

Public Document Pack



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 28 September 2023

2.00 pm

Third Floor, Southwater One, Southwater Square, Southwater Way,
Telford, TF3 4JG

Democratic Services: Lorna Gordon 01952 384978

Media Enquiries: Corporate Communications 01952 382406

Committee Members: A J Burford (Co-Chair), S Whitehouse (Co-Chair), P Watling, F Doran, K Middleton, K T Tomlinson, S P Burrell, S Fogell, M Vivian, J Britton, J Rowe, L Noakes, S Froud, J Dunn, C Parker, A Olver, N Carr and P Davies

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HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 22 June 2023 at 2.00 pm in Fourth Floor, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillor A J Burford (Co-Chair), S Whitehouse (Co-Chair)
Councillor P Watling, Councillor F Doran, Councillor
K Middleton, S Fogell, J Rowe, L Noakes, S Froud, J Dunn,
C Parker, A Olver, and P Davies

Apologies: Councillor K T Tomlinson, Councillor S P Burrell, M Vivian,
J Britton, and N Carr

HWB1 Declarations of Interest

None.

HWB2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 23 March 2023 be agreed.

HWB3 Public Speaking

None.

HWB4 Terms of Reference 2023/2024

RESOLVED – that the Terms of Reference 2023/2024 be agreed.

HWB5 JSNA Update

The Board received a presentation on the Joint Strategic Needs Assessment (JSNA) from the Insight Manager, Telford & Wrekin Council. The presentation provided a brief overview of key statistics and insights that were available via the Telford & Wrekin Insight webpage. There had been an update to this as new census data had been released. Further data from the 2021 census was due in late 2023.

Following the update, members of the Board praised the utility of the Insight webpage, noting the importance of data in policy. Members also noted that the data highlighted some concerning trends, such as high mortality for those with Serious Mental Illness, and that these issues needed to be investigated in more detail.

Members of the Board noted the update.

HWB6 Health & Wellbeing Strategy Engagement

S Fogell, Healthwatch Telford & Wrekin, gave a presentation on the engagement work carried out around the Health & Wellbeing Strategy.

Alongside the Council, Healthwatch Telford & Wrekin had undertaken a series of focus groups looking at the draft strategy, asking people what the priorities and themes meant to them. Three focus groups took part in the engagement exercise.

The Board were informed that generally the vision set out in the strategy resonated with people, with those surveyed finding that most of the priorities it outlined were pertinent. One thing people had noted was the lack of reference to discrimination and gambling in the strategy.

Members of the Board were provided with a range of headline findings relating to the key areas within the strategy.

A discussion followed the presentation with members noting the importance of consulting residents and sense checking the work that was undertaken. It was also suggested that further work might have been required to improve communication around some of the offers in the Borough, such as Live Well Telford and the health activities run throughout the area.

The Board noted the presentation.

HWB7 Health & Wellbeing Strategy

The Director: Health & Wellbeing presented the Health & Wellbeing Strategy.

The previous strategy had been launched in 2020, not long after the start of the Covid 19 pandemic. Residents had lived through that pandemic and now a cost of living crisis. Both had an impact on residents' health and wellbeing.

The approach to the strategy had been for it to be overarching and for it to look at numerous different plans and activities. There was a focus on the wider determinants of health as well as healthy lifestyles, a community centred approach, and integrated health & social care care. The heart of the strategy was on closing the gap in health inequalities.

Members of the Board praised the report and noted in particular the importance of closing the gap in health inequalities.

RESOLVED – that the Board approve the strategy for publication.

HWB8 ICB Joint Forward Plan

The Director of Partnerships and Place (NHS Shropshire, Telford and Wrekin) presented the Integrated Care Board (ICB) Joint Forward Plan.

The version of the report presented was the tenth iteration of the plan, a draft version of which had been published at the end of March 2023. The plan attempted not to duplicate on the Health and Wellbeing Strategy but to create a live, iterative, forward plan that highlighted the work that was being done.

Further engagement on the plan was to be undertaken to engage seldom heard groups. As a result, final publication had been pushed back.

The forward plan was being used as a system plan with a focus on prevention, delivering the Integrated Care and Health and Wellbeing strategies, and looking at where to put organisations' 'Telford pounds'.

In discussion, Members noted the interconnection between the plans and strategies referenced and the importance of co-working to ensure their delivery.

Members also discussed the need to get the public on-board and to listen to their concerns and feedback.

The Board were keen to see the 'Telford pound' best utilised and stressed the importance of cooperation.

The Board noted the ICB Joint Forward Plan.

HWB9 BeeU Update

The Associate Director Transformation and Commissioning (ICS Shropshire, Telford and Wrekin) presented the Board with an update on BeeU.

Telford and Wrekin was no different from other areas in terms of having a waiting list to access children and young people's mental health services. It was necessary, therefore, to look at meeting the needs of those awaiting access. There were a number of initiatives to meet the needs of individuals whilst they were waiting and it was recognised that diagnosis was only a part of the process. Whilst diagnosis was important, it did not change people's needs.

Numerous changes were still to come and next steps were set out at the end of the report. A lot of work was being undertaken in the background to align efforts so as to address needs collectively.

From September, there was the intention to look at reviewing the CYP transformation plan that been coproduced across the health system.

Discussions following the presentation focussed on the need for a multidisciplinary approach to mental health care and the importance of helping people whilst they were on waiting lists.

The Board noted the report.

HWB10 Leisure Strategy

The Service Delivery Manager: Operations delivered the Leisure Strategy presentation.

Telford & Wrekin had a huge leisure offer and a large potential reach. The team worked with schools to deliver both curricular and extracurricular activities. The Council also offered commissioned and targeted initiatives.

The Board heard that there were a number of inclusive policies in Telford & Wrekin and opportunities to build upon these, which included existing policies such as pricing, 10 by 10, and the swimming offer. Additionally, there was a range of support available for people nervous about, or new to, exercise.

Members were shown two case study videos highlighting the positive impact that leisure services had had on residents' lives.

In surveying of members of the public, 42% of respondents had wanted to be more physically active. To address this, barriers preventing people doing more exercise had been examined.

It was found that facilities in the Borough were of good quality and suitably located but that there should be more work done to bring health and leisure strategies together. Recommendations in this area included colocation of services and the offering of flexible spaces that could meet various needs.

The team wished to look at co-delivery and co-location of services along with greater engagement with NHS partners.

The Board commented on the importance of the work being done and the positive impact on health of active lifestyles. Members also praised the case studies and their use for illustrating the good work that was being done in the area.

Members noted the presentation.

HWB11 Annual Safeguarding Partnership Report

Members noted the report.

The meeting ended at 3.52 pm

Chairman:

Date: Thursday 28 September 2023



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Health & Wellbeing Board

Thursday 28 September 2023

Living Well

Cabinet Member:	Cllr Kelly Middleton – Cabinet Member: Healthy, Safer & Stronger Communities and Partnerships
Lead Director:	Liz Noakes - Director: Health & Wellbeing
Service Area:	Health & Wellbeing
Report Author:	Louise Mills – Service Delivery Manager Health Improvement & Libraries
Officer Contact Details:	Tel: 01952 380505 Email: louise.mills@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health and Wellbeing Board - 28 September 2023

1.0 Recommendations for decision/noting:

1.1 The Health and Wellbeing Board is asked to note the updates provided on all programmes of work.

2.0 Purpose of Report

2.1 The report provides an update of the work being undertaken across Telford and Wrekin that contributes to the boards strategic priority, Living Well. The programmes of work summarised are largely funded from the public health grant and are led by the council's Health Improvement team working collaboratively with our health partners and the community and voluntary sector. Case studies have been included in Appendix A to highlight the impact programmes have had on local people accessing the support.

3.0 Background

3.1 Priority one: Delivery of 'Live Well' programmes aimed at encouraging healthy lifestyles and improving mental wellbeing

From April 2022 – March 2023, 1753 residents received support from the council's **Healthy Lifestyle Service**. A further 650 residents have received support from April – September with 70% achieving their lifestyle goals. A large proportion (60%) are residents from our most deprived communities and 30% of our quit smoking caseload are from routine and manual occupation groups. The lifestyle service has worked hard to engage under represented and higher risk population groups. The majority of clients (90%) have at least one long term health condition and 12% are people from ethnic minority backgrounds.

'My Advisor provided me with practical advice that was personalised and achievable for me'

'My diabetes has improved and my knee pain has gone completely'

In addition to direct work with clients the Healthy Lifestyle team also support local partner projects. Since September last year the team has supported the TELDOC Diabetes Care Pathway providing an opportunity for our Lifestyle Advisors to introduce patients to the lifestyle service. Of those referred 160 patients have gone on to access our 12 week programme in a community clinic close to where they live.

'I managed to lose 8% of my body weight. My HbA1c reading reduced to 40 and my liver function tests are now normal. I've halved my diabetes medication.'

Reference Appendix A Case Study: Healthy Lifestyle Service (Weight Management Support)

In addition to our well established Healthy Lifestyle Service residents can also access support to 'live well' through our local **social prescribing** teams. Social prescribing enables GP's, nurses and other primary care professionals to refer people to a range of local, non-clinical services to support their health and wellbeing. Local social prescribing arrangements are coordinated via our Primary Care Networks (PCN's) and Telford MIND as our local mental health charity are a main delivery partner. Patient access to a social prescriber is a commitment within the NHS Long Term Plan and PCN's are therefore reimbursed for this scheme through their GP contract.

From April 2022 – March 2023 our local social prescribing teams supported 3,800 local people. An additional 1000 people have been supported from April – June 2023. Presenting issues for support include anxiety, depression, low mood, loneliness and social isolation. Over time social prescribing teams and roles have evolved in response to unmet patient needs. For example roles now include a Green Social Prescriber and Health and Wellbeing Coaches.

The **Health Inequalities funded projects** described in the November 2022 report have continued with participant figures reaching 3500 across 13 different activity programmes. Activities have included cricket, football, netball, healthy eating/cooking, fitness classes for men and women, yoga for women, martial arts/mental health sessions, craft/chatter sessions, music and mindfulness, swimming, walking and seated exercise for the 50+.

The activities have been coordinated and delivered by community groups including: CEIA, STUWA, Noor's Women's Wellbeing, TAARC, Nasara, Oakengates Gurdwara and Sangat Parchar Sabhar Gurdwara Community Cohesion Centre, with links also with The Interfaith Council, One Voice and ACCI.

Several community leaders and local residents as volunteers have been supported to attend courses and achieve accredited qualifications to support delivery of the projects, adding to the longer term sustainability of the activities within the communities.

Time has been committed to continuing to build and maintain relationships with the community with a focus on how to sustain the health and wellbeing activities beyond the initial funding period. Regular visits have been made to the various groups and activities to obtain user feedback and testimonials. Listening and talking with the community has led to the development of additional projects. For example TAARC are now seeking funds from Sport England, with the support from the Health improvement Team, for a new grant funded project which includes gym instructing and circuits training for TAARC members and local volunteers, as part of a whole community health & wellbeing/fitness project, which will involve the wider local community in training, events, activities and fitness sessions for the Hadley area.

Reference Appendix A Case Study: Health Inequalities Funded Project for the Black and Asian Community

Building on our health inequalities programme the council's health improvement team has delivered a series of **outreach sessions** to large local employers, religious settings and community interest groups. This has provided an opportunity to develop our 'health promoting' networks; to share health data with local people; to gain valuable insight from some of our under-represented groups including our Turkish, Syrian and Ghanaian communities; to raise awareness of the importance of leading a healthy lifestyle; delivery of physical health checks including blood pressure checks and signposting to local support services. In addition to healthy lifestyles, sessions have focused on cancer and diabetes prevention.

Just under 600 people have engaged in the sessions from a broad range of settings including: RICOH, MOD Donington, Kuehne + Nagel Ltd, Telford Central Mosque, Chinese Cultural Centre, Men's Sheds, HYVE and Deaf Awareness Wellington.

Reference Appendix A Case Study: RICOH Wellbeing Days

The last Living Well update in November 2022 outlined our work with Energize, our Active Partnership and how we work collaboratively to invest Sport England grant funding to support **community driven physical activity projects**. Our most recent

collaboration involves the Shropshire Cycle Hub and an investment of £12,500 to develop the KOG Community Cycling Project. This project is teaching residents of Ketley Bank, Oakengates and St Georges how to ride and fix bikes; providing training and sessions in schools; and recruiting and training local people to undertake volunteering opportunities in bike maintenance and leading group bike rides. The project is on target to reach 1500 individuals.

Reference Appendix A Case Study: KOG Community Cycling Project

RICOH continue to sponsor local physical activity projects for some of our most vulnerable residents and for those living in areas of higher deprivation. This years sponsorship has enabled our four delivery partners; A Better Tomorrow, the Park Lane Centre in Woodside; Telford CVS and Telford Mind to provide a range of activity opportunities for people with long term health conditions and/or learning disabilities, and for people who are homeless and/or in recovery from drugs and alcohol.

Reference Appendix A Case Study: RICOH Sponsored Project Telford & Wrekin CVS

Our network of **Health Champion volunteers** continue to provide advice, information and support in their communities. Over recent months we have seen an increase in volunteers from some of our under represented groups which will support our health inequalities work. Health Champions have supported Men's Health week; dementia wellbeing events; Telford's Big Walk Week and more recently completion of blood pressure training has enabled them to support our community based hypertension case finding project.

"I wanted to volunteer. Blood pressure interests me. It's something different and nice to have variety in my volunteering".

"I was a little apprehensive at the first event but I looked at the reminder sheets from my training. Once I was there, I was on a roll. I was honest with people that I am not a clinician"

"I really enjoyed being part of the health and wellbeing event at Madeley Anstice. Lovely to meet new people and old friends. The attendees were really engaging with the event. It was a good turnout very worthwhile".

The **Feed the Birds** volunteering project continues to be a success in Telford & Wrekin. The scheme involves a thorough process to ensure high quality matches between volunteers and clients, and currently has 17 clients matched who are visited on a weekly basis. These clients are socially isolated and experience loneliness. Both clients and volunteers benefit from the visits and share positive comments about the project. A small number of volunteers supported Telford's Big Walk Week; helping to lead walks allowing for conversations about wildlife and physical activity.

Feed the Birds volunteers have also been instrumental in identifying unmet needs that their clients may have and through discussions with the project coordinator have been able to ensure that their clients receive the appropriate social care and third sector support that they require. Volunteer recruitment is ongoing with further training scheduled for October.

Reference Appendix A Case Study: Feed the Birds

3.2 Priority two: Delivery of Making Every Contact Count (MECC) training to our frontline practitioners

Making Every Contact Count (MECC) is an evidence based behaviour change initiative to embed prevention and health promotion into the everyday practice for health and care staff and volunteers, including those who are non-specialist and have little to no experience in public health.

Lifestyle factors, such as alcohol consumption, stress, poor diet, smoking, and lack of physical activity, combined with wider, socio-economic determinants of health (e.g., education, employment, and income) are strongly associated with the development of cardiovascular and respiratory diseases, cancers, diabetes, musculoskeletal disorders, and other non-communicable diseases. Many of which are preventable.

MECC aims to utilise the multiple interactions health and social care practitioners have with the public as health promotion opportunities. Staff are trained to deliver very brief or brief interventions, targeting lifestyle behaviours, ranging from simply raising awareness of health risk factors and signposting to relevant services, to supporting behaviour change through discussion and encouragement. A MECC very brief intervention can be delivered in as little as 30 seconds, and a brief intervention in 5 to 15 minutes. Building self-efficacy and empowering individuals to take ownership of health behaviours is important for improving outcomes.

A mapping exercise for existing training providers and courses has been completed and preferred options will be piloted with cohorts of staff over forthcoming months. We will then look to invest non recurrent public health grant funding to deliver the training initially to our adult social care workforce.

3.3 Priority three: Delivery of public health campaigns that align to our priorities

In March we launched '**Green Spaces Are Go**'; our 2023 public health campaign and project to increase the use of Telford & Wrekin's parks and green open spaces for physical activity. Small grants totalling £40,000 have been awarded to a broad range of not for profit community and voluntary sector organisations to fund initiatives including 'on the ground' improvements, equipment, promotional materials, use of tech and/or events and activities, to provide opportunities for local people to take part in any sport, exercise or physical activity in any of the Council's parks, nature reserves and green spaces. A broad range of activities including cycling, 'Parkour', nature walks, practical conversation work, outdoor pursuits,

orienteering; outdoor gym fitness sessions, Nordic Walking and Tai Chi started during the summer months and will extend into next year and are expected to reach 8000 people.

A further £28,000 has been invested with council teams to support the creation of new geocaching trails, new bench to bench walks and new walking interpretation materials, plus family and individual cycling sessions.

The promotional campaign includes the development of new webpages <https://healthytelford.com/green-spaces-are-go> , newsletter articles and adverts on social media. Social media posts promoting the activities have been seen 220,000 times.

Reference Appendix A Case Study: Green Spaces Are Go – Tai Chi in the park

3.4 Priority four: Embed health improvement advice and lifestyle interventions within the clinical pathways for cancer, heart disease, diabetes, musculoskeletal and mental health

The ICB have developed a high level CVD Recovery Strategy and a 2023/24 Milestone Plan which identifies key CVD prevention priorities and projects which will improve CVD prevention across the patch. A strategic group has convened chaired by the CVD Prevention Clinical Lead to maintain assurance, oversight and to challenge progress against the plan.

Priorities are:

- Promotion of healthier lifestyle choices (alcohol and substance misuse, weight management, physical activity and smoking cessation)
- Physical health checks (NHS Health Check, Annual Health Checks for learning disability and autism; serious mental illness; those experiencing homelessness, substance misuse and mental health issues)
- Case finding and ongoing management

Work is underway with the Midlands Partnership NHS Foundation Trust to co-locate Lifestyle Advisors within secondary care to work alongside the nurses completing the physical health checks for adults with a serious mental illness. This will allow for a greater focus on the promotion of healthier lifestyles with onward referrals to our lifestyle service and community support.

Significant progress has also been made towards implementation of the **Hypertension case finding project** for which both local authorities are the main delivery partner for the ICB. This project involves training volunteers as CVD Champions to take blood pressures within community settings, offering lifestyle advice and incorporating 7 day monitoring for those identified as having high blood pressure.

The project launched in Telford and Wrekin in July. To date 16 volunteers have been trained; a further 22 have been recruited and await training over the next couple of months. Community events have provided the best means of engagement.

Volunteers have completed 288 blood pressure checks with 6% of those checked requiring 7 day monitoring for high blood pressure.

Reference Appendix A Case Study: Community Hypertension Case Finding

3.5 Priority five: Embed preventative approaches and signposting to health improvement interventions across adult social care practice including further development of community based support

Service Managers across Public Health and Adult Social Care have met to consider the current pathways, assessment points and to better understand how we can maximise opportunities to take a preventative health improvement approach. Over the next 12 months we intend to invest non-recurrent public health grant funding in non-statutory preventative approaches and community based support to respond to some of the demand management pressures within adult social care where its identified that a community intervention could provide an effective and suitable alternative to meeting local need.

Key actions will include:

- Improved targeting of the Healthy Lifestyle Clinics at the Independent Living Centre to prioritise referrals from adult social care
- Development of the pathway between the Annual Health Check (Learning Disabilities and Autism) and lifestyle services / community support
- Health Improvement Practitioner and Advisor involvement in the Community Hubs service offer
- Working with the voluntary sector to expand community support for befriending, loneliness and social isolation
- Bespoke weight management support for adults with a learning disability including 1:1 support, group work and training for carers and the care sector
- Consider options to extend the current falls prevention support programme commissioned by the ICS.
- Low level support for people leaving hospital
- Prevention and healthy lifestyles training for frontline practitioners
- Further development of community support for service users and carers living with and caring for someone with dementia

4.0 Summary of main proposal

4.1 The report provides an update of the work being undertaken across Telford and Wrekin that contributes to the boards strategic priority, Living Well.

5.0 Alternative Options

5.1 Not applicable.

6.0 Key Risks

6.1 There are no risks associated with this report.

7.0 Council Priorities

7.1 Improve the health and wellbeing of our communities and address health inequalities.

8.0 Financial Implications

8.1 The programmes of work are being delivered from within existing resources (public health grant) and therefore there are no financial implications arising from this report.

9.0 Legal and HR Implications

9.1 There are no direct legal implications arising from this report. Legal advice has been and will be provided on individual strands of work as and when required.

10.0 Ward Implications

10.1 The Healthy Lifestyles Service is available borough-wide. Community focussed projects are targeted towards priority wards and under-represented groups as part of our ongoing work to reduce health inequalities.

11.0 Health, Social and Economic Implications

11.1 The programmes covered by this report describe close working with the NHS and wider health partners. Our preventative work with the ICB, primary care and MPFT has the potential to deliver considerable cost savings as part of the clinical pathways.

12.0 Equality and Diversity Implications

12.1 All of the programmes of work contribute towards reducing health inequalities and will have a positive impact for residents living in some of our most deprived wards; adults with a learning disability and people from ethnic minority backgrounds.

13.0 Climate Change and Environmental Implications

13.1 None.

14.0 Background Papers

Health and Wellbeing Board Report – Living Well Update 24 November 2022

15.0 Appendices

Appendix A – Case Studies

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Liz Noakes	12/09/2023	13/09/2023	LN
Finance	12/09/2023	19/09/2023	MB/TS
Legal Services	20/09/2023	20/09/2023	RP

APPENDIX A – CASE STUDIES AND IMPACT STORIES

Case Study – Healthy Lifestyle Service (Weight management support)

Date of interaction: June – September 2023

Style of delivery: telephone calls

Referral source: Self-referral

Background information on client:

- Age: 73 male
- Long term conditions: osteoarthritis, mobility issues
- Weight management history:
- Weight at start of intervention: 123.8kg
- BMI at start of intervention: 36

Aim of interaction:

- To lose weight

Recommendations of Advisor including referrals/signposting:

- Increase water intake
- Vary food choices
- Slow down on speed of eating food
- Reduce carbohydrate portion sizes
- Start to use static bike and slowly increase use

Summary of results of interaction

- Client achieved 11% body weight loss
- Weight at end of intervention: 110.2 kg
- BMI at end of intervention: 32.1
- Reduced waist size
- Exercising daily – managing 10 mile per day on static bike
- Improved muscle strength enabling client to walk up the stairs
- No longer requires the stair lift to get up the stairs
- Reports having more energy
- Finding getting dressed easier

Conclusion/recommendations/notable quotes

Client achieved 11% body weight loss. He plans to continue with all the changes he has made over the past 12 weeks

Client feedback after sign-off:

I personally found the 12 week course very inspiring. We discussed my targets and eating choices and set out a plan so as to give balance and variation with meals without feeling hungry.

This helped immensely and gave varied choices of the right foods, so it made my lifestyle changes very easy. I have taken up daily exercise which has improved muscle strength to my legs, and I can now walk upstairs where I used to use my wife's stair lift. I am happy with all of my choices and with the help of my mentor I am now converted in my life style changes. I would recommend this to friends as a valuable service, so thank you for your help.

Case study - Health Inequalities Funded Project for Black and Asian Community:

Arvinder - Arvinder is 51 years old, a mother to 2 children and grandmother to 4 grandchildren, and was very keen to take up one of the Level 2 Fitness Instructor training course places at Telford

Living Well

College funded as part of the project, so that she could volunteer in her local community to deliver fitness classes to women and young people. According to Arvinder and other women in her local community, to tackle their sedentary lifestyles, increase their activity levels and increase social interaction, the women wanted fitness sessions delivered by a woman, in a venue they trust, and in a style they felt comfortable. So in September 2022, Arvinder and her daughter-in-law Lavinder commenced the training course, which they completed in February 2023. As soon as she qualified, Arvinder started delivering fitness sessions at the Sangat Parchar Sabhar Gurdwara Community Cohesion Centre for women and young people from the local community, with a style, duration, dates and times most suitable for the attendees.

Regarding the fitness sessions, Arvinder said:

“I have really enjoyed the challenge of being able to attend the training at TCAT which has enhanced my knowledge of fitness and now allowed me to be qualified gym Instructor. This in turn has supported me to deliver regular voluntary women's fitness classes which I have been running for women within the ethnic minority groups with ages ranging from teens to over 50.”

“I now feel confident to lead sessions including aerobics, stretching, toning, relaxation, standing and floor work, plus use of mats/steps etc.”

She continued that “It's not only rewarding to put something back into the community but it's kept me physically and mentally very healthy which is of course key in dealing with life's challenges. Most of all it's made me feel that even at an older age, we can still find new interests and great opportunities to gain further qualifications. I find it immensely rewarding to help others and put back into our local community.”

Some of the women attending Arvinder's sessions said:

“I feel it has empowered members of our community to do exercise and be less sedentary. Arvinder can now lead group and individual fitness sessions at our Gurdwara for any age and ability”

“Our women really value being able to come to a venue they know, trust, feel comfortable in, to do fitness activities that they want to do, with people they know, trust and feel comfortable with, when it suits them to do so”.

Thanks to the success of her training through this project, Arvinder and some other members of her local community now wants to do swimming instructor training to support some of their community to learn to swim and increase their health, wellbeing and fitness through swimming too, so funding sources are currently being investigated to support this new initiative.

Case Study - Ricoh Wellbeing Days June 2023

Health Improvement worked with a variety of partners to deliver three wellbeing days at Ricoh UK Products Limited. The aim of the days was to target and enable men aged forty plus from manual and routine occupations to seek and make healthy lifestyles choices and behaviours. Different teams were given time off to attend the event. A presentation was made at the start providing some hard hitting data around health inequalities and promoting the Council's Healthy Lifestyles Service. After attendees went through to speak with a range of services whom could support them in making changes to their health. These included the Healthy Lifestyles and Stop Smoking Service, T & W Leisure Services, X-pert Diabetes and Lingen Davies Cancer.

Living Well

Links have been made with our Health & Wellbeing Coordinator as Ricoh are interested in more of their workforce becoming Health Champions.



Feedback forms were completed by the staff, all of which summed up the event;

'Thought provoking',
'Thank you Valerie very informative',
'Was very good',
'Enjoyed the information',
'Great', 'Enjoyable', 'Great information',
'A good introduction to healthy lifestyle. I intend to get in touch and hopefully get help to become a new me',
'It was a good event and lots of information thanks',
'Glad I visited and has motivated me to make more effort to lose weight'.

Case Study - KOG Community Cycling Project – Community Cycling Event, Oakengates

Ella – Ella is in her early 20's, lives in St Georges, and attended one of the Shropshire Cycling Hub (SCH) Community Cycling Events in Oakengates in August to gain some support, information and practical help to get back into cycling, so that she can use her bike which although purchased last year, has been sitting in her shed unused since then. Ella said that "I haven't cycled since childhood but have become interested in cycling again recently, but feel that I need reassurance that I'm safe to cycle first, before making a start". SCH talked her through safe cycling routes, issued her with a Telford & Wrekin Council Cycling Routes Map and has signed up for the KOG Community Cycling Project group led rides to help her get her cycling confidence back.

Here's Ella having her commuter bicycle fixed by SCH volunteer mechanic Chris during the event.



Case Study from Ricoh sponsored project – Telford & Wrekin CVS

Tom – Tom is one of the adults with severe learning disabilities who attends Café Aspire ran by Telford & Wrekin CVS.

According to Tom's mother, she has been "so thrilled at his progress" thanks to the funded programme of activities which Tom attended. She said "the difference Tom has made in the past few months has outweighed any other provision he has been part of in the past."

Both staff and Tom's mother found that "His confidence has improved as well as his sense of achievement. He now loves being in people centred activities as well as participating in the activities you provide - boxing, dancing, yoga you name it!"

This is so very important due to the link between people with learning disabilities and obesity. Indeed, Tom's mother affirmed that "It is imperative that Tom has a healthier lifestyle and loses some weight due to an increased risk of significant health issues, and what you and your team are doing improves both his mental and physical health. Long may it continue."

Case study – Feed the Birds

Volunteer Laura has been matched with client Olwen under this scheme for three years now. Laura has been visiting Olwen weekly to help her to top up her bird feeders and to have a chat about the birds and more!

Olwen says: "I have really appreciated Laura coming weekly. I enjoy the visits and I have learnt from her.

Every year, we do the Great Big Bird Watch. We wait in the conservatory for the birds to come. Sometimes they are shy that day but they do normally visit! We both enjoy it and get something out of it."

Laura says: "I've visited Olwen for three years and I really enjoy it. I have learnt so much from her and I think it's good for inter- generations to mix - you learn more that way. We put the world to rights. We both get something out of it and I think everyone should volunteer!"

Case Study - Green Spaces Are Go project – Tai Chi In The Park

The Chinese Cultural Centre has been funded to provide a number of "Tai Chi In The Park" sessions on Sunday morning at Telford Town Park. Attendance has been extremely pleasing, with an average of over 40 attendees per session.

The friendly expertise of instructors, volunteers and helpers from the Chinese Cultural Centre, and the beautiful setting of the Park, has no doubt contributed towards the success of the sessions, which by the end of the programme will have potentially reached approx 250 people.

Paul – Paul is 63 and a sufferer of rheumatoid arthritis, he attends the sessions to get some relief from his symptoms of this chronic, incurable condition. He heard about them from the Shropshire Star website and has found that the sessions have helped to reduce inflammation, stiffness and pain, improve flexibility and quality of sleep, and decrease levels of medication with the support of a medical professional.

Paul said "the sessions are very well organised, the instructors, volunteers and other people are very friendly" and "the sessions are easy to follow so just fly by".

Living Well

He added that “It’s very nice to do Tai Chi with like minded people in the open air. I feel a kind of ‘energy’ through the group during the sessions and come away from them feeling relaxed and energized”.

Paul continued that because he’s “thoroughly enjoying the sessions” which he finds “very good for mental health and mindfulness too – like ‘moving meditation’ “, he now intends to join a local beginners class due to start next month in the evenings.

Paul said “I can’t see myself stopping now. I’ve even encouraged others, and haven’t met anyone who hasn’t felt the benefit.”



Case Study – Community Hypertension Case Finding

As part of our Community Hypertension Case Finding Project, CVD Champions attended the Telford African and Afro-Caribbean Resource Centre Event at Hadley Learning Community.

A member of the public, 28 years of age asked for their blood pressure to be taken. The readings were high at 154/100, 154/96, 152/94 with a pulse rate of 74,74,71 (flagging the ‘at risk’ range)

Our lead CVD Champion Coordinator spoke at length with the individual about their blood pressure, providing a ‘Know your numbers’ information leaflet with their written blood pressure readings and advised that they visit their GP Practice the following Monday with their readings, to ask for an appointment. Phone numbers were exchanged so we could follow-up with the individual to see how things went.

The individual’s GP Practice arranged an urgent appointment for the Monday afternoon and sent them away with a ABPM for 24 hours. On the Wednesday morning the individual received a call from the GP who found that the blood pressure readings were even higher. The individual is now working closely with their GP to manage their high blood pressure through medication and healthy lifestyle advice. Whilst at the GP they were also offered a blood test which identified high HbA1c (pre-diabetic) and high cholesterol.

The individual is looking to make changes to their diet, exercise regime and said this was ‘the wake-up call’ they needed to improve their lifestyle. They are now looking to join a local walking group to improve their fitness and lose weight.

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Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 28 September 2023

Health & Wellbeing Strategy Progress Report

Cabinet Member:	Cllr Kelly Middleton - Cabinet Member: Healthy, Safer & Stronger Communities & Partnerships
Lead Director:	Liz Noakes - Director: Health & Wellbeing
Service Area:	Health & Wellbeing
Report Author:	Helen Onions – Consultant in Public Health
Officer Contact Details:	Tel: 01952 388908 Email: helen.onions@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board – 28 September 2023

1.0 Recommendations for decision/noting:

The Health & Wellbeing Board is requested to:

- 1.1 review and note the delivery progress of the Health & Wellbeing Strategy 2023-2028

2.0 Purpose of Report

- 2.1 This report summarises progress in delivering the Health & Wellbeing Strategy priorities. The report complements the strategy outcome framework report.

3.0 Background

- 3.1 The Health & Wellbeing Board Chair has requested regular progress updates to track the delivery of the Telford & Wrekin Health and Wellbeing Strategy, which was approved by the Board in June 2023. This first progress report provides the Board with an update on delivery against on each priority in the previous quarter.

4.0 Summary of main proposals

4.1 This report summarises delivery progress against the eight priorities in the centre of our thematic strategy diagram, as well the closing the gap inequalities central priority. The Board will also receive annual updates on the programmes which are delivering the life course approach (living well is covered in the September 2023 agenda) and the inclusive resilient communities wrap around priority.

Our vision - happier, healthier, fulfilled lives



4.2 A wide range of progress is described against the priorities in the report, including improvement in outcomes for residents, in line with our strategic approach, examples include:

- **Community-centred:** schools health & wellbeing programme, cancer champions, blood pressure testing events, launch of Family Hubs, trauma-informed schools, Green Spaces Are Go! campaign.
- **Inclusive and targeting inequity:** clear offers of support to those in our most deprived communities – grants to diverse community and faith organisations, CAB and Age UK advice to vulnerable residents, supermarket vouchers for food during school holidays and older residents.
- **Intelligence-led:** healthy weight survey, violence against women and girls research, alcohol and drugs stakeholder event and needs assessment, cancer equity profile.
- **Place-based, system-wide integration:** new domestic abuse service, launch of Alcohol & Drugs Forum, BeeU service improvement, primary care transformation, training across the integrated care system.

4.3 Key themes of the risks and challenges across the priority updates are:

- Staff capacity to deliver services
- Lack of / sustainability of funding
- Engaging all organisations in the partnership e.g. on training offer

4.4 There is no local care programme (LCP) update for the integrated health & care priority in this report. However, a TWIPP workshop is planned in the coming months for the LCP with regarding to neighbourhood working, and the HWB will receive a detailed report on this programme in December 2023.

5.0 Alternative Options

5.1 The Strategy supports the HWB to fulfil its duties with respect to the responsibility for developing the joint strategic needs assessment and joint local health and wellbeing strategy.

6.0 Key Risks

6.1 Tracking delivery progress of the Strategy regularly will support the Board's understanding of how we are improving the health and wellbeing outcomes of our residents, allowing with a continued focus on reducing health inequalities.

7.0 Council Priorities

7.1 The Health & Wellbeing Strategy contributes to the delivery of the Council Plan - Protect, Care and Invest, particularly the priority – every child and adult lives well in their communities, but also the other four Council priorities which significantly impact on health and wellbeing as they commit to improve the wider determinants of health.

8.0 Financial Implications

8.1 The strategy presents a wide range of findings and initiatives which, for the Council, will be delivered from resources approved either in the existing Medium Term Financial strategy or approved by separate consideration within the Council's Governance structure. TS 19.9.23

9.0 Legal and HR Implications

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

9.2 The recommendations in the Strategy comply with the Council's statutory obligations and the strategy has been produced in consideration of the Integrated Care Partnership strategy and the Integrated Care System forward plan. By reviewing progress under the strategy, the Council can ensure that it is complying with its statutory duties.

10.0 Ward Implications

10.1 All our residents and therefore all Wards are affected, however health inequalities are more evident in the most deprived Wards. The NHS is expected to have a particular focus on targeting inequalities in the most deprived 20% of areas in England (Lower Level Super Output Areas – LSOAs), these communities are referred to as the core20.

11.0 Health, Social and Economic Implications

11.1 The Strategy includes certain priorities that can be referred to as the wider or social determinants of health. These compliment further priorities which are more directly related to health and care.

12.0 Equality and Diversity Implications

12.1 Closing the gap is the strong inequalities focus in the Strategy, and groups of residents most likely to face health inequalities are referenced. These so called inclusion groups strongly align to the Equalities Act Protected Characteristics.

13.0 Climate Change and Environmental Implications

13.1 Green and sustainable borough” is a specific priority in the Strategy, and this includes a range of agendas, such as: the Green Guarantee, Carbon Neutral Plan, the Electric Vehicle Strategy and Local Cycling & Walking Infrastructure Plan and the Air Quality Strategy.

14.0 Background Papers

1 Health & Wellbeing Strategy Refresh 2023 – 2027 (22 June 2023)

15.0 Appendices

A Health & Wellbeing Strategy Delivery Progress Report September 2023

16.0 Report Sign Off

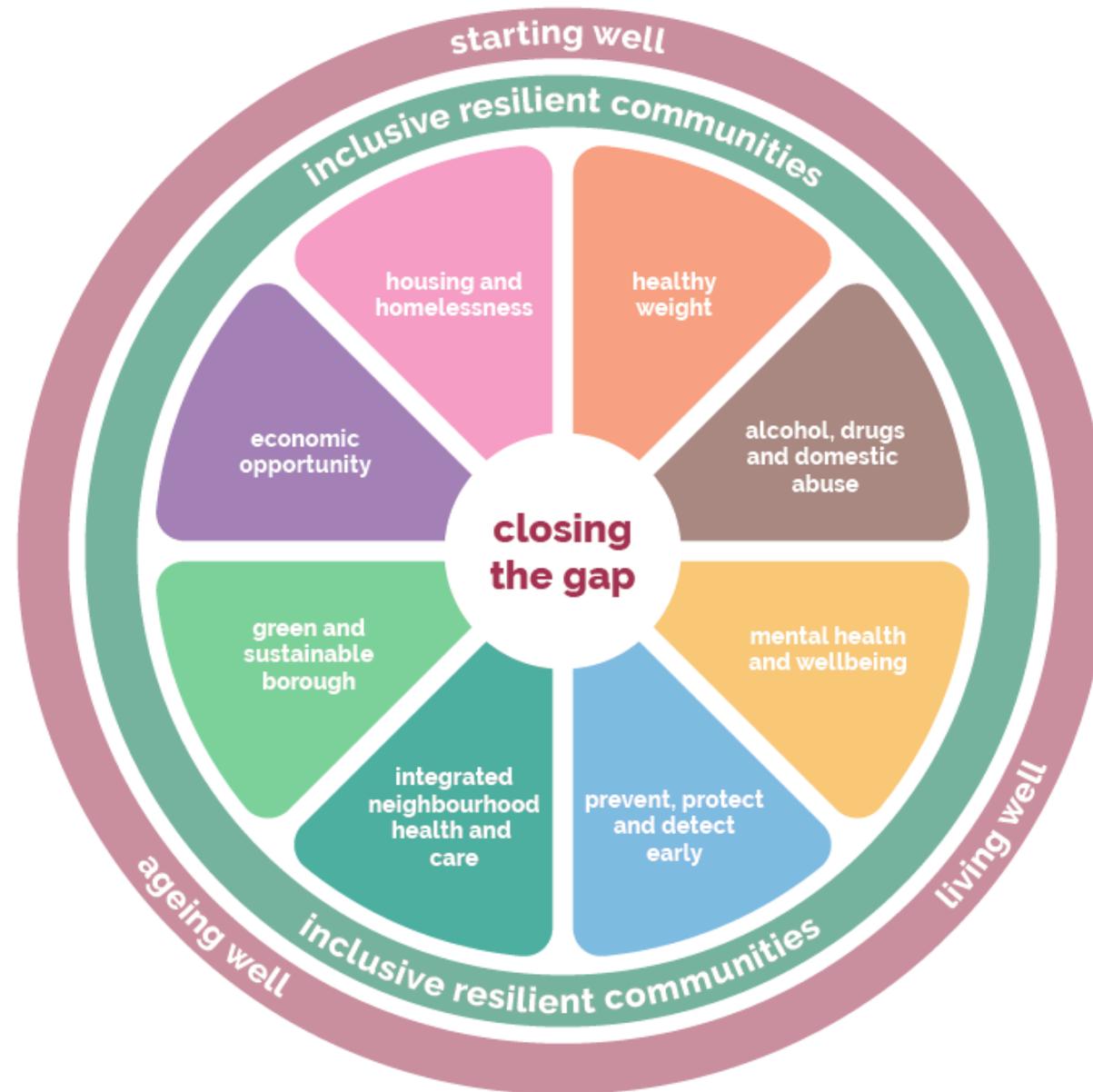
Signed off by	Date sent	Date signed off	Initials
Director	15/09/2023	18/09/2023	LN
Finance	15/09/2023	19/09/2023	TS
Legal	15/09/2023	20/09/2023	RP



Health & Wellbeing Strategy 2023-2027

Delivery Progress Report Sept 2023

Our vision - happier, healthier, fulfilled lives



Priority Updates September 2023

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Closing the gap

- Our HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. Addressing wider determinants of health is crucial and the NHS has a particular focus on reducing health inequalities through its [CORE20PLUS5](#) programme (see page ? for updates on the prevent, detect and protect priority). The gaps in health and wellbeing experience are most repeatedly seen in our most deprived communities, compared to the most affluent communities - the 20% most deprived communities –“the core 20”. Particular and specific inequalities are also faced by different groups of people, often referred to as **inclusion groups** and these are closely related to characteristics which are protected in the Equalities Act.
- The HWB received an update on the inequalities programme in September 2022. A detailed review of activity and progress on closing the gap ambitions will be undertaken during the Autumn and will be presented to a future HWB. The HWB Strategy leads have provided progress updates for their programmes which are included in this report, including reference to the relevant inequalities focus for their programme. The table below summarises the groups which are most important inequalities context for each priority.

<p>Healthy Weight</p> <p>Page 28</p>	<p>Healthy Weight Strategy engagement focus groups with at-risk groups including people with learning disabilities, people with mental health disorders, males, ages 55+, ethnic minority groups, people living within our most deprived communities</p> <p>The schools health and wellbeing programme selects schools to take part with the highest rates of excess weight data and those in our most deprived communities</p>	<p>Integrated health and care</p>	<p>Start for Life Family Hubs: “core20” population, younger parents, black & minority ethnic group families</p> <p>Primary Care: All 8 PCNs have nominated inequalities leads and specific health inequality related projects in place for 2023/24. Health inequalities is one the prioritisation criteria the ICB Primary Care Team use to target practices requiring improvement support.</p>
<p>Alcohol, drugs & domestic abuse</p>	<p>Alcohol & drugs : Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan</p> <p>Domestic Abuse: focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups, improving joint working with faith groups and BAME communities</p>	<p>Green & sustainable borough</p>	<p>Green Space are Go targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities/additional needs. Groups receiving grant funding include PODS, Telford & Wrekin CVS, The Chinese Cultural Centre and African Caribbean Community Initiative.</p>
<p>Mental health & wellbeing</p>	<p>Children & Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs</p>	<p>Economic opportunity</p>	<p>The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.</p>
<p>Prevent, detect & protect</p>	<p>People living in the most deprived 20% of communities in England – the core 20 are a key focus given the gaps in life expectancy the most deprived and most affluent communities.</p> <p>Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation</p> <p>Cancer Champions & Health Champions representative of diverse communities</p>	<p>Housing & homelessness</p>	<p>People affected by trauma and poor mental health</p> <p>Ongoing focus on homeless clients who present with complex and multiple needs.</p>

Key Progress – against strategy / work plans

- Healthy Weight Strategy expected by the end of October: Survey launched for members of the public and professionals; focus groups being held with at-risk groups; stakeholder workshop planned.
- Closer working between the council's Healthy Families team and NHS 0-19 school nursing team. Children identified as "very overweight" from NCMP measurements will be offered 12 weeks of support from the healthy families team
- Expansion of school health and wellbeing programme – 10 schools will be included in the "Tier 1" offer for the 2023/24 school year
- Green Spaces Are Go Campaign launched and grants scheme is in the delivery phase
- Healthy Lifestyles Service has supported 650 adults to lose weight during Q1 / Q2
- Delivery of community based physical activity programmes (see Living Well report)
- ICB CVD Recovery Strategy in place to strategically lead and monitor the NHS Weight Management offer and closer working with local authority public health teams

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

Wrockwardine Wood Junior School has participated in the Health & Wellbeing Programme. The school have achieved a 'GOLD' healthy schools rating. Active learning has been implemented in the school with positive physical and mental wellbeing benefits recognised by pupils. Improvements seen in attendance, pupils confidence and enjoyment of physical activity.

Inequalities Focus:

- Engagement for the Healthy Weight Strategy will be strengthened through focus groups of at-risk groups including people with learning disabilities, people with mental health disorders, males, ages 55+, ethnic minority groups, people living within our most deprived communities
- The schools health and wellbeing programme focuses on reducing health inequalities. Schools selected to take part are schools with highest NCMP data and within our most deprived communities

Plans for next quarter – what we are hoping to achieve

- Draft Healthy Weight Strategy to be ready by end of October – to take to HWBB In December
- 230 children and families will be contacted by the Healthy Families Team to offer support with healthy weight and healthy lifestyles
- Schools engagement in the Health & Wellbeing Programme
- Training for family hubs providers to feel comfortable to raise the issue of weight with families
- Eatwell sessions delivered in the community through family hubs
- Ensuring sustainability of successful green spaces are go activities
- On going work with adult social care to develop weight management support for adults with a learning disability

Issues / challenges for HWB

- Sign up and commitment from schools to look at health and wellbeing programme as a whole systems/ whole schools approach
- Commissioned services commitment to healthy weight
- Adapted resources and weight management service offer for children and adults with learning disabilities

Domestic abuse

Key Progress – against strategy / work plans

- New [Domestic Abuse Service](#) delivered by Cranstoun and West Mercia Women's Aid became operational in June 2023
- The two Service Development Objectives for 2023/24 are:
 - developing and implementing support pathways with CYP and Families Service
 - developing a supply chain of Safe Accommodation
- The Haven, Wolverhampton delivered training to 462 frontline practitioners during Sept 2022 – June 2023, good uptake from GPs and education settings in particular

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Plans for next quarter – what we are hoping to achieve

- Formal launch of new Integrated Domestic Abuse Service on 5th October
- Cranstoun attending teacher training days and college safeguarding events to raise profile of support for C&YP affected by domestic abuse
- Surveying C&YP to begin co-production process for teenage abuse campaign
- Explore reciprocal arrangements, protocols and agreements for Safe Accommodation with neighbouring boroughs
- Develop short animation aimed at starting difficult conversations with older people and their families about domestic abuse is being developed
- White Ribbon Campaign planning for November
- Violence Against Women & Girls (VAWG) resident survey analyses

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

- The T&W Domestic Abuse Forum continues to grow, now with 73 members, ensures the voice of lived experience strongly influences strategy delivery.
- The intelligence profile on DA related crime (stalking and harassment) produced in will be used to inform future learning and training packages for practitioners.

Issues / challenges for HWB

- Local shortage of appropriate dispersed and move-on accommodation is presenting a challenge to developing a supply chain of Safe Accommodation

Inequalities Focus:

Ongoing priority focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups and improving joint close working with faith groups and BAME communities

Alcohol and drugs

Key Progress – against strategy / work plans

- Alcohol & Drugs Needs Assessment completed
- Stakeholder event with 60 attendees held to co-produce outcomes for new strategy
- Launched new Telford & Wrekin Alcohol & Drugs Forum to bring together operational stakeholders
- Achieved national OHID targets for numbers commencing alcohol treatment

Plans for next quarter – what we are hoping to achieve

- New Alcohol and Drugs Strategy to December HWB
- Telford A&D Forum to develop action plan to implement new strategy
- Implement local drug Alert System to communicate information about potential health harms from contaminated/extra strength batches
- Implement Real Time Surveillance System for drug related deaths
- Deliver “monkey dust” awareness training to 1200 front-line workers
- Hold the 10th annual Telford Recovery Conference

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

- Telford STaRS achieved Hepatitis C micro elimination among injecting drug users [Hepatitis C micro elimination](#)
- Successful treatment completion rates for opiates (7.64%) and alcohol (44.6%) are significantly higher than national average (4.9% and 35.1%)
- Local drug related death rate (9.3 per 100,000) remains lower than the national average (10.8 per 100,000)

Issues / challenges for HWB

- Ongoing risks to users and front-line workers from “monkey dust” (synthetic stimulant drug)
- Elevated risk of fatal overdoses from increasing use of synthetic opioids nationally

Inequalities Focus: Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan

Mental health and wellbeing: children and young people

Key Progress – against strategy / work plans

- Youth Social Prescribing – South East Telford PCN have commissioned 2 link workers through Telford MIND
- A Schools Wellbeing Charter Mark model, based on best practice from Sandwell, has been developed by our Educational Psychology Team
- A Year of Wellbeing Campaign for CYP is in development, supported by the Young People's Forum
- BeeU service improvement:
 - Crisis resolution home treatment team returned to 24/7
 - Childrens Place of Safety has opened at Redwoods
 - Referral process for Looked After Children has been reviewed and amended to improve access.

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Plans for next quarter – what we are hoping to achieve

- Further discussions with PCNs to expand the Youth Social Prescribing model
- Mental Health Summit Our Future in Mind will be hosted by the Youth Parliament on 10th October
- Start of the CYP Year of Wellbeing Campaign
- Engagement insight work with YP through focus groups and wider survey as part of the annual public health report 2023

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

- Over half of T&W [Primary schools are trauma informed](#) and are now able to provide extra support for social and emotional needs after receiving training from the Virtual School Team

Issues / challenges for HWB

- Inequity in Youth Social Prescribing provision as not all PCNs have Link Workers
- Lack of funding the Schools HWB Charter Mark programme
- BeeU re-commissioning - there has been a gap in ICB commissioning for C&YP MH

Inequalities Focus: children and young people who: have SEND, are looked after or care leavers, those who are NEET, and those who suffer multiple disadvantage and trauma

Mental health and wellbeing: adults

Key Progress – against strategy / work plans

- Improved relationships with housing / homelessness and substance misuse teams which improves outcomes and the experience for residents.
- Current focus on the physical health needs of those who experience poor mental health by the NHS.
- Recent establishment of place based MH Partnership Board which will oversee the development and implementation of the Strategy in due course.
- Calm Cafes operate 6 days a week.
- System work on the rehabilitation pathway will enable more people to be supported locally.
- Developing the number of supported accommodation options locally. Planning permission for one scheme awarded on 6th September – 14 flats.
- Completed recruitment to the mental health social care team which improves capacity.
- MH Alliance continues to meet and coordinate approaches to support those who find it challenging to engage in support.

Issues / challenges for HWB

- Increasing complexity across all service area, with significant increasing demand in the NHS.
- Budget pressures across the ICS

Plans for next quarter – what we are hoping to achieve

- Develop engagement plans for the MH Strategy – meeting scheduled with Senior Leadership on 20th September
- Development of an Expert Reference Group to sit alongside the Partnership Board and support the strategy development
- To improve the quality of commissioning information held about young people transitioning to adult services to inform future commissioning intentions
- Further development of accommodation for people with MH needs.

Improving Outcomes:

Mr S attended the Calm café presenting with chaotic behaviour, obsessional thoughts about harming / having harmed others and threats to harm himself. He had experienced a bereavement and had split from his partner. He was not eating well or looking after himself. On further exploration it was clear that his beliefs were driven by guilt that he could have done more to support a family member. He initially refused to go home, he wanted to be admitted to hospital. He refused to be referred to Crisis team.

Outcome: Mr S was supported by the partner involved in the Calm Café including A Better Tomorrow (ABT). He was given emotional and practical support, he was supported to collect his medication. Following several days of intensive support he was much calmer and he agreed to a referral to the Access Team for MH Assessment. Hospital Admission was avoided, risk was managed and Mr S was successfully supported to come out of a crisis with least restrictive support.

Inequalities Focus: adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs

Prevent, protect and detect early

Key Progress – against strategy / work plans

- **NHS Health Checks** - new GP contract agreed from April 2023, Public Health Nurse met all GP Practices to agree strategies to increase uptake
- **InHIP Innovation for Health Inequalities Community Hypertension Case-finding** 16 volunteers trained, further 22 recruited, through community events 288 BP checks have been completed with 6% of those requiring 7 day home monitoring, undertaken by the Health Improvement Coordinator.
- **Smoking:** Healthy Pregnancy Support service in maternity, treatment service for Mental Health Inpatients is now live, and service for acute inpatients remodelled from July 2023. Community programmes: Pharmacy Smoking Cessation Service and Council Healthy Lifestyles
- **Early cancer diagnosis:** Cancer champion volunteers working with Lingden Davies to deliver events, Breast screening service now recovered after covid, cancer equity profile being completed, targeted lung health checks working group established, All PCNs delivering the early cancer diagnosis enhanced service

Issues / challenges for HWB

- **NHS Health Checks** - there has been a shortage of Lipid tests due to a national production issue, but this is now resolving. Staff resources and space in GP Practices can affect the ability of a practice to carry out regular clinics
- **Smoking** - challenges engaging mental health inpatients to quit and challenges re NRT supply to patients post discharge and NRT funding in maternity
- **Early cancer diagnosis** – sustainability of cancer champions programme as short-term, pilot programme funded by NHSE

Plans for next quarter – what we are hoping to achieve

- **NHS Health Checks** - further training to improve quality of checks, improve behaviour change support through Healthy Lifestyle services.
- **Smoking:** review NHS service referrals to ensure 100% of identified smokers are offered treatment, further improve delivery through community pharmacies.
- **Early cancer diagnosis:** further breast awareness community event October, continuing roll out of bowel screening age extensions (age 50-60 & >58 year olds)
- **InHIP** Two pop up BP check sessions in target communities, BP training for health champions, identify champions from the Polish community

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

- **NHS Health Checks** - numbers of checks improving, point of care testing training for nurses, including HbA1c test added to identify diabetes risk
- **Smoking:** pharmacies engagement event held in June, referral pathway is now live – 10 STW pharmacies receiving referrals, a further 9 due to go live.
- **Early cancer diagnosis:** Breast cancer awareness event at Telford Ramada hotel by seldom heard voices May 2023, excellent work in south east Telford PCN video sent to non responders resulting 25% increase in cervical screening uptake amongst 25-year-olds, 100+ Cancer Champions recruited across STW with 69 healthcare and community organisations engaged to date.
- **InHIP** 28 year old BP test at Telford African and Afro-Caribbean Resource Centre Event at Hadley Learning Community, advised urgent GP appointment, now receiving medication making multiple lifestyle changes, saying this was the “wake up call” they needed.

Inequalities Focus: Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation, Cancer Champions recruited from range of diverse backgrounds including Ukrainian, Bulgarian, Hong Kong, Chinese, Iranian, Jordanian, Polish and Sikh communities and adults with learning disabilities, Health Champions representative of diverse communities, new NHS smoking treatment services for mental health inpatients

Integrated neighbourhood health and care: Start for Life Family Hubs focus

Key Progress – against strategy / work plans

- Successful launch (August 24th) of Phase 1 transformation Woodside and Sutton Hill Children Centres now Walnut and Silver Birch Family Hub in partnership with the two local community centres.
- CAB Baby Steps money advice set up and website launch in September.
- **Perinatal Mental Health and Parent Infant Relationships:** SeaChange successfully delivering, PODs recruited Perinatal and Infant Disability Support Worker, Caring Dads training completed, autumn term delivery.
- **Infant Feeding:** BFN successfully delivering peer support with two new groups Dawley and Sutton Hill launching Sept, BFN peer support at PRH, First Milk Matters course for professionals, breastfeeding books in libraries.
- **Parenting:** 20 practitioners trained in Triple P for Baby, telephone and peer support workshops happening, HomeStart Teenage Parent support group moved to Southwater, HomeStart starting Dads Squad in Wellington Sept, Families in Telford and HomeStart expanding 0-1 baby group offer, libraries extended bounce and rhyme and MoonBeams session
- **Home Learning Environment:** Two Early Years consultants trained to deliver early Years Talk Boost Pack, 72 Early Years practitioners accessed training,
- **Start for Life Offer:** 0-2s booklet launched in May remains popular and is handed out by professionals, currently being updated.
- **Parent and Carer Panels:** Dandelion Parents approach expanding, 3 qualified Dandelion parents now advocates for Social Care, sharing of our local best practice regionally and nationally.

Plans for next quarter – what we are hoping to achieve

- Phase 2 transformation with Family Hubs opening in Oakengates, Dawley and Hadley. Family Hub website domain name purchased TelfordFamilyHubs.co.uk, web design to design and signpost to offer, with links to LiveWell Telford.
- Eat Well Early Years project recruitment for autumn term delivery
- **Perinatal Mental Health and Parent Infant Relationship:** conference 4th December at Mercure with 3 key national speakers, Fatherhood Institute collaboration to look father friendly, roll out Caring Dads training to all partners, PNMH Social Prescribing tender award,
- **Start for Life Offer:** 0-2s booklet re-launched

Improving outcomes - data or brief case study/ story etc

“For me personally, taking part in the dandelion meetings has firstly given me hope that people in power want to listen and are willing to start making the change required ensuring better more positive outcomes for all families across the borough. It’s given me a far greater understanding of what the LA does and also why it does the things it does”

Being part of Dandelions has kind of opened up the future for me. By attending the meetings, working alongside services etc I’m gaining so much more experience than I would in paid work limited to just one role. And this makes me hopeful the experience I’m gaining now on top of the experience and qualifications I had already, will put me in a great position career wise when it is time.

Issues / challenges for HWB

- Ensuring training offers taken up across all Start for Life partners
- Maintain Dandelion membership in third year with introduction of new members.

Key Progress – against strategy / work plans

- Established a GP Board with representation from the Primary Care Networks (PCNs) Clinical Directors, ICB GP reps and the Local Medical Committee. The ICB Primary Care Team is part funding the GP Board. Has the mandate to represent the views of all 51 practices. Key forum to engage with General Practice on service redesign and pathway change.
- PCN Clinical and Estates Strategies nearing completion.
- PCNs allocated System Development Funding for transformation work including development and leadership capacity
- All 8 PCN Capacity and Access Improvement Plans have been signed off by the ICB. The aim is to improve patient ease and experience of accessing General Practice by March 2024.
- All 8 PCNs have submitted their Additional Roles Workforce Plans for 23/24 which aim to spend all this year's allocation of £12m.
- A team of GP leads has been recruited addressing six key areas of recruitment and retention support for local GPs from choosing General Practice as a career to those considering a career change/retirement
- Work started to develop better integration and increased strategic approach to the recruitment and subsequent training and development of the clinical PCN Additional Roles – i.e. First Contact Practitioners, Community Pharmacists, Physicians Associates, Paramedics etc.
- Primary care now present future needs scoping info for NHS commissioned programmes to the ICS People Team creating greater opportunity to connect the commissioning of education for STW future non-medical clinical workforce to the ICS annual system workforce planning process.
- Resource pack developed and shared with practices to ensure all have established and effective patient participation groups

Plans for next quarter – what we are hoping to achieve

- Appoint a GP Board Chair (2 year post)
- Establish a Primary Care Improvement and Transformation Board with GP access recovery and integration as core workstreams and to include the delegated pharmacy, optometry and dentistry.
- Produce a costed ICB General Practice Estates Strategy. Develop and complete a prioritisation process to support decision making on targeting the very limited ICB General Practice capital funding. Open discussions with the Council regarding optimising capital funding from housing developers for health infrastructure
- One day joint PCN Development Workshop
- Develop a System General Practice Access Improvement Plan and submit to Board with progress in November 2023
- The refreshed General Practitioner Strategy, detailing actions to attract, recruit and retain GPs in STW, is being developed and will be presented to ICB Strategy Committee in October
- Action plans in place with all practices who do not have a Patient Participation Group

Issues / challenges for HWB

- Capacity and readiness of PCNs/practices to actively engage in transformation
- Workforce recruitment and retention
- GP Access Recovery Plans will not solve the underlying capacity deficit in General Practice where demand continually outstrips supply. More appointments are provided now than before Covid.
- Lack of suitable estate to accommodate the required expansion of General Practice capacity. No source of NHS capital funding to expand the estate.
- Significant reduction in the number of GP Partners and the reluctance of newly-qualified GPs to take up this role

Inequalities focus: All 8 PCNs have nominated health inequalities leads and specific health inequality related projects in place for 2023/24. Health inequalities is one the priority criteria the Primary Care Team use to target practices requiring improvement support.

Green sustainable borough

Key Progress – against strategy / work plans

- **‘Green Spaces Are Go’** campaign launched in March to increase the use of parks and green open spaces for physical activity. Small grants fund £40k awarded to range of not-for-profit community and voluntary sector organisations to fund initiatives including ‘on the ground’ improvements, equipment, promotional materials, use of tech and/or events and activities.
- Adoption of **Climate Change Supplementary Planning Document** setting out design standards for new developments to deliver more energy efficient homes
- **Loan fund launched through Credit Union** to support households and landlords make energy improvements to properties
- Investment into **energy efficiency measures** to address fuel poverty
- **Local Cycling & Walking Infrastructure Plan** live from July 2022, Active Travel England funding £1.9m for a new Oakengates to Town Centre cycle path and delivered £800k improvements to the Silkin Way
- **Telford Bike Hub** – Bike hire and Learn 2 Ride sessions available to the general public, just completing a successful second season. Four cycle stations are now installed across the borough offering secure cycle storage
- **Bikeability and Road Safety Education** within schools continues.
- **Silkin Way Investment Plan** – 800k spent on range of infrastructure improvements including more benches and cycle parking.
- A New School Journey Pilot Project – project 4 local schools with high rate of travelling to school by car, focus on active travel and road safety education

Inequalities Focus:

- **Green Space are Go** targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities, groups receiving grant funding include PODS, Telford & Wrekin CVS, The Chinese Cultural Centre and African Caribbean Community Initiative.
- **Grants for energy efficiency measures** targeted to properties in some of the Borough’s most deprived neighbourhoods

Plans for next quarter – what we are hoping to achieve

- **‘Green Spaces Are Go’** - broad range of activities including cycling, ‘Parkour’, nature walks, practical conversation work, outdoor pursuits, orienteering; outdoor gym fitness sessions, Nordic Walking and Tai Chi will extend into next year, expected to reach 8000 people. A further £28k invested to develop new geocaching trails and bench to bench walks, walking interpretation materials, plus family and individual cycling sessions.
- Telford Climate Change Borough Partnership hosting the first partnership conference October 11 at the Park Lane Centre, Woodside, bringing together businesses, and community representatives to celebrate progress explore what more we can do together on our vision to meet net zero.
- Public **consultation on new Local Plan** seeking views on planning policies to increase provision of accessible greenspaces, well designed, energy efficient homes, & more sustainable forms of travel alongside sites for new development
- Consultation on new cycle route from Oakengates – Telford Centre, purchase new adaptive bike fleet for use for hire and training
- Ongoing promotion of active travel via @TravelTelford social media & corporate comms support

Improving outcomes - data or brief case study/ story etc

- **‘Green Spaces Are Go’** new webpages social media posts seen 220,000 times. <https://healthytelford.com/green-spaces-are-go>,

Economic opportunity

Key Progress – against strategy / work plans

Since the Cost of Living Strategy was approved in October 2022, the Council has:

- Frozen general council tax increases for the second consecutive year, the council has also given all households who receive council tax reduction benefits an additional discount of up to £100 to lower their bills further.
- Supported almost 10,000 (9,864) children who receive free school meals with extra supermarket vouchers to provide food during school holidays, as well as supermarket vouchers for over 3,500 (3,549) older residents too.
- Provided direct financial support to 20% more households than ever before, as well as an extra £144,000 through its discretionary support scheme.
- Worked with Citizens Advice Telford and Wrekin and Age UK to offer debt and money advice sessions around the borough, with particular focus on helping older residents access all of the benefits they are entitled to, resulting in an extra £1m of eligible benefits now being claimed.
- In response to the increasing demand for their help, provided more than £90,000 in additional funding to local food banks.
- Funded and launched the 'Work Express' bus service, linking key employment areas in the borough with key residential areas, with fares capped at £2 each way. In January alone, this route had almost 3,000 (2,921) users, with one passenger saving over £100 a week on alternative taxi travel.

Issues / challenges for HWB

- It is not known at this stage if the government funding that has been provided to support some of these schemes will continue beyond April 2024. In particular the Household Support Fund and the Council Tax Hardship discount funding.

Plans for next quarter – what we are hoping to achieve

- Supermarket vouchers for children during the school holidays and a one-off voucher to pensioners on the lowest incomes will continue until at least March 2024
- We are continuing to operate a variety of hardship schemes for residents who are struggling financially, with increased funding agreed until March 2024
- Plans are still to be developed regarding the additional support that may be offered to residents over the winter 2023/24 period.

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

The Council has provided grant funding to Age UK to enable them to expand their Older People's Benefits Advice Service in Telford & Wrekin. This has enabled them to maximise the benefit entitlement of older people in the Borough to an estimated value of over £1million. On average, each client supported with a benefits claim by Age UK has received £4,164 a year, and with most benefits awards being longer than a year, bringing significant revenue into the local community.

Case study from Age UK

Mrs D was beginning to struggle with caring for her husband, as well as with her own health. Mrs D was assessed to be eligible for Attendance Allowance and was offered assistance to claim by Age UK.

Two months later, Mrs D was awarded Attendance Allowance at the high rate. Age UK also used their expert knowledge to help Mr & Mrs D with their Pension Credit claim.

Mrs D said:

"This outcome is absolutely amazing, I can't thank your Benefits Officer enough for her knowledge and support, the information we received was excellent throughout."

Housing and homelessness

Key Progress – against strategy / work plans

- Working with partners to provide support to clients presenting as homeless
- Developing Personalised Housing Plans for clients setting out clear expectations and commitments
- Established a Landlord and Tenant support programme
- Continuing to invest in more homes for private rent including affordable and specialist via Nuplace and Telford & Wrekin Homes
- Working with Housing Associations to increase successful nominations into social housing
- Using data on housing needs across adult and children's services shaping the development market to deliver more specialist and adapted accommodation including supported accommodation, extracare and provision for care leavers
- Maintaining daily multi-agency Rough Sleeping Task Force
- Working with MPFT via dedicated Mental Health Nurse to provide rapid mental health support for rough sleepers.
- Ensuring data is captured to be used to improve interventions.
- Developing work with children's services to ensure young people at risk of homelessness are identified and supported as early as possible.

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

- Since April we have prevented 149 applicants from becoming homeless
- Since April we have relieved 237 applicants from becoming homeless.
- Successfully housed 410 homeless families/individuals into social housing
- Nuplace set to deliver 780 new private rented homes

Plans for next quarter – what we are hoping to achieve

- Reviewing our website regarding homelessness advice and support
- Establish a Homelessness Forum with shared responsibility for delivering the Homelessness Strategy.
- Work with partners to manage customer expectations about the type, size and location of housing they may be offered
- Continue to work with developers and housing association partners to ensure that new properties reflect all housing needs.

Issues / challenges for HWB

- Increasing numbers of clients including families presenting to services
- More complex clients with challenging behaviours who require multi agency response and support and impact on communities
- Shortage of affordable larger accommodation reflecting increase in larger families presenting as homeless
- Shortage of one bedroom self contained affordable properties for single clients

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Borough of Telford and Wrekin
Health & Wellbeing Board
Thursday 28th September 2023
Health & Wellbeing Board Performance

Cabinet Member:	Cllr Kelly Middleton: Cabinet member for Healthy, Safer and Stronger Communities and Partnerships
Lead Director:	Liz Noakes: Director: Health & Wellbeing
Service Area:	Health and Wellbeing
Report Author:	Helen Potter – Insight Manager, Telford & Wrekin Council
Officer Contact Details:	Tel: 01952 381118 Email: helen.potter@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health and Wellbeing Board – 28 September 2023

1 Recommendations for decision/noting:

That the Health and Wellbeing Board:

- a) agree the performance framework;
- b) note the current position regarding performance against the strategy priorities;
- c) agree to receiving an update on these performance metrics every 6 months.

2 Purpose of Report

2.1 The purpose of this report is to provide the Health and Wellbeing Board with a new performance framework to monitor the delivery of the Health and Wellbeing Strategy. The report also presents the current position against these measures for the borough. This report compliments the Strategy Delivery Progress Report.

3 Background

3.1 Following publication of the Health and Wellbeing Strategy, this report contains the high level outcome measures for each priority. An update will be provided to the board every 6 months.

4 Summary of main proposals

4.1 This section outlines each of the Health & Wellbeing Strategy priorities and the outcome measures identified for these, along with current performance for these.

4.2 Improve life expectancy and healthy life expectancy at birth and at 65

Indicator	Period	T&W Value	England Value	Compared to England		Peer Group Rank*
Life expectancy at birth (male)**	2021	78.3	78.7	similar	●	3/16
Life expectancy at birth (female)**	2021	82.2	82.8	similar	●	3/16
Healthy life expectancy at birth (male)	2018-20	57.6	63.1	worse	●	13/16
Healthy life expectancy at birth (female)	2018-20	60.3	63.9	worse	●	8/16
Life expectancy at 65 (male)**	2021	17.8	18.4	worse	●	8/16
Life expectancy at 65 (female)**	2021	20.1	21.0	worse	●	6/16
Healthy life expectancy at 65 (male)	2018-20	8.7	10.5	worse	●	9/16
Healthy life expectancy at 65 (female)	2018-20	9.5	11.3	worse	●	9/16

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

** 1-year range.

Life Expectancy at Birth

Average life expectancy at birth for men in the borough was 78.3 years in 2021, compared to 78.7 years for England. Compared with women in the borough, men live 4.5 years fewer on average. The trend over time showed male life expectancy increasing between 2001-03 and 2012-14, however since that point the increase has stalled.

Average life expectancy at birth for women in Telford and Wrekin was 82.2 years in 2021, compared to 82.8 years for England. Compared with men in the borough, women live 4.5 years longer on average. The trend over time showed life expectancy for women increasing between 2001-03 and 2014-16, however since that point the increase has stalled.

Healthy Life Expectancy at Birth

Healthy life expectancy for men was 57.6 years in 2018-20, worse than the England average (63.1) and 2.7 years fewer than women in the borough. The trend in healthy life expectancy has worsened by 4.2 years from a peak of 61.8 years in 2014-16.

Healthy life expectancy for women was 60.3 years in 2018-20, worse than the England average (63.9) but 2.7 years longer than men in the borough. Healthy life expectancy

in 2018-20 was 1.4 years greater than in 2009-11 but had decline by 2.2 years from 2017-19.

Life Expectancy at 65

Average life expectancy at age 65 for men in the borough was 17.8 years in 2021, compared to 18.4 years for England. Compared with women in the borough, men at 65 will live for 2.3 years fewer on average. The trend over time showed male life expectancy at 65 increasing up to 2017-19, however since that it has reduced.

Average life expectancy at age 65 for women in Telford and Wrekin was 20.1 years in 2021, compared to 21.0 years for England. Compared with men in the borough, women live 2.3 years longer on average at the age of 65. The trend over time showed life expectancy at 65 for women increasing year on year between 2001-03 and 2009-11 however since that point the increase has stalled.

Healthy Life Expectancy at 65

Healthy life expectancy at 65 for men was 8.7 years in 2018-20, worse than the England average (10.5) and 0.8 years fewer than women in the borough. The trend in healthy life expectancy at 65 has worsened by 1.6 years from a peak of 10.3 years in 2014-16.

Healthy life expectancy for women at 65 was 9.5 years in 2018-20, worse than the England average (63.9) and 0.8 years longer than men in the borough. Healthy life expectancy at 65 in 2018-20 was 0.7 years greater than in 2013-15 but had shown a decline of 1.0 years from 2017-19.

4.3 Narrow the gap in life expectancy

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Inequality in life expectancy at birth (male)	2018-20	8.8	9.7	n/a	1/16
Inequality in life expectancy at birth (female)	2018-20	6.4	7.9	n/a	1/16

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

Inequality in male life expectancy was 8.8 years in 2018-20. Although this has reduced in recent years it remains 2.1 years greater than 2012-14 when it was 6.7 years.

Inequality in female life expectancy was 6.4 years in 2018-20. Although this has reduced from 8.7 years in 2016-18 it remains 2.6 years greater than its lowest point in 2010-12.

4.4 Healthy weight

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Prevalence of overweight (including obesity) – Reception	2021/22	27.3%	22.3%	Worse ●	15/16
Prevalence of overweight (including obesity) – Year 6	2021/22	40.8%	37.8%	Worse ●	7/16

Percentage of adults (18+) classified as overweight or obese	2021/22	71.4%	63.8%	Worse	●	11/16
Percentage of adults (16+) meeting the '5-a-day' fruit and veg consumption recommendation	2021/22	26.1%	32.5%	Worse	●	7/16
Percentage of physically active adults	2021/22	64.2%	67.3%	Similar	●	
Percentage of physically inactive adults	2021/22	26.8%	22.3%	Worse	●	8/16

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

27.3% of children in reception were overweight (including obesity) in 2021/22, higher than the England average of 22.3%. Of those children in year 6 in 2021/22, 40.8% were overweight (including obesity), above the national average of 37.8%. The proportion of children in year 6 who are overweight is increasing, both locally and nationally.

The estimated proportion of adults who are overweight or obese is 71.4%, worse than the national average of 63.8%. This has remained at a similar rate for the past 4 years.

26.8% of adults were estimated to be physically inactive adults in 2021/22, a higher rate than England (22.3%) and is increasing. The percentage of adults estimated to be physically active (at least 150 minutes moderate intensity exercise in bouts of 10 minutes or more in the previous 28 days), at 64.2%, is similar to the national rate (67.3%).

4.5 Alcohol, drugs and domestic abuse

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
drug related deaths (ONS) per 100,000	2018-20	4.6	5.0	Similar	●
- directly caused alcohol mortality per 100,000	2021	16.9	13.9	Similar	●
- successful completions for opiates	2022	7.6%	5.0%	Better	●
- successful completions for alcohol	2022	44.6%	35.1%	Better	●
Admission episodes for alcohol related conditions	2021/22	546	494	Worse	●
Drug admissions	2021/22	43.0	42.9	Similar	●

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

There were 24 deaths from drug misuse in Telford and Wrekin between 2018 and 2020. This was an increase from 16 deaths between 2017 and 2019 and equates to a rate of 4.6 per 100,000, similar to the England average of 5.0.

Latest data shows that there were 31 alcohol specific deaths in Telford and Wrekin in 2021. This equates to a rate of 16.9 per 100,000 and is similar to the England average of 13.9.

7.6% of clients in treatment for opiates successfully completed treatment in 2022. This was better than the England average of 5.0%.

44.6% of clients in treatment for alcohol successfully completed treatment in 2022. This was a reduction from 50.3% in 2021 but remains better than the England average of 35.1%.

Admissions to hospital for alcohol related conditions in 2021/22, at 546 per 100,000, was worse than the national rate of 494. Admissions to hospital for drug related conditions is similar to the national average and improving.

We will also be developing outcome indicators for domestic abuse over time.

4.6 Economic Opportunity

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Proportion of children in relative low income families	2021/22	23.9	19.9	Worse ●	n/a
% households in fuel poverty	2021	14.9	13.1	2 nd worst quintile in England	n/a
% households on universal credit**	May 2023	20.3	18.3	Higher (worse) than England average	n/a
% households claiming housing benefit**	May 2023	10.0	8.4	Higher (worse) than England average	n/a
% people claiming unemployment benefits	July 2023	3.5	3.8	Lower (better) than England average	n/a

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

** denominator is taken from 2021 households to calculate a local rate

There was a significantly higher proportion of children living in relative low income families in 2021/22, with a rate of 23.9% compared to 19.9% nationally. This equated to around 8,800 children under 16.

In 2021 around 14.9% of households in the borough were in fuel poverty, higher than the England average of 13.1. This rate was in the 2nd worst quintile when compared to rates for other Local Authorities.

The proportion of households in the borough claiming universal credit, at 20.3% in May 2021, was higher than the national average of 18.3%. Similarly, a higher proportion of households in the borough were claiming housing benefit (10.0%) than nationally (8.4%). This equates to around 15,900 households claiming universal credit and 7,800 claiming housing benefit.

In July 2023, 3.5% of people in the borough were claiming unemployment benefits, a lower (better) rate than England (3.8%)

4.7 Housing and Homelessness

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Percentage of households in temporary accommodation	Q2 2022/23	0.79	4.16	Lower (better) than England average	5/16
Percentage of prevention and relief duties owed that ended in accommodation secured	Q2 2022/23	60.2	41.8	Higher (better) than England average	n/a
Number of rough sleepers (snapshot)	Autumn 2022	4	n/a	n/a	n/a

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

The percentage of households in temporary accommodation, at 0.79%, is notably lower (better) than the national average of 4.16, and has remained low for a number of years.

There is also notably better than national performance on the percentage of prevention and relief duties owed where accommodation was successfully secured, at 62.2% compared to the national average of 41.8%.

The rise in homelessness presentations which is being seen locally (and nationally) is anticipated to lead to an increase in pressure on temporary accommodation.

It was estimated that the number of people sleeping rough on a single night in autumn 2022 in the borough was 4. This is a decrease from an estimated 20 in 2019.

4.8 Mental Health & Wellbeing

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Hospital admissions as a result of self-harm (10-24 yrs)	2021/22	413.9	427.3	Similar ●	
People with a high anxiety score	2020/21	23.6%	22.6%	Similar ●	
People with a low happiness score	2020/21	7.9%	8.4%	Similar ●	
Premature mortality in adults with severe mental illness	2018-20	134.4	103.6	Worse ●	
Proportion of Learning disability population who have had a health check	Local data to be reported in final dashboard				
Proportion of SMI population who have had a health check	Local data to be reported in final dashboard				

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

The hospital admission rate for young people aged 10-24 as a result of self-harm, at 413.9 per 100,000, was similar to the national rate (427.3). This equates to around 140 young people in 2021/22.

The self-reported wellbeing measures collected in the Annual Population Survey estimate that around 23.6% of people in the borough report having a high anxiety score (22.6% England) and 7.9% of people report having a low happiness score (8.4% England) - both these are similar to the national rates.

Premature mortality rates for people with a severe mental illness in the borough were significantly worse than national rates in 2018-20.

4.9 Protect, prevent and detect early

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Smoking prevalence in adults (18+)	2021	13.7	13.0	Similar ●	8/16
Smoking prevalence in adults in routine and manual occupations	2020	28.2	24.7	Similar ●	
Proportion of people receiving an NHS Health Check	Q1 2018/19 to Q4 22/23	13.6	27.4	Worse ●	16/16
Percentage of cancers diagnosed at stages 1 and 2	2020	53.6	52.3	Similar ●	3/16
Under 75 mortality rate from cardiovascular diseases considered preventable	2021	38.4	30.2	Similar ●	
Under 75 mortality rate from cancer considered preventable	2021	46.0	50.1	Similar ●	
Under 75 mortality rate from causes considered preventable	2021	190.7	183.2	Similar ●	

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

The proportion of people who smoke in the adult population (13.7%), and those who smoke who are in routine and manual occupations (28.2%), are both similar to the national rates (13.0% and 24.7%).

The proportion of people in the borough who receive an NHS Health check, at 13.6% (cumulative rate from Q1 2018/19 to Q4 2022/23) is worse than the national rate (27.4%).

The percentage of cancers diagnosed at stage 1 and stage 2, at as 2020, was 53.6%, similar to the national average of 52.3%.

The under 75 mortality rate for cardiovascular diseases considered preventable (38.4), cancers considered preventable (46.0) and causes considered preventable (190.7) were all similar to the national rates for 2021 (30.2, 50.1 and 183.2 respectively).

4.10 Integrated neighbourhood health and care

Best Start in Life:

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Breastfeeding at 6-8 weeks**					
Smoking at the Time of Delivery	2021/22	12.0%	9.1%	Worse ●	

Achieving a good level of development at aged 2 – 2½	2021/22	66.2%	81.1%	Worse	●	11/14
Achieving a good level of development at the end of Reception	2021/22	64.5%	65.2%	Lower than average		6/16

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

**data not currently available

Breastfeeding rates, smoking at the time of delivery and good level of development indicators are the indicators monitored by the Best Start in Life Board (note they also monitor measures regarding excess weight and mental health covered in other parts of this report)

The proportion of mothers in the borough who are smoking at the time of delivery, at 12.0%, was significantly higher than the national average of 9.1% in 2021/22.

The proportion of children aged 2-2½ who achieve a good level of development in the Ages and Stages (ASQ3) questionnaires, at 66.2% in 2021/22, was worse than the national average of 81.1%. At aged 5 (Reception year of school), the proportion of children who achieved a good level of development, at 64.5%, was below the national average of 65.2%.

GP Access

Indicator	Period	T&W Value	commentary															
Number of GP Appointments	July 2023	68,459	July 2023 in T&W there were 68,459 appointments seen in total compared to pre covid July 2019 being 55,935 and the July during Covid there were 48,207															
% of face-to-face appointments	July 2023	67%	67% of these appointments (41,075) were seen face to face															
% of appointments same day, no of appointments within 2 weeks	July 2023		45% (30,806) of all appointments were seen within a day and 85% (58,190) within 2 weeks. This is compared to 44% and 83% respectively on a National level															
% of remote consultations	July 2023	24%	24% of appointments (16,430) were remote															
Number of patients signed up and using the NHS app to access their records	July 2023	53,143																
No of PCN additional roles recruited vs plan			<table border="1"> <thead> <tr> <th>PCN</th> <th>No. of staff (wte) claimed for under the ARRS in July 23</th> <th>Target for no. of staff (wte) in post @ 31/3/24</th> </tr> </thead> <tbody> <tr> <td>Newport & Central</td> <td>21</td> <td>28</td> </tr> <tr> <td>SE Telford</td> <td>22</td> <td>19</td> </tr> <tr> <td>Teldoc</td> <td>15</td> <td>27</td> </tr> <tr> <td>Wrekin</td> <td>17</td> <td>14</td> </tr> </tbody> </table>	PCN	No. of staff (wte) claimed for under the ARRS in July 23	Target for no. of staff (wte) in post @ 31/3/24	Newport & Central	21	28	SE Telford	22	19	Teldoc	15	27	Wrekin	17	14
PCN	No. of staff (wte) claimed for under the ARRS in July 23	Target for no. of staff (wte) in post @ 31/3/24																
Newport & Central	21	28																
SE Telford	22	19																
Teldoc	15	27																
Wrekin	17	14																
Referral rate per 1,000 practice population from General Practice to the community pharmacy consultation scheme	July 2023	2.28	Current rate is around 2.28 referrals per 1000 population for T&W															

Local Care Transformation

A set of place based metrics with respect to neighbourhood working will be developed as part of the Local Care Transformation Partnership work.

4.11 Green and sustainable borough

Indicator	Period	T&W Value	England Value	Compared to England	Peer Group Rank*
Air Pollution: Concentration of fine particulate matter (PM 2.5)	2020/21	6.0	7.5	Lower 	
Access to Green Space (average pop per park or public garden or playing field)	2020	3,864	9,077	Higher (better)	
Percentage of adults walking for travel at least three days per week	2019/20	8.6%	15.1%	Worse 	
Percentage of adults cycling for travel at least three days per week	2019/20	0.9%	2.3%	Worse 	

* T&W position compared to its 15 CIPFA nearest neighbour authorities, where 1 is best performing

Telford and Wrekin has lower (better) levels of air pollution than seen nationally. The concentration of fine particulate matter (PM 2.5), at 6.0, is lower than the national level of 7.5.

The residents of the borough also have notably higher levels of access to green space than nationally, with an average population of 3,864 per park, public garden or playing field compared to a national average of 9,077 people.

Residents of the borough have lower levels of 'active travel' than seen nationally in the latest publish (pre-pandemic) 2019/20 data. 8.6% of adults walked for travel and 0.9% cycled for travel at least three days per week, compared to 15.1% and 2.3% nationally.

5 Alternative Options

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

6 Key Risks

6.1 Not Applicable

7 Council Priorities

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

8 Financial Implications

8.1 There are no direct financial implications arising from the recommendations within this report.

9 Legal and HR Implications

9.1 There are no legal implications directly arising from this report.

10 Ward Implications

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

11 Health, Social and Economic Implications

11.1 The measures in the Health and Wellbeing performance framework reflect the health, social and economic needs of the population and the changes over time.

12 Equality and Diversity Implications

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

13 Climate Change and Environmental Implications

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

14 Background Papers

14.1 Not Applicable

15 Appendices

15.1 Not Applicable

16 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	14/09/2023	18/09/2023	LN
Legal	14/09/2023	20/09/2023	RP
Finance	14/09/2023	19/09/2023	TS

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Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 28 September 2023

Telford & Wrekin Suicide Prevention Strategy 2023/24 – 2027/28

Cabinet Member:	Cllr Kelly Middleton - Cabinet Member: Healthy, Safer & Stronger Communities & Partnerships
Lead Director:	Liz Noakes - Director: Health & Wellbeing
Service Area:	Health & Wellbeing
Report Author:	Helen Onions – Consultant in Public Health
Officer Contact Details:	Tel: 01952 388908 Email: helen.onions@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not-Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health and Wellbeing Board – 28 September 2023

1.0 Recommendations for decision/noting:

The Health and Wellbeing Board are asked to:

- 1.1 approve the refreshed Telford & Wrekin Suicide Prevention Strategy for 2023/24 – 2027/28.

2.0 Purpose of Report

- 2.1 This report introduces our refreshed suicide prevention strategy, which reframes our approach to partnership work to reduce and prevent suicide and the impact it has on our residents.

3.0 Background

- 3.1 Every life lost to suicide is a tragedy, which leaves devastating impacts on family, friends and communities. There are sadly on average 17 cases of suicide in

Telford & Wrekin each year and these tragic cases have a significant impact on individuals, families and communities. National research highlights that:

- Suicide is now the main cause of death among young people aged 20 to 34 years in the UK.
- Men are at a significantly higher risk, with 3 out of 4 suicides being completed by men, and suicide is the leading cause of premature mortality in men under 50.
- Autistic adults are nine times more likely to die by suicide than the general population and suicide is the second leading cause of death for autistic people.
- 1 in 8 LGBTQ+ people aged 18 to 24 years have attempted to take their own life and almost half of all trans people have thought about taking their life.
- People bereaved by suicide are at three times the risk of making a suicide attempt themselves.
- Suicide remains the leading cause of direct maternal death in the first postnatal year.
- It is estimated that for every person who dies as a result of suicide at least 115 people are affected.

3.2 People's occupations are known to impact on their suicide risk and those seen at the greatest risk are:

- Doctors, dentists, nurses, vets and agricultural workers such as farmers
- Males in the lowest skilled occupations, labourers and construction roles
- Males in skilled trades, including building finishing trades, plasterers, painters and decorators
- People working in culture, media and sport occupations, artistic, literary and media occupations
- Females working in a health professional role, particularly female nurses
- Carers

3.3 There are other factors which affect people's lives which put them at greater risk of suicide, these include those individuals:

- with a history of mental health problems and contact with mental health services within the past 12 months
- affected by domestic abuse and alcohol and drug use
- impacted by economic adversity, serious financial problems, workplace problems or homelessness

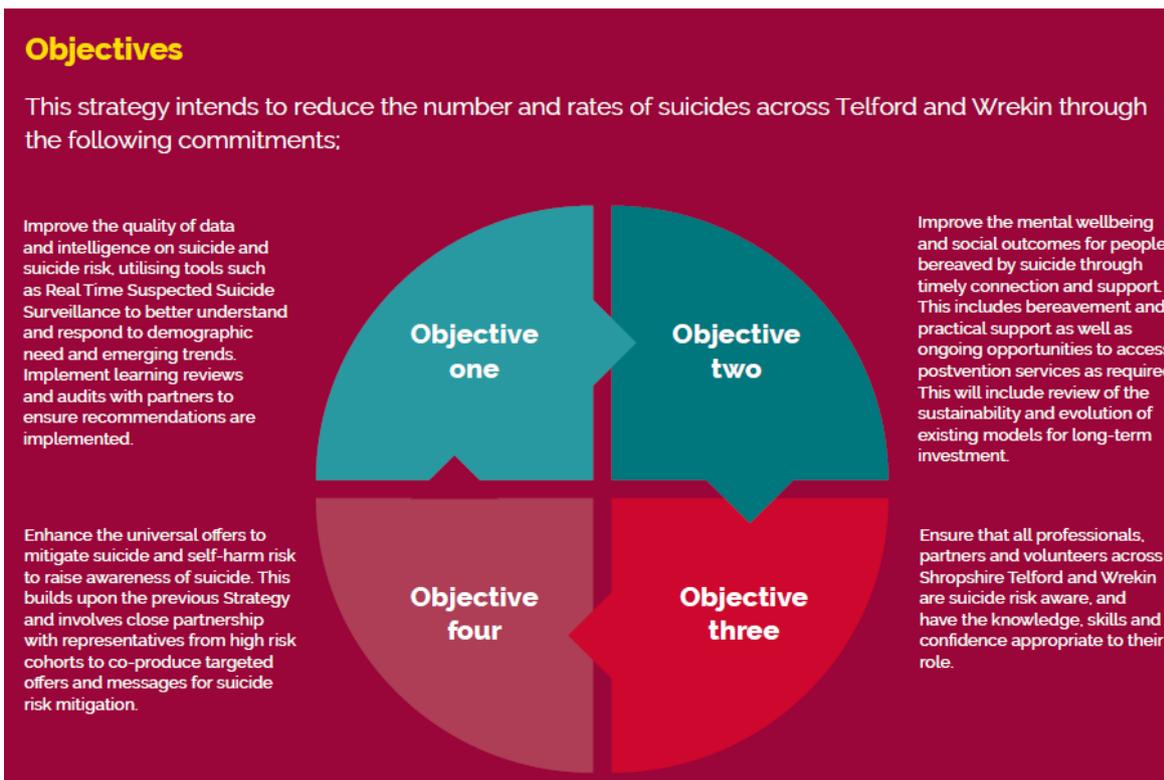
3.4 Local collaborative action is critical to preventing suicide, and strong multiagency and partnership working and excellent local leadership are required to develop and deliver robust suicide prevention plans which are specific and tailored for our population. This refreshed strategy builds upon the foundations laid in our first strategy launched in 2017, which has been led by a multi-agency network of people with lived experience, carers, volunteers and professionals. The strong

ethos of the local suicide prevention network is a zero suicide mindset and vision that we can prevent the preventable.

- 3.5 Our plan has been refreshed in line with what we expect to be included in the updated national suicide prevention strategy, which is scheduled for publication by the end of 2023.

4.0 Summary of main proposals

- 4.1 Much progress has been made since 2017 on this agenda under the previous strategy, including the following:
- Launch of the new Shropshire Telford & Wrekin Suicide and Unexpected Death Bereavement Service in January 2021, delivered with support by the voluntary sector
 - Investment in and roll out of dedicated training on suicide risk and interventions to increase the confidence, knowledge and skills for the workforce and community who are most likely to connect with higher risk groups as part of their usual job or role.
 - The promotion of the Zero Suicide Alliance free online training offer which is now built into mandatory training for many health and social care staff.
 - Investment in the Real Time Suicide Surveillance system to identify suspected suicides, to promote a quicker response, assist in learning for planning interventions.
 - Ongoing awareness events and campaigns to promote support available for suicide risk and to tackle stigma, for example the successful events held in Southwater for World Suicide Prevention Day – most recent 9th September 2023.
 - Prior to the pandemic, strong engagement for the annual Suicide Prevention Conference, including thematic workshops around risk with children and young people, connecting with high risk groups and service mapping offers that can support mitigation of suicide risk.
- 4.2 The core principles from our previous Strategy have been retained, and these focus on:
- addressing the myths and stigma of suicide, as well as raising awareness of suicide risk across our communities
 - improving access to timely and appropriate support for anyone affected or bereaved by suicide
 - ensuring those most likely to connect with higher risk and vulnerable groups of suicide, have the right skills and confidence to appropriately intervene or signpost to early support in a compassionate manner.
- 4.3 The vision shared across the Shropshire, Telford & Wrekin Suicide Prevention Network is that we will significantly reduce the number of people who take their own life.



The priorities of the Strategy are:

- Targeted offers for higher risk groups (as identified by national evidence).
- Improve opportunities and accessibility to address wellbeing concerns and avoidable health inequalities across the whole population.
- Enhance research, data collection and monitoring.
- Continue to develop the suicide bereavement service and postvention offers for anyone impacted by a suicide or possible suicide death.
- Increase reach of suicide risk awareness and appropriate skills for intervention.

4.4 In terms of the wider strategic context, suicide prevention is identified in the Telford & Wrekin Health & Wellbeing Strategy 2023 – 2027, under the mental health and wellbeing priority. There continues to be close partnership working on the agenda between Shropshire Council and local NHS partners, alongside wider network partners. Suicide prevention is a priority for the NHS and it is referenced in the Shropshire Telford and Wrekin Integrated Care System Joint Forward Plan.

5.0 Alternative Options

5.1 The Council could decide not to refresh its strategy, however for the reasons set out in this report, it would appear sensible to do so.

6.0 Key Risks

6.1 The ongoing impact of the pandemic and the cost of living crisis significantly affecting mental health health in our communities, highlighting the importance of partnership working to strengthen activities to prevent suicide.

7.0 Council Priorities

7.1 The proposals in this report support and further the following Council objectives:

- Every child, young person and adult lives well in their community
- All neighbourhoods are a great place to live
- A community focused innovative council providing effective, efficient and quality services.

8.0 Financial Implications

8.1 Currently Government funding to local areas for suicide prevention is allocated by NHS England to Integrated Care Boards (ICBs). The Shropshire, Telford & Wrekin ICB suicide prevention budget has been devolved to Telford & Wrekin Council.

8.2. Funding to support the Suicide Prevention strategy has been received from NHS over the last 4 years, the latest amount being £25,000 in 2023/24. There is sufficient funding available to deliver the proposals of this report to March 2025. No substantive funding to support this strategy has currently been confirmed by NHS England beyond 31st March 2024.

9.0 Legal and HR Implications

9.1 There are no direct legal or HR implications arising from this report. Legal advice will be provided on an ongoing basis as and when required.

10.0 Ward Implications

10.1 All Wards affected

11.0 Health, Social and Economic Implications

11.1 Around 5,200 lives lost to suicide every year in England and every one of these deaths leaves behind family, friends, colleagues and communities shattered by the loss. Each suicide is estimated to cost £1.7million with much of this cost relating to the emotional impact on families and on society. Nationally the cost of suicide is almost £10 billion a year. The annual average financial cost of suicide for Telford and Wrekin local authority is estimated to be £30.0 million per year.

12.0 Equality and Diversity Implications

12.1 The groups of people at higher risk of suicide are highlighted in the Strategy. This includes people with protected characteristics under the Equality Act 2010, for example: people who have been pregnant and people who are LGBTQ+. One of the priorities of the strategy is to develop targeted offers for higher risk groups.

13.0 Climate Change and Environmental Implications

13.1 No direct implications

14.0 Background Papers

None

15.0 Appendices

A Preventing the Preventable - Telford & Wrekin Suicide Prevention Strategy 2023/24 – 2027/28 Draft

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	08/09/2023	13/09/2023	LN
Legal	08/09/2023	19/09/2023	RP
Finance	08/09/2023	19/09/2023	TS



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Preventing the preventable

Telford & Wrekin
Suicide Prevention Strategy
2023-2028

Alcoholics Anonymous
0845 769 755

CALM
Campaign Against Living
Miserably
www.thecalmzone.net

Carers UK
0808 808 7777 Provides help
and advice
Citizens Advice Bureau
www.citizensadvice.org.uk

Combat Stress
0800 138 1619
For service personnel,
serving & former

Cruse Bereavement care
www.cruse.org.uk
0844 477 9400

Gamblers Anonymous
www.gamblersanonymous.org.uk

Gingerbread
0808 802 0925 Help &
advice for single parents

HOPElineUK
www.papyrus-uk.org
Help & advice for children
& young people

Lesbian & Gay switchboard
0300 330 0630

Narcotics Anonymous
0300 999 121

National Debtline
0808 808 4000
Charity offering independent
debt advice

Refugee Action
0808 8000 630
Provides advice &
Information

Relate
0300 100 1234
Counselling for couples
and individuals

Shelter
0300 330 1234
Advice and information
for the homeless

SAMARITANS
Freephone
116 123

The Big White Wall
www.bigwhitewall.com
Network for emotional health

The Silver Line
0800 4 70 80 90
Info, friendship,
advice for older people

Y.A.N.A You Are Not Alone
0300 323 0400
Info & support for farmers

Letter of Hope

This Letter of Hope was written by people from Telford, who wish to offer help and hope to those who are thinking about suicide.

Feeling Suicidal?

The 3 Step Plan

1. Ring the SAMARITANS on Freephone 116 123 for immediate help and support
2. Make an urgent same day appointment with your GP or go to A&E
3. Tell a trusted person or friend who can help and support you

Dear Friend,

We are a group of people from Telford who are writing this Letter of Hope to you because we care about you and what happens in your life. We do not know you, you do not know us, but we care.

We care because, like you, we were struggling to stay alive. We attempted suicide. We went to A&E, were referred to the Crisis Team, or admitted to hospital after attempting suicide and we have survived. We have done more than survive; we have found the courage to live again. So please, if you are ever in such a dark and desolate place that you feel like taking your own life, this letter has been written to ask you to hold on. Give yourself time.

We understand pain, especially emotional pain, which often others don't.

Emotional pain hurts so much. It is that pain, along with loss, that brought us to suicide and to hospital. Later we learnt that it was not death we wanted, but to end the terrible thoughts, feelings and pain we were experiencing. Because of the experiences we have been through, we came together to write to you offering Hope.

We survived. We want you to get through this too.

We won't pretend to know exactly what you are feeling, because your feelings are uniquely your own. It is okay to feel the way you do. You are not weak, selfish, or crazy

You are not beyond help.

Please believe in yourself, in what tomorrow might bring. Believe that you can get through this moment. Allow hope into your life. None of us claims that it is easy. It can be challenging. But however hard things get, life offers possibilities that you may have forgotten exist or have never even dreamed of.

There can be a time in the future when something makes you smile, sunshine brings you comfort, when the day ahead is so much better than today.

Please give yourself time.

We ask you to remember to seek help before life gets too painful. Ask for the help you need. You are not alone. Talk to a trusted friend, see your GP, contact a support group, talk to the Samaritans on Freephone 116 123 or another National Helpline, many of which are listed on the back of this letter.

By talking things over a great sense of pressure is released; it becomes possible to feel better and for your problems to seem smaller and more manageable.

Please remember, if you ever feel suicidal, ask for help. Be clear to the person you speak with. Use words like: I can't cope, I feel bad, I feel out of control, or I feel crazy. Tell people it's so painful I want to die, or simply, please help me.

We could write so much more to you, a long, long letter; in fact we did; we all did from our different perspectives and from our hearts, and it was those letters that led us to what is important, to the message in this letter to you.

Please keep this letter, though we hope that you will never need it again. We also hope that you can find someone or something to believe in. That can make all the difference.

We have lived and we have loved again. We believe you can too.

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Partners



Listening to voices of people with live experience



Midlands Partnership University
NHS Foundation Trust



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Foreword

Every life lost to suicide is an enormous tragedy, which leaves devastating impacts on family, friends and communities.

Given the wide range of influences on suicide we need to take an approach that builds prevention across all parts of our society.

This strategy sets out to do that with and action plan co-produced by stakeholders, partners, the suicide prevention action group/network and people personally affected by suicide to drive change by increasing suicide risk awareness and skills for intervention.

By enhancing research ,data collection and monitoring and continuing to develop an offer bereavement services and postvention support, always working to keep people mentally well and aware of support available.



Cllr Kelly Middleton

Healthy, Safer and Stronger Communities and Partnerships, Lead Public Health, Mental Health and Domestic Violence

Executive summary

Suicide prevention is a priority for Telford and Wrekin and is included in the Health & Wellbeing Strategy 2023-2027. There is close partnership working on this agenda between Shropshire Council and local NHS partners. Suicide Prevention is a priority for the Shropshire Telford and Wrekin Integrated Care System (the partnership responsible for transforming health and care). The Shropshire Telford and Wrekin Suicide Prevention Network is the partnership which oversees progress on the suicide prevention agenda and this includes representation from both local authorities, the local NHS and health partners, emergency and blue light services (including the police and fire service), a wide range of community and voluntary sector organisation and crucially and experts by experience.

With around 5,200 lives lost to suicide every year in England (ONS 2020), suicide prevention should be a priority locally and nationally. Every one of these deaths leaves behind family, friends and communities shattered by the loss. It is unthinkable that on average 12 people a day get to the point where they feel they have no other choice but to take their own life.

Whilst there is much activity happening nationally to help prevent suicide, local action is critical to save lives and this requires strong multiagency groups, partnership working and excellent local leadership to develop and deliver robust suicide

prevention plans specific and tailored for the local population.

This strategy, which has been led by the multi-agency network of people with lived experience, carers, volunteers and professionals, builds upon the foundations laid by the first Suicide Prevention Strategy launched in 2017.

Our core principles from the 2017 Strategy continue to focus on:

- addressing the myths and stigma of suicide as well as raising awareness of suicide risk across our communities;
- improving access to timely and appropriate support for anyone affected or bereaved by suicide;
- ensuring those most likely to connect with higher risk and vulnerable groups of suicide, have the right skills and confidence to appropriately intervene or signpost to early support in a compassionate manner.

Although much has been achieved since 2017, including the launch of a real time suspected suicide surveillance system, suicide bereavement service and a new survivors of bereavement by suicide peer led support group, there is still much to be done. This includes evolution of our existing offers and universal resources, as well as ensuring greater focus on targeted prevention

approaches for people at higher risk and those bereaved by suicide.

We recognise that people are now facing a wide range of challenges and pressures, including the impact of COVID, economic and social uncertainty related to World events and the war in Ukraine and rising costs of living. All of these factors impact our population and increase the risk of suicide.

Shropshire Council share the same objectives and principles and working through the local NHS, this Strategy is part of the Shropshire Telford & Wrekin Integrated Care System, working with wider community partners. The Strategy identifies activities and approaches which aim to proactively prevent suicide and ensure that the most vulnerable are connected to the right support, at the right time.

We will do this by;

- reviewing the local and national evidence base;
- listening and learning from those who support others or who have been impacted by suicide themselves;
- making evidence based recommendations on the activities needed to reduce suicide and self-harm across Shropshire Telford & Wrekin;
- utilising the skills, knowledge and influence of our two multi-agency Suicide Prevention Action Groups to deliver this Strategy and ensure suicide prevention is everyone's business.

Telford & Wrekin Suicide Prevention Strategy

It is our vision as the Shropshire, Telford & Wrekin Suicide Prevention Network that within our area we will significantly reduce the number of people who take their own life.

Our priorities will be

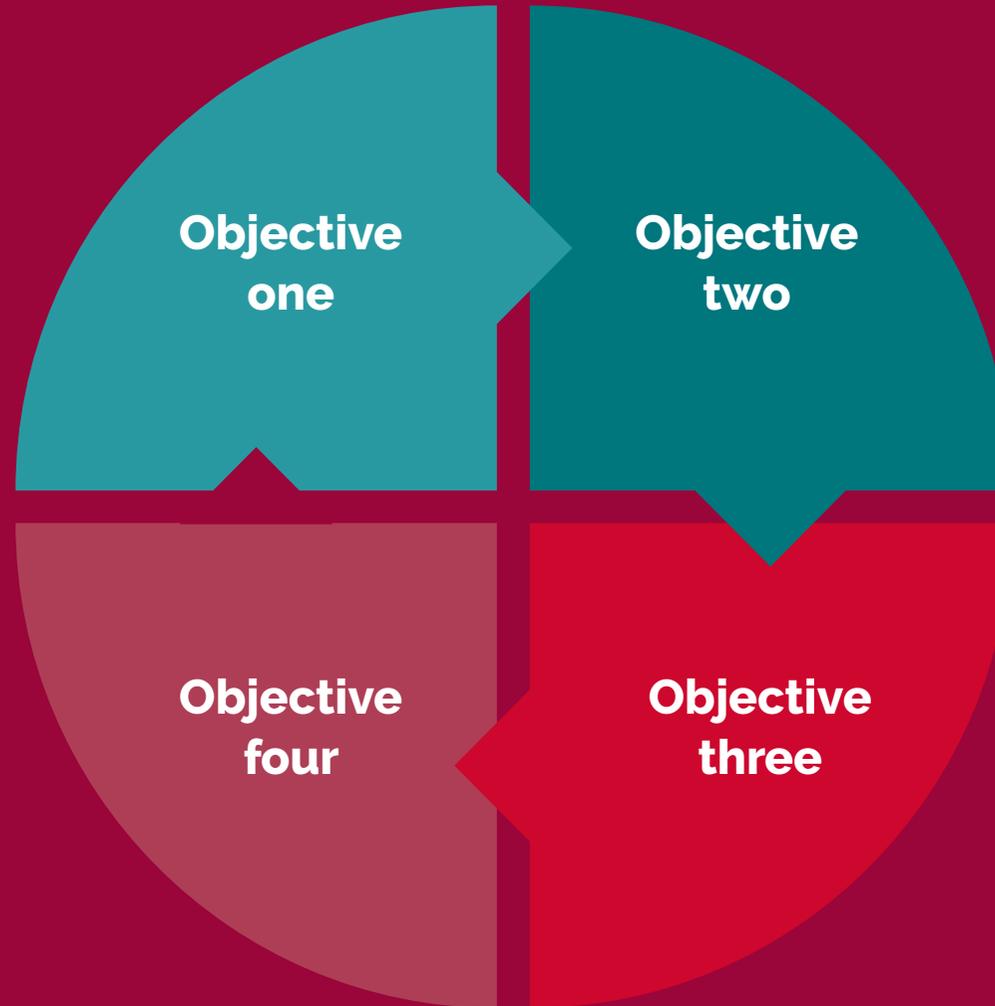
- 1 Targeted offers for higher risk groups (as identified by local and national evidence).
- 2 Improve opportunities and accessibility to address wellbeing concerns and avoidable health inequalities across the whole population.
- 3 Enhance research, data collection and monitoring.
- 4 Continue to develop the suicide bereavement service and postvention offers for anyone impacted by a suicide or possible suicide death.
- 5 Increase reach of suicide risk awareness and appropriate skills for intervention.
- 6 Systematically improve messaging and communication.

Objectives

This strategy intends to reduce the number and rates of suicides across Telford and Wrekin through the following commitments;

Improve the quality of data and intelligence on suicide and suicide risk, utilising tools such as Real Time Suspected Suicide Surveillance to better understand and respond to demographic need and emerging trends. Implement learning reviews and audits with partners to ensure recommendations are implemented.

Enhance the universal offers to mitigate suicide and self-harm risk to raise awareness of suicide. This builds upon the previous Strategy and involves close partnership with representatives from high risk cohorts to co-produce targeted offers and messages for suicide risk mitigation.



Improve the mental wellbeing and social outcomes for people bereaved by suicide through timely connection and support. This includes bereavement and practical support as well as ongoing opportunities to access postvention services as required. This will include review of the sustainability and evolution of existing models for long-term investment.

Ensure that all professionals, partners and volunteers across Shropshire Telford and Wrekin are suicide risk aware, and have the knowledge, skills and confidence appropriate to their role.

Network vision

It is our vision as the Shropshire, Telford & Wrekin Suicide Prevention Network that within our area we will significantly reduce the number of people who take their own life.

Mission statement

We feel that suicide is preventable and that every life should be saved. We have a zero suicide mind set. We are a strong local multi-agency partnership, which has agreed a number of focused suicide prevention and postvention activities. We have drawn upon the expertise of partners from the voluntary, community and third sector. We are committed to working together to prevent deaths at all ages as a result of suicide and ensure those at risk of, affected or bereaved by suicide will be able to access the right support at the right time.

Our vision and mission statement reflect national guidance and data along with our local needs assessment, which engaged those with experience of attempting suicide and the insights of those working with mental health and suicide across the public and third sector.

Purpose and delivery

This Strategy reflects the aspirations of the Shropshire Telford & Wrekin Suicide Prevention Network to prevent suicides of adults and children in our borough and improve the outcomes of anyone impacted by suicide. The local authority areas of Shropshire and Telford & Wrekin are within the same Integrated Care System (ICS). It is important that the Strategy does not duplicate work already being undertaken by other programme areas but is seen to compliment and strengthen the shared ambitions and outcomes for the people we wish to connect with.

To ensure this can be achieved, the action plan of this Strategy is shaped to each locality by the two dedicated Suicide Prevention Action Groups. Each Action Group is in a position to respond flexibly and proactively to local issues.

The demographics of the people that live within each locality along with the geographical context varies greatly despite being served by many of the same shared services.

The wider Network Steering Group provides support and scrutiny for the work being carried out by the Action Groups.

The Action Groups report progress and escalate recommendations where appropriate to the Shropshire Telford & Wrekin ICS Mental Health Board, the Health and Wellbeing Boards and local Mental Health Partnership Boards.



Research and engagement

This strategy has been informed by and drawn from a wide range of national and regional data, resources and literature on best and innovative practice and information from discussion and workshops with local, regional and national stakeholders.

Why suicide is a concern

Suicide is now the leading cause of premature mortality in men younger than 50, followed by heart disease.

Suicide is the leading cause of death among young people aged 20 to 34 years in the UK (ONS, 2015).

Autistic adults are nine times more likely to die by suicide than the general population and suicide is the second leading cause of death for autistic people.

1 in 8 LGBTQ+ people aged 18 to 24 years have attempted to take their own life and almost half of all trans people have thought about taking their life.

Evaluation of the previous Action Plans has also helped identify new activities and opportunities to improve existing approaches, address gaps and promote connectivity with wider (but related) health and social care policies, guidelines and projects to maximise opportunity for suicide and self-harm mitigation inclusion.

Those who are bereaved by suicide are at three times the risk of making a suicide attempt themselves.

Suicide is preventable with timely, evidence based interventions.

Families, friends, colleagues and communities will be affected as a result of each suicide. It is estimated that for every person who dies as a result of suicide **at least 115 people are affected.**

We must ensure that individuals who may be considering taking their own lives are supported so that all suicides that could be prevented are prevented.



A national and local commitment

Suicide prevention has been a national priority for a number of years. Since the publication of the National Suicide Prevention Strategy in 2012, a number of national bodies have pledged to work towards preventing suicide.

Suicide prevention features as a priority in the NHS Five Years Forward View for Mental Health (2016) and the NHS Long Term Plan (2019). At time of writing a new National Suicide Prevention Strategy for England is currently being prepared along with recognition of suicide and suicide risk in the upcoming Department of Health and Social Care 10-Year Mental Health & Wellbeing Plan.

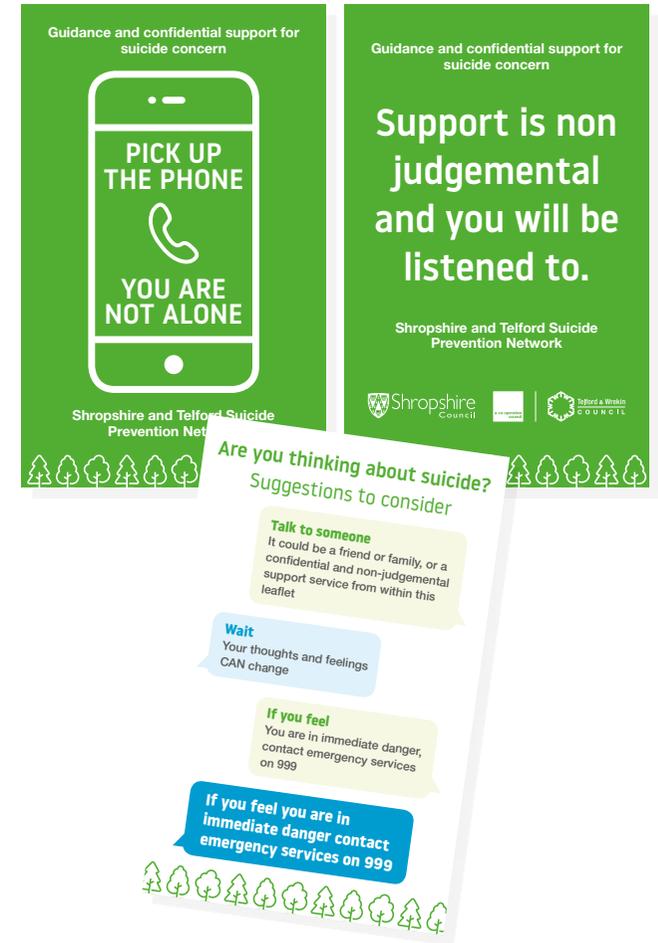
This Strategy builds upon the 2017 Suicide Prevention Strategy, between 2017 and 2022 two local Action Groups aligned to each Local Authority footprint were set up to deliver and oversee the delivery of the Strategy.

During this period there have been a number of shared projects and achievements focusing on reducing the number of people taking their own lives and to support those who have been affected by suicide. These include:

- launch of the new Shropshire Telford & Wrekin Suicide and Unexpected Death Bereavement Service launched in January 2021 and delivered with support by voluntary sector colleagues;

- investment and roll out of dedicated training on suicide risk and interventions to increase the confidence, knowledge and skills for the workforce and community in Shropshire Telford and Wrekin who are most likely to connect with higher risk groups as part of their usual job or role. This training has been funded by our Suicide Prevention network and targeted at those who are with agencies with no dedicated training budget for suicide training;
- the promotion of the Zero Suicide Alliance free online training offer that has been built into mandatory training for many health and social care staff;
- investment in a Real Time Suspected Suicide surveillance system to identify suspected suicides, promote a quicker response, assist in learning for planning interventions;
- awareness events and campaigns to promote support available for suicide risk and to tackle stigma including the successful events held in Southwater for World Suicide Prevention day;
- prior to the pandemic delivery and strong engagement for the annual Suicide Prevention Conference, which included thematic workshops around risk with children and young people, connecting with high risk groups and service mapping offers that can support mitigation of suicide risk;

- creation of the Pick Up the Phone You Are Not Alone Z-card resource of primary contacts for anyone worried about suicide to identify immediate help.



Understanding suicide – a national context

Statistics

The information in this section is predominantly synthesised from national level statistics published by the Office for Health Improvement & Disparities¹ and from intelligence captured by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). This information can be used to identify high-risk communities and it is hoped will provide a powerful tool for Real Time Suspected Suicide Surveillance.

Suicide in England

Page 71
Adults

15,249 suicide deaths between 2018 and 2020 in England (a suicide rate of 10.4 per 100,000 population).

- This rate is significantly higher than the rate of 2016-18, and is actually the highest it has been in the available data back to 2001-03.
- This increase in suicide deaths was not reflected in the rate of suicide among clients of mental health care where there has been little change².
- **Men are at a significantly higher risk with 3 out of 4 suicides being completed by men.**
- Since around 2010, males aged 45 to 64 years have had the highest suicide rate³.

- The 5-year average crude rate per 100,000 population shows that between 2013-17, the highest rate of suicide was in males aged 35 to 64 years (20.1 per 100,000), followed by males 65+ (12.4 per 100,000) and males aged 10-34 (10.5 per 100,000).
- The suicide rate in females is significantly lower than the male counterparts with those aged 35 to 64 years with the highest female suicide rate (6.0 per 100,000), females aged 65+ (4.4 per 100,000) and females aged 10-34 (3.1 per 100,000).
- There is increasing national evidence of the impact of domestic abuse associated with suicide, with 11% of male and 7% of female victims of partner abuse attempted suicide in the previous year⁴. Almost a quarter (24%) of the specialist domestic violence support charity Refuge's clients had felt suicidal⁵.
- **Suicide remains the leading cause of direct maternal death in first postnatal year.** Almost a quarter of all deaths of women during pregnancy or up to a year after the end of pregnancy were from mental health-related causes. Assessors felt that improvements in care might have made a difference in outcome for 67% of women who died by suicide.

Children and young people

- For young people aged under 17 years, there were 108 deaths assessed as highly or

moderately likely to be due to suicide between 2019 and 2020, equating to approximately two deaths of children and young people every week in England⁶.

- The rate of suicide in England between 2019 and 2020 was 1.8 per 100,000 in 9 to 17 year olds, with similar rates across all regions in England, including urban and rural environments and across deprived and affluent neighbourhoods.
- Suicides were more common in older groups, with 78% (n=84) of deaths in those aged between 15 and 17 years and 22% in those aged 14 and below.
- Suicides were more common in boys than girls.
- The most common method of suicide was hanging or strangulation, accounting for 69% of deaths. The second most common method was jumping or lying in front of a fast moving object, accounting for 12% of deaths.
- 61% of deaths occurred within the home and 29% occurred in a public place.
- 19% of all under 18 year old suicide deaths in the UK are recorded as having had mental health service contact within the 12 months prior to death, which is a lower proportion compared to adults over 18 years (which represent 27% of all adult deaths in the UK).

Mental health clients

The 2022 NCISH Report⁷ focused on people who had been in contact with Mental Health services in the 12 months prior to the recorded death by suicide. Key learning identified:

- 27% of all recorded suicide deaths in the UK between 2009 and 2019 were linked to people who had contact with mental health services within 12 months of the death;
- a significant rise in deaths by hanging or strangulation in 2018/19, particularly for females and people aged under 25 years;
- the majority of those who died by suicide had a record of self-harm (64%).

The report identified the following associated risk themes linked to suicide deaths of those who had contact with mental health services:

- people who died in an acute care setting (including inpatients, post-discharge care and crisis resolution/home treatment) had been in contact with mental health services in the week before death, with the majority (84%) being viewed by clinicians as low or no short term risk;
- alcohol and drug use were common traits;
- 25% had physical health co-morbidity with this rate rising to 47% for people aged 65 and above. Cardiovascular disease and musculoskeletal disorders were the most reported;
- 48% of people were recorded as living alone.

The wider determinant risk characteristics associated with mental health client suicide deaths included:

- 18% of all suicides for people in contact with mental health services also had recent economic adversity including serious financial problems, workplace problems or homelessness;
- 74% of this group were male, 45% classified as middle-class, 55% as unemployed and 29% as divorced or separated;
- 26% had loss of contact with services;
- 15% had recorded non-adherence with prescribed medication;
- 9% had experienced domestic abuse with the majority being female (73%) and were more likely to be younger, be single or divorced, be living alone and unemployed;
- males who had experienced domestic abuse had high proportions of personality disorder diagnosis, previous self-harm and alcohol or drug misuse;
- for those under 18 years, 13% were diagnosed with autism, 5% were diagnosed with eating disorders and there is more likely to have a history of self-harm;
- between 2011 and 2019, 25% of people under 18 years were known to have suicide related online experiences, which is more than older age groups.

Suicide risk and occupation

Analysis by the ONS⁸ identified the following themes indicating higher risk from deaths by suicide in different occupational groups for working age people:

- doctors, dentists, nurses, vets and agricultural workers such as farmers;
- males in lowest skilled occupations;
- low skilled male labourers, particularly those in construction roles;
- males in skilled trades including building finishing trades, particularly plasterers, painters and decorators;
- people working in culture, media and sport occupations, particularly in artistic, literary and media occupations;
- females working in a health professional role, particularly female nurses;
- carers;
- females teachers in primary and nursery schools;
- leading cause of death for autistic people.

In addition, Kapur et al (2009) identify young male veterans are at greatest risk of suicide within the first 2 years of leaving service, with risk increased from the following factors – younger age at discharge, male, unmarried, army, lower rank, untrained status and less than 4 years length of service.

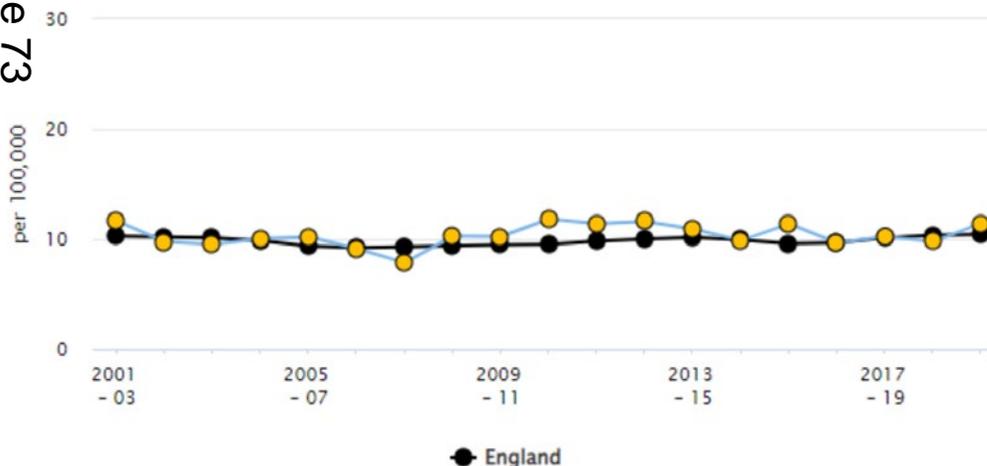
Understanding suicide in Telford and Wrekin

Telford and Wrekin

Between 2019 and 2021 there were 53 deaths recorded as suicide in Telford and Wrekin of whom 37 were men and 16 were women.

Telford and Wrekin's age standardised rate of 11.4 per 100,000, is statistically similar to the England average rate of 10.4 per 100,000. The trend of the local suicide rate for all persons in Telford and Wrekin since the 2001/03 period to 2019/21 is displayed in the chart below. It can be seen that the local rate has a greater degree of variability than the England average which is likely due to the smaller numbers locally, however the rate has remained statistically similar throughout the period.

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Suicide rate (persons, per 100,000)



The figure on the next page indicates in Telford and Wrekin;

- males have an age standardised suicide rate of 16.2 per 100,000 between 2019 and 2021 which is statistically similar to the England average rate of 15.9 per 100,000;
- females have an age standardised suicide rate of 6.9 per 100,000 between 2019 and 2021 which is statistically similar to the England average rate of 5.2 per 100,000.

In data from the Shrewsbury and Telford Hospital NHS Trust (SATH) for 2019/20 there were 399 admissions from Telford and Wrekin CCG that were recorded as self-harm, of these 359 were poisoning and 40 were self harm by other than poisoning.



Years of life lost due to Suicide

Years of life lost estimates the years of potential life lost due to premature deaths taking into account age at which the death occurs with greater statistical weight given to deaths at younger age. On average during this period, men lost 33 years of expected life by suicide.

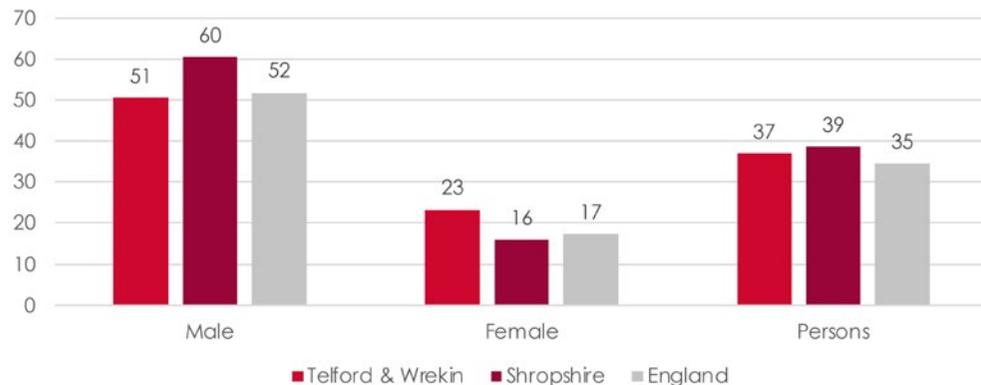
Telford & Wrekin years of life lost to suicide, age standardised rate per 100,000 (2019-21)

Indicator	Period	Tel & Wrek		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Suicide rate (Persons)	2019 - 21	–	53	11.4	10.7	10.4	19.8		4.8
Suicide rate (Male)	2019 - 21	–	37	16.2	16.5	15.9	32.4		6.6
Suicide rate (Female)	2019 - 21	–	16	6.9	5.2	5.2	10.9		2.2
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2019 - 21	–	48	37.0	-	34.6	80.1		14.9
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2019 - 21	–	33	50.5	-	51.8	130.3		18.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2019 - 21	–	15	23.3	-	17.3	37.8		7.8
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	–	4	6.2	12.7*	12.4	0.0		34.9

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The following graph highlights gender differences for number of years of life lost across our populations due to suicide between 2019 and 2021.

Years of Life lost due to suicide, Age-standardised rate 15-74 years per 10,000 population (3 year average) in Shropshire, Telford & Wrekin and England by Gender in 2019-21



Estimated economic cost of suicide

Each suicide is estimated to cost £1.7million (Department of Health and Social Care, 2017) with much of this cost relating to the emotional impact on families and on society. Nationally the cost of suicide is almost £10 billion a year. Locally this equates to:

- **£90.1million cost of suicide for Telford and Wrekin** local authority area during 2019 to 2021 (an average of £30.0 million per year).



Key priority actions

The overall suicide rate per 100,000 population will continue to be the key outcome measure for this strategy (see page 12).

Six overarching priority areas have been identified for this strategy.

These priorities will be led by the two action groups associated with each local authority area, who will be responsible for defining an action plan and achieving the activities needed for implementing the ambition of this Strategy.

The priorities are:

Targeted offers for high priority cohorts

We recognise that although universal messages are useful for suicide and self-harm mitigation, there is a need to target specific messages and interventions to specific groups to have best impact and reach. High priority cohorts include but are not limited to:

- men;
- people who self-harm;
- children, young people and young adults (up to 25 years);

- people already known to mental health or related services;
- those living in rural areas and farming communities;
- military veterans;
- people with protected characteristics;
- people with a neurodiverse condition (including autism);
- Gypsy, Roma and Traveller communities;
- people struggling from wider social risks such as financial insecurity, problem gambling, substance misuse, housing issues or homelessness, those in contact with criminal justice system and people impacted by domestic abuse;
- people affected by domestic abuse;
- people who have post natal mental health issues.

We will ensure appropriate stakeholders who closely or regularly work with groups where national evidence has identified there are greater associated risks of suicide, are involved in planning and decision making for suicide and self-harm mitigation interventions. This will include representation from these cohorts and those with lived experience.

2 Improve opportunities to address wellbeing concerns and avoidable health inequalities across the whole population

We will continue to ensure an integrated approach with partners to identify and respond to the wellbeing and mental health needs of our local populations in the context of the wider determinants of health inequalities that disproportionately impact certain groups of people and communities.

We will connect with partners across services and communities to progress a community ambassador model to improve reach for raising awareness of suicide, self-harm and mental health risk to address stigma, promote early help seeking behaviour along with the range of support available.

We will explore opportunities for single point of contact support and other appropriate mechanisms for those struggling with suicide ideation or who have been impacted by suicide. This will help connect the individual to the right support at the right time and reduce need for people to repeat their story multiple times.

We will ensure recommendations, risks and considerations of factors that could impact local mental health and wellbeing (including mental health crisis) are escalated to the Shropshire Telford & Wrekin Integrated Care Board, local authority health and wellbeing boards and local mental health partnerships to promote an integrated approach.

3 Enhance research, data collection and monitoring

We will continue to build and develop our local Real Time Suspected Suicide Surveillance systems to ensure an evidence-based approach used to target interventions and monitor new or emerging community risks.

We will work with our local partners and stakeholders to agree sharing of information to help inform local risk and identify appropriate intervention.

We will ensure learning reviews related to suicide and unexpected deaths are connected across the system to maximise opportunities to ensure that lessons are learned and improvements to service delivery are made.

We will continue to review latest available research and evidence about suicide and self-harm to support a local approach for managing risk.

4 Continue to develop the suicide bereavement service and postvention offers

We will ensure continued investment and enhancement of the suicide bereavement service to respond to the needs of our population.

We will work closely with and support the charity Survivors of Bereavement by Suicide to grow the new offer established across Shropshire, Telford and Wrekin.

5 Increasing suicide risk awareness and skills for intervention

We will continue to work with the local system to support, influence and connect appropriate suicide training professionals, agencies and communities working with higher risk groups, to ensure the right skills are matched to the right people.

We will connect nationally and locally recommended offers of training related to suicide and self-harm risk awareness, signposting, risk mitigation and intervention to the above groups.

We will continue to influence our local system to ensure all health and social care staff in Shropshire, Telford & Wrekin complete the Zero Suicide Alliance online course and embed this as mandatory training.

6 Systematically improve messaging and communication

We will agree consistency in messaging on suicide, self-harm and mental health between local stakeholders to inform a bespoke communications plan to be used for sharing information about keeping mentally well, recognising suicide risk and how to access support.

We will continue to develop and promote our Pick up the Phone You Are Not Alone suicide prevention Z-Card ensuring physical copies are available in high foot fall locations and environments where higher risk cohorts access.

We will continue to enhance the Shropshire Telford and Wrekin ICB suicide prevention webpage and local authority pages to ensure our residents and the people that support them can quickly access information.

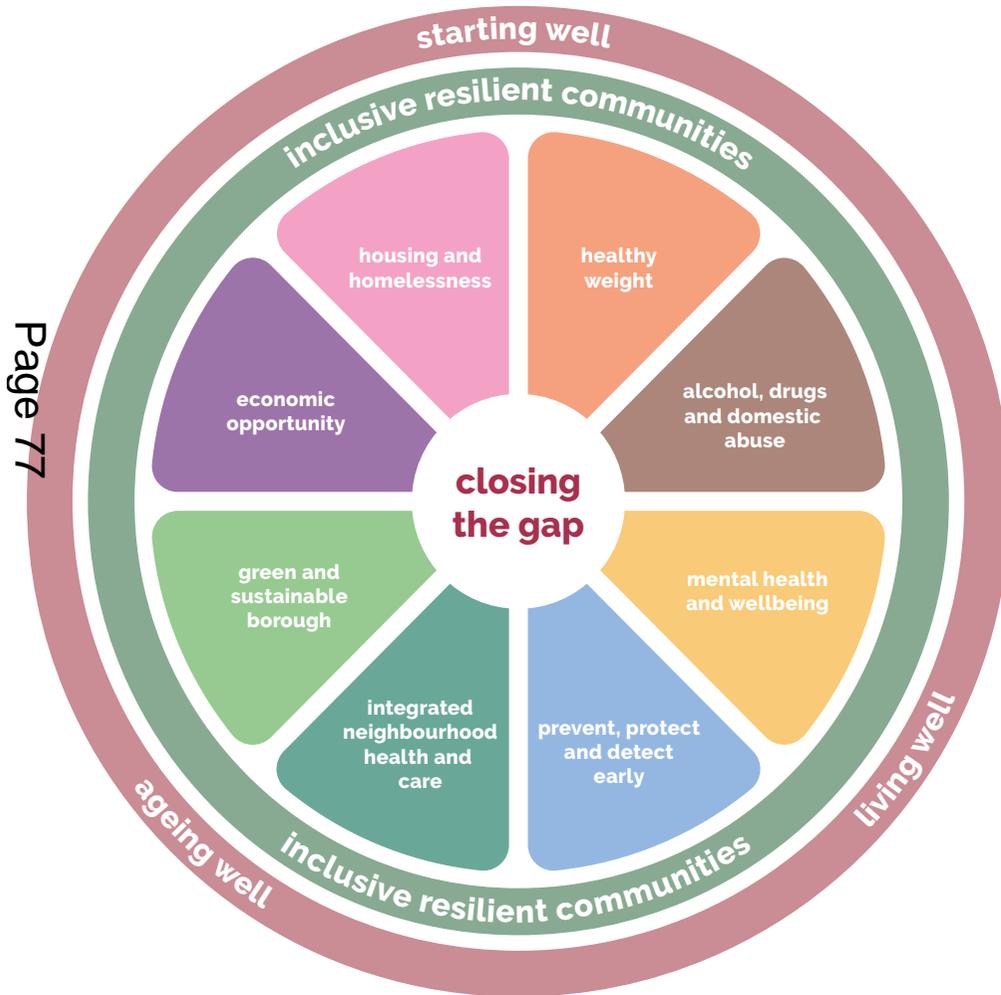
We will ensure printed materials containing risk mitigation information is available for those who are digitally excluded.

Local strategy context and governance

Telford & Wrekin

Health & Wellbeing Strategy 2023-2027

Our vision - happier, healthier, fulfilled lives



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Governance and accountability



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- ¹ Suicide Prevention Profile – OHID phe.org.uk
 - ² NCISH | Annual report 2022: UK patient and general population data 2009-2019, and real-time surveillance data – NCISH manchester.ac.uk
 - ³ Suicides in England and Wales – Office for National Statistics ons.gov.uk
 - ⁴ Domestic Homicide Project – VKPP Work
 - ⁵ New-Suicide-Report2c-Refuge-and-University-of-Warwick.pdf nspa.org.uk
 - ⁶ NCMD-Suicide-in-Children-and-Young-People-Report.pdf (nspa.org.uk)
 - ⁷ National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2022 – NSPA
 - ⁸ Suicide by occupation, England – Office for National Statistics (ons.gov.uk)
-



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 28 September 2023

Children and Young People's and Vaping Statement

Cabinet Member:	Cllr Kelly Middleton - Cabinet Member: Healthy, Safer & Stronger Communities & Partnerships
Lead Director:	Liz Noakes - Director: Health & Wellbeing
Service Area:	Health & Wellbeing
Report Author:	Helen Onions – Consultant in Public Health
Officer Contact Details:	Tel: 01952 388908 Email: helen.onions@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board – 28 September 2023

1.0 Recommendations for decision/noting:

The Health & Wellbeing Board are asked to:

- 1.1 review and approve the Telford & Wrekin vaping statement for children & young people for dissemination among partners.

2.0 Purpose of Report

- 2.1 This report proposes a position statement on the topic of children and young people and vaping in Telford & Wrekin, based on the most recent evidence and best practice.

3.0 Background

- 3.1 There is growing concern regarding the level of children and young people who are vaping, and the national [Smokefree Youth GB survey 2023](#) showed a significant increase with 11.6% of 11-17 year olds reporting experimenting with vapes in 2023, compared to 7.7% in 2022.

Children and Young People's and Vaping Statement

- 3.2 There is a gap in the evidence to support a full understanding of the risks and the longer-term effects of vaping in children and young people. However, the current professional view is that the safest and healthiest option is for children and young people not to vape.
- 3.3 It is important to highlight that vaping has been proven to be an effective tool to aid quitting smoking in those who currently or have previously smoked. Research shows that the vast majority of young people who vape are also current or ex-smokers. There needs to be a careful balance between the promotion of vaping as a tool to help quitting and promotion of vaping in those who do not smoke.
- 3.4 It is illegal to sell nicotine containing vapes to anyone under the age of 18. It is also illegal to purchase nicotine containing vapes on behalf of anyone under the age of 18 (known as 'proxy purchasing'). Despite this, the most common ways young people report accessing vapes is by buying them from a shop or being given them by others. There is concern that e-cigarette marketing is being targeted at teenagers who do not smoke rather than smokers trying to quit. Vapes are commonly marketed with packaging designs and fruity flavours which appeal to children and young people.
- 3.5 For those who don't smoke, the message is simple, don't vape. Vapes are not risk free and their long-term impacts are not known. There is concern from child health experts that vaping products could be a gateway to nicotine addiction, and there is some evidence emerging that young non-smokers who use vapes are more likely than non-users to take up smoking.

4.0 Summary of main proposals

- 4.1 It is estimated, based on the figures published by the Action on Smoking and Health (ASH), that over 1,900 11-17-year-olds in Telford & Wrekin experimented with vaping in 2023. In terms of regular vapers, the estimate is 600 11-17 year olds in Telford & Wrekin vape every day, a worrying rise from less than 100 regular vapers in 2014.
- 4.2 The Telford & Wrekin position statement on vaping in children and young people, has been produced based on the current evidence and best practice and it describes key areas for action going forward. The aim of the statement is to widely share the evidence and helpful resources with young people, their parents and carers, and professionals to help educate and guide discussions around vaping and the risk it poses.

Alternative Options

- 5.1 No alternative options

5.0 Key Risks

- 6.1 The current evidence on vaping is mostly limited to short and medium term effects and studies to assess the long term risks are needed. This highlights the need to share advice widely as the picture evolves, keeping the evidence under regular review as further research become available.

7.0 Council Priorities

- 7.1 The Telford & Wrekin vaping statement for children and young people contributes to the delivery of the Council Plan - Protect, Care and Invest, particularly the priorities – every child and adult lives well in their communities, and also neighbourhoods are a great place to live and our natural environment is protected.

8.0 Financial Implications

- 8.1 The implementation of key areas for action can be met from within existing staffing resources, working with Education settings and lobbying government. Additional one off Public Health monies have been earmarked to support any additional training resources needed. TS 19/09/2023

9.0 Legal and HR Implications

- 9.1 Local Authorities have been responsible for commissioning Stop Smoking Services and delivering tobacco as part of their public health remit since 2013. By setting out its Vaping Position Statement, the Council is demonstrating the ways in which it is seeking to meet its statutory duties.

10.0 Ward Implications

- 10.1 All Wards.

11.0 Health, Social and Economic Implications

- 11.1 The UK's vaping sector is growing rapidly, supporting the creation of new jobs. There are considerable cost savings to the NHS of adult smokers switching to vaping and there is evidence of economic productivity associated with smokers switching to using vaping products.

12.0 Equality and Diversity Implications

- 12.1 There is evidence that certain groups of young people are more likely to smoke and this includes people with protected characteristics under the Equality Act, such as: those from certain ethnic groups and those who are LGBTQ+

13.0 Climate Change and Environmental Implications

- 13.1 The not-for-profit organisation [Material Focus has recently reported](#) that 1.3 million single use vapes are thrown away every week in the UK.

Children and Young People's and Vaping Statement

- 13.2 Vaping devices contain different components including plastic casings, lithium batteries, metal, rubber and glass. Some parts, like the battery, can be widely recycled, whereas others, such as any rubber parts, may not be. Understandably this generates issues as vaping device companies have not designed products that can be easily dismantled.
- 13.3 Nationally, Waste Electrical and Electronic Equipment (WEEE) regulations are in place. These regulations place the obligation on the companies who produce the vapes to finance the collection and treatment of those products when they become waste.
- 13.4 There is real concern amongst Telford and Wrekin's Neighbourhood and Enforcement team about the danger that disposable vapes pose. Single use vapes are high-risk waste disposal items due to the lithium batteries contained within them which have the potential to combust and start fires.
- 13.5 Telford and Wrekin council work closely with Veolia, who are currently exploring whether encouraging people to dispose of vapes in a separate bag would help to reduce the risk of fire. Consumers should be disposing of their vapes either at a household recycling centre or at the shop where they bought the device. It has been questioned whether members of the public are aware of the necessity to recycle their single use vapes. Communication around this is a potential avenue to explore moving forward.
- 13.6 Whilst we want to continue to promote correct disposal methods, communications need to be appropriately targeted to reduce the risk of promoting vaping in children and young people as well as adults who do not smoke or vape. When developing communications, a joint approach between Telford and Wrekin's Neighbourhood and Enforcement and Health and Wellbeing teams could help to develop resources that positively impact both population and environmental health.

14.0 Background Papers

- 14.1 No background papers

15.0 Appendices

A Telford & Wrekin Children & Young People's Vaping Statement 2023

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	12/09/2023	13/09/2023	LN
Finance	12/09/2023	19/09/2023	TS
Legal	12/09/2023	20/09/2023	RP



Children & Young People and Vaping Position Statement

**Telford & Wrekin Health & Wellbeing
Board**

September 2023

1. Background

There is growing concern regarding the level of children and young people who are vaping and the recent [Smokefree Youth GB survey 2023¹](#) shows a significant increase in the number of children and young people who vape. A decade ago, less than 6% of 11–17-year-olds reported experimenting with vapes compared to 11.6% in 2023 – this figure had increased from 7.7% in 2022.

This position statement summarises the most recent evidence and current understanding of the risks of vaping amongst young people under 18 years of age, and shares key messages intended to help inform young people, their parents and carers, as well as those who work with children and young people.

2. What is Vaping?

Vaping devices (commonly referred to as ‘vapes’ or ‘e-cigarettes’) are electronic devices that allow the user to inhale a vapour. Vapes work by heating a solution, known as an e-liquid, that typically contains propylene glycol and vegetable glycerine. Vaping devices also usually contain nicotine - the addictive chemical found in cigarettes, allowing the user to inhale nicotine in a vapour rather than smoke. E-liquids can be nicotine-free; it is common for them to have added flavourings that make them more palatable to the user. Currently in the UK, the most popular brands are ElfBar and Lost Mary.

Vapes come in many different forms: Cigalikes, vape pens, mods, and pod mods. These can be reusable or disposable. A recent survey¹ from the charity Action on Smoking and Health (ASH) found that single use disposable vapes are the most popular choice amongst 11–17-year-olds. 69% said that their most frequently used device was a disposable vape. Companies also use packaging design and appealing flavours to help market their products, which is more enticing to the younger user.

Vapes are useful for reducing harm to adult smokers, by encouraging smokers to use vapes as an alternative to tobacco and to aid in quitting smoking altogether. Vaping is not completely risk free, particularly for people who have never smoked and should not be presented as an appealing activity to the wider non-smoking population.

3. The Evidence

Vaping has been proven to be an effective tool to aid in quitting smoking. The National Institute of Health and Care Excellence (NICE) recommends vaping² as a highly effective treatment option to offer to people who smoke.

The Office for Health Improvement and Disparities (OHID) published a thorough review of the evidence on nicotine vaping within the [Nicotine Vaping in England: 2022 update](#)³. They concluded that:

- in the short to medium term, vaping poses a small fraction of the risk of smoking
- vaping is not risk free, particularly for people who have never smoked
- there is significantly lower exposure to harmful substances from vaping compared with smoking
- there is similar or higher exposure to harmful substances from vaping compared with not using nicotine products

It is important to note that evidence is mostly limited to short and medium term effects, and that studies to assess the long-term risks of vaping are needed.

There is currently limited research around the impact of vaping on the health of children and young people. The true impact of vaping on health will manifest over the coming decades. In the interval the recommendation for young people remains to abstain from consumption of inhaled nicotine⁴.

4. Youth Vaping

The proportion of children experimenting with vapes is growing year on year. The 2023 ASH Smokefree GB Youth Survey found that the number of 'young people trying vaping once or twice' had increased by 50% compared to 2022. They also found that 20.5% of children surveyed in 2023 had tried vaping. Most people had only tried it 'once or twice' and very few went on to become regular vapers. However, regular use of e-cigarettes amongst 11–17-year-olds has increased significantly in the past decade (0.6% in 2014 compared to 3.7% in 2023).

In Telford & Wrekin this equates to over 1,900 young people aged between 11-17 having experimented with vaping in 2023 - a staggering 136% increase compared to 2014. Currently, over 600 members of our youth population are considered regular users.

In 2022⁵ ASH explored the reasons given by children and young people for trying vaping, and the top three responses were:

- 'Just to give it a try'
- 'Other people use them, so I join in'
- 'I like the flavours'

Further 2022 data from ASH⁵ found that most children and young people who vape are current or ex-smokers. The proportion of those who have never smoked who have tried vaping is 11.5%, meaning that 88.5% of young people who have never smoked have also never vaped.

The most common way young people access e-cigarettes is by buying them from a shop, and the second most common way is by being given them by others⁶. This is despite it being illegal to sell or buy nicotine containing vapes for anyone under the age of 18.

There is particular concern regarding the marketing of vapes with designs and flavours that could appeal to children. The Local Government Authority⁷ (LGA) is calling for tougher action on the regulation of vaping products to tackle the growing number of children getting hold of them.

5. Regulation by Trading Standards

In the UK, vapes are regulated for safety and quality. Some unlicensed vapes are sold illegally and have been found to be unsafe, with products not meeting UK quality and safety regulations. Recent research⁸ found unregulated vapes caused exposure to chemicals and toxins at levels that can cause negative health effects, especially in young people.

The Council's Trading Standards Team is responsible for enforcement of the legal provisions governing vaping products. The team provide proactive advice to retailers to sell legitimate vaping products and on their obligations not to sell vaping products to any person under the age of 18.

Any non-compliant products are seized for further investigation. In Telford & Wrekin, over the past year, approximately 2,500 non-compliant products have been seized and appropriate follow up action taken.

To reduce the accessibility of vapes to children, people under the age of 18 should be asked where they got their vape (or cigarette). We encourage members of the public with any information that a shop is selling these products to children to report it to the Citizens Advice Consumer Service. They can call 03454 04 05 06 or make contact via their website at <https://www.citizensadvice.org.uk/consumer/get-more-help/if-you-need-more-help-about-a-consumer-issue/>. All such reports are passed through to Trading Standards for further investigation to help them identify and tackle any problem retailers.

Unfortunately, there is currently a legal loophole that allows free samples of vaping products to be given away to people of any age. Worryingly, 2.1% of youths recently surveyed¹ report that their first vape was given to them by an e-cigarette company.

Recently the LGA⁷ has called for a ban on free samples of vaping products to be given out to people of any age, and advocates for vapes being 'out-of-sight and out-of-reach' to tackle underage sales.

6. Exploitation Concerns

The popularity of vapes with young people means they can be used by criminals, along with alcohol, tobacco and drugs as gifts, to lure children into criminal activity.

Trading Standards has received reports that children have been given vapes by individuals to sell on their behalf away from the shop premises and are paid for doing so. This is worrying in many ways. It enables potential sales outside of retail premises by children to children which are hard to detect. As the child is receiving money for the sales they may find it hard to stop, leaving them more vulnerable to other forms of exploitation.

Signs of exploitation include receiving gifts and rewards, secretive behaviour, use of drugs or alcohol, significant changes in behaviour, becoming withdrawn or suffering a decline in mental health and friendships with older adults. Further information can be found at our Family Connect Hub: [Family Connect \(familyconnecttelford.co.uk\)](http://familyconnecttelford.co.uk). Any concerns regarding a child can be reported online using this link. If a child is in immediate danger- always dial 999.

7. Vaping as a Tool to Aid Quitting

Whilst we do not want children taking up vaping, there is high quality evidence that supports vaping being used as an effective tool to aid in quitting smoking.

There is evidence⁹ to show that vaping is more effective when compared to other forms of nicotine replacement therapies (such as patches and gum). The addition of specialised behavioural support has been shown to lead to more successful quit attempts. Vaping is likely to play an important role in helping the government to achieve its smokefree by 2030 ambition¹⁰.

We know that the majority of children and young people who vape are current or ex-smokers¹ and data from ASH⁶ found that the majority of current regular vapers (those vaping more than once per week) smoked a real cigarette before they smoked an e-cigarette.

Unfortunately, there appears to be a lot of misinformation regarding the harm of vapes. 54% of 11-17-year-olds incorrectly believed that vaping is as or more harmful than smoking¹. It is important to recognise, and communicate to children and young people, that the level of risk from smoking is far greater than vaping, so the two are not confused. ASH has produced a helpful [‘Myth Busting’ fact sheet](#)⁶ which we support the use of in homes and schools to help educate young people.

8. Vaping in non-smokers

It has been shown¹ that most children and young people who are non-smokers, who try vaping, only do it once or twice and do not go on to become regular vapers. However, with a recent increase in the number of young people experimenting with vaping, we want to make sure that there is clear advice and guidance available for young people and professionals.

As stated by Professor Sir Chris Whitty¹¹, the message is simple, “if you don’t smoke, don’t vape”. This statement is supported by the national government and the Royal College of Paediatricians. There is concern from child health specialists that for some children and young people vaping could be a gateway to nicotine addiction. A comprehensive review of the current evidence, published in March 2023¹², concluded that young never-smokers and non-smokers who use e-cigarettes are three times as likely as non-users to start smoking tobacco and to become regular smokers. Vapes aren’t risk free and their long-term impacts are not known. Vaping is not recommended for non-smokers and our advice to young people who don’t smoke is, don’t start and don’t vape.

It is clear that more evidence is needed to help us understand the risks of vaping in children and young people and to help us identify opportunities to reduce access to vapes. Minister Neil O’Brien made a recent call for evidence¹³ on the topic.

9. Local Action on Vaping amongst Children and Young People

In 2022 the government published [The Khan Review: Making Smoking Obsolete](#)¹⁰-with the ambitious target of reducing smoking rates to less than 5% by 2030. This has been a driver for local action on vaping in children and young people within Telford and Wrekin.

As part of this local action, all Telford & Wrekin Schools have adopted a no smoking, no vaping policy. Currently, there is no explicit mention of vaping within the ‘drugs, alcohol and tobacco’ statutory school curriculum. As vaping has become more prevalent, schools across Telford and Wrekin have adapted their curriculum to teach about vaping to reaffirm their no smoking, no vaping stance. The statutory curriculum is due to be updated by the end of 2023. This update may include specific curriculum points on vaping and any necessary changes to the local curriculum will be implemented.

Our local trading standards team have been undertaking covert visits to premises in response to information received, accompanied by underage volunteers. Over the last year we have undertaken a number of these exercises and anyone who sold a vaping product to a person under 18 was subject to a full criminal investigation by Trading Standards with a view to legal action being taken where required in line with the Team’s Enforcement Policy.

10. Key Messages for Action

Message 1:

A co-ordinated approach is needed to tackle the rise in young people vaping.

Action: To tackle the rise in young people vaping we need a whole system approach.

We need to encourage a whole school approach to help educate children on the facts regarding smoking and vaping. We encourage all local schools to continue to educate on their no smoking, no vaping stance. Any necessary changes to the 'drug, alcohol and tobacco' curriculum will need to be implemented following the statutory curriculum update.

We have provided educational resources below that may be helpful to our colleagues in the education sector.

Message 2:

If you don't smoke, don't start vaping.

Action: We need to raise awareness amongst children and young people that vaping is not risk free.

We do not know the long-term impacts of vaping and more research is needed. NICE recommends that 'children, young people and young adults who do not smoke should be discouraged from experimenting with or regularly using e-cigarettes'.

Message 3:

Vaping can be an effective tool to help quit smoking.

Action: Most young people who vape regularly also smoke (or have smoked) and it is important to recognise, and communicate to children and young people, that the level of risk from smoking is far greater than vaping.

We support the use of Myth Busting advice produced by the charity ASH to help educate young people and dispel the myths surrounding vaping harm.

We must be careful when communicating this and balance fact-sharing without seemingly promoting vaping in non-smokers.

Message 4:

It is illegal to sell vapes or buy them for anyone under the age of 18.

Action: Children under the age of 18 should be asked where they got their vapes from.

If pupils are found vaping or smoking the product should be confiscated.

Concerns regarding underage sales in shops can be reported to Trading Standards through the [Citizens Advice online portal](#) or by phoning the Citizens Advice consumer helpline on 03454 04 05 06.

Concerns regarding child exploitation can be reported online through Family Connect: [Family Connect \(familyconnecttelford.co.uk\)](#). If a child is in immediate danger- always dial 999.

Message 5:

Vapes need to be kept ‘out-of-sight and out-of-reach’⁷ of children.

Action: Disposable, fruit-flavoured vapes are the e-cigarette of choice for young people.

We need more legislation to help reduce the accessibility and appeal of vapes.

The Health & Wellbeing Board support the LGA call to central government for:

- Vapes to be in plain packaging and kept out of sight behind the counter
- Mandatory age-of-sale signage on vaping products
- A ban on free samples of vaping products to be given out to people of any age

Links to Helpful Information and Online Resources

Action on Smoking and Health:

- [Resources for youth vaping](#)
- [Myth Busting document](#)

Helpful educational resources for schools:

- [PSHE Vaping Lesson Plan](#)
- [Guidance on developing school policies for vaping](#)

Resource for parents and carers:

- [Action for Children: How to talk to a child about vaping](#)

Latest evidence:

- [ASH Smokefree GB Youth 2023 survey](#)
- [OHID: Nicotine vaping evidence update 2022](#)

References

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- ¹ [Use-of-vapes-among-young-people-GB-2023.pdf \(ash.org.uk\)](#)
 - ² [Recommendations on treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)
 - ³ [Nicotine vaping in England: 2022 evidence update main findings- GOV.UK \(www.gov.uk\)](#)
 - ⁴ [Impact of vaping on respiratory health | The BMJ](#)
 - ⁵ [Use-of-e-cigarettes-among-young-people-in-Great-Britain-2022.pdf \(ash.org.uk\)](#)
 - ⁶ [ASH-brief-for-local-authorities-on-youth-vaping.pdf](#)
 - ⁷ [Vapes need to be 'out-of-sight and out-of-reach' to tackle underage sales – LGA | Local Government Association](#)
 - ⁸ [Vaping: High lead and nickel found in illegal vapes - BBC News](#)
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 - ¹² [Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence - Banks - 2023 - Medical Journal of Australia - Wiley Online Library](#)
 - ¹³ [Minister Neil O'Brien speech on achieving a smokefree 2030: cutting smoking and stopping kids vaping](#)

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