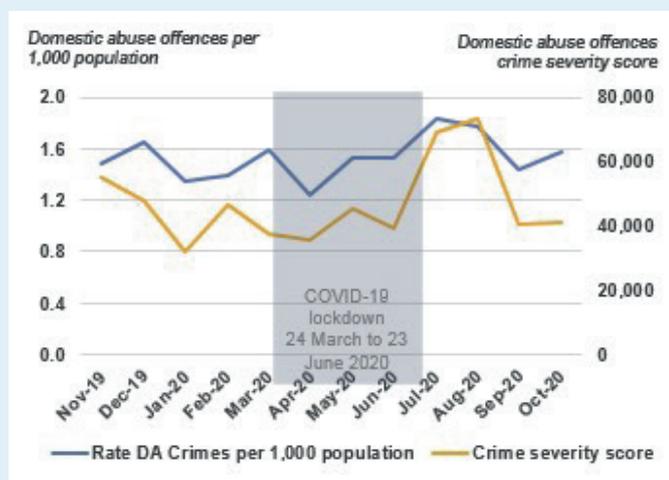
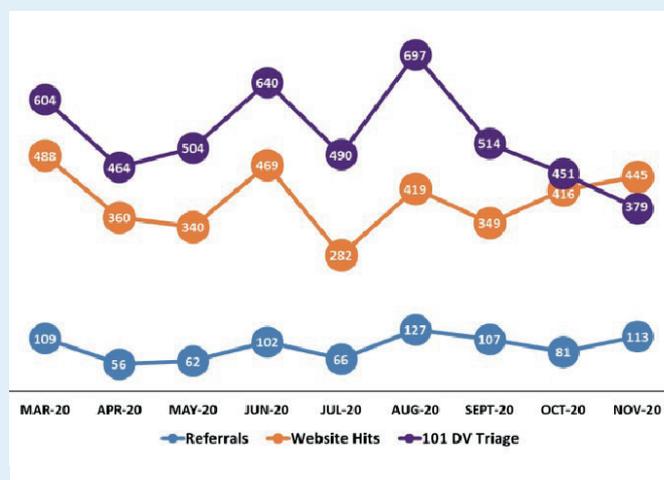


Chart 4: Shropshire Domestic Abuse Service – breakdown of demands on service, 1 March 2020 to 30 November 2020

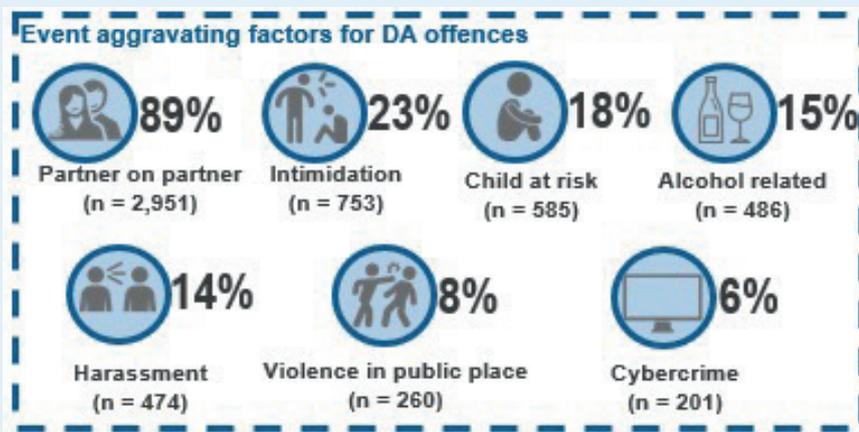


Over the twelve months examined, both rates of offending and the severity of those offences have fluctuated considerably, influenced by COVID-19 and lockdowns which prevented usual reporting routes. Levels of reporting reached peak levels for both agencies in summer 2020 along with the reported severity, suggesting that

lockdown conditions may have intensified the harm experienced by victims.

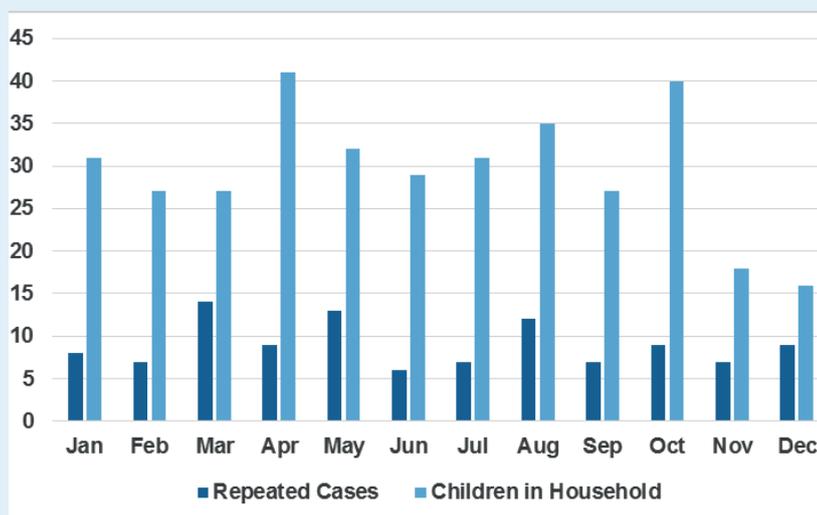
The data and intelligence from partners has also enabled key issues within the domestic abuse offences to be identified. These included children at risk, the role alcohol in domestic abuse and harassment / intimidation.

Chart 5: A breakdown of event aggravating factors linked to reported domestic abuse offences

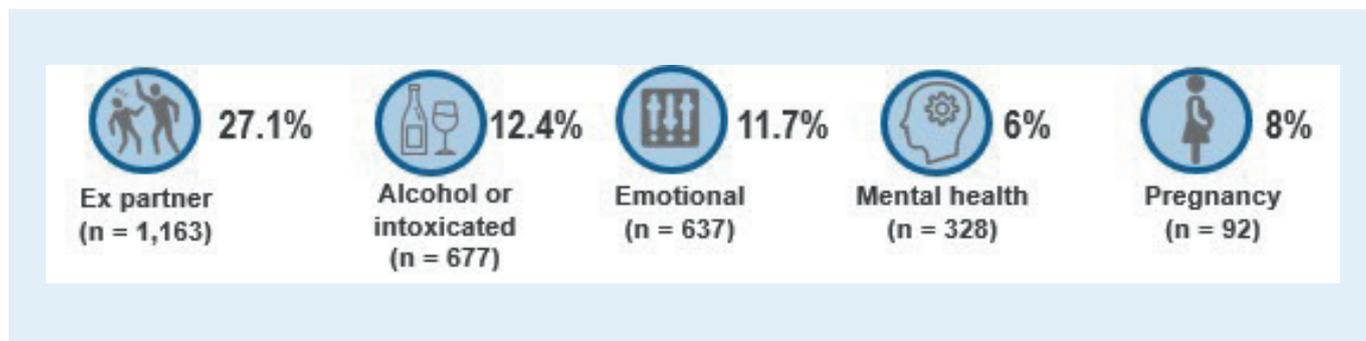


The effect of domestic abuse on children has been further highlighted through the analysis of Multi Agency Risk Assessment Conference (MARAC) referrals:

Chart 6; Volume of repeat cases and children identified through MARAC referrals, 1 January to 31 December 2020



Further analysis of the information identified the following underlying issues relating to domestic abuse incidents.



What difference will the Safer Telford and Wrekin Partnership make?

The Domestic Abuse Sub Group is responsible for delivery of the partnership's objectives in relation to domestic abuse.

The Domestic Abuse Sub Group will:

- **Objective 1** Review and develop specialist services and support and implement comprehensive multi-agency pathways, for both victims and perpetrators and children and young people affected by domestic abuse
- **Objective 2** To use intelligence to inform service provision and raising awareness campaigns
- **Objective 3** To develop practitioner's knowledge on the dynamics of domestic abuse on the whole family and provide them with the appropriate training and resources to support the family.

- **Objective 4** To increase awareness in the community of domestic abuse and how to seek support.
- **Objective 5** To review current policies and procedures associated with FGM, HBV and Forced Marriage within the community and across the professional workforce.
- **Objective 6** To embed learning from Domestic Homicide Reviews (DHR's)

The Domestic Abuse Sub Group will refresh the Action Plan and update these objectives as needed. It is also important to recognise that the Family Safeguarding Model will be implemented in 2021 which will focus on the related issues of parental mental health, substance misuse and domestic abuse.

Child Exploitation

Child exploitation is not a legal term and there is no government provided definition. It describes any offence in which a child is coerced, deceived or manipulated into taking part in an activity that benefits a stronger, or more powerful, perpetrator. The perpetrator is usually an adult but could be an older or more threatening child; it is that power imbalance that characterises exploitation. By its nature, exploitation describes the method and context of offending rather than an offence itself. Exploitation itself could be sexual, criminal or forced labour, among others.

What is child sexual exploitation (CSE)?

The Department for Education guidance for child sexual exploitation (2017) defined child sexual exploitation as:

“a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology”.

What is child criminal exploitation (CCE)?

According to the Home Office (2018), child criminal exploitation:

“occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children... includes for instance children forced to work on cannabis farms or to commit theft’.

Why is Child Exploitation a Priority for the Safer Telford and Wrekin Partnership?

Child exploitation remains a priority for all partners in the borough, and while work continues to address child sexual exploitation the risk to children and young people through criminal exploitation is now also incorporated within this strategy.

142 offences and incidents between November 2019 and October 2020 have been identified with a CSE or CCE marker, representing 1% of all crime in Telford. While this is a small percentage of all crime it is recognised that the harm for victims is severe and that child exploitation nationally remains an under reported crime.

The complexity of the issue of child exploitation is reflected in the data and it is

important to take into account the following issues when considering the data from different partner organisations:

- The Partnership recognises that as a result of the local focus to address CSE, and the support provided to victims through the Independent CSE Inquiry process, that some crimes reported relate to historic offences. The partnership is clear that victims and survivors of CSE will always be supported to report an offence regardless of whether it is recent.
- The nature of child exploitation means that one individual may be a victim on more than one occasion
- Children who are recorded as victims of CSE or CE may not live in Telford and therefore not supported by services. It is

recognised that this is a particular issue for online exploitation where victims may be outside the UK.

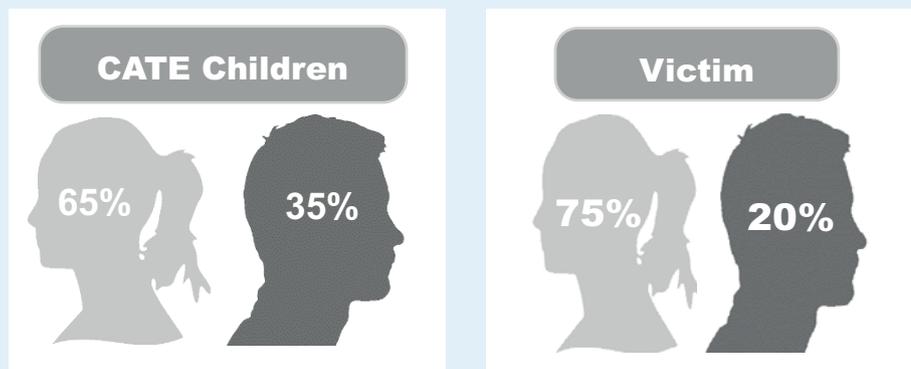
- The timescales for the data available from partners is different

Due to the issues outlined above the number of children supported by a service within a time period will not be the same as the number of victims. However it remains important to provide information on the number of children affected by CSE as set out below:

101 children were supported by the CATE Team³ during the period 1 January 2020 and 31 December 2020.

Police data showed there were 69 children who were victims of CSE and three victims of CCE between 1 November 2019 and 31 October 2020.

Chart 7: Comparison of gender breakdown of children supported by the CATE Team to victims of recorded CSE



75% of recorded victims of recorded CSE were female; a higher proportion than the CATE cohort. This is highly likely to be a reflection of the predominance of CSE in the data.

³ CATE team: This is a team within the Council's Children's Services that specialises in services for children and young people who are affected by child exploitation. The team works within multi-agency pathways (police, social care, health and education) to enable children and young people to stay safe from this type of abuse

Chart 8 below provides information on the age of suspects of CSE from November 2019 to October 2020.

Chart 8: Age of CSE Suspects

Suspect Age	Total
Under 18	24
18 to 29	30
30 to 39	18
40 to 49	6
50 to 59	5
60 to 69	4
Total	88

There were 88 suspects linked to offences marked as CSE during the time period. 34% of all suspects were aged 18-29 years. 27% were under 18 years. This peer on peer offending includes the distribution of indecent images.

What difference will the Safer Telford and Wrekin Partnership make?

The Child Exploitation Sub Group is responsible for delivering the Partnerships objectives in relation to Child Exploitation.

The Child Exploitation Sub Group will:

- **Objective 1:** To ensure that the child exploitation pathway is developed, implemented and embedded across the Borough of Telford and Wrekin and that all partner agencies are confident in recognising child exploitation and applying the pathway.
- **Objective 2:** A programme of training and a suite of resources is developed to cater for different levels of understanding and practice - universal, operational and professional.
- **Objective 3:** Voice of the child – continuing the culture of listening to children; to ensure the voice of the child is heard and used and is used to inform our practice in relation to CE
- **Objective 4:** Embed the new local Missing Pathway (Level C West Midlands Regional Policies and Procedures)
- **Objective 5:** Revisit the recommendations of both internal and external reviews to ensure they are completed and reflected in both single agency and multi-agency practice
- **Objective 6:** Develop a performance framework and explore how multi-agency data can be used to measure impact of the pathway, training programme and identify factors of exploitation within Telford and Wrekin.

The Child Exploitation Sub Group will refresh the Action Plan and update these objectives as needed.

Building Safer, Stronger Communities:

Locality working in three areas in Telford with highest vulnerability to crime

In 2019 partners in Telford and Wrekin established the Violence Reduction Board to ensure a proactive and joined up response to violent crime in the borough. This Board developed a public health approach to tackling violent crime and work across the partners included:

- Steer Clear Programme started for young people at risk of knife crime
- MATES operations and Neighbourhood Action Days become more coordinated
- Raise awareness of the causes behind violence, vulnerability, and exploitation
- CATE Team and Police invest additional resources and staff into Criminal Exploitation
- Knife amnesty bins for public to use under a 'no questions asked' policy
- Serious Violent Crime (SVC) Conference held in November 2019 with 130 in attendance, high profile speakers including people with lived experiences
- Knife Angel in Telford during March 2020

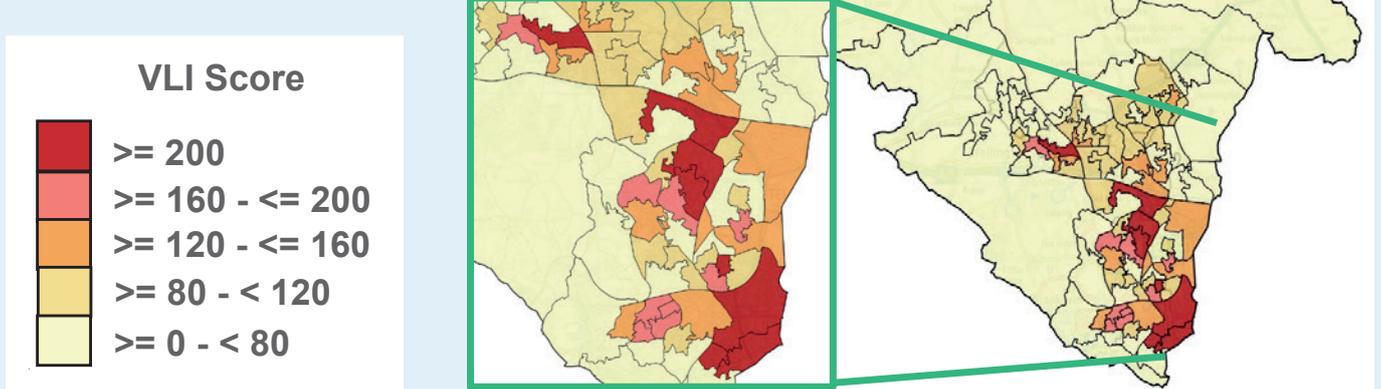
- Secured £550,000 joint investment into enhancing our CCTV infrastructure and new viewing suite in Oakengates
- Secured £550,000 investment for the Brookside Safer Streets project

The role of the Violence Reduction Board has now been incorporated into the Building Safer, Stronger Communities Board which is intended to bring borough wide benefit and has identified 12 priority localities and will develop Neighbourhood Action Plans for each of these. The Safer Telford and Wrekin Partnership has used data and intelligence to identify the three localities with the highest vulnerability to crime and anti-social behaviour. This took into account the volume of crimes and the severity of the impact of the crime on the victim and the community.

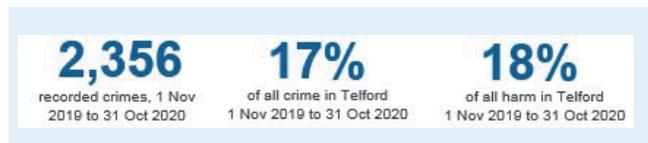
The three high vulnerability areas identified by the Safer Telford and Wrekin Partnership are:

- Sutton Hill, Brookside and Woodside
- Dawley and Malinslee
- Arleston

Chart 9: Map highlighting vulnerability to crime and anti-social behaviour by LSOA in Telford, 1 November 2019 to 31 October 2020



Sutton Hill, Brookside and Woodside

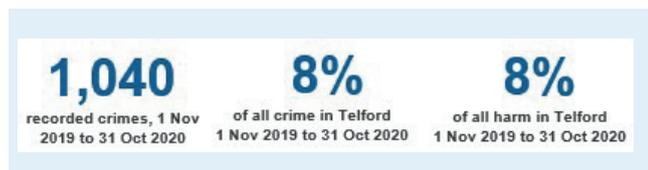


Sutton Hill, Brookside and Woodside forms 3% of the land area in Telford, yet recorded 2,356 crimes within the twelve month reporting period. This contributed 17% of all crime and 18% of all recorded harm in the borough.

This area has disproportionately high levels of violent crime, including sexual violence, and levels are more than double the Telford average. Community crime problems, including criminal damage and arson, are also much higher than borough average. Domestic abuse currently forms one fifth of recorded crime in the area and is highly likely to be a driving factor for the high levels of violence.

Crime levels have fluctuated during the twelve month period, with an obvious decrease in April 2020 (n = 142). This is certainly due to the first national lockdown following COVID-19, which saw reduced crime opportunities as the public remained largely at home. The opportunity to commit crime and recorded levels increased during the summer months of 2020, as restrictions were lifted and school summer holidays commenced.

Dawley and Malinslee



Dawley and Malinslee form 3% of the land area in Telford, yet recorded 1,040 crimes within the twelve month period which contributed 8% of all crime and 8% of all recorded harm in the borough.

Crime has fluctuated throughout the year with

a significant trough in April 2020 (n = 55) and peak in July 2020 (n = 115). This is highly likely due to the imposition and lifting of COVID-19 restrictions and changing opportunity for crime.

The crime profile for the area shows higher than average levels of violence, both with and without injury. These crime areas increased sharply during July and August, contributing to the peak in crime volume. Domestic abuse is contributes 15% of all recorded crime and is highly likely to be a driving factor for the high levels of violence.

Community crimes including criminal damage and arson, and residential burglary are also above average.

Arleston



Arleston is the smallest of the 3 vulnerable areas, forming 0.4% of the overall land area of Telford. There were 838 recorded crimes during the twelve month period in this area, contributing 6% of all crime and 7% of all recorded harm in Telford. Recorded crime has fluctuated throughout the twelve month period but shows an overall decline which is almost certainly in part attributable to COVID-19 and restrictions imposed.

Arleston has disproportionately high volumes of violent crime, both with and without injury, when compared to average for the borough. The majority of crime groups are above average, including rape and other sexual offences, criminal damage and arson, and residential burglary.

Violence in a public place markers are attributed to more than one quarter of all recorded crime and domestic abuse markers are linked to 12% of offences.

What difference will the Safer Telford and Wrekin Partnership make?

The Building Safer Stronger Communities Board is responsible for delivering the Partnerships objectives to address the root cause of crime, rather than the crime itself.

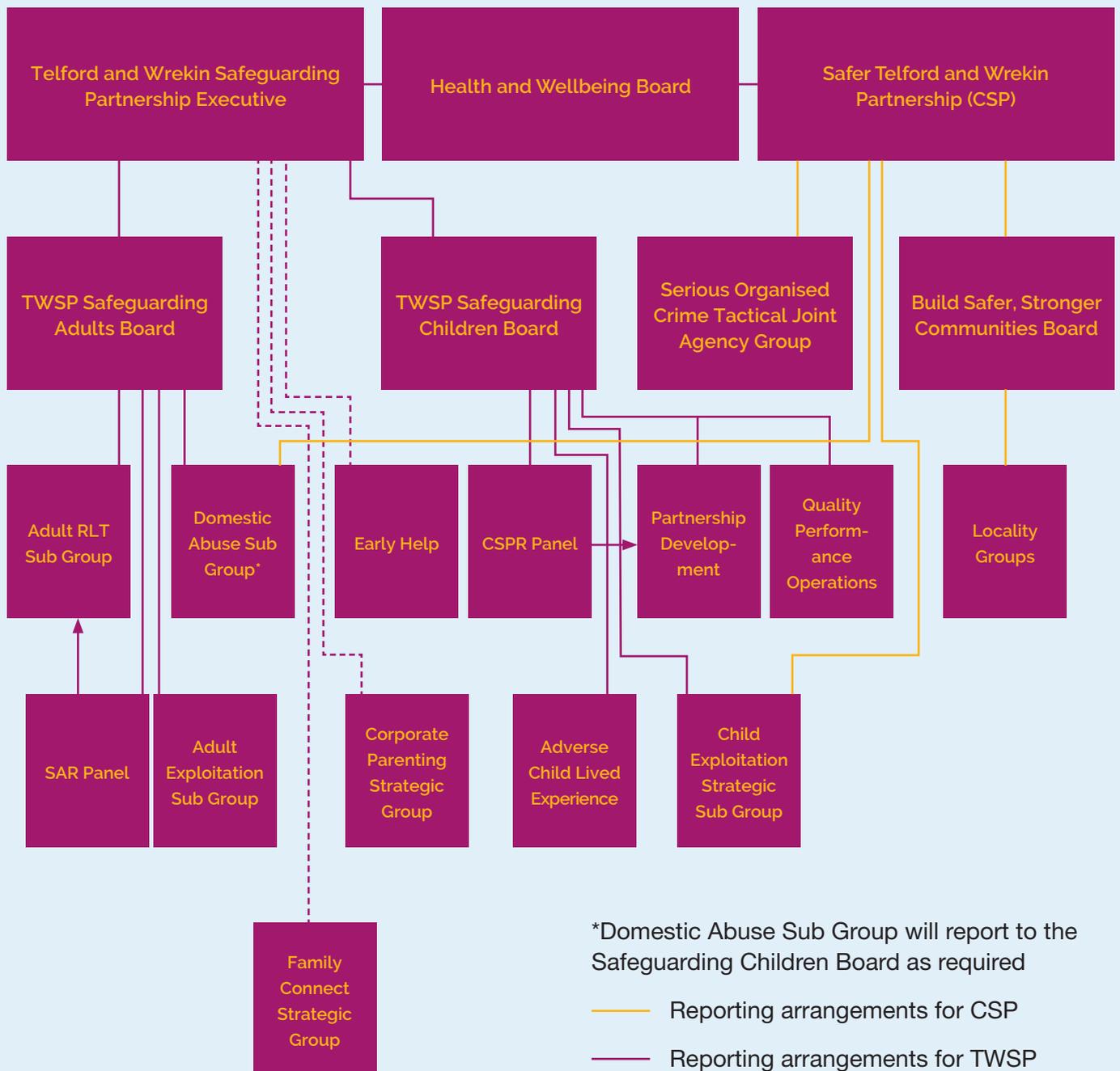
The Building Safer Stronger Communities Board will:

- Deliver a strong, intelligence-led approach
- Tackle the root causes (primary prevention)
- Manage risk & early intervention (secondary prevention)
- Reduce the effects & impact (tertiary prevention)
- Enforcement & Criminal Justice

Appendix A

Joint Arrangements between the Safer Telford and Wrekin Partnership and the Telford and Wrekin Safeguarding Partnership

Telford Safeguarding Partnership and CSP Arrangements



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