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 21 March 2024

2.00 pm

Council Chamber, Third Floor,

Southwater One, 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, L Noakes, S Froud, J Dunn, C Parker, A Olver, N Carr and P Davies**

	Agenda	**Page**
1.0	**Apologies for Absence**	
2.0	**Declarations of Interest**	
3.0	**Minutes of the Previous Meeting**	**3 - 8**
	To approve the minutes of the meeting held on 14 December 2023.	
4.0	**Public Speaking**	
5.0	**Annual Public Health Report 2023 Emotional Health of our Children and Young People Matters**	**9 - 58**
	To receive the Annual Public Health Report: The Emotional Wellbeing of Our Children and Young People Matters.	

6.0	**Health and Wellbeing Board Strategy Quarterly Progress Report**	**59 - 74**

To receive the Health & Wellbeing Board Strategy Quarterly Progress Report.

7.0	**Healthy Weight Strategy**	**75 - 128**

To approve the Healthy Weight Strategy.

8.0	**Starting Well Update Report**	**129 - 140**

To receive the Starting Well Update Report.

9.0	**TWIPP Assurance Update Report**	**Verbal Report**

To receive the Telford & Wrekin Integrated Place Partnership Update Report.

10.0	**Better Care Fund Update**	**141 - 148**

To receive an update on the Better Care Fund.

11.0	**All Age Carers Strategy Consultation**	**Verbal Report**

To receive a verbal update on the All Age Carers Strategy Consultation.

12.0 Cabinet Update

Please see below the relevant Cabinet Reports that have been approved by Cabinet since the last meeting of the Health and Wellbeing Board for information:

- Telford Town Park Strategic Framework
- Housing Investment Programme Update
- Building Safer, Stronger & Healthier Communities through better Air Quality

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 14 December 2023 at 2.00 pm in Meeting Point House, Southwater Square, Telford, TF3 4HS

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

In Attendance: G Boulton, T Mercer, H Onions and G Robinson

Apologies: Councillors K T Tomlinson, J Britton and P Davies

HWB22 Declarations of Interest

HWB23 Minutes of the Previous Meeting

HWB24 Public Speaking

The Chair invited representatives from ABT and TACT to share their lived experiences with Members of the Board.

Members thanked the representatives for sharing their experiences and highlighted the importance of the work of organisations such as ABT and TACT.

HWB25 Telford and Wrekin Alcohol and Drugs Strategy 2024-2029

The Senior Public Health Commissioner provided the Board with overview of the updated Telford & Wrekin Alcohol and Drugs Strategy 2024-2029 that had been developed by the Telford and Wrekin Alcohol and Drugs Partnership Board during 2023. Members heard that the previous strategy had come to an end in May 2023 and that it had been successful in achieving three of its main aims; increasing the number of people receiving alcohol treatment, improving outcomes for alcohol and drugs treatment, and providing better support for children and young people affected by their parents' addiction to alcohol and other drugs. However, the Senior Public Health Commission noted that the number of people seeking treatment for alcohol issues had increased by 24%.

The Board were informed that in 2021 the government published the Dame Carol Black Review and a new national strategy, From Harm to Hope, which set out an ambitious 10-year plan to prevent, treat and support recovery from addiction to alcohol and other drugs. The Senior Public Health Commissioner explained that in 2022 the local Alcohol and Drugs Partnership Board was reformed to oversee the production of a new strategy. This Board was chaired by the Director of Public Health. Members heard that the new Alcohol and Drugs Forum had been launched in 2023 and brought together partners to work with people with alcohol and other drug problems and to co-produce a

new strategy with the Partnership Board. The Senior Public Health Commissioner explained that there were 16 commitments within the strategy, one for each of the four main branches of the strategy. These commitments had been included in an annual action plan that was to be overseen by the Local Partnership Board, and the performance indicators included would be reported to the Health and Wellbeing Board on an annual basis. It was noted that this could also be broadened to include drug related crime.

Members of the Board welcomed the strategy and thanked the Senior Public Health Commissioner for their update. The Board recognised the importance of partnership working when tackling an issue that effects so many people and has the potential to impact on other services such as mental health and domestic abuse. Members commended that the number of adults completing treatment in Telford and Wrekin was higher than the national average.

RESOLVED - that the Telford & Wrekin Alcohol and Drugs Strategy 2024-2029 be approved.

HWB26 Health & Wellbeing Strategy Quarterly Progress Report

The Consultant in Public Health provided Members of the Board with an overview of the progress of the Health & Wellbeing Strategy, detailing the progress updates for each of the relevant inequalities focuses. These focuses included healthy weight, alcohol, drugs & domestic abuse, and mental health & wellbeing.

Members heard that tackling inequalities and closing the gap required comprehensive action across the council's priority programmes, through a strong targeted, intelligence-led approach. The Consultant in Public Health advised the Board that they had taken away the celebration of case studies that Members had expressed at the last meeting and had provided an overview on outcomes focused on those journeys. Members were advised that a detailed review of the progress on closing the gap was currently being undertaken and a further update was to be presented at the next meeting of the Health and Wellbeing Board in March 2024.

The Board thanked the Consultant in Public Health and commended the way the report had been written with the inclusion of case studies. Members noted that the issues and challenges encountered with the increase in complexity and demand were highlighted by the themes in the report. Members of the Board asked if it would be possible for information be broken down further to be examined at a ward level, to allow for more targeted interventions. The Consultant in Public Health advised that an intelligence led inequalities review was to be brought to a future meeting.

HWB27 GP Practice Healthwatch Survey Report

The Chief Executive of Healthwatch Telford and Wrekin provided the Board with an overview of the initial findings of the GP Practice Healthwatch Survey Report. Members heard that survey has been introduced in response to the

feedback that both Healthwatch and the Council had received in relation to patients in Telford and Wrekin accessing GP services. Members were asked to note that this was an independent survey, but that promotion of it had been supported by the Council.

The Chief Executive of Healthwatch Telford and Wrekin noted that both Healthwatch Telford & Wrekin and the Council acknowledged that demand for primary care services had increased and capacity to meet this demand was a struggle, but it was important for the ICB to acknowledge and address patient experience and the variation in patient experience between practices. The Board heard that the survey asked people to identify which GP surgery they were registered with. Questions ranged from asking people to rate their overall experience of making their last appointment to their confidence in the health professionals they interacted with.

The Board were informed that at the time of the meeting Healthwatch had received 8312 responses online and 384 separate completed web forms via the Healthwatch website, which was noted to be a statistically significant response. The Chief Executive of Healthwatch Telford and Wrekin explained that strong dissatisfaction with some surgeries had been highlighted by the responses. Members heard that the findings indicated that initial contact with the GP seemed to be the biggest issue, with residents stating that they were happy with the care they received once they were at an appointment. The Board were advised that Healthwatch was working with doctor surgeries to further promote the survey via text and once the survey had closed a full report would be published along with individual practice reports.

The Chair thanked the Chief Executive of Healthwatch Telford and Wrekin and requested that Members of the Board hold any questions or comments on the report until after the Primary Care Access Recovery item had been heard so that they could be discussed collectively.

HWB28 <u>Primary Care Access Recovery</u>

The Director of Delivery & Transformation, Shropshire, Telford and Wrekin Integrated Care System presented the Primary Care Access Recovery Programme. The Board heard that following the publication of the Delivery Plan for Recovering Access to Primary Care in May 2023, Integrated Care Boards (ICBs) were required to develop system-level access improvement plans. The Shropshire, Telford and Wrekin Primary Care Access Improvement Plan set out the ICB's strategy to improve local access to general practice, maintain and improve patient satisfaction and work to streamline access to care and advice, which the ICB recognise is a key area of concern.

Members were advised that three million GP appointments were delivered each year and that the number of appointments hadn't increased materially during that time. The Director of Delivery & Transformation noted that workforce demands did affect patients first point of contact, stating that this could be with a pharmacist or a physio rather than a GP. In July 2023, seven out of ten patients were seen face to face, and 55% of patients in Telford and

Wrekin were seen the same or the next day. However, the Director of Delivery & Transformation recognised that public perception is that residents struggle to get an appointment, so access remains to be the key issue. To address this, Members heard that there were four national pillars that underpinned the plan; Empowering Patients through self-referral, the NHS app and the use of community pharmacy; Implementing Modern General Practice by introducing online access and digital telephony; Building Capacity by allowing practitioners to work at the top of their licences and directing patients to other forms of first contact; and Cutting Bureaucracy. The Director of Delivery & Transformation informed that Board that by the end of the March 2024, all practices would have a digital system that allowed them to manage calls and demand better. Once this was in place and working the ICB were expected to be in a better position to re-assess the gaps in services.

The Chair thanked the Director of Delivery & Transformation and invited Members of the Board to comment on the GP Practice Healthwatch Survey Report and the Primary Care Access Recovery Plan.

Members noted that the level of service received from GPs varied dependent on where residents were registered, but that the results of the survey didn't indicate that it was the most disadvantaged areas that had the worst service and questioned what could be improved overall to address the inequalities. The Director of Delivery & Transformation advised that the existing primary care team were carrying out practice visits to look at quality measures including and beyond access. They highlighted that there were limited resources, but targeted support would be deployed based on those assessments.

Board Members highlighted that for many residents access remained to be the most important issue, as indicated by the Healthwatch survey. It was noted that whilst 50% of patients saw a GP on the same or next day that this figure did not include those who couldn't get through or were turned away. The Director of Delivery & Transformation confirmed that the digital systems would provide this additional information once they were operational.

Members agreed that there needed to be greater communication and education provided to patients about how and where to access the most suitable services. The Board requested that the Director of Delivery & Transformation continued to provide Members with updates of the implementation and success of the plan and that the final GP Practice Healthwatch Survey Report be brought to the Board once completed.

HWB29 <u>Local Care Transformation Programme Update</u>

The Director of Partnership and Place, Shropshire, Telford & Wrekin Integrated Care System provided the Board with an update on the Local Care Transformation Programme (LCT). The Board heard that the Local Care Transformation Programme had been co-produced and included working with community, voluntary and acute providers. The LCT was a system wide

commitment to a range of transformation programmes and initiatives that delivered care in local communities and in people's homes. The Director of Partnership and Place advised Members that the LCT aimed to deliver more proactive and joined-up care and involved health care professionals working across different settings focused on the person's individual goals and prevent unnecessary admissions to acute hospitals.

The Board were informed that two cohort of initiatives had been introduced under LCT. The first included alternatives to hospital admission, the integrated discharge team, and virtual wards. The second included Integrated Neighbourhood teams, Sub-acute care and rehabilitation. The Director of Partnership and Place noted that the first of these was now considered 'business as usual', and the latter under reconfiguration to ensure the right programmes of work aligned to Local Care and its relationship to place based work. There was also expected to be a review of the governance of the LCT as part of a wider system and ICB review.

Members expressed concerns over continued funding for the LCT and sought assurances that resources would continue to be allocated to the services that needed them. The Director of Partnership and Place advised that the impact of resources was continuously measured and updated within the business case.

Members of the Board recognised the importance of local and place-based delivery to address health inequalities and provide the best level of care. The Director of Partnership and Place agreed, noting that the community approach had allowed the ICS to work with local authorities through the Telford and Wrekin Integrated Place Partnership (TWIPP) to identify and fill gaps in services.

HWB30 <u>Most Appropriate Agency</u>

The Police and Crime Commissioner provided Members of the Board with an overview of the new policy and procedure referred to as 'Most Appropriate Agency' which had been rolled out nationally. The Commissioner advised that the policy was introduced as a result of the police acting a safeguard in certain areas that overreached their responsibilities. The policy came into effect in April 2023 and Members heard that it was important to ensure that statutory duties were protected.

The Police and Crime Commissioner invited Members of the Board to consider the questions outlined in section 24 of the report and support the work required to ensure there are no gaps in services.

Members recognised the challenges faced by the police and endorsed partnership and cooperation from both the NHS and the Local Authority. The Board noted that both risk factors and resources would have an impact but welcomed further work that would include partners such as the Safeguarding

Board. These discussions were to be led by the Co-Chair of the Health and Wellbeing Board and reported back into the Board at a later meeting.

HWB31 Telford & Wrekin Safeguarding Partnership Annual Children and Adult Reports 2022/2023

The Chair noted that this item was for information only.

HWB32 Cabinet Update

The Chair noted that this item was for information only.

The meeting ended at 4.07pm

Chairman: ----------

Date: Thursday 21 March 2024

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 21 March 2024

Annual Public Health Report 2024

Cabinet Member:	Cllr Kelly Middleton - Cabinet Member: Healthy, Safer & Stronger Communities & Partnerships
Lead Director:	Liz Noakes - Director: Health & Wellbeing (Statutory Director of Public Health)
Service Area:	Health & Wellbeing
Report Author:	Helen Onions – Consultant in Public Health
Officer Contact Details:	**Tel:** 01952 381366 **Email:** helen.onions@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Key Decision
Forward Plan:	12th December 2023
Report considered by:	SMT 30th January 2024 Policy Development 7th February 2024 Health & Wellbeing Board 21st March 2024 Cabinet 11th April 2024

1.0 Recommendations for decision/noting:

1.1 The Health & Wellbeing Board is requested to endorse and support the recommendations of the Director of Public Health's Annual Report 2024, which are aimed at improving the emotional health and wellbeing of children and young people in the borough.

2.0 Purpose of Report

2.1 This paper introduces the 2024 Annual Report of the Statutory Director of Public Health. Happy, healthy children grow, learn, develop well to become our resilient adults of the future and this year's report focusses on the important issue of

emotional health & wellbeing of children and young people. The report features insight on the thoughts and feelings shared by local young people and makes a series of recommendations aimed at - enhancing support to ensure all our children feel valued, visible and included and emotionally well, providing them opportunities to achieve their aspirations and lead happy and fulfilling lives.

2.2 The annual report also updates our local position across the Public Health Outcomes Framework, providing a picture of population health indicators across the life course.

3.0 Background

3.1 Today's children and young people are our borough's greatest asset, and support for children and young people who need it most is a key priority to narrowing inequalities. Telford & Wrekin is a great place to grow up for most children. For some children however, life is more of a challenge, and often those from deprived backgrounds, disadvantaged families, those affected by abuse and additional needs are more at risk of developing physical health and emotional wellbeing problems, which will persist into adulthood.

3.2 The national 'Marmot Review 10 years on' published just before the pandemic, highlighted that the resilience and mental wellbeing of children and young people continued to be a significant cause for concern. The significant impact of the pandemic on our children and young people is well acknowledged, with lockdowns causing isolation and now the cost of living crisis and other global events together clearly affecting their mental health and emotional wellbeing, and their motivation and hopes for the future. It is also clear that that the demand for young people's mental health services has dramatically increased.

3.3 The Telford & Wrekin Best Start in Life Early Help Board (BSIL), a strategic partnership which reports to the Health & Wellbeing Board, oversees the local offer to children and young people. The BSIL board has a commitment to listen to and work closely with children, young people and their families. Improving social, emotional and mental health is a BSIL priority, and part of this commitment is improving access to mental health services and offering joined up integrated care and support in the community.

4.0 Summary of main proposals

4.1 Listening to children and young people is at the heart of this report, and the impressive participation level of 11-18 year olds from Telford & Wrekin in the UK Youth Parliament ballot in February 2022, started the journey described in the report.

4.2 The report summarises the thoughts and feelings of local children and young people heard through; a series of focus groups held at a range of young people's groups and forums, and also an online survey for secondary school pupils. The soundbites on the four theme areas of Friends and Family; Feelings; Fit and Healthy and Future Hopes and Dreams are highlighted in the chapters of the report, offering insight from 400+ local young people who shared their views with us.

4.3 Following the insight themes from young people chapters, the report showcases important work taking place in Telford & Wrekin, featuring the Youth Year of Wellbeing campaign work and celebrating some of the impressive projects and initiatives that aim to support and develop young people's emotional health and wellbeing. The case studies and stories used in this report show how our local targeted, community-based approach to improving outcomes and what we are doing in Telford & Wrekin is clearly aligned to recent Government guidance on what make a difference to improve the mental health of babies, children and young people

4.4 The Director of Public Health makes the following recommendation for the Health & Wellbeing Board partners and Cabinet to endorse:

- The Council should continue to work with partners through the new Youth Partnership Board to evolve our Youth Offer, ensuring that a range of accessible, inclusive activities, groups and opportunities for children & young people to socialise are widely promoted and publicised.
- The Council should launch a grant-giving process to enhance the local Youth Offer – using the contents of this young person's survey and with a focus on improving emotional wellbeing.
- The ICB should, as part of the re-commissioning of child and adolescent mental health services (currently BeeU service), ensure that future investment in the service adequately reflects the rising local need and demand for CYP mental health services.
- The ICB with Telford & Wrekin Primary Care Networks, should expand and enhance the provision of youth social prescribing
- Building on the YYoW campaign, a toolkit of information, advice and guidance should be co-produced with CYP and widely shared and promoted, this should include support for feelings of loneliness, inequality and selfefficacy and promote the safe use of social media and gaming platforms
- Schools and education settings are encouraged to strengthen their approach to supporting young people improve their emotional wellbeing and resilience, for example through adopting the Future in Mind trauma informed toolkit to support

those with adverse childhood experiences, by developing Youth Health Champion Programmes, or enhancing peer-led student support groups etc.

- The Corporate Parenting Strategic Group should continue to review the care experiences of our looked after children, offering appropriate education, awareness or safeguarding activities to address challenges.
- The availability and accessibility of life skills training which prepares young people for adulthood, focussing the practical things such as money management, cooking, paying bills and opening bank accounts should be reviewed.

4.5 The annual report includes the latest updates for the local position on the national Public Health Outcomes Framework indicators. For the first time, this year the outcome indicators have been presented across the life course framework which underpins our health and wellbeing strategy - starting well, living well, ageing well.

5.0 Alternative Options

5.1 Producing an independent annual report is a statutory duty for the Director of Public Health and the local authority must publish the report, so not publishing a report would mean this duty is not complied with.

6.0 Key Risks

6.1 See finance comment regarding funding.

7.0 Council Priorities

7.1 Every child, young person and adult lives well in their community.

8.0 Financial Implications

8.1 The final Public health grant award to the Council has recently been announced for 2024/25 and for Telford & Wrekin Council is £13.876m. This ringfenced grant funds strategic public health services including a number of significant contracts i.e. Healthy Child programme(0-19), Drugs and alcohol services, Sexual health services etc.In addition the Council will receive the final year of grant to fund Family Hubs which is £1.09m in 2024/25. This is a 3 year(2022-25) grant totalling £3.1m and forms part of the “Best start for life”initiative. Consideration is being given to the sustainability of the programme if the grant award does not continue beyond 24/25.

8.2 However in order to deliver the actions and recommendations proposed in the report requires the input of multiple partners and funding sources. For the Council the recommendations proposed will be delivered from existing budgets and known

sources of funding i.e.grant awards. Where there is cause to source additional funding for initiatives this will be proposed through the appropriate governance route for each organisation.

9.0 Legal and HR Implications

9.1 The Director of Public Health has a statutory duty to prepare an annual report on the health of the people in the area of the local authority under Section 73B (5) of the National Health Service Act 2006 (as amended). The report has to be published by the local authority under Section 73B (6). The attached report is produced by the Director of Public Health in order to meet these statutory responsibilities.

10.0 Ward Implications

10.1 Borough-wide impact, but particularly wards with highest levels socioeconomic deprivation.

11.0 Health, Social and Economic Implications

11.1 Positive experiences in early life are closely associated with a range of long-term outcomes - better performance at school, better social and emotional development, improved work outcomes, higher income and better life-long health.

12.0 Equality and Diversity Implications

12.1 Exposure to Adverse Childhood Experiences (ACEs) during childhood, such as: neglect, abuse, bereavement or separation from parents, domestic abuse, or parental substance misuse, can significantly impair children's brain development having long term consequences. Often the experience of trauma and ACEs are more prevalent in our most disadvantaged communities and families. ACEs can be particularly damaging if children repeatedly experience several of them while growing up and this can often be a feature for people with Equality Act protected characteristics..

13.0 Climate Change and Environmental Implications

13.1 The climate emergency and environmental issues were raised as a concern by young people through the focus groups, so this is clearly an agenda which is important to our younger generation.

14.0 Background Papers

None

15.0 Appendices

A Annual Public Health Report 2024 The empotional health and wellbeing of our children and young people matters

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	23/01/2024	24/01/2024	LN
Legal	06/03/2024	07/03/2024	KF
Finance	23/01/2024	08/03/2024	RP

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

THE EMOTIONAL WELLBEING OF OUR CHILDREN & YOUNG PEOPLE MATTERS

Annual Public Health Report 2024

YOUNG PERSON'S

YEAR OF WELLBEING

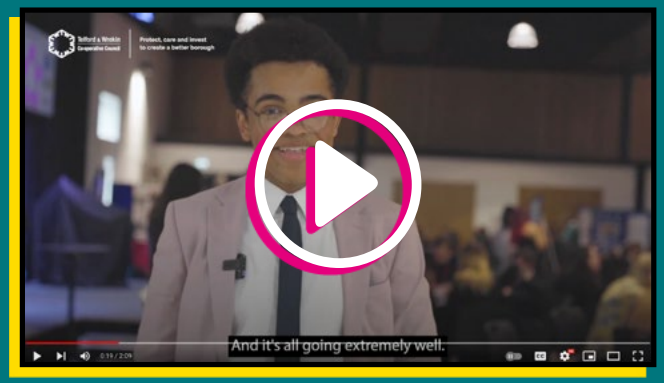
Click image to watch video
Young Person's Year of wellbeing

Recognising that the pandemic significantly disrupted young people's lives socially and emotionally, Telford & Wrekin Council with the Young Persons Forum developed the Young Person's Year of Wellbeing (YPYoW) campaign.

Launched at the Forum's "Our Future in Mind" mental health summit in September 2023 on World Mental Health Day, the campaign encourages young people at secondary school to take positive action to improve their own wellbeing. The campaign builds upon the council's awarding winning Year of Wellbeing campaign for adults in 2022.

Everyone who signs up and makes the pledge receives a series of 12 weekly emails with bite sized tips and information on wellbeing. The campaign is based on research that new habits can embed themselves in one week. The content for the emails and other campaign communications is based around the **Five Ways to Wellbeing,** an evidence-based approach to improving people's wellbeing.

So far 260 young people have signed up to be part of the campaign, this will be promoted again, and the aim is to keep the campaign open until the end of the school year in the summer 2024.



Click image to watch video
Our Future in Mind Mental Health Summit

CONTENTS

Spotlight on Young Person's Year of Wellbeing		2
Acknowledgements		4
Foreword		5
Recommendations		7
Introduction		8
Hearing from children and young people		10
Mental health in children and young people - summary of how it looks in Telford and Wrekin		12
Chapter 1	Family and friends	13
Chapter 2	Fit and healthy	17
Chapter 3	Feelings	19
Chapter 4	Future hopes and aspirations	22
Chapter 5	What are we doing	25
	...in families	27
	...in schools	29
	...in communities	31
	...specialist support	33
Public Health Outcomes Framework		35

ACKNOWLEDGEMENTS

We are especially grateful and give a

BIG THANK YOU

to all the children and young people who gave their time to complete our survey and take part in the focus groups.

Thank you also to the wide range of Council officers and colleagues in partner organisations who have contributed to the publication process and report content, this includes colleagues in the public health teams, Children & Families Services, Communication & External Affairs and Insight Teams.

FOREWORD

This is my final Annual Public Health Report as I am retiring after ten years as the Director of Public Health for Telford & Wrekin. The focus of my work over the last 10 years has been to reduce health inequalities, particularly using community centred-approaches. It is timely then, that as I plan my retirement to spend more time with my grandchildren, that my last Annual Report focuses on the emotional health and wellbeing of children and young people. Giving every child the best start in life is the most important way of reducing health inequalities. Happy, healthy children grow, learn, develop well to become our resilient adults of the future.

Today's children and young people are our borough's greatest asset and support for children and young people is a key priority to narrowing inequalities. Positive experiences in early life are closely associated with a range of long-term outcomes - better performance at school, better social and emotional development, improved work outcomes, higher income and better life-long health. Professor Michael Marmot highlighted in his national report 'The Marmot Review 10 years on' published just before the pandemic that the 'resilience and mental wellbeing of children and young people continue to be a significant cause for concern and there are worrying indications of deteriorations and widening socio-economic inequalities on mental wellbeing'.

"The foundations for virtually every aspect of human development - physical, intellectual and emotional are laid in early childhood"
Marmot, 2010

Since then we recognise that the impact of the pandemic on our children and young people was significant, with lockdowns causing isolation and now the cost of living crisis and other global events together clearly affecting their mental health and emotional wellbeing and their motivation and hopes for the future. It is well acknowledged, locally and nationwide, that the demand for young people's mental health services has increased dramatically.

In looking at the emotional health and wellbeing of children and young people I wanted to hear directly from them – through both focus groups and an on-line survey about how they are feeling and what is important to them. We have centred this report around what they have said.

The report celebrates some of the excellent projects and programmes in place for families, in schools and in the community which are supporting young people with building their resilience and improving emotional health. Our Youth Year of Wellbeing campaign, launched by Telford & Wrekin Young People's Forum is gaining momentum. Although we are proud of the wide range of support available for children and young people in our borough, there is more to do to develop, further evolve and publicise our local offer.

The Telford & Wrekin Best Start in Life (BSIL) strategic partnership oversees the local offer to children and young people, and has a commitment to listen to and work with children, young people and their families. Improving social, emotional and mental health is one of the top three priorities of the BSIL board. And the NHS with local authority colleagues and community partners are committed to improving access to mental health services and offering joined up integrated care and support in the community.

This report makes a series of recommendations aimed at enhancing support to ensure all our children feel valued, visible and included and emotionally well, providing them opportunities to achieve their aspirations and lead happy and fulfilling lives.

As with previous reports there is an overview of recent changes in the health outcomes in Telford and Wrekin, to understand across our communities what difference is being made. I hope you enjoy this report and find its content useful as the Council works towards better health and wellbeing for all children, young people and families in Telford and Wrekin

LIZ NOAKES

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

RECOMMENDATIONS

1. The Council should continue to work with partners through the new Youth Partnership Board to evolve our Youth Offer, ensuring that a range of accessible, inclusive activities, groups and opportunities for children and young people to socialise are widely promoted and publicised.

2. The Council should launch a small grants giving process, aimed at community and voluntary groups to enhance the local Youth Offer – using the contents of this young person's survey and with a focus on improving emotional wellbeing.

3. The ICB should, as part of the re-commissioning of child and adolescent mental health services (currently BeeU service), ensure that future investment in the service adequately reflects the rising local need and demand for CYP mental health services.

4. The ICB with Telford & Wrekin Primary Care Networks, should expand and enhance the provision of youth social prescribing.

5. Building on the YYoW campaign, a toolkit of information, advice and guidance should be co-produced with CYP and widely shared and promoted, this should include support for feelings of loneliness, inequality and self-efficacy and promote the safe use of social media and gaming platforms.

6. Schools and education settings are encouraged to strengthen their approach to supporting young people improve their emotional wellbeing and resilience, for example through adopting the Future in Mind trauma informed toolkit to support those with adverse childhood experiences, by developing Youth Health Champion Programmes, or enhancing peer-led student support groups etc.

7. The Corporate Parenting Strategic Group should continue to review the care experiences of our looked after children, offering appropriate education, awareness or safeguarding activities to address challenges.

8. The availability and accessibility of life skills training which prepares young people for adulthood, focussing the practical things such as money management, cooking, paying bills and opening bank accounts should be reviewed.

INTRODUCTION

We know that for most children, Telford and Wrekin is a great place to grow up. Along with our thriving town, we have a beautiful natural environment that is the envy of many, with lots of opportunities for friends and families to meet and spend time together. Dedicated midwives, health visitors, school nurses, teachers and early years staff work with families to improve outcomes for children, and further education and apprenticeship opportunities continue to grow.

However, for some children life is more of a challenge, and often those from deprived backgrounds, disadvantaged families, affected by abuse and additional needs are more at risk of developing physical health and emotional wellbeing problems which continue and escalate as they develop into adults. Our children in care, those with special educational needs and disabilities and neurodiversity and those facing abuse and exploitation need different levels of support and involvement.

Given the significance of emotional wellbeing, the annual report this year has a focus on hearing from children and young people and their thoughts about friends and family, their feelings, views on being fit and healthy and their future hopes and dreams. We look at what we have heard, alongside national research and showcase some of the local community services and support which is making a difference and building resilience for the borough's adults to be.

IMPACT OF THE PANDEMIC

During lockdowns the lack of face-to-face access to education, social opportunities, leisure and other services had a detrimental impact on emotional health and wellbeing.

Nationally, children's happiness has declined with young people reporting that they are less happy with their life, school, friends than ten years ago. **Key findings from the Good Childhood Report in 2022 showed:**

- happiness with school and schoolwork declines significantly with age of child and was lower among children in lower income households.;
- over half of parents and carers feel that the pandemic has had a negative impact on the education of their children; and
- 85% of parents and carers are concerned about the impact of the cost-of-living crisis on their household/ family over the next 12 months.

The Telford & Wrekin Health and Wellbeing Board has a clear commitment to starting well and giving all children the best start in life, and progress on this agenda is overseen by the Best Start in life Board. The NHS and Council are key partners in this, working with community organisations and our children, young people and families to improve outcomes. The NHS is expected to have a special focus on reducing inequalities, through its **NHS Core20PLUS5 programme** and improving mental health for children and young people is one of the top 5 clinical priorities for young people.

This year's report showcases important work taking place in Telford and Wrekin, celebrating some of the impressive projects and initiatives that aim to support and develop young people's emotional health and wellbeing. The case studies and stories used in this report show how our local targeted, community-based approach to improving outcomes and what we are doing is clearly aligned to recent government guidance on what makes a difference to **Improve the mental health of babies, children and young people.**

Listening to children and young people is at the heart of this report. In February 2022 a total of 4,855 children and young people aged 11-18 across 9 secondary schools and 3 youth groups from Telford and Wrekin, took part in the **UK Youth Parliament Make Your Mark ballot** – the second highest turnout in the West Midlands region. The top issue concerning local young people was health and wellbeing and stepping on from this, as part of the Young Person's Year of Wellbeing we have undertaken a series of focus groups and a local survey this year to expand our understanding of what is important to young people.

The report makes a series of recommendations which aim to build on what we have achieved working together, to ensure support in the community is strengthened and that our offer is varied and inclusive and meets the needs of all young people so no one gets left behind.

HEARING FROM

OUR CHILDREN AND YOUNG PEOPLE

This year's report has a focus on the views of children and young people aged under 18 in Telford and Wrekin. To understand more about their thoughts and feelings on their wellbeing we:

- Invited a range of young people's groups and forums to take part in **focus groups** during September and October 2023, including the Young Person's Forum, the Autism Hub, looked after children/care leavers groups and Recharge, a service that supports young people affected by drug and alcohol use.

- Ran a short **online survey** during November and December 2023 for 11-17 year olds. The soundbites on the four theme areas of **Friends and Family; Feelings; Fit and Healthy and Future Hopes and Dreams** are included in the chapters of this report. Although we cannot over generalise findings to all of Telford and Wrekin's children and young people, the 350 responses give insight into a range of views held and expressed by young people in Telford and Wrekin.

The voice of our local children is complemented by nationally published evidence and intelligence. The report highlights those areas that we need to focus upon to improve the emotional health and wellbeing of children. It also highlights some of the work already happening that will build resilience and support our children and young people reach their potential. This is not an exhaustive mapping piece of work and we acknowledge there is a lot of work being undertaken at grass-roots level to support this work.

What does the word 'family' mean to you?

What's your favourite thing to do with your friends?

What do you do to keep fit and healthy?

What makes you happy?

What makes you sad or worries you?

What do you want to do when you leave school/college?

Do you feel you have the right support and opportunities to succeed in your goals?

Focus groups

A total of 33 young people – ten under the age of 16 and 23 aged 16+ years, participated in the six focus groups supported by Engaging Community Solution including:

Telford & Wrekin Virtual School – Dream | Believe | Achieve

Engaging Communities Solutions

recharge Telford

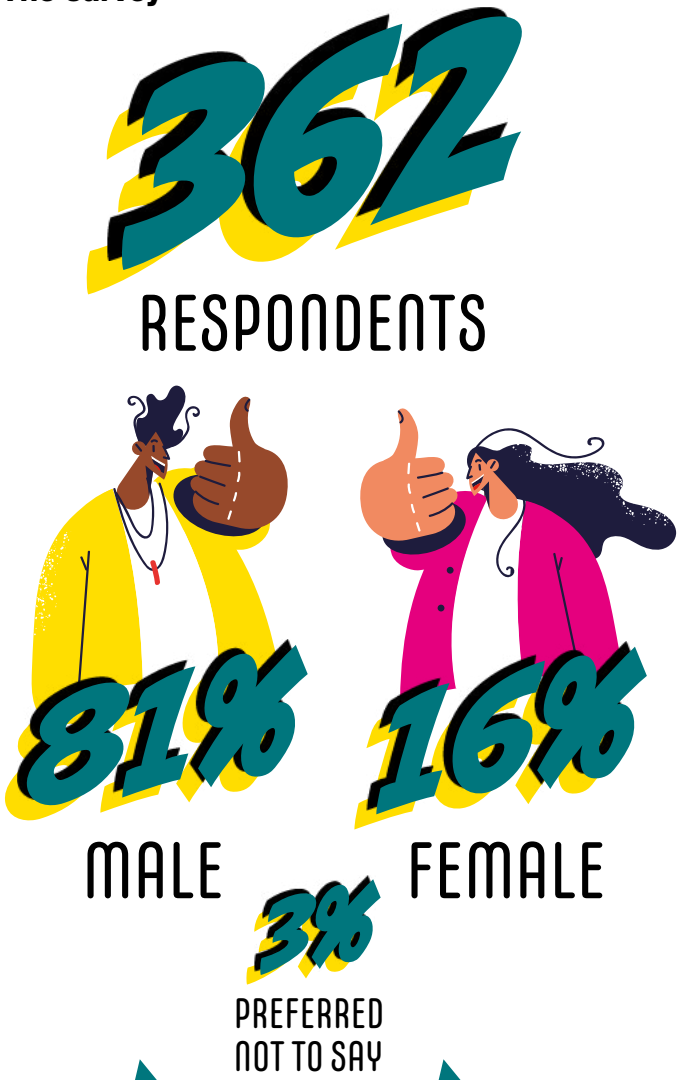
YPF Telford & Wrekin

TELFORD AUTISM HUB

Shout Out for SEND

LEAVERS COME FIRST

The survey



Good response across all ages 13-16 years.

But lower response for 17 year olds.

MENTAL HEALTH

of Children and Young People in England 2022

Summary how it looks in Telford

In England 18% of 7-16 year olds and 22% of young people aged 17 to 24 years

have a probable mental disorder in 2022 **– equates to 4,350 plus 3,680 CYP in T&W**

Hospital admissions:

For mental health conditions (under 18s) is **lower than national**

As a result of self-harm (aged 10-24) is **similar to national**

Early Help Assessments in Telford and Wrekin – presenting needs:

80% record a need around the **emotional and mental health needs** of the child

52% record a need related to **family relationships**

Education and schooling

Secondary school rates of suspensions **higher than national**

Latest NEET data shows an **improving rate now below national**

CHAPTER 1

Friends and family - What does 'family' mean to you?

What the evidence shows:

Children's ongoing development impacts on their physical, social and emotional competence in adulthood. The first two years of life are particularly important for brain development, it is thought that from birth to 18 months when brain connections are made at the rate of 1 million per second. These connections are shaped by our very earliest experiences, be they positive or negative.

A stable home with a supportive family network and access to a good education enables children and young people to become resilient. All families sometimes experience difficulties, and mostly when issues are resolved early on there are no long-lasting impacts. However, those who face the adversity are often the least likely to have the resources necessary to build resilience .

Exposure to Adverse Childhood Experiences during childhood, such as neglect, abuse, bereavement or separation from parents, domestic abuse, or parental substance misuse, can significantly impair brain development having long term consequences. ACEs can be particularly damaging if children repeatedly experience several of them while growing up.

While it may not be possible to completely mitigate all the negative impacts of ACEs, it is possible to reduce them by:

- having one loving, sensitive and responsive relationship with a caring adult;
- creating a sense of being treated fairly in your community;
- being given opportunities to use your abilities;
- having friends who stand by you;
- having a positive role model;
- knowing where to get help in your community.

What our YPYoW survey shows:

What does the word 'family' mean to you?
Choose all that apply

What our young people said

Understand each other even in difficult situations
People you consider to be family
People who are close friends
People who you love and love you back
Depends on who you live with
Other people that you are blood related to
Build what you consider to be family
Anyone your find dear in your life
My friends are more my family than my actual family
Anyone that you trust very deeply
Your mum and dad are the main part of your family
Foster carers

COMMON WORDS AND PHRASES

heritage / safety / supportive / comfort / parents / siblings / uncles / aunties / stepdads / stepmums / care for you / there for you / unconditional love / forgiveness / friendship / protection / being able / sense of identity

CHAPTER 1

Friends and family - Your favourite things to do with your friends

What the evidence shows:

From childhood and throughout life friends can provide someone to trust, to spend time with, to learn from and give support. Some friendships formed in childhood last a lifetime, and most adults in the UK have at least one close friend.

Having supportive friends is important in protecting against the impact of ACEs. In a study only 14% of people with supportive friends reported poor childhood health, compared to 38.6% of those without such a friendship group. The same study suggests that the likelihood of protective factors being present in children's lives varies with the number of ACEs they are exposed to – while 54.9% of children with no ACEs present reported having supportive friends, only 10% of children with four or more ACEs present were able to say the same. Recent national research indicates that loneliness is experienced more often and more intensely in the 16-24 age group compared to any other age group, even though it is often assumed that older people are more likely to be lonely.

What our YPYoW survey shows:

What's your favourite thing to do with your friends? Choose your top three

- 61% Play games online
- 47% Spend time outdoors
- 56% Play sports
- 21% Watch movies or TV
- 19% Play or listen to music
- 11% I do not have any friends
- 14% Use social media
- 17% Shopping
- 14% Cinema
- 6% Ice skating

Chapter 1 Friends and family - Your favourite things to do with your friends

What our young people said

Just hanging out with friends

Use chat apps to talk to friends

Have friends online who I have become very close to

Notice differences with friends who were not in care such as they had better clothes and phone etc

Things you don't want to know about!

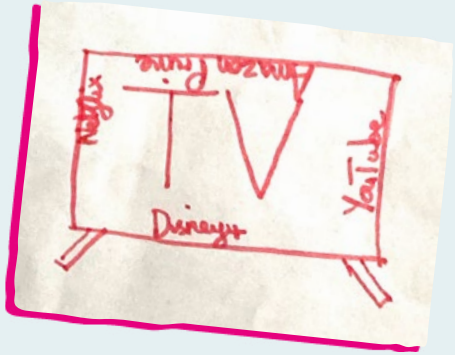
Anything to get me out of the house

We were never allowed to have friends to our home

Anything that keeps your mind off things, keeps your mind busy

I don't have any, other than those in this group, and a few other people

It changes depending on how I feel



CHAPTER 2

Fit and healthy - What do you do to keep fit and healthy

What the evidence shows:

Regular participation in physical activity has immediate and long-term physical and psychological benefits.

Childhood obesity is considered to be a significant public health challenges of the 21st century. Obese children and adolescents are more likely to become obese adults and are at increased risk of developing physical health problems and psychosocial conditions from an early age.

Tooth decay is avoidable and causes problems with pain, eating, sleeping, communication and socialising and causes a significant number of missed school days.

There is a clear association between poor sexual health, poverty and social exclusion in young people.

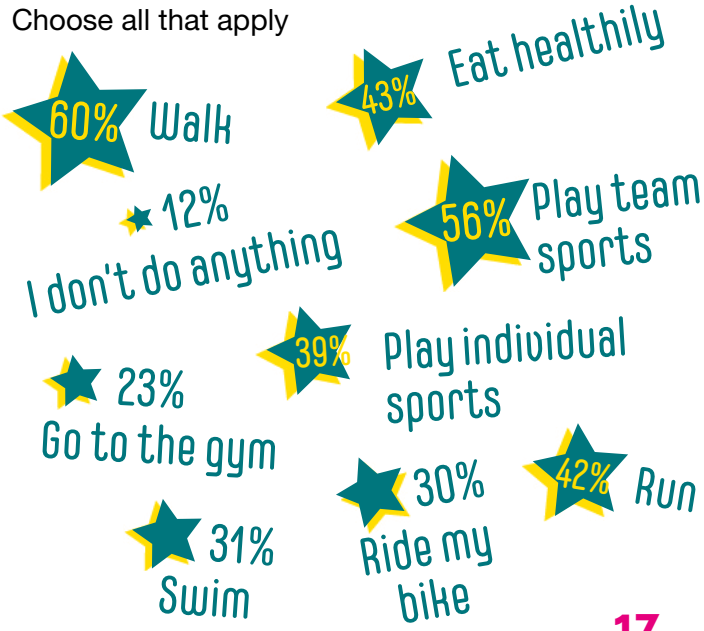
Though the vast majority of young people do not use alcohol and drugs, and most of those that do are not dependent, the impact to physical and emotional health, cognitive and social development, behaviour, educational impact and overall impact on long-term life opportunities is significant to those that do. Nationally, young people entering specialist treatment services often report a range of problems in addition to alcohol and other drug use, including not being in employment education or training, having a mental health treatment need, poly-drug use and being a looked after child. The early onset of substance use, before 15 years of age is a common vulnerability in those needing specialist treatment.

Key national facts and figures:

- Only 1 in 6 (17.5%) children and young people aged 5–15 years meet the recommended guidelines for physical activity.
- Only 38% of children and young people in England report eating five portions of fruit and vegetables every day.
- Children are on average consuming more than double their maximum recommended allowance of sugar.
- The number of young people in contact with alcohol and drug services has decreased in the past 20 years, cannabis remains the most common substance reported by those in treatment.

What our YPYoW survey shows:

What do you do to keep fit and healthy?
Choose all that apply



What our young people said

Care leavers are entitled to a free leisure centre membership taking part in PE/Gym at school

Going running on the track

Running around school all day

Flip Out in Stoke

Healthy eating was taught to me

I had no guidance about diet and nutrition

Nutrition the body needs

Can join that are similar to the young carers group

Swimming keeps me focused

Running helps me to destress

CHAPTER 3 Feelings

What the evidence shows:

Healthy, happy children learn well, which in turn provides a platform for wider opportunities and life chances. Children learning and playing alongside their peers, supported by their families and schools forms habits through school years that set a pattern for their future. During the pandemic changes in family situations, home and social environments, disruption to education, leisure and other services affected many of the support systems young people rely. This has had negative consequences on young people's mental wellbeing.

Identifying poor mental health and providing appropriate support and treatment is essential for children and young people, as half of all mental health conditions start by the age of 14 and can continue into adulthood.

As children become teenagers, they experience physical and emotional growth and change. For many this is an exciting time in their lives, with new experiences and growing independence. However, for some young people, this time can be stressful as they manage changing and new relationships, and academic and social pressures. In later teenage years, young people are sitting exams and making important decisions about their future. School attendance, emotional and physical health and home life can impact on exam performance. Exclusion from school potentially sets a child on a path to poorer qualifications, poorer job prospects and more limited lifetime earnings.

- In the UK the rates of probable mental disorder rose in children aged 7 to 16 years rose from 1 in 9 in 2017 to 1 in 6 in 2020.
- In younger children aged 7 to 10 years, the prevalence of a probable mental disorder was nearly twice as high in boys (19.7%) as in girls (10.5%).

What our YPYoW survey shows:

What makes you happy? Choose all that apply

- 81% Spending time with friends
- 69% Spending time with family
- 70% Listening to music
- 68% Playing games console or phone
- 62% Doing sports

What our YPYoW survey shows:

What makes you sad or worries you?
Choose all that apply

- 66% Exams
- 44% The future
- 42% Arguements with people close to me
- 51% Being lonely
- 41% Health of people close to me

Chapter 3 Feelings

What our young people said

Page 34

WHAT MAKES YOU HAPPY

...having a routine helps my mental health, keeps my mind focused and helps to use my time in a good way

...movies make me happy

...butterflies always make me happy

...My cat...guinea pigs...pets make me happy...

...when I am not being told off for anything

..sometimes lying in bed all day is good for me, it's not making me happy as such but it gives me comfort...knowing that it is okay to be not okay

...watching the sunrise and sunset

...being involved in the youth council

...Recharge and Telford Mind...

WHAT MAKES YOU SAD OR WORRIES YOU

Page 35

...take it hard when my parents push me to do things or see people that I don't like

...not seeing family...

...being alone...basically I spend every day on my own

...situations you can find yourself in with family... 'family drama

...when my friends start acting up and isolate me for no reason

...anxious about going back to school after the school holidays...everyone finds school difficult at some point...school makes me sad and worried

...bullying and being picked on...being bullied constantly

...not being good enough...disappointing others... being underestimated...sometimes it motivates you but often it makes you feel like you don't want to try because you aren't good enough.....can have a positive or negative effect..

...carbon emissions, the environment and the climate

...Friends dying and worrying about dying...

...social media...the news can make me sad...

...worry about things that are happening now, things that you can't change but you wish you could

...fake news...altered images...made up stories on social media...avoid all social media...all these images have been edited, they are so fake

...bus times cause me anxiety...I have to get the college bus, which is always crowded and gives me anxiety

CHAPTER 4

Future hopes and aspirations

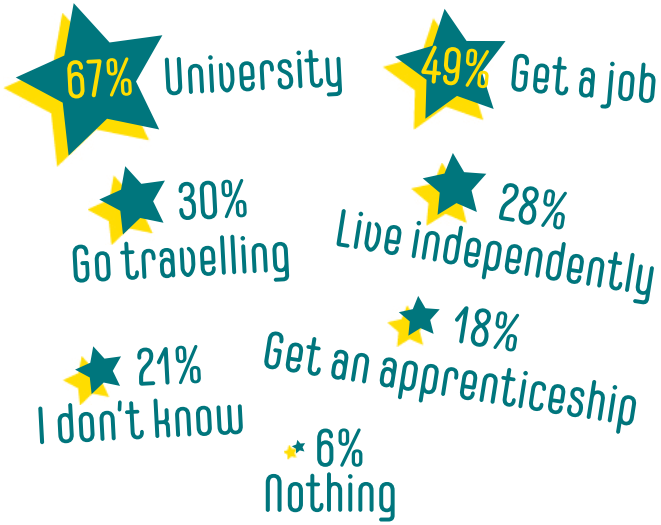
What the evidence shows:

Education is fundamental in a young person's life. A solid, high-quality education can give a person the skills, knowledge and confidence to look forward to a future in which they can thrive, and this is a powerful driver for reducing poverty and improving health. Educational attainment is influenced by both the quality and quantity of education received, as well as factors such as socio-economic status. Being absent from school is a growing problem and is experienced more by children from vulnerable and difficult family circumstances.

Children exposed to four or more ACEs are nearly five times as likely to have high rates of absenteeism from school, compared to those not exposed to ACEs, and protective factors including increased opportunities and being treated fairly can help to mitigate this impact. Adults who were repeatedly exposed to four or more ACEs are over one and a half times more likely to have no qualifications, and nearly three times more likely to be unemployed or not work due to long term sickness, compared to those not exposed to ACEs in childhood. Poor emotional health is one of the most significant barriers to the progress of vulnerable children, such as those in care or those with special educational needs.

What our YPYoW survey shows:

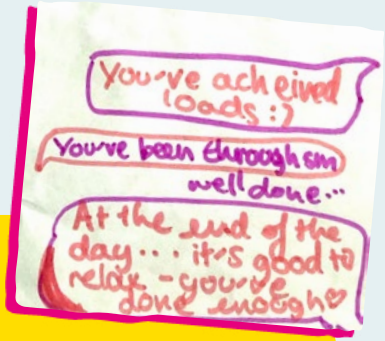
What are your goals for when you leave school/college? Choose all that apply



What our local data tells us:

- Amongst secondary school pupils, the rate of suspensions (26.2) is higher than the national average (14.0).
- There are gaps in educational attainment between children who are disadvantaged and those who are not. Whilst disadvantaged pupils at Key Stage 2 perform better than the national average, with 49% reaching the expected standard in reading, writing and maths (England 44%), this is lower than the 68% of non-disadvantaged pupils achieving the standard.
- Amongst primary school pupils with SEN the main primary need for is speech, language and communication needs (35.0%) followed by moderate learning difficulty (22.0%) and social, emotional and mental health (18.2%).
- For secondary school pupils the principal primary need is moderate learning difficulty (29.4%) followed by social, emotional and mental health (19.4%) and specific learning difficulty (16.4%).
- In pupils attending special schools the main primary need is moderate learning difficulty (35.1%), followed by severe learning difficulty (16.0%) and autistic spectrum disorder (15.7%).

What our young people said



...it is worrying when you think about the future and don't know how to do things that you need to know to be independent, like paying bills

...I know my future, nothing worries me except if I don't get into the college I want to go to

...after I graduate from secondary school I plan to go to culinary school, so that I can open my own restaurant..

...had a dream all my life of playing for Manchester United, I know I may not be good enough, but I am going to try...

...go to university to do medicine or pharmacy...

...move to London or Birmingham...I like busy places...want to move to Australia

...a flat of my own in the future

...hope to be working soon...really looking forward to having a job

...teacher...graphic designer...photographer...

...am not sure if I want to go to college, to be honest...you don't have to choose now...you've got your whole future, you can change our mind later if you want to...

...want to go to art college...college or 6th form and then maybe university

...I'm going to work on a fair...

...try to make a difference with climate and animals... research to help reduce the impact we are having on our environment...

...study as we need the right people to make the right decisions about climate, health and care, and equality

What our young people said

Page 38

...there is more support that I am looking for but it is hard to find and I don't drive or use buses so getting there can be difficult as I walk everywhere...

...I think there is adequate support out there but it's knowing what there is...

...from secondary school schools and then colleges should start teaching us about independence...

...lots of things that you do at school can help you in the future when you are independent, but many do not...

...some subjects are not relevant to life once you leave education

...education should teach us more practical things like life skills...school and college should help you more...they should teach us about taxes and bills

...family support system, and experience in going to university affects how much support we can get from them in completing applications for university...

...'parents who have no knowledge are less able to support or advise us than parents who do have experience...

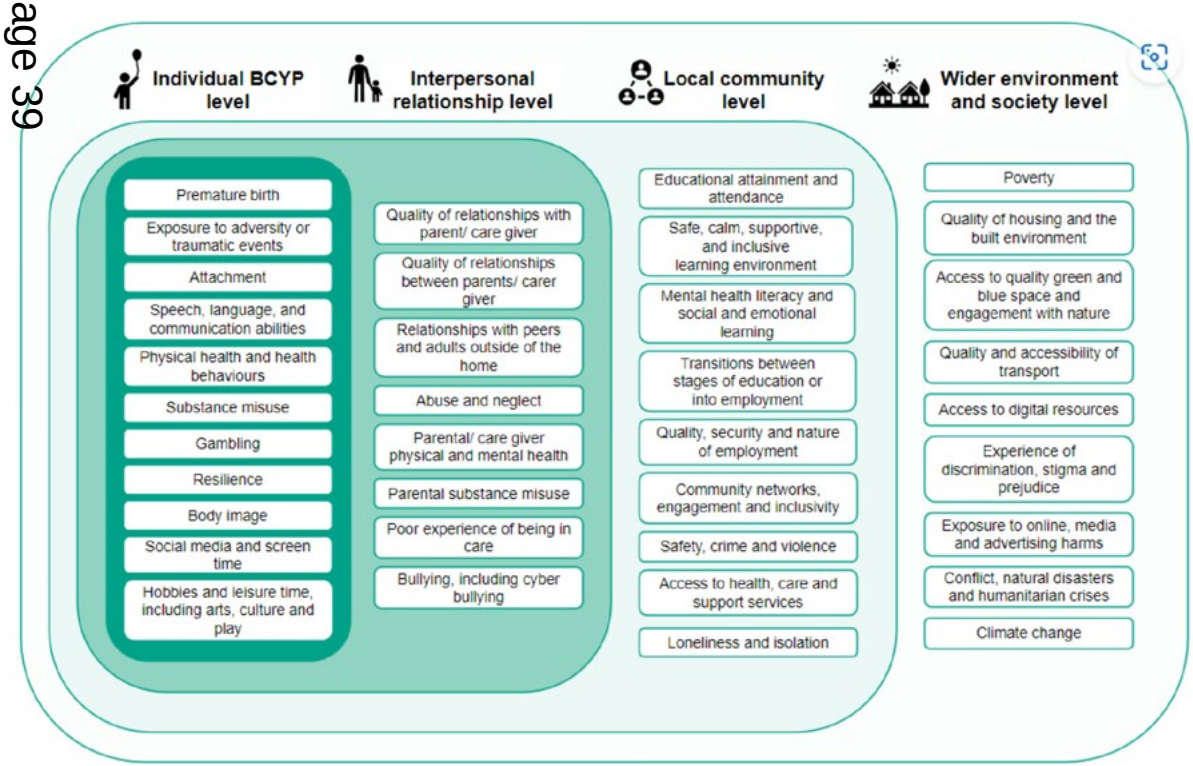
...you have to figure things out for yourself if your family can't give you advice or support...

CHAPTER 5

What we are doing - introduction

The following chapter explores some of the ways the council is working together with partners and with children and young people and their parents - in families, in schools and other education settings, in local communities and in specialist services for children, young people and families who need extra help and support. Many of the projects and initiaitves we spotlight, strongly connect to the Department of Health and Social Care's **framework of modifiable factors for improving the mental health of babies, children and young people** published in January 2024.

Improving the mental health of babies, children and young people



What we are doing overview

Families – delivering the best start in life agenda through our new Family Hubs programme, improving support for parents for: breastfeeding, parenting, financial advice, parental relationships and perinatal mental health, HomeStart community groups and groups for Dads.

Schools and education settings – improving school readiness through the home learning environment and early years settings, training school mental health leads, developing a Schools Wellbeing Charter, offering a wide and rich range of social and emotional mental health projects and programmes in education to counteract loneliness and bullying and build resillience.

Communities – improving the offer of youth activities in the community, through a wide range of groups and supported by community organisations, safer neighbourhood focus, social prescribing approach and the online Youth Year of Wellbeing campaign.

Specialist Services – enhancing the offer for those with Special Educational Needs and Disabilities and autism, looked after children, those with alcohol and drug problems, and improving mental health services.

What we are doing - at a glance

Telford and Wrekin FAMILY HUBS
Right help at the right time

10 BY 10

MHST! MENTAL HEALTH

BeeU Emotional Health and Wellbeing

Families

- First Start for Life Family Hubs open
- Positive Parenting Programmes
- Healthy child programme - Health Visiting and Family Nurses
- Between Us - parental conflict
- Home-Start
- Sea Change Trust - play therapy
- Family safeguarding
- Dandelion Parents

Communities

- BEAM emotional wellbeing drop in service
- Make the Change competition
- Healthy Telford
- Safer & Stronger Communities
- Free Gym and Swim under 25s
- What is 10 by 10?
- Young Person's Year of Wellbeing
- Happy Healthy & Active Holidays
- Bai Lang Kickboxing

HAPPY Healthy ACTIVE Holidays

Schools

- Healthy child programme – School Nurses
- Future in Mind
- School Mental Health Leads
- Mental health support team in schools
- Trauma informed primary schools
- YPF Mental Health Summit 2023
- Schools emotional wellbeing toolkit
- Schools Health and Wellbeing programme
- Virtual school for children in care
- Schools Wellbeing Charter Mark

Specialist

- BeeU
- Recharge Telford
- Domestic Abuse Service – Cranston/WM Women's Aid
- St Giles Criminal Exploitation
- Holly Project CSE victims & survivors
- SEND and Alternative Provision
- Specialist Provision Hubs
- PODS - Parents Opening Doors (SEND)
- Smash Life Mentoring

SEND Local Offer

What we are doing with families

Family Hubs

The Telford and Wrekin Family Hubs programme is well underway to deliver the best start in life agenda given the critical importance of the first 1,001 days period throughout infancy, childhood and into adulthood. There is a clear inequalities focus, with Family Hubs opening in the heart of our deprived communities to better integrate support services and offer opportunities for parents and families to meet and connect. Supporting children with additional needs and those experiencing difficult family circumstances is a priority.

Emotional and mental health in children and adults has been significantly affected by the pandemic in a range of ways. Family Hubs are developing services to enhance the quality parent–infant relationships which is crucial. Building bonds and breaking cycles infant mental health training has been offered across the children's workforce community to give staff confidence to support and safeguard parents in a trauma informed way, challenging cycles of behaviour across generations.

Telford and Wrekin FAMILY HUBS

Right help at the right time

Reducing parental conflict is an important area of development for Family Hubs and high quality training has been rolled out to our children's workforce by renown experts and organisations, such as Amity, Tavistock Relationships and Honor Rhodes.

Working with Dads is also key area of development, and community support groups and Baby First Aid courses are being established, with further work with the Fatherhood Institute being planned.

Home Start Telford & Wrekin are expanding support groups in the community – one example is the Teenage Parent Me Time Group

Between Us

DAD SQUAD – A PEER SUPPORT GROUP FOR DADS

HOME START Telford & Wrekin

What we are doing with families

Improving Perinatal Mental Health

Improving Perinatal Mental Health in the community supports parents and carers with bonding and attachment, which is well known to positively impact on emotional health and wellbeing in both adults and children. Family Hubs funding is being used to enhance community services to support mum's emotional wellbeing.

Sea Change, a local charity which employs psychotherapists who have specialist training, experience and skills in work with children and families has been offering local community events in their pop up bell tent. These friendly, safe spaces are giving mums in Telford and Wrekin an opportunity to talk to specialists and each others about their thoughts and feelings.

Telford MIND are starting a trailblazing perinatal mental health social prescribing support service in early 2024.

Healthy Child Programme Health Visiting

The Mums in Mind group is delivered weekly over a four week period by Health Visitors, for women after they have given birth who are struggling with low mood and/or anxieties of motherhood. The group is aimed at mothers of babies under 12 months of age. Baby Massage is a very popular activity for mums and babies at this group and it has a very positive impact on wellbeing.

MUMS IN MIND

Health Visiting Family Nurses

Telford & Wrekin's Family Nurses offer intensive support to first time teenage parents. One resident Liv became pregnant when she was 17 years old and needed extra emotional support, she had low confidence and she didn't have anyone around her to talk to. Anne, one of the Family Nurses got in touch and supported Liv in a personalised and tailored way throughout pregnancy and the first year of her parenting journey with her daughter Williow. At first had additional health needs and Liv was working hard to develop an affection and loving emotional relationship with Willow to she can break the cycle of abuse she faced in the past. Liv's confidence grew significantly and she started college and is completing a higher access course so she can start midwifery training in September. Anne has supported Liv to find a nursery place for Willow and to attend a teenage mums group run by Homestart in Telford. Willow is now 15 months and doing really well, full of mischief and a joy to be around and it is clear that the person-centred, individualised care Liv has received from Anne has been invaluable, giving her the confidence to be the best parent she can be and will go on to support other mums as a midwife in the future.

What we are doing in schools

Mental Health in Schools

Future in Mind (FiM), run by Severn Training & Schools Alliance, has been running a programme aimed at upskilling people working with schools and children and young people in understanding mental health issues for the past eight years. A wide range of partners are involved including: 64 local primary schools, seven secondary schools, all three special schools and the Virtual School. Feedback from those on the programme remains universally positive and 75 attendees benefited from the sessions offered in the past year which included:

- understanding and supporting children with grief and loss
- recognising and understanding the core emotions of sadness, happiness, fear, anger, surprise and disgust
- supporting students who self-harm and have suicidal ideation

Trauma-informed schools
It is well known that toxic stress directly interferes with children's capacities to learn, and behave, in school. FiM are in the process of practically adapting the famous Miss Kendra story, which teaches children about resilience and how to cope. The Miss/Mr /Mrs/Ms Kendra Toolkit is a therapeutic universal offer to address trauma with all children. The aim of the toolkit is to support all local schools to create a safe space, with a shared language for children to share what is going on in their lives.

The pilot will run in several schools from the spring term this year and will be rolled out to all schools from September 2024.

School Senior Mental Health Leads

The Department for Education funds a series of options for schools to train staff members to become Mental Health Leads. In Telford and Wrekin 80% of our eligible education settings have taken up this grant funding, which is one of the highest take up levels across the Midlands.

Developing Relational Practice

An approach is being developed in schools and settings to recognise the impact of trauma on children's behaviour and this is part of the commitment to improve outcomes for Children in Care, previously Looked After and children with a social worker.

Attachment Research Community (ACR)

All Telford & Wrekin Schools have access to membership of the Attachment Research Community (ARC) which aims to ensure that all schools are attachment and trauma aware by 2025. The ARC accreditation has bronze, silver and gold awards reflecting the depth of practice in the school. In February 2024 56% of Telford & Wrekin Schools had achieved accreditation, and this is expected to rise to 80% by the end of the academic year, the Virtual School offers free whole school training to all schools for ACR, further information can be found at https://the-arc.org.uk/

What we are doing in schools

School Nursing – Emotional Health and Wellbeing Coping Toolbox

School Nursing service delivered a workshop in one local school to produce a coping toolbox of items that help individuals to cope during difficult times, such as exams, anxiety and stressful situations.

Schools Wellbeing Charter Mark

The Council's Educational Psychology Team are working with a pilot group of 10 local schools to implement the initiative originally developed in Sandwell. The evidence-based Charter Mark aims to support schools through a whole-school and holistic approach to social, emotional and mental health.

The first planning workshop held for pilot schools in November 2023 acknowledged that Telford and Wrekin education settings currently have a rich and varied response to mental health need, alongside a well-established Mental Health Lead network, with strong Continuing Professional Development. The Charter Mark will complement this by offering a framework for schools to support and promote mental health in a more consistent and reflective way through an improvement cycle.

Emotional Wellbeing Projects in Schools

Telford Priory School worked with Magical Mind Coaching on a 12 week 'Best Version of Me' programme, using Boxercise to develop physical health and self development tools and techniques to develop their emotional and social health, with over 85% of participants reporting improved mental health.

Telford College – Mental Health Movements social media page had gained more than 5,300 followers worldwide at the end of 2023, it offers advice, raises awareness, and provides a messaging service for anyone struggling with their mental health, with guidance for support services.

Liam Francis and Caitlin Smith students from Telford College have received global interest in their social media page Mental Health Movements.
Shropshire Star article 1 January 2024

What we are doing in communities

Youth Social Prescribing

Telford Mind's Children and Young People Social Prescribing service, commissioned by the NHS, supports 11-19 year olds across South East Telford, using asset-based, 'What matters to me' approaches. The Social Prescriber and young person co-produce simple, holistic and non-medical personalised care and support plans, empowering them to take control of their own emotional health and wellbeing. The holistic and non-medical approach allows the time and safe space for young people to explore at their emotional needs and enable them to access and engage with community support. The personalised plans capture desired outcomes and actions and appropriate referrals are made to voluntary sector services, community groups and activity clubs and relevant public sector services.

The aim is for young people to leave the service with tools and exercises to help them with day-to-day challenges, and a better understanding of resources available to them as well as good mental health practice. Social prescribing is not only enabling young people to feel heard, but is empowering, helps build confidence, make connections and feel less isolated – in turn leading to young people having improved mental and physical health.

The two Children and Young People Social Prescribers have created strong links with local youth clubs, schools and school nursing teams, Family Hubs, ensuring a joined-up approach between agencies, particularly for those young people with more complex needs. This also helps when building trust in services with young people who may struggle to engage with services. There are also wider benefits of social prescribing in prevention terms, as young people are accessing community support at an earlier stage, which can impact on demand for health and social care.

Social Prescribing feedback

"I had a positive phone call from school the other day about G. I never get positive phone calls from school. They called to say that she had done a great speech on mental health during the lesson and how pleased they were. I said it will be because she is working through her own difficulties that have been affecting her mental health!"

"Since my daughter has been engaging in social prescribing, her mood and behaviour has improved so much. Even our relationship has improved since she has been having session."

"Thank you for listening to me and doing referrals on my behalf. You actually listened to me which I have not experienced before."

"My son really enjoys the sessions and values how you are helping him with his current school situation."

What we are doing in communities

Developing our Youth Offer

The **Telford and Wrekin Youth Partnership Board** has been established to adopt a partnership approach to developing new and strengthening our existing youth provision.

A new Youth Offer website, which is in development will be a one-stop website where residents in the borough will be able to access information about youth provision in their local community. As part of this a large scale Youth Survey will be launched in 2024 to obtain the views and hear the voices of young people within the borough, the aim is repeat this survey every two years. The feedback from this survey will used to inform and shape the development of youth activities and provision. The partnership will also lead on a needs assessment to influenc and inform the local youth strategy and work of the partnership.

Youth Health Champions

SYA – All About Youth, a community organisation provides a range of local youth provision, including groups at Anstice Madeley, Brookside, Leegomery, Lightmoor and a Telford LGBTQ+ group. Their Youth Health Champions programme support students in school develop health and wellbeing projects. Newport Girls High School developed a Youth Health Champions project to combat post-COVID isolation, through a communication skills workshop and with older people Newport Cottage Care Centre and another project centred on alleviating period poverty within their school.

Shropshire Youth Support Trust Wellbeing Workshops

Interactive workshops for young people aged 16+ covering a wide range of topics, including stress management, emotional intelligence, self-care, and healthy relationships. These support young people to gain valuable insights, learn practical skills, and connect with like-minded individuals in a supportive environment.

Safer Stronger Communities Projects

The council's young people's **Make a Change programme** has awarded funding for community projects developed by 11-18 year olds. The winning projects:

- youth group for 14-17-year-olds botany and environmental activism project
- Haberdashers' Adams' biodiversity group green house
- Young women's self-defence class
- Park Lane Centre Woodside Youth Festival
- Dawley Christian Centre under-fives garden
- Dawley Youth Club mental health intervention programme – working
- Telford MIND to deliver workshops to young people every two weeks.

What we are doing specialist support

Spotlight on BeeU

BeeU is the child and adolescent mental health service (CaMHS) run by Midlands Partnership University NHS Foundation Trust for local young people. Referrals into BeeU for support have been rising over the past two years, steeply increasing further during Autumn 2023. This rising trend of demand for CaMHS is being seen across the country, but local referral levels are viewed as comparatively high. Young people have faced long waiting times for BeeU, however there has been a focussed effort on reducing waits. In 2023, nearly two thirds of young people receiving support from BeeU reported a general improvement in their emotional health, which is better than the average outcomes reported in similar services across the country.

Children in care are at increased risk of mental health issues and BeeU is focussing on meeting the needs of looked after children. Further partnership working is needed to integrate support offered through BeeU and other community-based services offered through Family Hubs.

NHS Shropshire, Telford & Wrekin are working with the BeeU service and both local authorities to re-commission the service in line with need and demand and in the context of wider community support for emotional health and wellbeing. This will include the development of Neurodevelopmental Pathways where young people are facing the longest waiting times for diagnosis and support.

Case study/project show casing to come from BeeU to come from Liam/Steph

Mental Health Support Team in Schools

Midlands Partnership University Foundation NHS Trust BeeU service has created a Mental Health Support Team (MHST) to support schools in developing a whole-school approach to mental health. The MHST are supporting 34 Telford and Wrekin schools.

A new Mental Health in Schools governance group will meet from January 2024, providing an opportunity to share consistent communication and access to information and build a community of practice across Shropshire, Telford and Wrekin schools.

What we are doing specialist support

Recharge

Recharge Telford, a Community Interest Company (CIC) social enterprise, not-profit organisation, offers young people in Telford and Wrekin aged 12 - 21 a safe place to talk confidentially about their issues around substance use, living with a family member in addiction or other things they are using to cope that have become unmanageable and problematic.

In March 2023 Rebecca Blount, founder and manager of Recharge ran a four-week LGBTQ project for a group young people aged between 13 and 16, to reduce isolation and loneliness. The project consisted of a series of creative workshops facilitated by poet and author Beth Abbot, the group were introduced to creative writing and poetry and over 2 sessions they collectively created a poem. The group decorated decopatch papier mâché face masks, representing how they portray themselves to the world, and not how they feel on the inside. In the final session they spent a day at Woodland Learning CIC in Oswestry doing nature activities such as foraging and cooking wild garlic, making stools, and printing with wildflowers. As the end of the project the participants were introduced to an LGBTQ youth group in Telford that meets once a month called **XYZ**.

I am Brave
I am brave, I am kind I am strong
I am useful, I am myself, I'm unique
I'm a very happy freak
This morning I was crying
Now I'm here and I am trying
I am proud of who I am
And I don't give a damn
I express myself through clothes
And my gayness really shows
Do not change yourself
For anyone else
I am who I am
And that's all that I am

LGBTQ Group Recharge

FIND OUT MORE

Send: Telford & Wrekin Local Offer
www.telfordsend.org.uk

Telford & Wrekin Local Offer
www.telford.gov.uk/leavingcare

Specialist Provision Hubs - helping children and young people with support needs thrive

SEND and alternative provision strategy

Telford Autism Hub

Telford and Wrekin Virtual School

PUBLIC HEALTH OUTCOMES FRAMEWORK SUMMARY

Life Expectancy and Premature Mortality

- **Life expectancy and healthy life** expectancy at birth and at the age of 65:
  - was worse than the England average for both men and women during 2020-22;
  - worsened for both men and women during 2020-22 compared to 2019-21.
- **Premature mortality from causes considered preventable:**
  - was worse than the England average in 2020-22, with overall rates increasing from 2019-21 when they were similar to the England average;
  - premature deaths from preventable circulatory disease and cancer continued to be worse than the England average in 2020-22;
  - premature mortality for preventable cancer worsened from similar in 2019-21 to worse in 2020-22;
  - premature deaths from preventable liver disease and preventable respiratory disease continued to be similar to the England average in 2020-22.

Starting Well

- Under 18 pregnancies, smoking in early pregnancy, obesity in early pregnancy and smoking in pregnancy are worse than the average for England.
- Physical health checks for newborns and infants, newborn hearing screening are all better than the England average.
- Child development:
  - overall child development, communication skills, and personal skills at 2 to 2 ½ years remains worse than the England average;
  - children achieving a good level of development at the end of Reception is similar to the England average and better than England for those children with free school meal status.
- Healthy weight and physical activity
  - children who are overweight or obese in both Reception and Year 6 remained worse than the England average;
  - children and young people who are physically active has worsened from better than the England average to worse than the England average.
- Pupil absence, first-time entrants to the youth justice system and 16-17 year olds not in employment, education and training (NEET):
  - pupil absence and first-time entrants to the youth justice system are similar to the England average;
  - 16 and 17 year olds who are NEET that has improved to better than England.
- Vaccination coverage children:
  - in under 5s, with the exception of Flu for primary school aged children are better than the England average;
  - HPV in 12-13 and 13-14 year-olds is worse than the England average.

Living Well

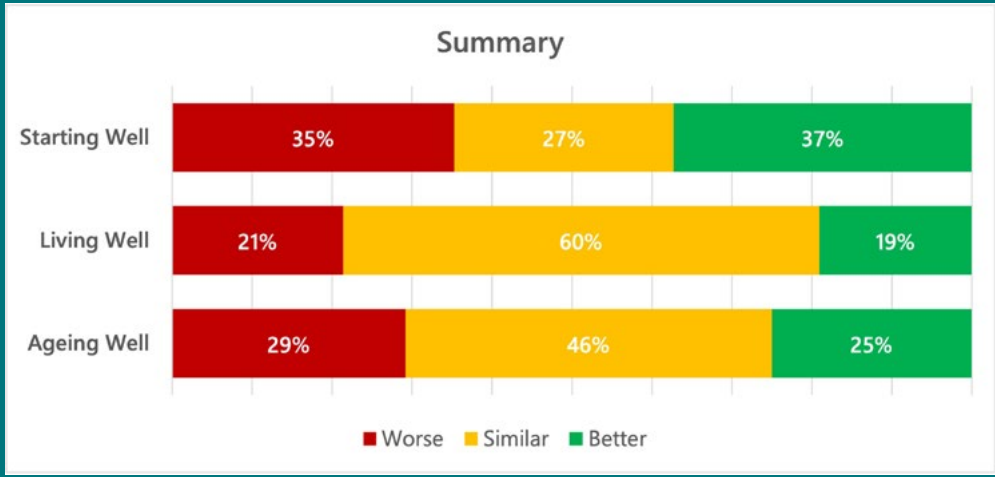
- Healthy weight and physical activity:
  - adults classified as overweight or obese remains worse than the England average;
  - adults who were physically inactive worsened from similar to worse than England, whilst the proportion who were active improved from worse to similar to England.
- Smoking rates in adults remain similar to the England average.
- Treatment for alcohol and drug use:
  - successful treatment completions for non-opiate users remains similar to the England average;
  - successful completions for opiate users and alcohol treatment continue to be better than England;
  - admission episodes for alcohol-related conditions than the England average.
- People reporting low satisfaction, low worthwhile, low happiness, and high anxiety scores in 2022/23 remained similar to the England average.

Housing and homelessness

  - households in temporary accommodation remained similar to the England average;
  - households owed a duty under the Homelessness Reduction Act increased and was worse than England average.

Ageing Well

- Cancer Screening
  - breast cancer screening coverage improved to better than the England average after being worse in recent years;
  - cervical cancer screening coverage remained similar to the England average;
  - bowel cancer screening coverage continues to be worse than England.
- Overall offer and take up of NHS Health Checks in 40–74 year-olds continues to be worse than the national average despite a better than average proportion of people receiving their offer for a health check.
- Flu vaccination coverage in people aged 65 and over has worsened.
- The estimated dementia diagnosis rate for people aged 65 and over continues to be similar to the England.
- Falls and hip fractures:
  - emergency hospital admissions due to falls was better than the England average;
  - hip fractures in people aged 65 and over increased and is now worse than the England average.
- Emergency hospital admissions within 30 days of discharge from hospital remained better than England in 2020/21.
- Preventable sight loss due to age related macular degeneration, and due to glaucoma remained similar to the England average in 2022/23 as did the proportion of adult social care users who have as much social contact as they would like.



RED: Telford & Wrekin position worse than the England average or goal

AMBER: Telford & Wrekin position similar to the England average or goal

GREEN: Telford & Wrekin position significantly better than the England average or goal

Life Expectancy						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
A01a - Healthy life expectancy at birth	All ages	Male	2018 - 20	57.6	61.9	63.1
A01a - Healthy life expectancy at birth	All ages	Female	2018 - 20	60.3	62.6	63.9
A01b - Life expectancy at birth	All ages	Male	2020 - 22	78.0	78.1	78.9
A01b - Life expectancy at birth	All ages	Female	2020 - 22	82.1	82.2	82.8
A01c - Disability free life expectancy at birth	All ages	Male	2018 - 20	59.3	61.6	62.4
A01c - Disability free life expectancy at birth	All ages	Female	2018 - 20	59.6	59.9	60.9
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	8.8	10.1	9.7
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	6.4	7.9	7.9
A01a - Healthy life expectancy at 65	65	Male	2018 - 20	8.7	10.2	10.5
A01a - Healthy life expectancy at 65	65	Female	2018 - 20	9.5	10.9	11.3
A01b - Life expectancy at 65	65	Male	2020 - 22	17.8	18.0	18.4
A01b - Life expectancy at 65	65	Female	2020 - 22	20.2	20.6	20.9
A01c - Disability-free life expectancy at 65	65	Male	2018 - 20	9.1	9.4	9.8
A01c - Disability-free life expectancy at 65	65	Female	2018 - 20	8.4	9.2	9.9
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	4	5.4	5.2
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	3.3	4.9	4.8
E03 - Under 75 mortality rate from causes considered preventable	<75 yrs	Persons	2020 - 22	188.4	186.2	170.1
E04a - Under 75 mortality rate from all circulatory diseases	<75 yrs	Persons	2020 - 22	91.4	83.8	76.0
E04b - Under 75 mortality rate from circulatory diseases considered preventable	<75 yrs	Persons	2020 - 22	36.8	34.0	30.1
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020 - 22	142.6	128.6	123.2
E05b - Under 75 mortality rate from cancer considered preventable	<75 yrs	Persons	2020 - 22	60.0	53.2	50.5
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020 - 22	21.9	23.7	21.1
E06b - Under 75 mortality rate from liver disease considered preventable	<75 yrs	Persons	2020 - 22	19.1	21.5	18.7
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020 - 22	32.5	32.2	28.9
E07b - Under 75 mortality rate from respiratory disease considered preventable	<75 yrs	Persons	2020 - 22	20.1	18.6	17.0

RED: Telford & Wrekin position worse than the England average or goal | **AMBER:** Telford & Wrekin position similar to the England average or goal | **GREEN:** Telford & Wrekin position significantly better than the England average or goal

Starting Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2021/22	17.8	21.4	15.3
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2021/22	23.9	27.0	19.9
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	5 yrs	Persons	2022/23	68.0	66.0	67.2
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	5 yrs	Persons	2022/23	56.6	53.4	51.6
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2022/23	80.5	78.4	78.9
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2022/23	68.7	68.6	66.5
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	5 yrs	Persons	2022/23	79.3	78.1	79.7
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	5 yrs	Persons	2022/23	69.4	67.4	68.8
B03 - Pupil absence	5-15 yrs	Persons	2021/22	7.8	7.8	7.6
B04 - First time entrants to the youth justice system	10-17 yrs	Persons	2022	109.6	115.1	148.9
B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	16-17 yrs	Persons	2022/23	3.1	5.2	5.2
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2021	19.5	15.2	13.1
C02b - Under 16s conception rate / 1,000	<16 yrs	Female	2021		2.4	2.1
C03a - Obesity in early pregnancy	All ages	Female	2018/19	29.5	25.4	22.1
C03c - Smoking in early pregnancy	All ages	Female	2018/19	19.4	14.5	12.8
C04 - Low birth weight of term babies	>=37 weeks gestational age at birth	Persons	2021	3.1	3.0	2.8
C05a - Baby's first feed breastmilk	Newborn	Persons	2020/21	66.0	68.3	71.7
C06 - Smoking status at time of delivery	All ages	Female	2022/23	11.4	9.1	8.8
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	<14 days	Persons	2022/23	94.6	80.7	79.9
C08a - Child development: percentage of children achieving a good level of development at 2 to 2 and a half years	2-2.5 yrs	Persons	2022/23	63.2	76.3	79.2

RED: Telford & Wrekin position worse than the England average or goal | **AMBER:** Telford & Wrekin position similar to the England average or goal | **GREEN:** Telford & Wrekin position significantly better than the England average or goal

Starting Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
C08b - Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years	2-2.5 yrs	Persons	2022/23	72.1	83.0	85.3
C08c - Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	2-2.5 yrs	Persons	2022/23	79.6	89.0	90.3
C09a - Reception prevalence of overweight (including obesity)	4-5 yrs	Persons	2022/23	25.4	22.2	21.3
C09b - Year 6 prevalence of overweight (including obesity)	10-11 yrs	Persons	2022/23	38.9	39.3	36.6
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2022/23	39.6	43.9	47.0
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	<15 yrs	Persons	2021/22	91.1	83.7	84.3
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)	0-4 yrs	Persons	2021/22	109.5	100.1	103.6
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	15-24 yrs	Persons	2021/22	114.9	112.4	118.6
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern	5-16 yrs	Persons	2021/22	41.0	34.0	37.0
C24m - Newborn Hearing Screening: Coverage	<1 yr	Persons	2022/23	99.4	98.7	98.5
C24n - Newborn and Infant Physical Examination Screening Coverage	<1 yr	Persons	2022/23	97.1	97.0	96.2
D02a - Chlamydia detection rate per 100,000 aged 15 to 24	15-24 yrs	Persons	2022	2,118.5	1,337.2	1,680.1
D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	All ages	Persons	2022	343.8	339.6	495.8
D03a - Population vaccination coverage BCG: areas offering universal BCG only	1 yr	Persons	2021/22			
D03b - Population vaccination coverage: Hepatitis B (1 year old)	1 yr	Persons	2022/23	88.9		
D03c - Population vaccination coverage: Dtap IPV Hib (1 year old)	1 yr	Persons	2022/23	94.1	91.5	91.8
D03d - Population vaccination coverage: MenB (1 year)	1 yr	Persons	2022/23	93.6	90.6	91.0
D03e - Population vaccination coverage: Rotavirus (Rota) (1 year)	1 yr	Persons	2022/23	91.8	88.3	88.7
D03f - Population vaccination coverage: PCV	1 yr	Persons	2022/23	96.4	93.2	93.7
D03g - Population vaccination coverage: Hepatitis B (2 years old)	2 yrs	Persons	2022/23	100.0		
D03h - Population vaccination coverage: Dtap IPV Hib (2 years old)	2 yrs	Persons	2022/23	95.4	92.9	92.6
D03i - Population vaccination coverage: MenB booster (2 years)	2 yrs	Persons	2022/23	91.2	87.1	87.6
D03j - Population vaccination coverage: MMR for one dose (2 years old)	2 yrs	Persons	2022/23	92.2	88.9	89.3
D03k - Population vaccination coverage: PCV booster	2 yrs	Persons	2022/23	92.1	88.3	88.5
D03l - Population vaccination coverage: Flu (2 to 3 years old)	2-3 yrs	Persons	2022/23	37.2	39.1	43.7

RED: Telford & Wrekin position worse than the England average or goal | **AMBER:** Telford & Wrekin position similar to the England average or goal | **GREEN:** Telford & Wrekin position significantly better than the England average or goal

Starting Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
D03m - Population vaccination coverage: Hib and MenC booster (2 years old)	2 yrs	Persons	2022/23	91.9	88.2	88.7
D04a - Population vaccination coverage: DTaP and IPV booster (5 years)	5 yrs	Persons	2022/23	86.3	82.8	83.3
D04b - Population vaccination coverage: MMR for one dose (5 years old)	5 yrs	Persons	2022/23	94.6	92.6	92.5
D04c - Population vaccination coverage: MMR for two doses (5 years old)	5 yrs	Persons	2022/23	87.0	83.7	84.5
D04d - Population vaccination coverage: Flu (primary school aged children)	4-11 yrs	Persons	2022	56.9	52.1	56.3
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	12-13 yrs	Male	2021/22	49.0	59.6	62.4
D04e - Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	12-13 yrs	Female	2021/22	62.6	66.9	69.6
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old)	13-14 yrs	Male	2021/22	52.8	64.2	62.4
D04f - Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old)	13-14 yrs	Female	2021/22	61.2	69.9	67.3
E01 - Infant mortality rate	<1 yr	Persons	2020 - 22	5.5	5.8	4.0
E02 - Percentage of 5 year olds with experience of visually obvious dentinal decay	5 yrs	Persons	2021/22	19.1	23.8	23.7

Living Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
B06a - Adults with a learning disability who live in stable and appropriate accommodation	18-64 yrs	Persons	2022/23	77.3	71.4	80.5
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	18-69 yrs	Persons	2020/21	59.0	48.0	58.0
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	16-64 yrs	Persons	2022/23	12.7	9.9	10.4
B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	16-64 yrs	Persons	2022/23	63.3	63.7	65.3
B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	18-64 yrs	Persons	2021/22	72.1	70.4	70.6

RED: Telford & Wrekin position worse than the England average or goal | **AMBER:** Telford & Wrekin position similar to the England average or goal | **GREEN:** Telford & Wrekin position significantly better than the England average or goal

Living Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	18-64 yrs	Persons	2021/22	2.5	3.3	4.8
B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	18-69 yrs	Persons	2020/21	63.9	66.7	66.1
B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)	18-69 yrs	Persons	2020/21	9.0	7.0	9.0
B08d - Percentage of people in employment	16-24 yrs	Persons	2022/23	294.6	279.3	285.8
B09a - Sickness absence: the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2019 - 21	1.7	1.6	1.8
B09b - Sickness absence: the percentage of working days lost due to sickness absence	16+ yrs	Persons	2019 - 21	0.9	0.9	1.0
B10 - Killed and seriously injured (KSI) casualties on England's roads	All ages	Persons	2022	62.4	64.3	94.5
B11 - Domestic abuse related incidents and crimes	16+ yrs	Persons	2022/23	27.2	35.1	30.6
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	27.8	37.7	41.9
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2021/22	41.8	42.0	34.4
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2021/22	3.9	3.2	3.0
B13c - First time offenders	10+ yrs	Persons	2022	160.8	142.4	165.8
B14a - The rate of complaints about noise	All ages	Persons	2020/21	9.3	6.8	12.0
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	All ages	Persons	2016	1.2	4.4	5.5
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	All ages	Persons	2016	2.8	8.1	8.5
B15a - Homelessness: households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2022/23	15.5	11.4	12.4
B15c - Homelessness: households in temporary accommodation	Not applicable	Not applicable	2022/23	0.8	2.5	4.2
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2021	14.9	18.5	13.1
B19 - Loneliness: Percentage of adults who feel lonely often or always or some of the time	16+ yrs	Persons	2019/20	26.0	23.7	201.0
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2022	57.4	38.2	44.1

RED: Telford & Wrekin position worse than the England average or goal | **AMBER:** Telford & Wrekin position similar to the England average or goal | **GREEN:** Telford & Wrekin position significantly better than the England average or goal

Living Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2021/22	156.8	151.0	163.9
C15 - Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations (new method)	16+ yrs	Persons	2021/22	26.1	29.0	300.7
C16 - Percentage of adults (aged 18 plus) classified as overweight or obese	18+ yrs	Persons	2021/22	71.4	67.2	570.9
C17a - Percentage of physically active adults	19+ yrs	Persons	2021/22	64.2	63.4	572.2
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2021/22	26.8	25.5	233.8
C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	18+ yrs	Persons	2022	16.7	13.4	177.6
C19a - Successful completion of drug treatment: opiate users	18+ yrs	Persons	2022	7.6	4.6	5.0
C19b - Successful completion of drug treatment: non opiate users	18+ yrs	Persons	2022	36.7	30.4	31.4
C19c - Successful completion of alcohol treatment	18+ yrs	Persons	2022	44.6	35.4	35.1
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	4.6	5.3	5.0
C20 - Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison	18+ yrs	Persons	2022/23	38.8	38.7	42.6
C21 - Admission episodes for alcohol-related conditions (Narrow)	All ages	Persons	2021/22	546.5	564.3	494.0
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2023	69.8	65.1	65.8
C27 - Percentage reporting a long-term Musculoskeletal (MSK) problem	16+ yrs	Persons	2023	25.8	20.5	204.5
C28a - Self reported wellbeing: people with a low satisfaction score	16+ yrs	Persons	2022/23	5.9	5.2	5.6
C28b - Self reported wellbeing: people with a low worthwhile score	16+ yrs	Persons	2022/23	3.3	4.2	4.4
C28c - Self reported wellbeing: people with a low happiness score	16+ yrs	Persons	2022/23	6.8	8.5	8.9
C28d - Self reported wellbeing: people with a high anxiety score	16+ yrs	Persons	2022/23	19.5	22.9	23.3
D07 - HIV late diagnosis in people first diagnosed with HIV in the UK	15+ yrs	Persons	2020 - 22	52.9	45.9	43.3
D08a - Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months	All ages	Persons	2020	66.7	83.2	84.2
D08b - TB incidence (three year average)	All ages	Persons	2020-22	4.0	9.2	7.6
E09a - Premature mortality in adults with severe mental illness (SMI)	18-74 yrs	Persons	2018 - 20	134.4	110.7	103.6
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	18-74 yrs	Persons	2018 - 20	475.4	365.9	389.9
E10 - Suicide rate	10+ yrs	Persons	2020 - 22	11.1	10.7	10.3
E12c - Preventable sight loss: diabetic eye disease	12+ yrs	Persons	2022/23		3.2	2.9
E12d - Preventable sight loss: sight loss certifications	All ages	Persons	2022/23	38.7	44.6	42.0

RED: Telford & Wrekin position worse than the England average or goal | **AMBER:** Telford & Wrekin position similar to the England average or goal | **GREEN:** Telford & Wrekin position significantly better than the England average or goal

Ageing Well						
Indicator	**Age**	**Sex**	**Period**	**Telford and Wrekin**	**West Midlands**	**England**
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	18+ yrs	Persons	2022/23	41.1	47.1	44.4
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	18+ yrs	Persons	2021/22	53.1	59.7	281.6
C24a - Cancer screening coverage: breast cancer	53-70 yrs	Female	2023	68.3	65.5	66.2
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2023	74.7	73.9	74.4
C24d - Cancer screening coverage: bowel cancer	60-74 yrs	Persons	2023	71.4	70.4	72.0
C24e - Abdominal Aortic Aneurysm Screening Coverage	65	Male	2022/23	79.1	80.2	78.3
C26a - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check	40-74 yrs	Persons	2018/19 - 22/23	26.1	73.5	64.7
C26b - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check	40-74 yrs	Persons	2018/19 - 22/23	52.3	35.4	42.3
C26c - Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check	40-74 yrs	Persons	2018/19 - 22/23	13.6	26.0	27.4
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2021/22	1,506.2	1,986.1	2,099.9
C29 - Emergency hospital admissions due to falls in people aged 65 to 79	65-79 yrs	Persons	2021/22	792.8	952.6	992.7
C29 - Emergency hospital admissions due to falls in people aged 80 plus	80+ yrs	Persons	2021/22	3,575.1	4,983.2	5,310.8
D06a - Population vaccination coverage: Flu (aged 65 and over)	65+ yrs	Persons	2022/23	78.3	78.9	79.9
D06b - Population vaccination coverage: PPV	65+ yrs	Persons	2020/21	68.9	69.5	70.6
D06c - Population vaccination coverage: Shingles vaccination coverage (71 years)	71	Persons	2021/22	34.7	41.9	44.0
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2020/21	14.4	15.7	15.5
E12a - Preventable sight loss: age related macular degeneration (AMD)	65+ yrs	Persons	2022/23	110.3	112.0	105.6
E12b - Preventable sight loss: glaucoma	40+ yrs	Persons	2022/23	17.0	14.7	13.5
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2022/23	651.9	602.2	558.0
E13 - Hip fractures in people aged 65 to 79	65-79 yrs	Persons	2022/23	307.7	266.1	243.8
E13 - Hip fractures in people aged 80 and over	80+ yrs	Persons	2022/23	1,650.1	1,576.8	1,469.0
E14 - Winter mortality index	All ages	Persons	Aug 2021 - Jul 2022	0.8	8.8	8.1
E14 - Winter mortality index (age 85 plus)	85+ yrs	Persons	Aug 2021 - Jul 2022	0.8	12.4	11.3
E15 - Estimated dementia diagnosis rate (aged 65 and older)	65+ yrs	Persons	2023	57.9	60.3	63.0

This page is intentionally left blank

Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

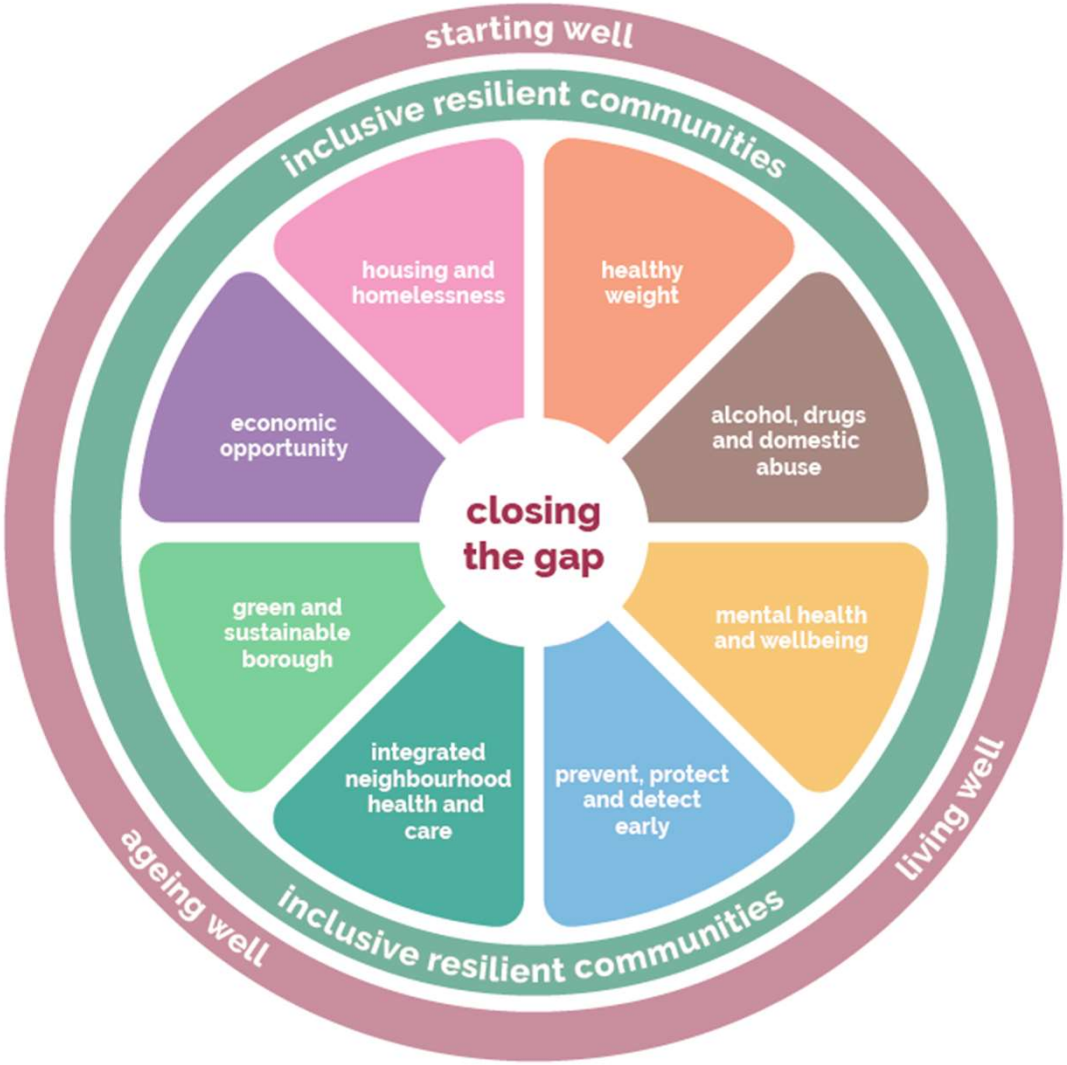
Health & Wellbeing Strategy 2023-2027

Delivery Progress Report March 2024

Strategy Delivery Progress Report March 2024

- Contents 2
- Vision & Priorities 3
- Closing the Gap 4
- Healthy Weight 5
- Alcohol, Drugs & Domestic Abuse 6 - 7
- Mental Health & Wellbeing 8 - 9
- Protect, Prevent & Detect 10
- Integrated health & care
  - Start for Life Family Hubs 11
  - Primary care 12
  - Local care programme/proactive care 13
- Green & Sustainable Borough 14
- Economic Opportunity 15
- Housing & Homelessness 16

Our vision - happier, healthier, fulfilled lives



Borough Vision 2023 ambition – inclusive, healthy, independent lives

Closing the gap

- Our HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. Addressing wider determinants of health is crucial and the NHS has a particular focus on reducing health inequalities through its 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 is being undertaken and an update will be presented the HWB in September 2024. 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.

Healthy Weight	• Strategy engagement focus groups with at-risk groups including people with learning disabilities, mental health disorders, males, ages 55+, ethnic minority groups, people living within our most deprived communities • Key priority for Healthy Weight Strategy is to create opportunities to support groups facing inequalities including: children and adults with a learning disability, physical disability or long-term health condition, as well as those with a common mental health problem or serious mental illness. • Schools health & wellbeing programme selects schools to take part with the highest rates of excess weight and those in our most deprived communities	Integrated health and care	**Start for Life Family Hubs:** "core20" population, younger parents, black & minority ethnic group families **Primary Care:** All 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.
Alcohol, drugs & domestic abuse	**Alcohol & drugs :** Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan, Ethnicity data now included in quarterly treatment monitoring data **Domestic Abuse:** focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups, improving joint working with faith groups and BAME communities	Green & sustainable borough	Air quality focus: children, older people, those with pre-existing cardio-respiratory illnesses, lower socioeconomic groups often exposed to higher concentrations of air pollution **Green Space are Go** targeted towards people from lower socio-economic groups, diverse communities, those with disabilities/additional needs. **"Active SMiles"** seeks employers with high percentages of manual workers and use job title in selection criteria if scheme is over-subscribed
Mental health & wellbeing	Children & Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs	Economic opportunity	The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners. Targeted support for young people who are Not in Education, Employment or Training
Prevent, detect & protect	People living in the most deprived 20% of communities in England – the core 20 are a key focus given the gaps in life expectancy the most deprived and most affluent communities. Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation Cancer Champions & Health Champions representative of diverse communities	Housing & homelessness	People affected by trauma and poor mental health Ongoing focus on homeless clients who present with complex and multiple needs.

Healthy weight

Key Progress – against strategy / work plans

- A final draft of the Healthy Weight Strategy for 2024-2029 is being presented to HWB at March meeting (see HWB papers for further detail). The strategy has been co-produced with members of the public and professionals and four emerging priorities have been identified:
    - Supporting our children to grow into a healthy weight
    - Promoting a healthier food environment including healthy settings
    - Creating opportunities for all
    - Empowering system partners
- Successful recruitment of a Health Improvement Practitioner to support the implementation of the Healthy Weight Strategy – with a key focus on food environments
- "Weigh n Go" pilots have commenced with two workplaces targeting general practice staff groups and school staff
- Healthy Families has supported 51 families to achieve healthier lifestyles (September-December 2023)
- Healthy Lifestyles Service has supported 1153 adults to lose weight (since April 2023)
- Targeted work has started with Adult Social Care and the care sector to increase weight management referrals along with piloting new approaches to provide 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
- 'Food for reward' culture across system partners

Plans for next quarter – what we are hoping to achieve

- Launch of the Healthy Weight Strategy 2024-2029
- Progression of priority commitments outlined in the Healthy Weight Strategy
- Healthy Families targeted programme for children recognised through NCMP measurements will have progressed to year 6 children. – over 500 families will be contacted.
- Increased schools engagement in the Health & Wellbeing Programme
- On going work with adult social care to develop weight management support for adults with a learning disability

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

A series of school food standards webinars have been promoted to primary, secondary and special schools across the borough, as well as holiday activity providers. The Healthy Weight team in partnership with the Health Protection team have delivered these webinars to over 30 schools and 16 holiday activity providers. The aim of the webinars was to improve knowledge of the mandated school food standards and to provide resources and top tips to help support compliance. The webinars have been well received and a number of schools and providers have since received tailored support to adapt their menus and food provision, creating healthier options for children.

Inequalities Focus:

- A key priority for the Healthy Weight Strategy is to create opportunities to support groups facing inequalities. A number of priority population groups have been identified through the development of the strategy, and we will ensure that the commitments delivered are fully inclusive of these groups.

Domestic abuse

Key Progress – against strategy / work plans

- Telford Drive Panel operational, identifying high risk perpetrators for behavioural change programme
- Four units of move on safe accommodation identified by local provider and details of management agreement being finalised with Cranstoun
- Focus group held with local survivors to agree key messages for DA Communications Plan
- Local stakeholder interviews for DHLUC evaluation research completed
- T&W DA Service presence at community events across the borough resulting in a number of DA disclosures

Plans for next quarter – what we are hoping to achieve

- Complete commissioned review of local MARAC arrangements
- Finalise and publish DALP Annual Report
- Ongoing discussions between Cranstoun and local Registered Social Landlords to expand supply of safe accommodation
- Commence implementation of DA Communications Plan
- Establish mechanisms to ensure the voice of local survivors is heard in strategic planning and decision making

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

- 377 helpline calls and 350 online referrals received since June 2023, with 100% of high risk victims contacted within 24 hours
- 62 young people referred with 98% engaged in 1 to 1 support since June 2023
- 50 referrals into Voice and Freedom programmes since June 2023
- Since June 2023, 27 perpetrators commenced behaviour change groupwork programme

Issues / challenges for HWB

- Shortage of appropriate dispersed and move-on accommodation continues to present a challenge to developing a supply chain of Safe Accommodation
- Recruiting local professionals and community members to complete DA Champions training and become local DA Ambassadors

Inequalities Focus:

Ongoing priority focus on families with complex and multiple needs. Domestic Abuse Equality, Diversity and Inclusion mapping exercise completed and actionable recommendations being developed.

Alcohol and drugs

Key Progress – against strategy / work plans

- Alcohol and Drugs Strategy ratified by Cabinet member on the 4th January 2024. The Alcohol and Drugs Forum will work to coordinate operational activity through the Strategy Action Plan to achieve the goals of the strategy
- Increased number of Naloxone doses available in the community, 267 doses distributed to a range of professionals during the first 3 quarters of the year, more than during the whole of 2022-23 (261)
- Drug and Alcohol Related Death Review Panel setup with a trial review to take place in April with partners
- Multi-Agency Intelligence Meeting to monitor changing drug trends continues to meet monthly
- Communications plan agreed for 2024/25 to increase numbers accessing treatment services

Plans for next quarter – what we are hoping to achieve

- Commence implementation of SSMTR delivery plan
- Implement multi-agency Standard Operating Procedure with partners for responding to multiple overdose incidents
- Support West Mercia Police to implement and monitor Naloxone pilot scheme
- Support partners to deliver targeted interventions to address the rise in alcohol and drug related acquisitive crime

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

- Latest continuity of care data highlights a significant rise in the number continuing treatment following release from custody, currently 74%, a rise of 30% from the baseline figure, and significantly above the national rate (52%)
- The number of individuals in treatment for alcohol dependency has risen significantly, currently 270 compared to the baseline of 204 (March 2022).
- Unmet need for alcohol treatment is reducing, currently 81.8%, down from 88.7% in 2020, although still above the national rate (78.4%)

Issues / challenges for HWB

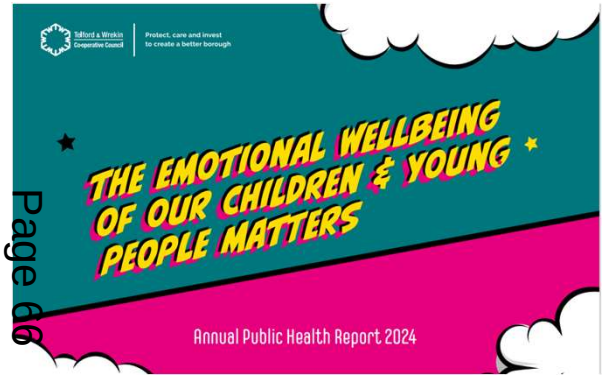
- Increasing the number of opiate dependent individuals accessing structured treatment
- Continuing elevated potential risk of fatal overdoses from synthetic opioids nationally

Inequalities Focus: Ethnicity and gender data incorporated into quarterly treatment contract monitoring data and to be tracked over time.

Mental health and wellbeing: children and young people

Key Progress – against strategy / work plans

- Publication of the 2024 annual public health report - The Emotional Health & Wellbeing of Children & Young People Matters, including a series of recommendations for HWB partners



- Young Person's Year of Wellbeing campaign engagement continues to grow - now at 433 sign ups
- Youth Offer website published New Youth Offer website aims to help young people to get out and about
- **BeeU –**
  - Interim contract agreed between MPFT and ICB
  - Service Specifications for core mental health and neurodiversity are being developed.
  - Development of a pilot post between BeeU and the Children in Care (CiC) Team to explore more effective ways to work together and improve outcomes.

Plans for next quarter – what we are hoping to achieve

- Publicity on annual public health report publication from April 2024 – including feedback to young people who contributed to the survey
- Further development of the Youth Offer
- **BeeU**
  - ICB to lead coproduction of the new model for CAMHS, through an outcome-based contract starting March 2026
  - Start to develop a suite of service specifications in readiness for the 2025/26 contract
  - Implement new joint BeeU and CiC post and review impact
  - Review options to expand the scope and impact of the New Beginnings service (based within the parenting assessment team).

Improving outcomes

Series of initiaitves launched, contributing to the emotional health and wellbeing agenda:

- Coaching for life – new sports programme for young people launched
- Youngsters could win £2,000 for ideas that make a change

Issues / challenges for HWB

- ICS CYP Mental Health governance arrangements still not in place
- BeeU service demand and waiting times remain a pressure - demand for Autism and ADHD assessments continues to be very high. The team are working to maximise capacity

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

Mental health and wellbeing: adults

Key Progress – against strategy / work plans

Inclusive Communities Fund

Telford Mind have applied for £300K from the Inclusive Communities Fund. Successful Applicants notified 14 March 24. In an increasingly digital world, more and more older people are entering a vicious circle of social isolation and declining health placing greater demand on the health economy and social care. By bringing people together, the project will reduce health inequalities, improve quality of life and reduce social isolation. Bringing people together – who would otherwise be alone – is at the heart of this project. Taking a community hub model, a wide range of partners will better serve under-represented communities. The local authority collects population-focused data, using this alongside personalised data produced by the Primary Care Network Digital and Transformation Leads, the project will be able to give support to those individuals currently on the periphery of their community. In addition, through the wide range of activities on offer, as well as co-produced activities identified as part of this project, the aim is to reduce the risk of long-term conditions. The strength of the community hub is in its connection with local health and social care practitioners, the local authority and a wide range of partners.

Independent Mental Health Advocacy (IMHA) for people detained under the MH Act

IMHA providers have been appointed following a competitive tendering exercise for the IMHA Services (Voiceability) and for Orchard Place and Queens Road (Creative Support). The FCA for specialist care and support is being evaluated again now.

Issues / challenges for HWB

Demand across services continues to rise. Some of the current voluntary sector provision is on short term funding. A business case is being developed in order to explore scope for further funding and prevent a gap in the local offer appearing.

Plans for next quarter – what we are hoping to achieve

Community Health & Wellbeing Hub

A project steering group has been established between Telford & Wrekin Council (Health Improvement and ASC), Madeley Town Council, Telford Mind and Social Prescribing to establish a weekly Community Health Hub called Let's Talk - Live Well. They will be writing out to providers to express their interest in being part of the hub which will start off in Madeley at The Anstice with a soft launch on 10 April.

Mental Health Strategy Development

An all age MH Strategy is being drafted in Q2 of 2024/25. Recruitment of experts by experience to be part of the MH Partnership Board, the aim is to improve the quality of commissioning information held about young people transitioning to adult services to inform future commissioning intentions.

Improving Outcomes:

Telford Mind has been awarded the Mind Quality Mark 2021-24. The Mind Quality Mark is a rigorous quality assurance standard. It sets the bar of good practice and legal compliance for all organisations in the Mind Federation. Once every three years, local Minds are reviewed against the Mind Quality Mark standards. The reviews are led by people with lived experience of mental health problems and senior leaders from other local Minds. They are based on a robust assessment of documentary evidence as well as interviews with and survey responses from trustees, staff, volunteers, and people who use services. To achieve the Mind Quality Mark, local Minds must be well-run organisations delivering safe, life-changing support for people with mental health problems.

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** – Number of Health Checks in Quarter 3 increased by 48.9%.
- **NHS Health Check Market segmentation report** shared and discussed with Practice Managers to tailor invites in order to increase engagement of patients to attend for a Health Check
- **InHIP Innovation for Health Inequalities Community Hypertension Case-finding**
- Total number of blood checks delivered since July 2023 is 764. Of which there have been 62 Abnormal readings, 55 people have or will undertake 7-day monitoring. 52 people have been referred to their GP.
- **Cancer champion Core Connectors**
  - Over 73 volunteers have now been trained in Telford as Cancer Champions. Whilst NHS funding ceases for this project in March 2024 Lingen Davies have made a commitment to continue to fund this important programme of work.
  - Lingen Davies has developed a range of multi-lingual videos https://www.cancerchampions.co.uk/resources/resource-videos/
- **Continued Implementation of NHS Tobacco Dependency Teams** and treatment offer to all Acute, Maternity and Mental Health Inpatients (integration with Community Pharmacy and Local Authority Smoking Cessation Services)

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

- **NHS Health Checks** – Quarterly reports shared with all Practices, which has increased delivery and Practices have used the data to share good practice

Plans for next quarter – what we are hoping to achieve

- **Smoking Cessation**
  - Healthy Lifestyle Service to develop plans for the expansion of smoking cessation services following notification of additional grant funding for local authorities from April 2024
  - Work with Community Pharmacies to review referral numbers into stop smoking service & encourage more pharmacies to sign up to deliver the service
- **NHS Health Check** Contract with GPs to be extended into 2024-2025. Discussion with Practice Managers to embed NHS Health Checks into wider CVD prevention and Health Inequality work happening across the ICS
- Targeted campaign to reduce **bowel cancer screening** inequalities in most deprived and ethnically deprived communities as part of Bowel Cancer Awareness Month in April.
- **Falls Prevention -** Fit4All commissioned from April 2024 to deliver two projects a 12-week pilot classes delivered via digital platform, streamed live to 12 - 15 care homes with the highest number of fallers, plus training for new 'Falls Champions' recruited care home staff and volunteers. The second is Community Falls Prevention classes (10 per week x 48 weeks) called 'Moving On' classes.

Issues / challenges for HWB

- Engagement with GP Practices on NHS health check remains a challenge due to their competing priorities and capacity. Potential upcoming (external) changes with Quality Control checks with point of care testing machines may require more staff resource and may further impact on delivery.

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

- Family Hubs transformation is progressing with the opening of the Oak Family Hub in January in Oakengates, alongside the Silver Birch Hub in Sutton Hill and Walnut Hub in Woodside, which opened in August.
- The key elements of the Family Hubs offer have been established in partnership with the voluntary and community sector, early years and the NHS. These requirements are defined by the Department of Education and include a range of in person and online support activities. Our service offer is developing in all of these expected areas:
  - Parenting
  - Perinatal Mental Heath
  - Parent Infant Relationships
  - Home Learning Environment
  - Infant Feeding
  - Parent Carer Panel
- The Early Help strategy development has also progressed and a partnership engagement workshop is taking place on 14th March. Our approach to early help developed through this strategy will underpin how our Family Hubs offer is delivered.
- Dandelion Parents two year celebration event is being held on 15th March and three new members have joined

Plans for next quarter – what we are hoping to achieve

- Phase two of implementation will continue with Hadley Children Centre based at HLC, and Dawley Children Centre based at Dawley Town Hall becoming our 4th and 5th Hubs. Phase 3 transformation will focus on hubs in Wellington, Donnington and Newport.
- A data collection process for the Family Hubs implementation is being developed in line with the DfE requirements. The aim is to start demonstrating the impact of the Family Hub offer during 2024-2025. A data Family Hub dashboard will be created to run alongside the Early Help Strategy.

Improving outcomes

Family Hubs website is in development and being coproduced with the Dandelions and community groups

Issues / challenges for HWB

Government grant funding for the start for life programme ends in March 2025

Inequalities focus: Start for Life Family Hubs transformation prioritised based on areas with worst levels of socio-economic deprivation

Integrated neighbourhood health and care: Primary care focus

Key Progress – against strategy / work plans

- The STW ICB System-level Primary Care Access Improvement Plan is being implemented

Plans for next quarter – what we are hoping to achieve

In summary STW ICB System-level Primary Care Access Improvement Plan, has 4 national pillars:

- **Empowering Patients**
  - Continue to increase all patient self referral activity by 50%
  - Pharmacy First will report initial data (2 month lag)
- **Implementing Modern General Practice**
  - Due to digital provider capacity final 6 practices will have digital telephony byt mid April and improved online requests for patients
- **Building Capacity**
  - Increase Healthcare Professional workforce across STW
  - Improve GP Retention
  - Work with Practices and PCNs to level of Practice Nurses
  - STW Estates Strategy to be published in April, ensure primary care priority in new housing developments
- **Cutting Bureaucracy**
  - Primary Care/Secondary Care interface board meets monthly
  - Improve onward referrals of patients across the system
  - 10 Practices have chosen to take part in the National GP Improvement Plan
  - Clear points of contact for patients across the system
  - Ensure complete care for patients when being seen in Primary Care

Year end reviews of Primary Care Access Review Plans with all PCNs will be undertaken and results published in June 24.

New Contract has been published and work underway to implement.

Improving outcomes - data or brief case study/ story etc

- On track to achieve roll out of NHS App functionality to 90% GPs by end of March 24.
- Self Referral pathways are in development
- Pharmacy first scheme implemented 31st Jan, and all pharmacies signed up to the scheme.
- There are continued increases in GP appointments in Shropshire, Telford & Wrekin with 2.94M in the latest rolling 12 month period
- The percentage of GP appointments within 2wks in January is 85% vs national target of 88%
- The percentage of same day of next day appointments in January is 54.9% vs 54% target.
- There is variation across STW which needs to be addressed, with Telford & Wrekin Practices showing lower patient satisfaction than Shropshire practices – targeted practice visits planned to address this.

Issues / challenges for HWB

- Like many parts of the NHS, General Practice is under intense pressure. Where demand is greater than capacity, it means General Practice can't always be effective and patient experience and access is negatively impacted.
- The core purpose of the STW General Practice Access Plan is to demonstrate how we can mitigate the crisis facing primary care through a shared vision for improving access and quality of care
- NHS STW are receiving support as part of the national Recovery Support Programme which provides focused and integrated support to work through local complex challenges with a key focus on financial recovery

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

Integrated neighbourhood health and care: Local care transformation

Key Progress - Local Care Transformation (LCP) Programme

Discussions held with 11 services/ organisations:

- Community Support, TWC
- VCSE
- Public Health, TWC
- SCHT (adults)
- Community Safety / Safer Stronger Communities, TWC
- MPFT
- Commissioning and Provider Quality Leads, TWC
- SaTH
- Learning Disability and Autism Commissioner, TWC
- Insight Lead, TWC

- Other linked discussions:
- STW Proactive Care Programme
- Local Care Transformation Programme
- TW Health and Wellbeing Board
- STW Integrated Care Board

Emerging Themes

- Build on already existing and developing integrated approaches – e.g. SE Telford PCN, Community Support response during Covid, Newport Hub.
- Improve use of technology to support delivery but not the only method
- Importance of a neighbourhood coordinator to support hyperlocal
- Key interdependencies both locally but also at system level
- See future being more services currently delivered in one area being pushed out into the community in the places of most need.
- Good for professionals to align the same so they get to know each other and share learning

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

Engagement identified being intelligence led is important, need to learn from best practice, evaluation will be key to supporting investment and sustainability.

Plans for next quarter – what we are hoping to achieve

High Level Key Milestones – TW

- Agreement of neighbourhood boundaries building on already existing integrated working - by April 2024
- JSNA of neighbourhoods to support developments and commissioning - from April 2024
- Networks for all neighbourhoods developed and shared -from April 2024
- Neighbourhood Network /Stakeholder events to support integrated working within the area (including co-production of next steps) - from June 2024
- Further development of MDTs, Proactive Care and other population health management approaches within the agreed neighbourhoods from June 2024

Issues / challenges for HWB (N/B this is being driven and overseen through TWIPP)

Emerging risks:

- Workforce – capacity challenges
- Culture – working together
- Estate Strategy development
- Digital / Shared Care Record / Information Governance
- Programme support and capacity

Some of the above risks have mitigations but this will continued to be developed through this work.

Inequalities Focus: Inequalities is one of the focuses of the proactive care approach as defined by the Core20PLUS

Green sustainable borough

Key Progress – against strategy / work plans

- **The Building Safer, Stronger & Healthier Communities Through Better Air Quality Strategy** was approved by Cabinet in February 2024. The Strategy set out ambitions across the following aims:
  - Maintain and improve air quality in the context of area wide growth In recent years, concentrations of air pollutants in Telford & Wrekin have been below national
  - Tackle air quality inequalities by prioritising action to benefit vulnerable groups and communities Communities and vulnerable groups (children, pregnant women, the elderly and those with disabilities
  - Link air quality to the climate agenda with a focus on emission reductions, for carbon as well as air pollutants: a Low Emission Strategy
- Programme to support business become carbon neutral - Business sustainability webinars launched to support Telford businesses

Plans for next quarter – what we are hoping to achieve

- The Air Quality Strategy will be presented to the HWB on the June 2024 agenda

Improving outcomes - data or brief case study/ story etc

- Extra funding boost to Telford and Wrekin businesses to go green
- Businesses in Telford and Wrekin and the Marches will receive an additional £2.3 million in funding to support their efforts in reducing carbon emissions and transitioning towards Net Zero. Extra funding boost to Telford and Wrekin businesses to go green. This boost in funding, allocated to Telford and Wrekin Council through the pilot Business Energy Advice Service (BEAS), will complement existing funding channels such as the UK Shared Prosperity Fund. These initiatives aim to drive the Net Zero Telford and Wrekin and the Marches Energy Grant programs.
- Offering complimentary energy assessments and grant opportunities, these programs target small and medium-sized enterprises across the West Midlands. The pilot Business Energy Advice Service is financially supported by the Department for Energy Security and Department for Levelling Up, Housing and Communities.

Inequalities Focus:

- Groups that are more vulnerable to air quality include children, older people, and those with pre-existing cardio-respiratory illnesses. It is also clear that lower socioeconomic groups are often exposed to higher concentrations of air pollution as a result of where they live and/or work34,35. In identifying key target areas, the Council will review data sources including: locations of schools and nurseries, care homes, health care facilities; and Lower Super Output Areas (LSOA) Indices of Multiple Deprivation.

Economic opportunity

Key Progress – against strategy / work plans

- As part of the Council's **Cost of Living Strategy**:
  - the household support fund scheme will continue until the end of March 2024, which includes vouchers for low-income families in school holidays. No decision has been made yet by the Government on if the scheme will be extended beyond March
  - Further additional funding to has also been granted to the local food banks
  - Launch of the **Invest Telford Strategy** setting out priorities for delivering fair and inclusive economic growth that benefits all communities, residents and businesses
- Series of initiatives launched aimed at improving employment opportunities:
  - Job Box celebrates National Careers Week 2024
  - Telford event to help businesses make the perfect start
  - Job Box celebrates National Apprenticeship Week 2024
  - Council launches scheme to help 550 residents into education and work

Plans for next quarter – what we are hoping to achieve

- Funding levels have been maintained for the various permanent discretionary welfare schemes that are operated across the Council, including Emergency Welfare Assistancee and Discretionary Housing Payments.
- Skills Show to be held at Telford International Centre on 14th March

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

The council has linked up with local Training providers Shropshire Youth Support Trust, Landau, Involved Social Impact Project, Anta Education and School of Coding to deliver this vital service to help address the barriers people face when trying to get back into the workplace.

The aim is to help 550 of local people to secure jobs and/or move closer to employment. With a particular focus on supporting young people the project seeks to increase engagement and participation levels in education, employment or training.

Issues / challenges for HWB

- .

Inequalities Focus: the Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.

Targeted support for young people who are Not in Education, Employment or Training

Housing and homelessness

Key Progress – against strategy / work plans

- Opened a new refuge for those presenting as homeless due to domestic abuse offering 8 beds for women and their children.
- Opened a new 5 bed unit of temporary accommodation for singles and adults who we owe a housing duty.
- Dedicated Housing Solutions Officer to work alongside clients with criminal history to help them find accommodation
- Increased the supply of temporary accommodation to reduce the use of B&B which is not suitable for families.
- Continue to work with partners to provide support to clients presenting as homeless
- Delivering a Landlord and Tenant support programme
- Continue to work with Housing Associations to increase successful nominations into social housing
- Using data on housing needs across adult and children's services shaping the development market to deliver more specialist and adapted accommodation including supported accommodation, extracare and provision for care leavers
- Maintaining daily multi-agency Rough Sleeping Task Force
- Continue to work with MPFT via dedicated Mental Health Nurse to provide rapid mental health support for rough sleepers.
- 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 365 applicants from becoming homeless
- Since April we have relieved 632 applicants from becoming homeless.
- Successfully housed over 900 homeless families/individuals into social housing in the last 12 months

Plans for next quarter – what we are hoping to achieve

- Development of our website regarding homelessness advise and support
- Establish a Homelessness Forum with shared responsibility for delivering the Homelessness Strategy.
- Continue to work with partners to manage customer expectations about the type, size and location of housing they may be offered
- Continue to work with developers and housing association partners to ensure that new properties reflect all housing needs.
- Opening up a new accommodation provision for children in care.
- Welcoming the opening of a new extra care scheme in Arleston via Housing 21

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
- More complex clients not willing to engage with services to support them which will support their homelessness.
- Shortage of affordable larger accommodation reflecting increase in larger families presenting as homeless
- Shortage of one bedroom self contained affordable properties for single clients
- Demand for more specialist supported accommodation to house those with mental health and substance misuse.

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

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health and Wellbeing Board

Thursday 21 March 2024

Telford and Wrekin Healthy Weight Strategy 2024-2029

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:	Becky Procter – Senior Public Health Practitioner Louise Mills – Service Delivery Manager Health Improvement
Officer Contact Details:	**Tel:** 01952 383108 **Email:** becky.procter@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Key Decision
Forward Plan:	Yes
Report considered by:	SMT - 20 February 2024 Health and Wellbeing Board - 21 March 2024

1.0 Recommendations for decision/noting:

The Board is asked to:

1.1 Approve the Telford and Wrekin Healthy Weight Strategy 2024-2029.

2.0 Purpose of Report

2.1 This report introduces the new Telford and Wrekin Healthy Weight Strategy 2024-2029 (Appendix A)

3.0 Background

3.1 There are above average levels of people who are overweight or living with obesity across Telford and Wrekin. 1 in 4 children are overweight by the time they start school, which rises to 2 in 5 children before they leave primary school. The rate of ‘severe obesity’ in reception aged children in Telford and Wrekin is within

the top 10 highest rates across the whole country. Children who are overweight or living with obesity are likely to be overweight in their adult life, which is represented as over 70% of adults across the borough are overweight.

3.2 Being overweight or living with obesity negatively impacts an individual's physical and mental health. It is a risk factor for many illnesses such as cancer, diabetes and heart disease. People who are overweight are more likely to be diagnosed with depression or anxiety. Residents living within our most deprived areas or already experiencing health inequalities are more likely to be overweight.

3.3 As well as negatively impacting individual's lives, the cost of obesity is a significant burden to our health and social care systems – costs for housing adaptations, specialised equipment and carer provision will continue to increase as levels of obesity increase and our population ages.

3.4 Tackling obesity is a key priority within Telford and Wrekin's Health and Wellbeing Strategy. Development and delivery of a local strategy solely dedicated to healthy weight will drive forward this priority. Healthy weight also contributes to other priorities, including mental health and wellbeing; prevent, protect and detect; green and sustainable borough; and integrated neighbourhood health and care.

3.5 The Telford and Wrekin Healthy Weight Strategy takes a whole systems approach to tackling obesity where system partners take joined up action to improving outcomes for our residents. As the causes of obesity are complex and varied, there is no single quick solution. This five-year strategy looks at medium to long term solutions that contribute to this vision.

4.0 Summary of main proposals

4.1 The strategy was developed through needs assessment and engagement with the public and professionals. The Healthy Weight Needs Assessment (Appendix B) includes a collection of key indicators that allows us to identify priority groups and wards to target. Views of members of the public and stakeholders were sought through a survey of over 1000 people and 25 focus groups. The views were representative of the borough's population.

4.2 A number of themes were identified through the needs assessment and engagement, and four key priorities have emerged.

4.3 *Supporting our children to grow into a healthy weight* – Parents have stated that they would like our children to have the opportunity to take part in regular physical activity as well as trying new healthy foods and learning simple cooking skills. Outside of the home, children spend most of their time at school, making the role of schools vitally important.

4.4 *Promoting a healthier food environment including healthy settings* – Many people find it challenging to eat healthily because we are living in environments where unhealthy foods, with high amounts of sugar, salt and fat are readily available. Engagement with professionals identified a 'food as reward' culture amongst our public settings, schools, across the services we deliver and our workplaces. Organisations should work together to create healthier food environments, particularly in settings where residents spend a lot of their time.

4.5 *Creating opportunities for all* – There are groups and communities who face barriers to accessing services to support healthy weight. From engagement with our residents, we know that many people lack motivation, and perceive time and cost as main challenges to becoming a healthy weight. Ensuring that our services are fit for purpose and accessible to all groups, will help to address this, along with targeted support for our under-represented populations.

4.6 *Empowering system partners* – Working as a whole system is recognised to collectively address health challenges such as obesity. Only two thirds of professionals working with residents feel confident to support others with their weight, and many feel that their own weight impacts their ability to support others. System partners should collectively adopt messages and language to support healthy weight and reduce conflicting information.

4.7 These four priorities are underpinned by a *Whole Systems Approach*. Using Public Health England methodology and framework, the strategy will focus on ensuring all system partners are working in an aligned way to promote healthy weight across our residents and workforce. Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone.

4.8 The Strategy document includes a series of 31 commitments across the four priorities. A detailed action plan and a set of key performance indicators are being developed to monitor the implementation and progress of the strategy over the next five years.

5.0 Alternative Options

5.1 None

6.0 Key Risks

6.1 Contribution in terms of time and resource from system partners is key for the delivery of a whole systems approach. Conflicting priorities from partners may risk the delivery of the Healthy Weight Strategy commitments and action plan. The risk will be monitored through regular reporting to the Telford and Wrekin Integrated Place Partnership (TWIPP) and Health and Wellbeing Board.

6.2 Through engagement with members of the public, we recognise that motivation is the main challenge for people to achieve a healthy weight. Regular communications and campaigns will be delivered throughout the course of the strategy to support behaviour change of individuals, groups and organisations.

6.3 Easy access to unhealthy foods is also a challenge for people to achieve a healthy weight. Fast food outlets are more densely populated within areas of deprivation, where levels of overweight and obesity are highest. Creating healthier food environments within these areas where less healthier environments are existing may present difficulties.

7.0 Council Priorities

7.1 The Healthy Weight Strategy will make a significant contribution to all of the Council Priorities:

- Every child, young person and adult lives well in their community
- Everyone benefits from a thriving economy
- All neighbourhoods are a great place to live
- Our natural environment is protected, and the Council is taking a leading role in tackling the climate emergency
- A community-focused, innovative council providing efficient, effective and quality services.

8.0 Financial Implications

8.1 The actions and recommendations proposed in the report require the input of system partners and multiple funding sources. For the Council the recommendations proposed will be delivered from existing Council budgets and known sources of funding. Where there is cause to source additional funding for initiatives this will be proposed through the appropriate governance route for each organisation.

9.0 Legal and HR Implications

9.1 Section 12 of the Health and Social Care Act 2012 places a duty on local authorities to improve the health of people in its area, this includes providing services or facilities designed to promote healthy living.

9.2 The National Child Measurement Programme (NCMP) is a mandated annual programme delivered by local authorities to all school children in reception and year 6. Delivering the NCMP programme provides the local authority with vital information on the health needs of the local area, to support planning of key services to tackle obesity.

9.3 The National Planning Policy Framework (NPPF) makes it clear that local planning authorities have a responsibility to promote healthy communities. Local authorities

are required by law to publish an annual monitoring report. This is an opportunity for planning and public health colleagues to work together to ensure appropriate and important information is recorded.

10.0 Ward Implications

10.1 The Healthy Weight Needs Assessment provides better understanding of priority ward areas for obesity and wider determinants, which will support a data driven approach for interventions.

11.0 Health, Social and Economic Implications

11.1 Healthy Weight is a specific priority in the Telford & Wrekin Council Health & Wellbeing Strategy.

11.2 Healthy Weight also factors in other priorities identified in the Health & Wellbeing strategy, especially mental health and wellbeing; prevent, protect and detect; green and sustainable borough; integrated neighbourhood health and care.

11.3 Obesity related health problems including asthma, musculoskeletal problems and type 2 diabetes can start within children and worsen as they move through their life course and become adults. People living with obesity are more at risk of developing illnesses such as cancer and heart disease and are likely to live fewer years than people who are a healthy weight.

11.4 The cost of treating ill health and conditions relating to obesity have place a significant cost burden on our economy, particularly within health and social care.

11.5 Healthy Weight features in The NHS Shropshire, Telford and Wrekin Integrated Care System Joint Forward Plan. The NHS long term plan has a strong focus on prevention and health inequalities, with obesity featuring as a key programme area.

12.0 Equality and Diversity Implications

12.1 Individuals and groups living within our most deprived areas and experiencing inequalities including health inequalities are more likely to be overweight or living with obesity. A number of priority population groups to support with healthy weight initiatives have been identified to help close the inequalities gap. Equality impact assessments (including the Health Equality Assessment Tool) will be utilised within the strategy's commitments and appropriate actions will be incorporated to address any equality and diversity issues.

13.0 Climate Change and Environmental Implications

13.1 The Healthy Weight Strategy will positively impact our environment and climate change, for example, active travel initiatives reduce fuel emissions.

14.0 Background Papers

1 PHE Whole Systems Approach to Obesity: Whole systems approach to obesity - GOV.UK (www.gov.uk)

15.0 Appendices

A Telford and Wrekin Healthy Weight Strategy Draft 2024 – 2029

B Telford and Wrekin Healthy Weight Needs Assessment 2023

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	15/02/2024	29/02/2024	KF/RP
Finance	15/02/2024	05/03/2024	RP
Director	19/01/2024	13/02/2024	LN

Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Healthy Weight Strategy

2024-2029

Foreword

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone.

Eating too much or moving too little can contribute to a person becoming overweight but the causes of obesity are much wider than this. The wider environmental, social and economic factors all play a part in our health outcomes and can cause obesity.

Being an unhealthy weight has a huge impact on people's lives – you are more at risk of developing illnesses such as cancer, diabetes, heart disease as well as being more at risk of having a diagnosed mental health problem such as depression or anxiety. Furthermore, being overweight can mean that you are likely to live fewer years than people who are a healthy weight.

Across Telford and Wrekin, we have higher levels of children and adults who are overweight or living with obesity, compared to the national average. We must do something about this, and now is the time to act. Working together using a whole systems approach is vitally important to be able to tackle the upstream drivers of obesity.

The Healthy Weight Strategy 2024-2029 outlines our system's joined-up approach and commitments to improving healthy weight outcomes for our residents. Being a healthy weight can lead to people living healthy and fulfilling lives and this five year strategy looks at medium to long term solutions that contribute to this vision.

Liz Noakes
Director of Public Health

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

Contents

Local Context	4
Definition, language and terminology	5
Engagement	6
Key priorities	7
Whole systems approach – summary of priorities	8
Priority 1 – Supporting our children to grow into a healthy weight	10
Priority 2 – Promoting a healthier food environment including healthy settings	14
Priority 3 – Creating opportunities for all	18
Priority 4 – Empowering system partners	22
Evaluation	26
Acknowledgements	28
Appendices	29

Local context

185,600

people in Telford and Wrekin (mid-year June 2021)

83%

from White British background and

17% **from minority ethnic background** (Census 2021)

16%

(29,100) live in areas that are amongst the 10% most deprived in England (Index of Multiple Deprivation 2019)

Children and young people

1 in 4

(25.4%) (530) children in Reception in the borough are overweight or living with obesity (higher rate than England) (OHID 2022/23)

2 in 5

(38.9%) (855) children in Year 6 in the borough are overweight or living with obesity (higher rate than England) (OHID 2022/23)

Less than half of the children in the borough (44.4%) meet the physical activity recommendations (60 minutes per day) (OHID 2021/22)

Adults

71.1%

The borough has higher rates of adults who are overweight (OHID 2021/22)

31.2%

of adults with learning disabilities are living with obesity (OHID 2021/22)

1 in 4 adults

(26.8%) do less than 30 minutes of physical activity per week. This increases to 48.7% where adults have a disability or long term health condition. (OHID 2021/22)

- Children living in the most deprived areas of Telford and Wrekin are 7.8% more likely to be living with obesity than those in the least deprived areas (OHID 2021/22).
- The prevalence of children living with obesity is highest in the 'Black' ethnic group (OHID 2021/22).
- Boys are more likely to be overweight or living with obesity than girls (OHID 2021/22).
- 24.2% of pregnant mothers are living with obesity (NHS Digital April 2023 – data for SaTH).
- 7.7% of adults are diagnosed with diabetes (QOF 2022/23).
- 14.1% of adults have diagnosed hypertension (high blood pressure) (OHID 2021/22).
- 27.2% of primary school pupils are eligible for income related free school meals (LAIT 2023).
- Only 26.1% of adults meet the recommended daily 5 a day fruit and vegetable consumption (OHID 2021/22).
- Fast food accessibility is worse in some areas, including Madeley and Sutton Hill.

Obesity - definition, language and terminology

Whole systems approach – throughout this strategy, we will use the term 'Whole Systems Approach'. This involves applying systems thinking, methods and practice to collectively tackle complex issues like obesity with all system partners involved. OHID, previously PHE, produced guidance for local areas to apply a Whole Systems Approach to tackle obesity, which we will base our framework on:
Whole systems approach to obesity - GOV.UK (www.gov.uk)

Other terminology used throughout the strategy, is explained below:

> *"Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health."*
> (WHO, 2021)

BMI – Body mass index (BMI) is the most widely used method to check if you're a healthy weight for your height. The BMI range for Healthy Weight is 18.5-24.9.

Overweight – if your BMI is 25 or over, you're in the overweight range.

Obese – if your BMI is 30 or over, you're in the obesity range.

For Black, Asian and some other ethnic minority groups, the healthy weight range is lower (23 for overweight, 27.5 for living with obesity).

Underweight – if your BMI is below 18.5, you're in the underweight range.

BMI Centile – for children aged 2-18 years old, BMI takes into account age and sex as well as height and weight and is shown as a "centile". This compares with other children of the same age and sex as a percentage. Overweight is classed as 91st centile or above, and very overweight is classed as 98th centile or above.

BMI is a useful indicator of healthy weight for most people, however there are limitations as it measures whether a person is carrying too much weight, but not too much fat. Other measures of excess fat include the waist to height ratio.

People's beliefs and stigma

It is recognised that some people do not perceive BMI alone to be a measure of a "healthy weight". During engagement with Telford and Wrekin residents, people suggested that being a healthy weight means "feeling good, moving well, not being tired". 72% of people who were engaged with knew their height and weight.

It is also noted that the terminology used by professionals may have a negative impact on people – "Health professionals seem to think everything is linked to weight".

1 in 3 people who were engaged with felt that they have been treated differently or discriminated against because of their weight.

Our language

With this in mind, across Telford and Wrekin, we will aim to avoid language which has the potential to contribute to weight-based discrimination. Terminology drawn from BMI classifications and ranges will only be used in relation to explaining data, trends and patterns. Positive and sensitive language will be adopted in communications with residents and partners. Our messaging will also aim to reduce any potential unintended harm to those at risk of being underweight or eating disorders.

Engagement results

During August and September 2023, members of the public and professionals were consulted with to establish their thoughts and views on healthy weight through a short survey. The survey was promoted through social media and through various community groups to ensure that results were representative of the local population. A number of focus groups were also completed with community groups that are often underrepresented and/or at higher risk of obesity, including males, over 55s, residents with a learning or physical disability or mental health condition.

Page 86

672 members of the public and 136 professionals completed the Healthy Weight Survey and a summary of the results is shown below:

Public

- 90% of the public agree that being a healthy weight is important to them.
- 4 in 5 (81%) people are trying to lose weight or have tried to in the past.
- Only half of the public (55%) feel like they can successfully manage their weight.
- 1 in 3 (33%) feel that they have been treated differently or been discriminated against because of their weight.
- The majority of the public stated that the increase of food prices has not affected them much (62%), however, 19% of the public have had to prioritise paying bills over food shopping. 10 people (1%) responded that they have had to send their children to school without breakfast or a packed lunch, which is 10 too many.
- The main challenges to eating a healthy diet include: 1. having time to prepare healthy food; 2. motivation; 3. ideas of what to cook; 4. being able to afford a healthy diet; 5. the amount of unhealthy food choices available.
- The main challenges to being physically active include: 1. finding time; 2. the cost of activities; 3. confidence in joining in; 4. level of ability.
- The key drivers to support people to achieve a healthy weight are: 1. seeing the progress made; 2. seeing improvements in health and confidence; 3. having support from family and friends.
- The majority of the public (77%) felt that teaching healthy cooking from a young age can help children and young people to eat well. Positive media messages can encourage healthy eating in children and young people.

Professionals

- 92% of professionals that responded thought that healthy weight was important to their role.
- However, only 66% felt confident in being able to support others to achieve a healthy weight.
- Almost half (48%) of professionals feel that their own weight impacts their confidence and ability to support others.
- Almost 1 in 3 professionals (29%) felt that residents they work with have been discriminated against or treated differently for being overweight.
- Professionals felt that the main challenges to members of the public are cost; understanding of healthy weight; the wider environment; and motivation.
- Professionals felt that challenges to support others with healthy weight include: dedicated time; access to training; too much focus on body weight alone.

The Healthy Weight Survey Summary Report can be found in Appendix 2

Key priorities

Throughout the strategy, we will focus on four key priorities:

Whole systems approach

Supporting our children to grow into a healthy weight

Promoting a healthier food environment including healthy settings

Creating opportunities for all

Empowering system partners

Whole systems approach

Supporting our children to grow into a healthy weight	Promoting a healthier food environment including healthy settings	Creating opportunities for all	Empowering system partners
Together, using a whole systems approach, we will ensure:			

• Parents eligible for healthy start vouchers are utilising support.
• Parents and families are supported to provide infants with the best start in life.
• Families with young children have access to information on how to best start their child's diet and nutrition, including signposting to services that support breastfeeding and the introduction of complimentary foods.
• Schools across our borough utilise the initiatives within our Schools Health and Wellbeing Programme – including the uptake of Healthy Schools Rating Scheme.
• A whole curriculum approach to healthy weight is adopted in schools.
• Improve the uptake of free school meals for all eligible children.
• Healthy cooking is taught from an early age.
• Children living with obesity, and their families will be signposted to available support services.
• Pro-active follow up and targeted support is available to children who are identified as overweight or living with obesity through NCMP.
• Professionals working with pregnant women, children and young people and families can confidently support healthy weight.
	• Schools are provided with resources to support compliance with school food standards.
	• Planning policies reflect public health and opportunities are explored to improve access to healthy foods and to reduce exposure to unhealthy food in the wider environment.
	• Opportunities for community growing initiatives, and healthy cooking demonstrations are maximised across the borough.
	• Where available, food within public settings will include healthy choices – starting with our own council and NHS venues, we will ensure that residents, patients, staff and visitors have access to healthy foods.
	• Tools and resources are available to support voluntary and community settings to promote healthy eating and physical activity, this also includes workplaces.
	• Professionals and organisations providing activities and food to our children are equipped with knowledge of healthy foods (including Happy Healthy Active Holidays).
		• Residents are equipped with the knowledge to become the healthiest version of themselves and to support their families and friends, including reducing sedentary behaviour and eating healthy foods.
		• Capacity to support residents will be strengthened through peer support, volunteers and befriending.
		• Residents are aware of opportunities and activities already taking place.
		• Existing assets are optimised, including our community assets, green and blue spaces, leisure centres.
		• Physical activity initiatives are co-designed with community-based groups and organisations, including the identification and acquisition of external funding where necessary.
		• The cost of activities will be sustainable and affordable for our residents.
		• Services and activities we provide are accessible to all, with focus on priority population groups.
		  • Residents with a learning disability or special educational needs.
		  • Residents with a physical disability or long-term health condition.
		  • Residents with a common mental health problem, or serious mental illness.
		  • Residents with dementia, and their carers.
		  • Residents within our social care settings, and their carers.
		  • Residents experiencing peri-menopause or menopause.
		  • Residents from Black and Asian ethnic groups.
		  • Residents within our most deprived wards.
		• Opportunities for long term support is explored for people who have used a weight management service.
			• Professionals working with our priority population groups will have access to training opportunities.
			• Training opportunities for our workforce will equip professionals with the confidence and knowledge to support others with their weight, utilising quality conversations and making every contact count framework.
			• Further engagement with professionals takes place to better understand how they can be supported, particularly where professionals feel that their own weight impacts their ability to support others.
			• Robust pathways between services are established so residents are signposted to the right support.
			• Development of a healthy weight campaign and brand that is supported by system partners.
			• System wide communications are developed to reduce confusion and conflicting messages.
			• System partners use a language that aims to reduce the stigma associated with weight and avoid discrimination.
			• System partners take responsibility to ensure healthy weight is embedded in everything they do, including commissioned services and contracts.

Whole systems approach

The four key priority themes are underpinned by a "Whole Systems Approach".

We aim to ensure that healthy weight is embedded in everything we do and becomes everyone's business.

Our key system partners include Telford & Wrekin Council; NHS Shropshire, Telford & Wrekin; Shropshire Community Health NHS Trust; Shrewsbury and Telford Hospital NHS Trust (SaTH); Midlands Partnership NHS Foundation Trust; Voluntary and Community Sector; Schools; Workplaces as well as local clubs and community groups.

The local system will work together in an integrated place-based way, supporting the development of healthier communities. Our language and communications aim to reduce stigma and discrimination as well as conflicting messaging.

Priority 1 – supporting our children to grow into a healthy weight

Why is this a priority?

The National Child Measurement Programme measures the height and weight of Reception and Year 6 aged children annually. There are above average levels of overweight and obesity in children across Telford and Wrekin, compared with regional and national averages.

Children from our most deprived areas are more likely to be overweight or living with obesity. Prevalence is also higher amongst boys compared to girls.

Children living with obesity are at in increased risk of health problems including asthma, sleeping problems, musculoskeletal problems, and type 2 diabetes. These health problems can worsen as children move through the life course and become adults.

Services supporting children from early years to adolescents should adopt a whole systems approach to embed tackling obesity into everything they do.

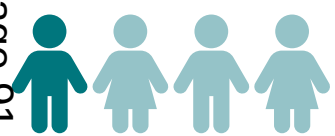
Outside of the home, children spend most of their time at school, making the role of schools vitally important to supporting children to grow into a healthy weight.

Priority 1 – what we know

Last year in Telford and Wrekin...

530

Reception aged children were overweight (25.4%)



855

Year 6 aged children were overweight (38.9%)

What we have heard through engagement:

77% of parents felt that teaching healthy cooking from an early age could help encourage children and young people to eat well.

Positive media messages can encourage healthy eating in children and young people.

A quarter of professionals working with children and families do not know what healthy start vouchers are; another quarter know what they are but do not promote them.

Parents identified more activities outside of school and an increase in PE lessons as ways to encourage children to be more physically active.

65% of parents would go to their GP for advice if they were worried about their child's weight. Parents would also speak to family members or friends and make use of online information and apps. Less people state that they would go to a child's school or school nurse for advice.

"Children are simply not being educated enough about, or even made aware of, so many healthy food options."

"Schools have an incredible opportunity to introduce children to new foods and simple cooking skills."

"Kids don't play out anymore due to safety concerns."

"Children have become very unfit in primary school – they don't have enough physical activity."

"Too much TV and social media use for kids to find the time to get out of the house and be active."

"The problem with after school classes is the cost."

Priority 1 – what we have been doing

The Healthy Child Programme including health visiting and school nursing is available across the borough.

Family Hubs are one-stop centres where families can get free information, guidance and support on infant feeding, mental health, healthy lifestyles and many other services. Booklets with services for 0-2 year olds are disseminated to families through professionals.

The Healthy Families programme has supported children and families to create healthier lifestyle habits.

Our schools Health and Wellbeing Programme supports schools with a toolkit to promote a healthier setting. Schools with higher levels of childhood obesity and within our more deprived communities have received targeted support.

Over 6000 children have benefited from Eatwell and family cooking sessions.

Let's Dine work in partnership with schools to provide healthy and nutritionally-balanced meals. Pupils are often involved in helping to create the menu.

Our Active Partnership, Energize, has delivered the Creating Active Schools pilot with five local schools.

The Holiday Activities and Food Programme provides children with enrichment activities and access to healthy food over the school holidays.

The 10 by 10 initiative is promoted across the borough to help children discover new opportunities such as team sports, swimming and riding a bike.

Free swimming is available in our local authority leisure centres to Telford and Wrekin residents under the age of 25 including opportunities for free lessons for children who cannot swim.

Kids4£1 provides opportunities for families to enjoy holiday activities including swimming, tennis, golf and soft play for a small cost.

Urban Games multi sports sessions delivered during the school holidays are free for young people aged 8+. Activities include cricket, football and basketball.

Priority 1 – commitments

Together, using a whole systems approach, we will ensure:

Parents eligible for healthy start vouchers are utilising support for healthy foods and free vitamins.

Parents and families are supported to provide infants with the best start in life .

Families with young children have access to information on how to best start their child's diet and nutrition, including signposting to services that support breastfeeding and the introduction of complimentary foods.

Schools across our Borough utilise the initiatives within our Schools Health and Wellbeing Programme – including uptake of the Healthy Schools Rating Scheme.

A whole curriculum approach to healthy weight is adopted in schools.

Improved uptake of free school meals for all eligible children ensuring they receive at least one healthy, substantial meal per day.

Healthy cooking is taught from an early age and children will have the opportunity to try healthy foods.

Children living with obesity, and their families will be signposted to support services, including opportunities for physical activity, healthy eating and cooking sessions, the Healthy Families Service, as well as relevant online resources.

Pro-active follow up and targeted support is available to children who are identified as obese through the National Child Measurement Programme (NCMP) .

Professionals working with pregnant women, children, young people and families can confidently support healthy weight.

Priority 2 – promoting a healthier food environment – including healthy settings

Why is this a priority?

The places we live and work can impact significantly on our health and wellbeing. Addressing the wider determinants such as living and working environments can help to tackle complex health challenges such as obesity.

Many people find it challenging to eat healthily because we are living in environments where less healthier food options containing high amounts of sugar, salt and fat are readily available.

Obesity and excess weight levels are highest amongst our population living within the most deprived areas. We know that across England, the most deprived areas have five times more fast-food outlets compared to the most affluent areas.

Organisations should work together to create healthier food environments, making access to affordable healthier food the norm.

We know from engaging with our residents, that time and motivation are the main challenges to achieving and maintaining a healthy weight. By ensuring a whole systems approach is adopted throughout settings where our residents spend a lot of their time, we can address those barriers and support people to lead a healthy lifestyle.

Priority 2 – what we know

What we found in our needs assessment:

Fast food accessibility is worse in some areas of Telford and Wrekin than others. **Parts of Madeley and Sutton Hill have a high density of fast-food outlets.**

87,700 people aged 16 and over in Telford and Wrekin were employed in the year ending June 2023 (ONS 2023)

What we have heard through engagement:

"Secondary schools don't seem to worry about offering healthy options. Fruit or salad is not always available, but brownies always are"

"Schools always promote healthy eating but at the same time they serve burgers, nuggets, sausages"

"Schools have an incredible opportunity to introduce children to new foods and simple cooking skills"

"There are no healthy options when picking up lunch on the go, it is no wonder people make poor choices with food"

"Local shops do not stock many healthy choices, so the only option is to spend more money to travel to bigger supermarkets"

"Adverts of 'healthy foods' are misleading and often difficult to spot"

"You go to a Telford and Wrekin event, and you are given biscuits, offered sugar in your tea or coffee"

"It would be great to see companies have a valued interest and support people with their health"

"Have to choose to eat cheaper less healthy foods"

"There are too many 'fast food' outlets, and the cost of calorie rich food is less than healthier alternatives"

"Delivery services mean you can get junk food delivered to your house – so much easier to get"

Many residents have switched to cheaper brands, buying more processed foods, and not buying as much fruit, vegetables or fresh food.

Families have prioritised feeding children over feeding themselves.

A number of our residents have needed to use forms of credit such as overdrafts and credit cards, to buy food.

Priority 2 – what have we been doing

We have been supporting schools to self-assess against the standards within the Healthy Schools Rating Scheme.

Our Health Protection team have taken part in the Food Standards Agency pilot to assess school food standards whilst undertaking food hygiene inspections. This has been supported by the council's Health Improvement Team who have been working with schools, providing support and resources to improve compliance with the standards.

Healthy Lifestyles support available in workplaces with a focus on engaging employers with high levels of routine and manual workers.

Supporting workplaces to improve access to healthy foods, physical activity and weight management opportunities, including the NHS Digital Weight Management Programme for NHS staff.

Priority 2 – commitments

Together, using a whole systems approach, we will ensure:

Schools are provided with resources to support compliance with the school food standards and improve access to healthy foods throughout the school day.

Planning policies reflect public health priorities and opportunities are explored to improve access to healthy foods and to reduce exposure to unhealthy food in the wider environment.

Opportunities for community growing initiatives, and healthy cooking demonstrations are maximised across the borough.

Where available, food within public settings will include healthy choices - starting with our own council and NHS venues, we will ensure that residents, patients, staff and visitors have access to healthy foods.

Tools and resources are available to support voluntary and community settings to promote healthy eating and physical activity, this also includes workplaces.

Professionals and organisations providing activities and food to our children are equipped with knowledge of healthy foods (including Happy Healthy Active Holidays).

Priority 3 – creating opportunities for all

Why is this a priority?

Children and adults with a physical or learning disability are at greater risk of obesity and often face additional challenges to achieve and maintain a healthy weight.

Mental health and obesity has a two-way association where conditions such as depression can lead to increased weight, and obesity can lead to depression.

Obesity is also a risk factor for developing dementia. People living with dementia and their carers face challenges to eating healthily and having the time and ability to take part in physical activity. Physical activity can help to improve wellbeing and promote independence, which benefits both people with dementia and their carers.

The cost of obesity is a significant burden to our health and social care systems and costs for housing adaptations, specialised equipment and carer provision will continue to increase as levels of obesity increase and our population ages.

Our engagement work highlighted a lack of support for women experiencing weight gain through perimenopause and menopause.

Overweight and obesity levels are highest amongst adults and children from black ethnic groups. The risk of developing weight-related health conditions such as diabetes and heart disease is higher in some Black, Asian and Minority Ethnic groups.

Motivation is a main challenge affecting people's ability to achieve and maintain a healthy weight. Support from family and friends, as well as services that encourage improvements in health, fitness and confidence can help when making a lifestyle change.

Cost is often a barrier for people taking part in wellbeing activities. There are many opportunities for residents to take part in free or low-cost activities in the borough but it is important that these are widespread and accessible to all.

Priority 3 – what we know

What we have heard through engagement:

Time and motivation are the main challenges for people to eat a healthy diet.
Other challenges include affordability and the amount of unhealthy food choices available.

Time and cost are the main challenges for people to be physically active.
Other challenges include confidence and level of ability.

Seeing an improvement in fitness, health and confidence; having support from family and friends; and not focussing on body weight alone, all help people with achieving and maintaining a healthy weight.

Over half of people are aware of weight management support available including the councils' Healthy Lifestyle Service, NHS Digital Weight Management Programme and the National Diabetes Prevention Programme (56%).

"Many physical activities are prohibitive for my physical health difficulties."

"Improved access for disabled people to take part in exercise."

"The subsidised swimming at my local pool has been invaluable."

"Sometimes the cost puts me off – I don't want to commit to a membership and £6 per session can be a bit steep."

"Mental health support links with healthy weight."

"I don't push myself but I could do it with a fitness 'buddy.'"

"There needs to be more on how menopause affects weight and how people need to change their eating and exercise to reflect this as they go through the changes."

"Can't always be bothered to prepare meals because I feel so tired."

"No great time or motivation."

"Accepting that change takes time."

"Sensory processing issues – children with sensory disorders don't always like batch cooking as it changes the texture."

Priority 3 – what we have been doing

The Healthy Lifestyles Service is free and available to Telford and Wrekin residents who want to make lifestyle changes.

Telford and Wrekin Council run a Health Champion scheme – a network of volunteers that are passionate about health and wellbeing and want to help others to live healthy and happy lives. Around 100 champions engage with the local community to share key health messages and signpost people to local organisations.

The NHS Digital Weight Management Programme is available to residents with a BMI of over 30 and a diagnosis of either hypertension or diabetes. NHS staff are also able to access the programme if their BMI is over 30.

The NHS Diabetes Prevention Programme is available to residents who are at risk of developing type 2 diabetes.

The X-PERT Diabetes programme is available to residents with type 2 diabetes and equips participants with the knowledge and skills to help make lifestyle choices to manage blood glucose levels more efficiently.

Our social prescribing teams based within primary care connect people to activities, groups and services in the local area.

Telford & Wrekin leisure services provide facilities such as swimming pools, accessible fitness facilities and classes, skiing and skating whilst also offering a generous concessions scheme.

Inclusive leisure activities are available to residents with learning and/or physical disabilities. Staff members within leisure services have taken part in training to increase their knowledge and awareness of disabilities.

Our Green Spaces are Go Campaign and activities has led to an increase in the number of residents accessing our parks and green spaces for physical activity.

The Ketley Bank, Oakengates and St Georges community cycling project (KOG) has encouraged more people to cycle through 'Learn to Ride' Schemes, bike maintenance sessions and through training local people to volunteer as Ride Leaders.

Telford and Wrekin Active Travel team have delivered initiatives to encourage residents to cycle and walk more as part of everyday activities. The Active SMiles project encourages employees and families to try active commuting.

Mens walking groups have brought men together providing a safe space to end the stigma around men's mental health and improving physical health.

Specialist non-surgical (Tier 3) and surgical (Tier 4) weight management services are in place at SaTH for patients who require advanced weight management.

A Healthy Pregnancy Support Service is available at SaTH to support pregnant women to adopt a healthy lifestyle.

The Aspirations road to success programme supports people who have a health condition and are new to exercise.

Priority 3 – commitments

Together, using a whole systems approach, we will ensure:

Residents are equipped with the knowledge to become the healthiest version of themselves and to support their families and friends, including reducing sedentary behaviour and eating healthy foods.

Residents are aware of opportunities and activities already taking place.

Capacity to support residents will be strengthened through peer support, volunteers and befriending.

Existing assets are optimised, particularly those that are free or low cost - including our community assets, green and blue spaces, and leisure centres.

Physical activity initiatives are co-designed with community-based groups and organisations to provide innovative opportunities for physical activity, including the identification and acquisition of external funding where necessary.

The cost of activities are sustainable and affordable for our residents.

Services and activities we provide are accessible to all, with a focus on priority population groups:

- Residents with a learning disability or special educational needs
- Residents with a physical disability or long-term health condition
- Residents with a common mental health problem, or serious mental illness
- Residents with dementia, and their carers
- Residents within our social care settings, and their carers
- Residents experiencing peri-menopause or menopause
- Residents from Black and Asian ethnic groups
- Residents within our most deprived wards

Opportunities for long term support is explored for people who have used a weight management service.

Priority 4 – empowering system partners

Why is this a priority?

Working as a whole system is recognised to collectively address health challenges such as obesity. The causes of obesity are complex and there is no one single solution. We must ensure that healthy weight is embedded in everything we do and that actions from each system partner are coordinated to support this system change.

There are many local services that aim to prevent or reduce long-term conditions, where effective joined up pathways can positively contribute to preventing and reducing levels of obesity. It is important to recognise the interdependencies amongst services and provide an easy route for people to access the variety of support available.

Our system partners in Telford and Wrekin include the local authority, NHS, voluntary and community organisations as well as workplaces and schools.

Priority 4 – what we know

What we have heard through engagement:

97%

Most professionals state that they have a good understanding of healthy weight.

66%

Only two thirds of professionals feel confident to support others with their weight.

47.7%

Almost half of professionals feel that their own weight impacts their ability to support others.

"Services are quick to suggest weight loss but do not help with ways to do this"

"There is lots of conflicting advice around weight loss"

"Constantly changing messages about what is healthy – from google and professionals"

"People don't understand why someone might be overweight, it's not just food"

Priority 4 – what we have been doing

We have engaged with our system partners across the public, private, voluntary and community sector to explore the enablers and barriers to achieving and maintaining a healthy weight.

We have promoted training to professionals working with children and families to increase their confidence of raising the issue of excess weight.

We have promoted training to healthcare professionals through the e-learning for healthcare site to improve care for children and young people living with excess weight.

Priority 4 – commitments

Together, using a whole systems approach, we will ensure:

Professionals working with our priority population groups have access to training opportunities.

Training opportunities for our workforce will equip professionals with the confidence and knowledge to support residents with their weight, utilising quality conversations and the making every contact count framework.

Further engagement with professionals to better understand how they can be supported, particularly where professionals feel that their own weight impacts their ability to support others.

Robust pathways between services are established so residents are signposted to the right support.

Development of a healthy weight campaign and brand that is supported by system partners.

System wide communications are developed to reduce confusion and conflicting messages.

System partners use a language that aims to reduce the stigma associated with weight and avoid discrimination.

System partners take responsibility to ensure healthy weight is embedded in everything they do, including commissioned services and contracts.

Evaluation

Performance monitoring

How will we know if the strategy is working?
A selection of national and local indicators will be used to demonstrate the impact of our Healthy Weight Strategy and action plan with regular assurance reporting to the Telford and Wrekin Health and Wellbeing Board.

Existing system wide partnership groups will support delivery of the strategy including the Telford & Wrekin Integrated Place Partnership; the Best start in Life Early Help Board; and the CVD Prevention Group. Task and finish groups will also be convened to take forward key projects.

National Indicators

A number of national public health indicators will be used to monitor the progress of the Healthy Weight Strategy. These include:

Reception prevalence of overweight (including obesity)
2022/23 – 25.4%

Year 6 prevalence of overweight (including obesity)
2022/23 – 38.9%

Percentage of physically active children and young people
2021/22 – 44.4%

Percentage of adults (aged 18 plus) classified as overweight or obese
2021/22 – 71.4%

Percentage of physically active adults
2021/22 – 64.2%

Percentage of physically inactive adults
2021/22 – 26.8%

Percentage of adults aged 16 and over meeting the ‘5 a day’ fruit and vegetable consumption recommendations
2021/22 – 26.1%

Local Indicators

Along with national statistics, local indicators will be used to track progress of the Healthy Weight Strategy. These indicators are performance measures of the actions and projects delivered under each priority. Qualitative information will also be collected, for example case studies, to demonstrate impact that any of the actions have on our local residents. A clear focus is to reduce health inequalities so wherever possible we will monitor progress using this lens.

Supporting our children to grow into a healthy weight

- Uptake of Healthy Start Vouchers (% eligible, % uptake).
- Uptake of Income Related Free School Meals (% eligible, % uptake).
- Number of schools with a Healthy Schools Rating (no. of schools with Bronze, Silver, Gold and no. of schools with improved ratings).
- Number of professionals receiving training to identify, signpost and refer children and families to appropriate services, MECC or University of Bath training (no. of professionals and staffing groups e.g. early years/ schools).
- Number of children and families receiving targeted support from NCMP (no. of families contacted, no. of families signed up to Healthy Families, no. of families achieved goals).

Promoting a healthier food environment including healthy settings

- Number of schools adopting recommendations from School Food Standards resources.
- Number of community growing initiatives implemented.
- Number of healthy cooking demonstrations completed with adults and children.
- Numbers of settings (including workplaces) adopting healthier food choices.
- Number of organisations and professionals who deliver activities and food (e.g. HHAH providers) that have received training on recommended food provision.

Creating opportunities for all

- Number of co-designed community physical activity interventions established, and numbers of participants taking part (including priority population groups).
- Uptake of lifestyle services and weight management programmes, from priority population groups.
- Engagement of priority population groups with healthy weight campaign.

Empowering system partners

- Number of professionals receiving training to identify, signpost and refer to appropriate services (no. of professionals and staffing groups e.g. primary care).
- Number of professionals receiving training to have quality conversations about weight / making every contact count (no. of professionals and staffing groups e.g. primary care).
- Number of partners engaged with healthy weight campaign and adopting branding.

Acknowledgements

We are especially grateful and give a big thank you to all the residents who gave up their time to complete our survey and take part in the focus groups.

Thank you also to the wide range of council officers and colleagues in partner organisations who have contributed to the publication process and report content, this includes colleagues in the public health and health improvement teams, adult social care, children and families services, community engagement, communication and external affairs, and insight teams as well as partners from the NHS, voluntary and community sector, schools and workplaces.

Appendices

Appendix 1

Throughout the Healthy Weight Strategy, there is reference to the Healthy Weight Needs Assessment and Healthy Weight Survey.
To view the Healthy Weight Needs Assessment, click here.

Appendix 2

Healthy Weight Survey Summary Report

The Research

In August 2023, Telford & Wrekin Council launched a Healthy Weight Survey to engage with the local community, stakeholders and professionals to gather their views of the topic 'Healthy Weight'. The survey was live for a period of 8 weeks. The aim of the survey was to identify:

- The meaning of healthy weight to members of the public and stakeholders;
- The challenges and barriers to achieving a healthy weight;
- The strategies and services that are in place and support people to manage their weight.

The survey had two sections with separate questions for members of the public and for professionals who work with members of the public. In addition to the survey, a number of focus groups were held with local people and organisations in areas of risk or underrepresentation, to encourage further discussion. The information below provides a summary of results gathered through the Healthy Weight Survey.

Members of the Public

Engagement

872 members of the public completed the Healthy Weight Survey.

Respondents were located across Telford and Wrekin. More responses were received from people living in the East of the borough, compared to the West.

Participation was well spread across all age groups, however, fewer responses came from age groups 18-24, 75-84 and 85+.

More women participated in the survey than men (75.8% women, 23.3% men, some respondents preferred not to say).

38.5% of respondents were parents, carers or expectant parents of a child/children under 18 years old.

People with long-standing illnesses, health problems or disabilities were well represented at 37% of respondents.

Participants were from a range of ethnic groups.

There was a higher number of responses from the 'White' ethnic group.

A variety of economic backgrounds were represented with the highest proportion being employed. Responses were received from individuals who were seeking employment and unemployed.

Understanding of Healthy Weight

90.1% of the public survey respondents strongly agree or agree that being a healthy weight is important to them.

Members of the public were asked whether they were trying to lose weight or have tried to in the past. 81.4% answered 'yes' and 18.6% 'no'.

55.1% of respondents feel that they can successfully manage their weight, while a further 29.4% disagree and 15.3% were not sure.

Of the respondents with children, only 6% felt that they did not have a good understanding of their child's/children's nutritional needs.

38% of respondents feel that they had been treated differently or been discriminated against because of their weight.

There was some awareness of current services on offer from both public respondents and stakeholders. However, only a small number of public respondents reported using existing provisions.

What helps or supports people to achieve a healthy weight

53% of the public survey respondents reported that seeing the progress made has helped them to make a lifestyle change before. Other top answers include seeing an improvement in fitness, health and confidence; having support from family and friends; not focussing on body weight alone.

Informal support from others (e.g. family, friends) and support from the nursery or childcare provider helps parents/carers encourage healthy behaviour in children.

65% of parents would go to their GP for advice if they were worried about their child's weight. 77% of respondents with children felt that teaching healthy cooking from an early age can help to encourage children and young people to eat well. 58% also felt that positive media messages can encourage healthy eating in children and young people.

More activities on offer outside of school and more PE lessons within school were identified by parents as ways to encourage children to be more physically active.

What are the challenges and barriers to achieving a healthy weight

The increase in food prices has changed the way some public respondents make purchases, with 19.4% prioritising paying bills/rent over food shopping.

62% of respondents state that the increase in food prices has not really affected them. 10 people (1%) stated that they have sent their child/children to school without breakfast or a packed lunch.

The main challenges that members of the public have to eating a healthy diet include: having the time to prepare healthy food; motivation; ideas of what to cook; the amount of unhealthy food choices available.

The main challenges that members of the public have to being physically active include: finding time; cost of activities; confidence in joining activities.

Professionals

Engagement

136 professionals completed the Healthy Weight Survey.

A large proportion of professionals were from Telford & Wrekin Council and the NHS (including NHS Shropshire, Telford and Wrekin, Shrewsbury and Telford Hospital NHS Trust, and Shropshire Community Health NHS Trust). Fewer responses were from the voluntary and community settings.

A range of job roles were represented in the survey, including: GP, practice nurse, occupational therapist, social worker, physiotherapist, receptionist, healthy lifestyle advisor, school teacher, clinical lead, SEND worker.

Understanding of Healthy Weight

97% of stakeholders felt that they had a good understanding of healthy weight.

92.6% of respondents also felt that understanding healthy weight is important to their role.

66.1% of stakeholders felt that they were confident/able to support others to achieve and maintain a healthy weight.

Of the stakeholders that work with pregnant women and babies, only 9% felt that they did not have a good understanding of the nutrition needed by this group. 8% of respondents also did not feel confident in providing information on the benefits of breastfeeding in pregnancy.

23% of respondents were unsure of the meaning of Healthy Start and 26% knew what it is but did not promote it.

29% of stakeholders felt that the residents they work with have been discriminated against/ treated differently if they are overweight.

What helps or supports people to achieve a healthy weight

Dedicated time to explain and support lifestyle changes was identified by stakeholders as the most effective method in helping pregnant women, adults, children, young people and their families to achieve a healthy weight.

Other enablers that professionals identified include: providing person-centred support; and not focussing on body weight alone.

What are the challenges and barriers to achieving a healthy weight

When asked whether their personal experience of managing their own weight impacts on their confidence/ability to support others, 47.7% answered ‘yes’.

The challenges identified by stakeholders support the response from the perceived challenges from members of the public, but also cover more topics including: access to training; finding up to date, accessible and easy read materials; a lack of understanding around a healthy diet; too much focus on body weight alone; integration between services.

Suggestions

Throughout the research with the public and stakeholders there was a range of suggestions including:

- Support tailored to individuals, with a focus on providing services that are accessible to certain age ranges, genders, deprived groups, people with long-term conditions and carers.
- The introduction of a whole curriculum approach to healthy weight in schools involving school assemblies, parental participation, themed competitions and food donations.
- Support for healthy weight in the workplace in the form of opportunities to move throughout the day and healthy eating schemes.
- Training sessions for professionals and engagement with grassroots workers to provide them with the tools to signpost people to the correct resources.
- Members of the public highlighted a need for more healthy weight support groups. Some also referred to the need for longer-term support.

This page is intentionally left blank

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Healthy Weight

Needs Assessment

Document Governance

Title: Healthy Weight Needs Assessment
Purpose/scope: To provide an overview of the population within Telford and Wrekin as part of the Healthy Weight Needs Assessment
Produced by: The Insight team insight.team@telford.gov.uk
Distribution/Circulation: Public
Status: Final
Disclaimer: Telford & Wrekin Council, while believing the information in this publication to be correct, does not guarantee its accuracy nor does the Council accept any liability for any direct or indirect loss or damage or other consequences, however arising, from the use of such information supplied. For our full Terms and Disclaimer, please see http://www.telford.gov.uk/terms

Contents

Cover
Introduction
Telford and Wrekin At A Glance
Prevalence of Overweight and Obesity in Children in Reception
Prevalence of Overweight and Obesity in Children in Year 6
Prevalence of Obesity in Adults (18+)
Health Conditions
Food Environment and Diet
Physical Activity
Deprivation
People with Health Conditions or Impairments
Mental Health
Ward Risk Scores
Summary of Need
Next Steps

Introduction

Aims of the Healthy Weight Needs Assessment

- **Understand the health needs of people in Telford and Wrekin**, who has these needs and whether this will change in the future.
- **Bring data together** from a range of sources, to understand health needs **borough-wide**, and at **smaller geographical levels.**
- **Identify health inequalities** in the population and specific at-risk groups e.g., by age, geographical location, deprivation levels.
- Help shape the services provided using evidence-based decision making.
- **Engage** local partners and key stakeholders.
- Ultimately **improve health outcomes for the population** by ensuring services are closely aligned to local needs.

Data Sources

- Office for Health Improvement and Disparities
- Office for National Statistics
- Active Lives Survey
- Quality and Outcomes Framework
- Other locally held data

Telford & Wrekin Co-operative Council | Protect, care and invest to create a better borough

Telford and Wrekin At A Glance

Population
(Census 2021)

185,600
people in Telford and Wrekin

639
people per km^2

40 years old
average age

19.9%
aged 0-15

17.6%
aged 65 and over

78.3 years
Male life expectancy

83.1 years
Female life expectancy

Ethnicity
(Census 2021)

17.0%
from Minority ethnic background

83.0%
from White British background

Deprivation
(Index of Multiple Deprivation 2019)

Ranked as the **71st most deprived area** out of all 151 Local Authorities

34% of total population experience health and disability deprivation

17% of older people experience income deprivation

16% (29,100) live in areas that are amongst the 10% **most deprived** in England

7% (12,600) live in areas that are amongst the 10% **least deprived** in England

General Health
(Census 2021)

80%
Very good or good health

13.8%
Fair health

6.1%
Bad or very bad health

Disability
(Census 2021)

19.7%
of total population disabled under the Equality Act

11.0%
of total population have day-to-day activities limited a little

Prevalence of Overweight and Obesity in Children in Reception (Aged 4-5)

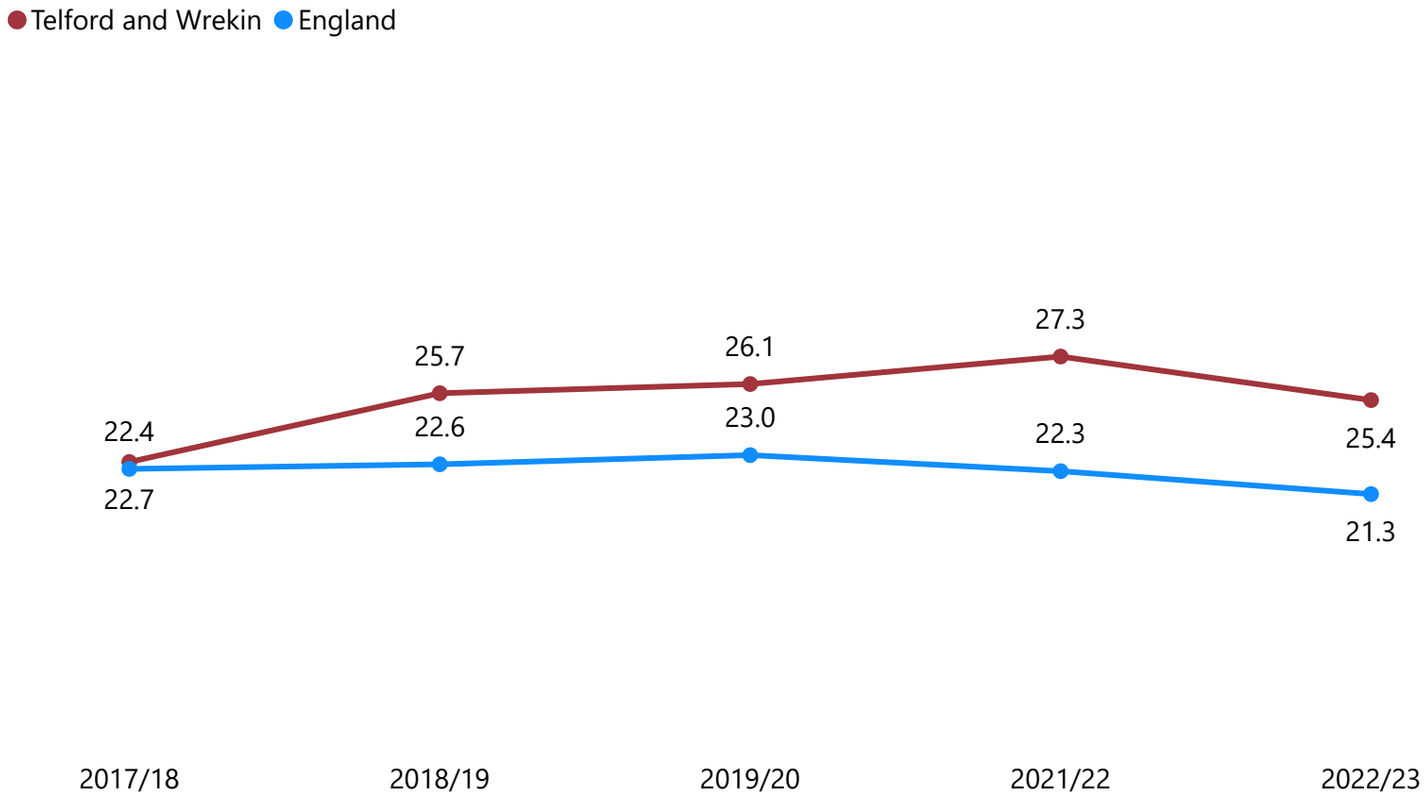
Key Facts

- In 2022/23, **1 in 4 children in reception in the borough were overweight or living with obesity**. At 25.4% this was a decrease of 1.9% from 2021/22.
- The proportion of children in reception classed as overweight or living with obesity in Telford and Wrekin is **worse than England** (21.3%).
- **Dothill ward** has the **highest proportion of children in reception classified as overweight or living with obesity** at 38.5%.
- Reception aged children living in the **most deprived areas** of Telford and Wrekin are **7% more likely to be living with obesity** than those in the least deprived areas (14.1% and 7.1% respectively).
- The **prevalence of children in reception living with obesity is highest in the 'Black' ethnic group** (20.6%) and lowest in the 'White' ethnic group (10.9%).
- **Boys** (11.9%) in reception are 1.3% **more likely to be overweight or living with obesity than girls** (10.6%).

Source: OHID 2022/23

Why this is important: Understanding the levels of obesity in children in Telford and Wrekin tells us more about our target groups and how we can tailor our services to benefit the population.

Reception: Prevalence of Overweight (including Obesity)



Note: There is no data for 2020/2021 because of the COVID pandemic.

Prevalence of Overweight and Obesity in Children in Year 6 (Aged 10-11)

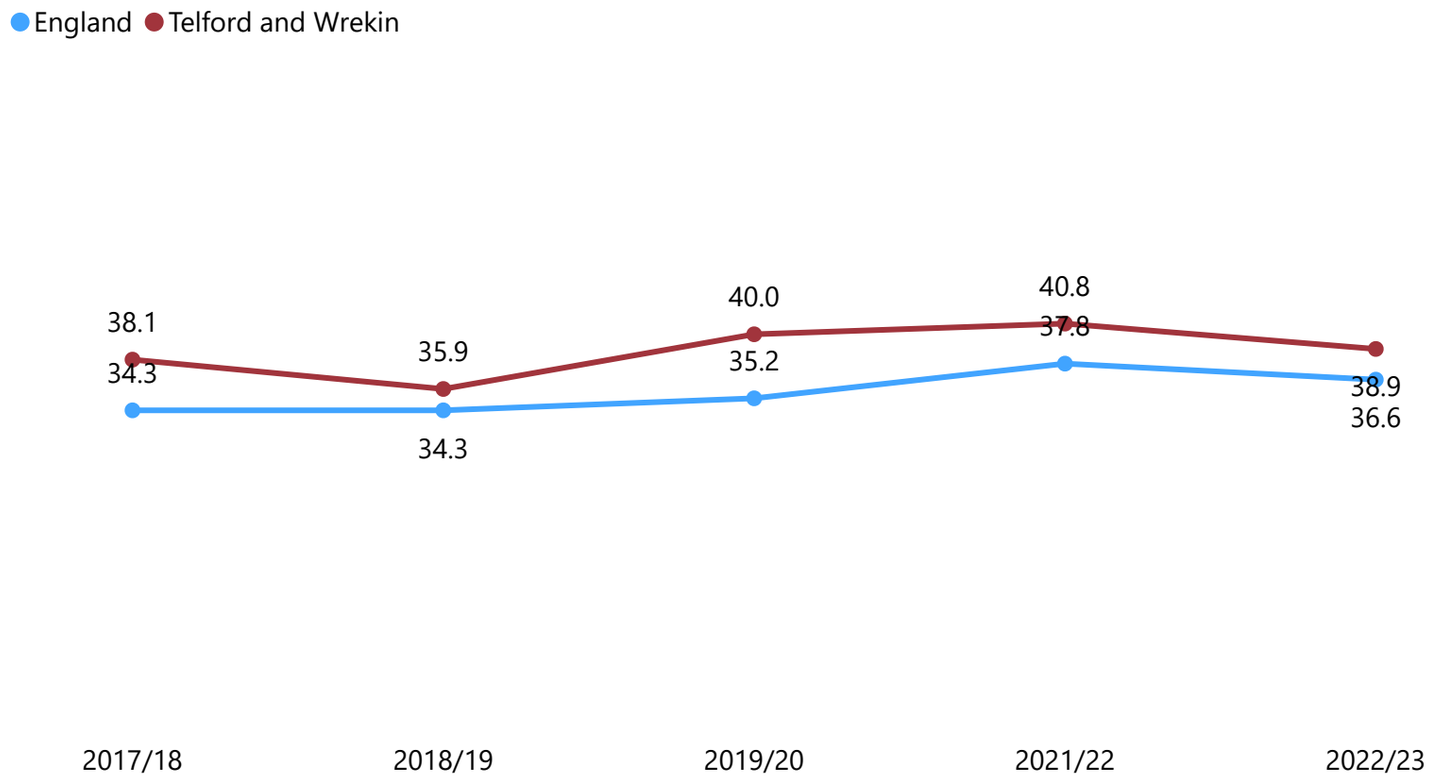
Key Facts

- In 2022/23, **2 in 5 children in Year 6 in the borough were overweight or living with obesity.** At 38.9% this was a decrease of 1.9% from 2021/22.
- The proportion of children in Year 6 classed as overweight or living with obesity in Telford and Wrekin is **worse than England** (36.6%).
- **St Georges ward** has the highest proportion of children in Year 6 classified as overweight or living with obesity at 48.5%.
- Children in Year 6 living in the **most deprived areas** of Telford and Wrekin are 10.4**% more likely to be living with obesity** than those in the least deprived areas (28% and 17.6% respectively).
- The **prevalence of children in Year 6 living with obesity is highest in the 'Other ethnic group'** (40%) and lowest in the 'White' ethnic group (22.9%).
- **Boys** (26.6%) in Year 6 are 4.9% **more likely to be overweight or living with obesity than girls** (21.7%).

Source: OHID 2022/23

Why this is important: Understanding the levels of obesity in children in Telford and Wrekin tells us more about our target groups and how we can tailor our services to benefit the population.

Year 6: Prevalence of Overweight (including Obesity)



Note: There is no data for 2020/2021 because of the COVID pandemic.

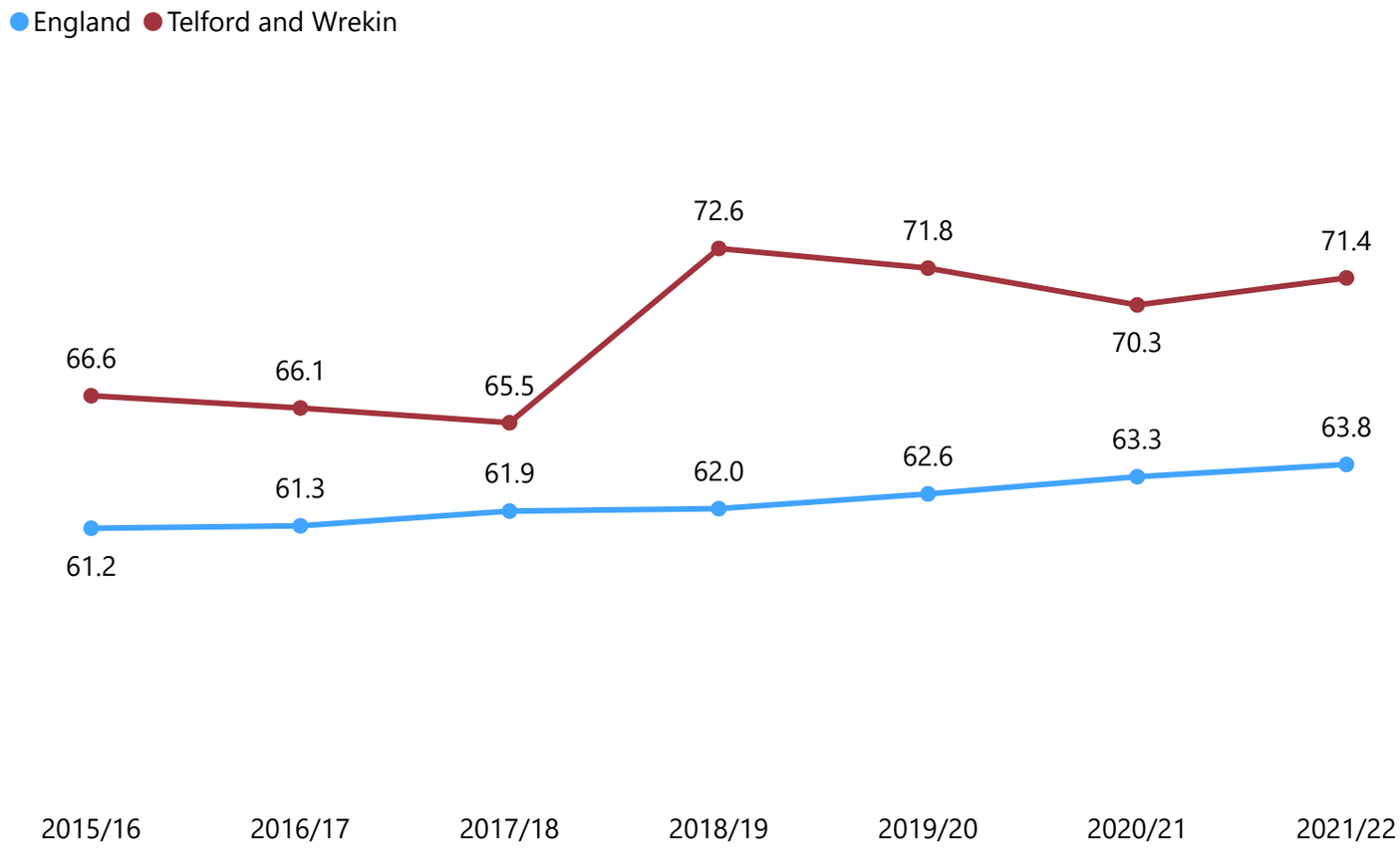
Prevalence of Obesity in Adults (18+)

Key Facts

- The borough has **higher rates of adults who are overweight and living with obesity** (71.4% compared to 63.8% nationally).
  Source: OHID 2021/22
- **Donnington Medical Practice has the highest prevalence of obesity** at 15.85% (1759 patients).
  Source: QOF 2022/23
- **The rate of hospital admissions directly attributable to obesity is worse than national averages** (43 per 100,00 compared to 20 per 100,000).
  Source: NHS Digital 2021/22
- 40% of the **Primary Bariatric Surgical Procedures completed to address a primary diagnosis of obesity** were on people in the **45-54 age group.**
  Source: NHS Digital 2021/22
- **24.2% of pregnant mothers at 15 weeks gestation** who are patients within the Shrewsbury and Telford Hospital NHS Trust are living with obesity**.**
  Source: NHS Digital April 2023
- **31.2% of adults with learning disabilities** who are patients within the Shrewsbury and Telford Hospital NHS Trust are living with obesity.
  Source: NHS Digital 2021/22

Why this is important: Understanding the levels of obesity in adults in Telford and Wrekin tells us more about our target groups and how we can tailor our services to benefit the population.

Percentage of Adults Classified As Overweight or Obese



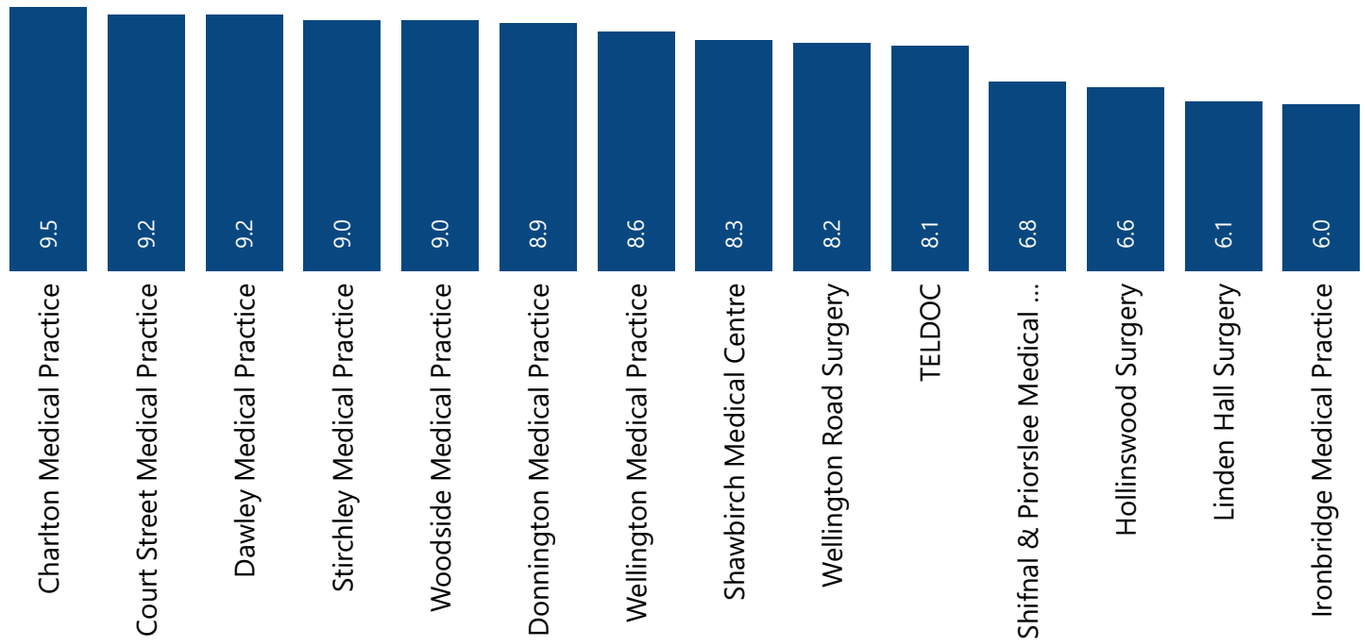
Health Conditions

Key Facts

- **Hospital admission rates for non-alcoholic fatty liver disease** in the borough (5.5 per 100,000) are **higher than England** (3.7 per 100,000).
  Source: OHID 2020/21
- **7.71% of patients aged 17 or over**, across Shropshire, Telford and Wrekin ICB, have **diabetes mellitus**, an increase of 0.25% from 2021/22 (7.47%).
  Source: QOF 2022/23
- The **percentage of patients with established hypertension** in Telford and Wrekin is **14.1%** (28,081 patients).
  Source: OHID 2021/22
- The **percentage of patients with coronary heart disease** in Telford and Wrekin is **3.0%** (6,016 patients).
  Source: OHID 2021/22
- The **prevalence rate of breast cancer** in the borough is **317.12 per 100,000.** This is **lower than the national rate** (340.57 per 100,000). Colorectal and womb (uterus) cancer have a **prevalence rate of 182 per 100,000 and 56.81 per 100,000** respectively.
  Source: NHS Digital 2023

Why this is important: Evidence shows that people with obesity are more likely to develop serious health conditions including cardiovascular disease, diabetes and some types of cancer.

Diabetes Prevalence (17+) By GP Practice (%)



Source: QOF 2022/23

Food Environment and Diet

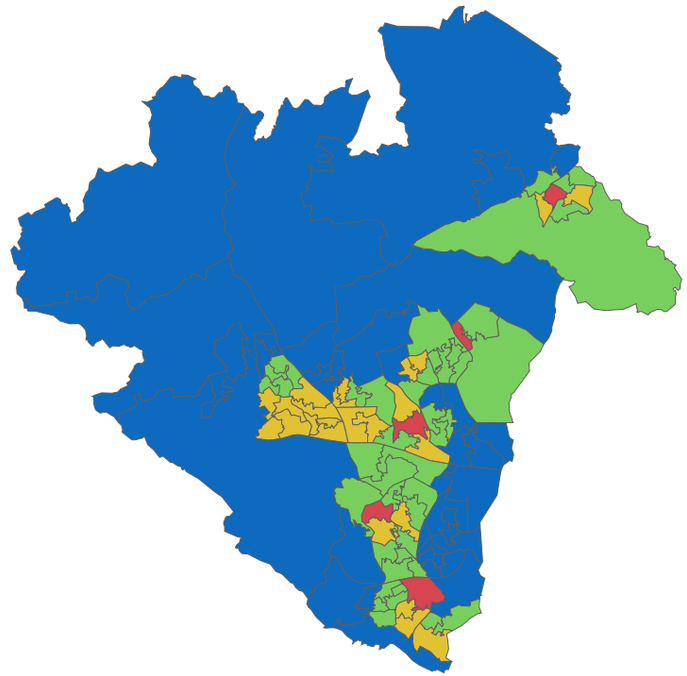
Key Facts

- The borough has **lower** rates (31.9%) of **infants that are totally or partially breastfed at 6 to 8 weeks** than England (49.2%).
  Source: OHID 2021/22
- **27.2% of primary pupils are eligible for free school meals**, this is **higher** than the national average (24%).
  Source: LAIT 2023
- **24.1% of secondary pupils are eligible for free school meals**, this is **higher** than the national average (22.7%).
  Source: LAIT 2023
- The percentage of **adults aged 16 or over meeting the '5-a-day' fruit and vegetable consumption recommendations** is **worse** than national rates (26.1% compared to 32.5%).
  Source: OHID 2021/22
- **Fast food accessibility is worse in some areas of Telford and Wrekin than others.** Madeley and Sutton Hill ward has the highest density of fast food outlets, with residents able to easily access unhealthy foods.
  Source: Access to Healthy Assets and Hazards 2022

Why this is important: The environment people live in can be one of the greatest challenges to eating healthily. People who live in lower-quality food environments may have poorer diets, resulting in excess weight gain and obesity.

Fast Food Accessibility By Decile

Best performing quartile · 2nd · 3rd · Worst performing quartile



Source: Access to Healthy Assets and Hazards 2022

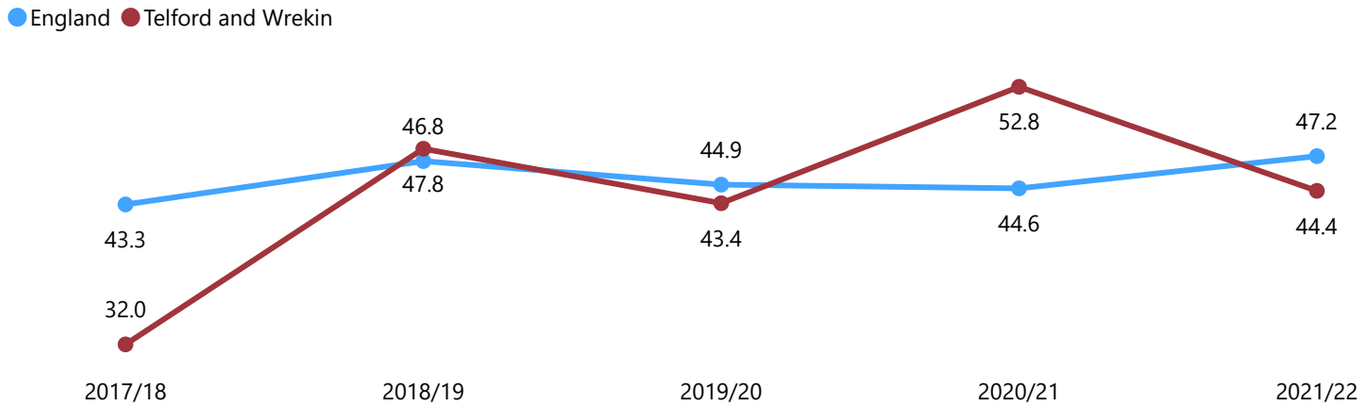
Physical Activity

Key Facts

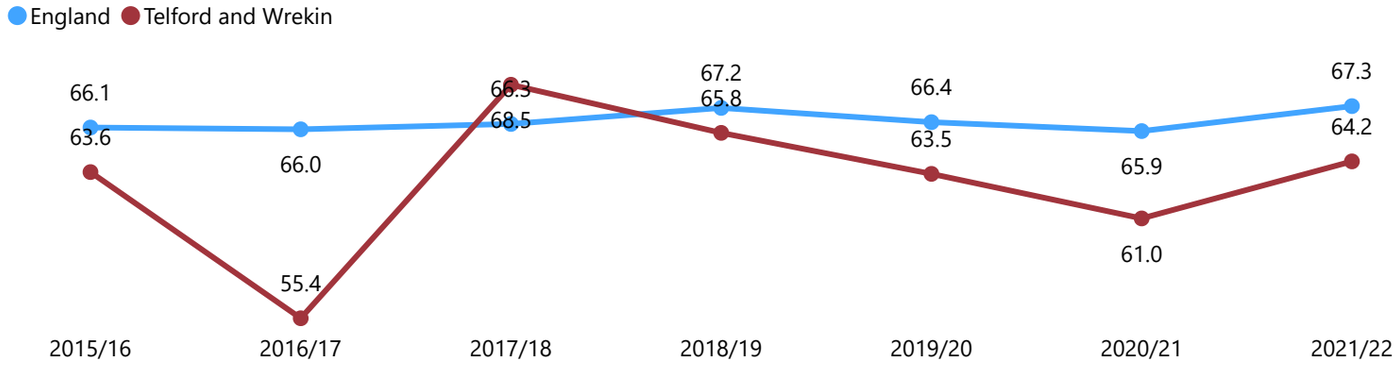
- **44.4% of children aged 5 to 16 meet the UK Medical Officers' recommendations for physical activity** (60 minutes per day), this is 2.8% lower than the national figure (47.2%).
  Source: OHID 2021/22
- 4.5% of children in Year 7 to 11 and 8.5% of adults **felt that they did not have the opportunity to be physically active**.
  Source: Active Lives Survey 2021/22
- The proportion of **adults aged 19 and over that complete at least 150 moderate intensity equivalent minutes of physical activity per week** in Telford and Wrekin (64.2%) is **lower than England** (67.3%).
  Source: OHID 2021/22
- The **highest proportion of adults that are active for less than 30 minutes are aged 75 plus** (60.3%), this is followed by the 55-74 age group (39.3%) and the 35-54 age group (26%).
  Source: Active Lives Survey 2021/22
- **Nearly half (48.7%) of adults with a disability or a long term health condition** in the borough are active for less than 30 minutes a week. This is higher than national figures (41%).
  Source: Active Lives Survey 2021/22

Why this is important: Evidence shows that a lack of physical activity is associated with weight gain and the incidence of obesity.

Percentage of Physically Active Children and Young People



Percentage of Physically Active Adults



Deprivation

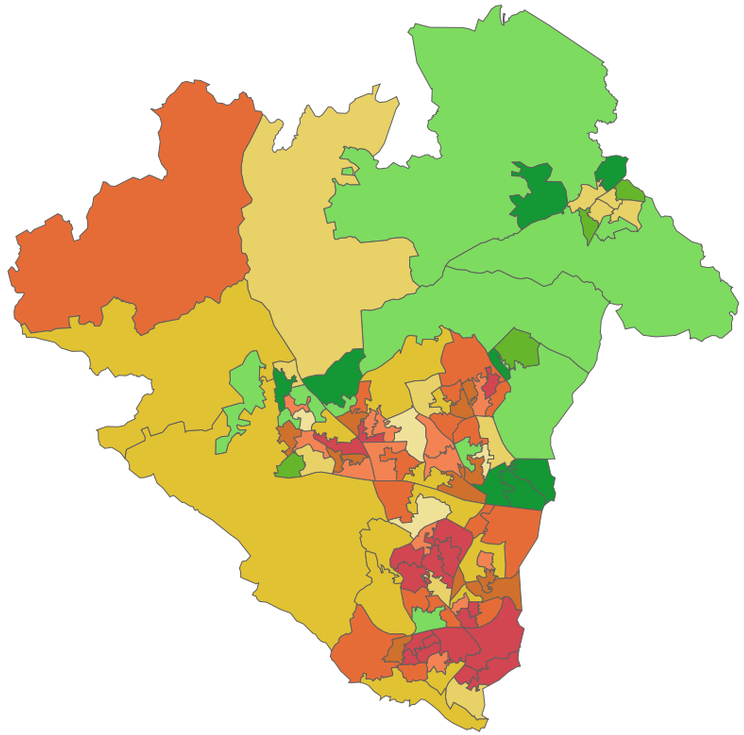
Key Facts

- **Around 1 in 4** (24.9%) of the population of Telford and Wrekin **live in areas in the 20% most deprived nationally**, which equates to around 45,100 people.
  Source: IMD 2019
- **23.9% of children in the borough live in relative low income families** (equivalent to 8,814 children) and **17.8% live in absolute low income families** (equivalent to 6,565 children).
  Source: OHID 2022/23
- The borough has **lower rates of people claiming unemployment benefits than regionally or nationally**, though in the least deprived areas the rate is double the national.
  Source: Nomis 2022
- **Woodside has a high proportion of overall deprivation** (77.5% of the population is in Decile 1 and 22.5% are in Decile 2).
  Source: IMD 2019
- **Haygate has a high proportion of health deprivation** (41.5% of the population is in Decile 1 and 58.5% in Decile 2).
  Source: IMD 2019

Why this is important: Deprived groups in society have the highest level of obesity prevalence.

Deprivation By Decile

IMD 2019 Decile 1 2 3 4 5 6 7 8 9 10



Note: Decile 1 represents the most deprived areas and Decile 10 represents the least deprived areas.

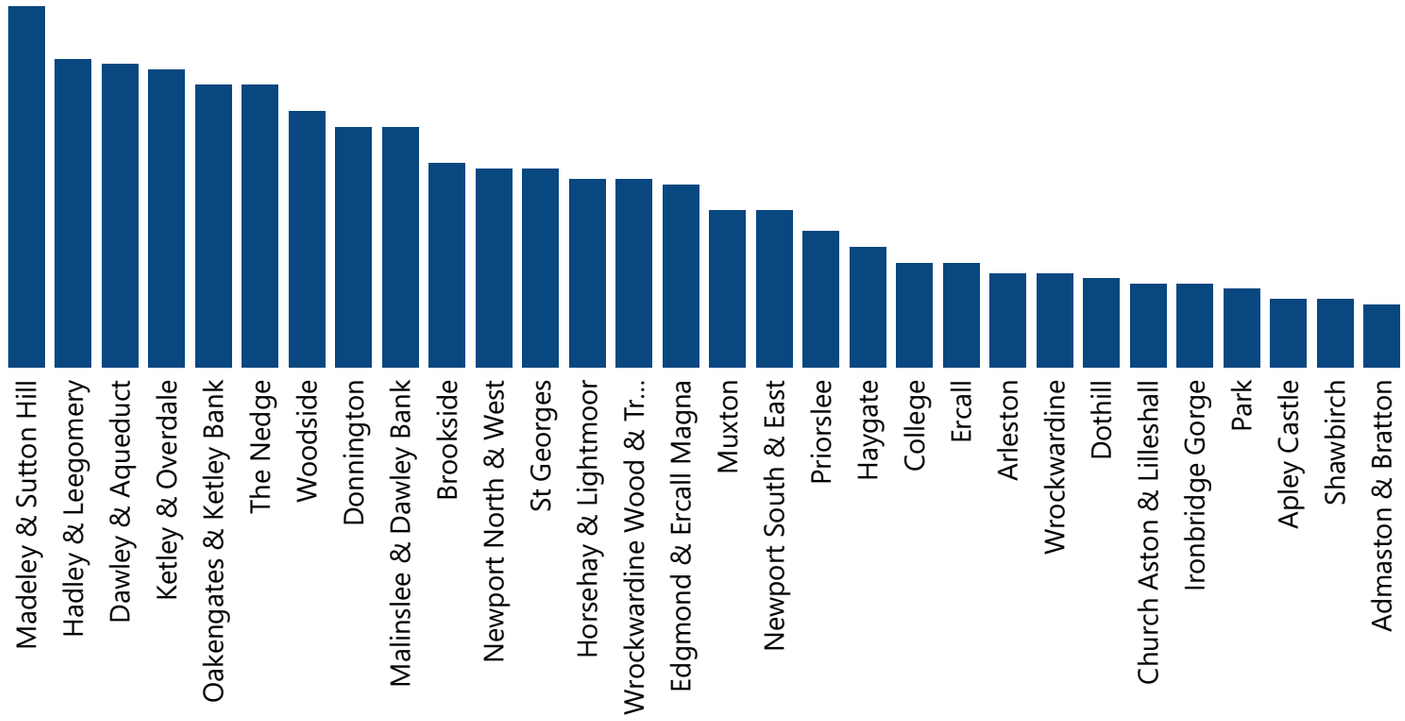
People with Health Conditions or Impairments

Key Facts

- 19.7% (36,526 people) of the borough's population are **classed as disabled under the Equality Act**. 8.6% (16,043 people) are **limited a lot** and 11% (20,483) are **limited a little** in their day-to-day activities.
  Source: Census 2021
- **Madeley and Sutton Hill ward has the highest proportion of people classed as disabled** under the Equality Act at 6.9%. This is followed by Hadley and Leegomery at 5.9%.
  Source: Census 2021
- The **percentage of the population of Telford and Wrekin aged 16 and over reporting a long-term Musculoskeletal problem** is 19.5%, higher than the national rate (17.6%).
  Source: OHID 2022
- **Ironbridge Medical Practice has the highest prevalence of learning disability** in patients at 1%, this is followed by Stirchley Medical Practice (0.8%) and Wellington Medical Practice (0.8%).
  Source: OHID 2022

Why this is important: People with mobility limitations or learning disabilities are at greater risk of obesity.

Proportion of Ward Population Classed As Disabled Under the Equality Act



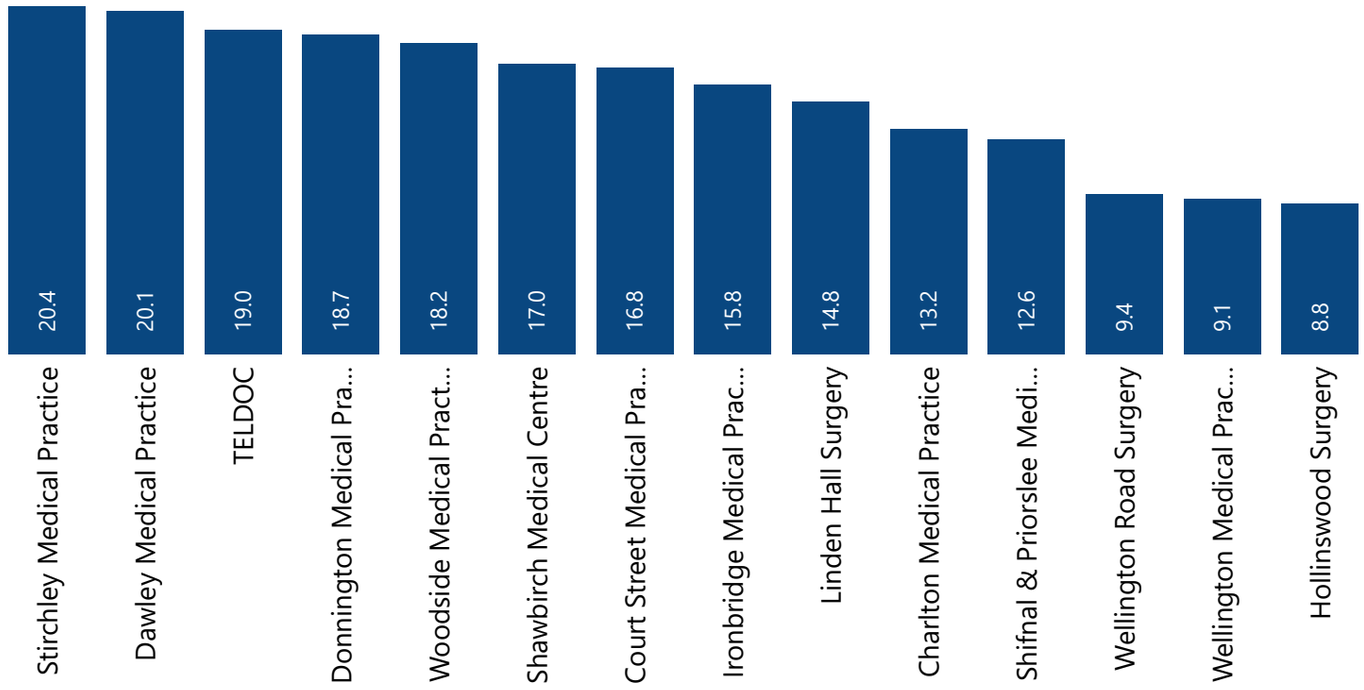
Mental Health

Key Facts

- **15.6% (24,229 patients) of the borough population aged 18 and over had diagnosed depression,** which is **higher** than the prevalence for England (12.7%).
  Source: OHID 2021/22
- **Stirchley Medical Practice has the highest prevalence of depression** in patients aged 18 or over at 20.4%, this is followed by Dawley Medical Practice (20.1%) and TELDOC (19%).
  Source: QOF 2022/23
- The **percentage of people who reported a low satisfaction score in the borough is 5.7%, worse** than the national average (5%).
  Source: OHID 2021/22
- **23.6% of people reported that they experience a high level of anxiety**, compared to 22.6% nationally.
  Source: OHID 2021/22
- The **proportion of school pupils with social, emotional and mental health needs** is 3.2% in the borough. This is **higher** than the regional (2.8%) and national average (3%).
  Source: OHID 2021/22

Why this is important: Evidence shows that people with mental health problems are more likely to develop obesity and related disorders. People with obesity are also more likely to develop mental health problems.

Depression Prevalence (18+) By GP Practice



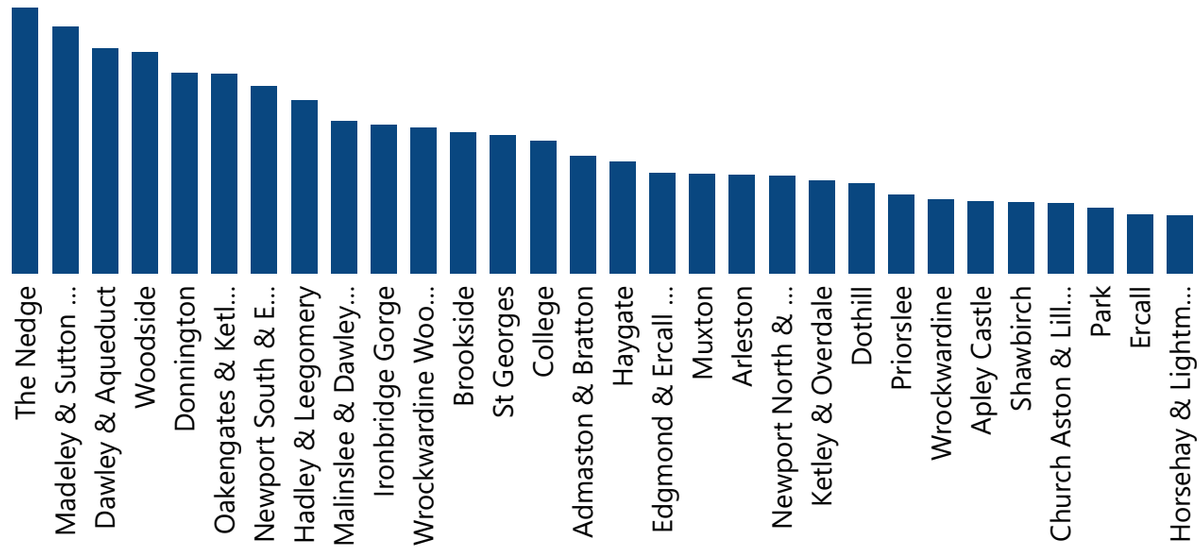
Source: QOF 2022/23

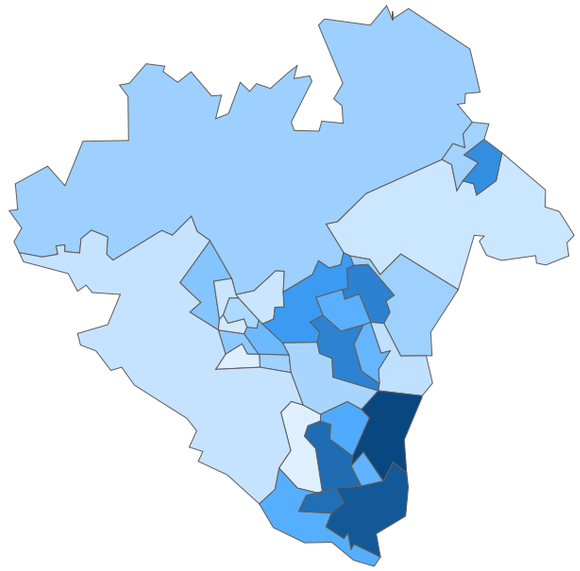
Ward Risk Scores

Ward Data-

The risk scoring for each ward shown on this page brings together all of the indicators where there is small area data (Ward, GP Practice, LSOA), the latest values are summed, combined for one area and converted to best fit Wards. The following indicators are included in a ward's risk score: proportion of children in reception that are overweight or obese, proportion of children in Year 6 that are overweight or obese, prevalence of adult obesity, prevalence of hypertension, prevalence of coronary heart disease, prevalence of diabetes mellitus in patients aged 17 or over, the level of fast food accessibility, proportion of the population classed as disabled under the Equality Act, percentage of patients with learning disabilities. percentage of patients aged 18 and over with depression, the level of overall deprivation and the level of health deprivation.

Ward Risk Scores





Note: Dark Blue= Higher Risk Score
Lighter Blue= Lower Risk Score

Summary of Need

Who

School aged children- higher rates of obesity than nationally

Pregnant women- Around 1 in 4 are obese at 15 weeks gestation

Adults aged 45 and over- lower levels of physical activity and higher proportion of hospital admissions related to obesity

People from an **ethnic minority background** and those living in **deprived areas of the borough**

Women going through **menopause**

People suffering with **mental health** problems

People with **disabilities/long-term health conditions and their carers**

Where

The Nedge has the highest risk score when the small area data is summed

Arleston, Malinslee & Dawley Bank and Wrockwardine- high proportions of overweight or obese school aged children

Donnington and Woodside localities- high proportion of adults that are obese

The south of the borough- Need for provision for people with disabilities and long-term health conditions

Woodside, Malinslee & Dawley Bank and Brookside are the least financially resilient wards

Mental health needs (high rates of depression) are centred in the **middle of the borough**

What

Healthy Meals- higher proportions of children receiving FSM and people reporting not knowing how to be healthy on a budget/short timescale

Informational support addressing the challenges that menopause poses to weight loss

Accessible options for physical activity- high demand for exercise suitable for people with long-term conditions, busy schedules and carers

Affordable activities- the survey identifies that people struggle to afford gym memberships, fitness classes and after school clubs

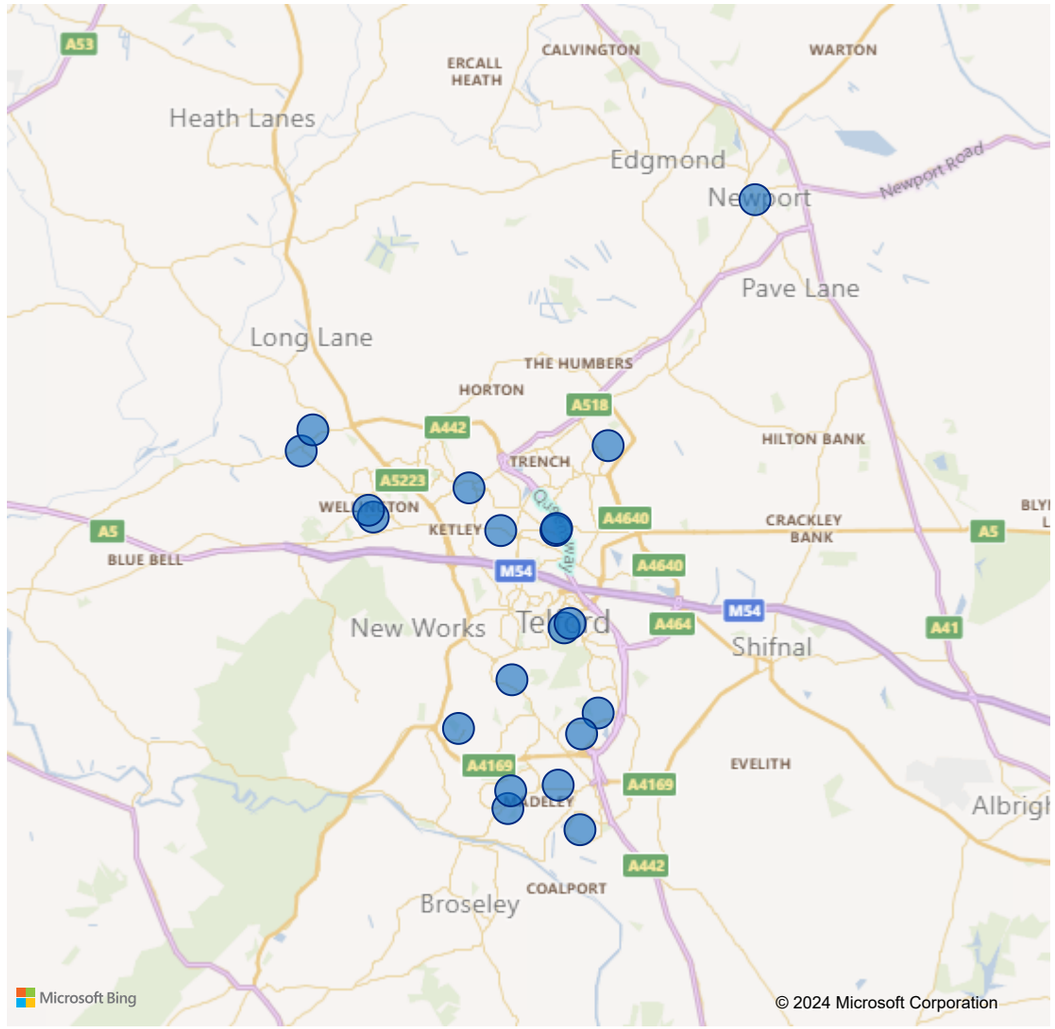
Training for professionals providing them with the tools to signpost people

Next Steps

Current Offer

- Healthy Lifestyles Service
- Healthy Families Programme
- NHS Digital Weight Management Programme
- NHS Diabetes Prevention Programme
- National Child Measurement Programme (NCMP)
- Links to family hubs
- Eatwell and family cooking sessions
- Schools Health and Wellbeing Programme
- 10 by 10
- Green Spaces are Go
- Free swimming
- Physical activity with community groups and centres
- KOG – community cycling project
- Active Travel/ Active SMiles
- Men's walking groups
- T3/T4 weight management

Location of Healthy Lifestyle Clinics



What Next

- Healthy Weight Strategy development- Children and Adults
- School Food Standards Support
- Planning policies- Fast Food Outlets
- Workforce training: quality conversations/ MECC
- Expansion of Schools Health and Wellbeing Programme
- Targeted Healthy Families Support to children over 97th centile
- Targeted physical activity for males linked to mental health
- Targeted physical activity for patients and carers- Dementia
- Targeted intervention for communities identified through CORE20PLUS5

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 21 March 2024

Starting Well Update Report 2024

Cabinet Member:	Cllr Shirley Reynolds - Cabinet Member Early Years, Children and Young People	
Lead Director:	Jo Britton - Executive Director: Children's & Family Services Liz Noakes - Director: Health & Wellbeing Darren Knibbs - Director: Children's Safeguarding & Family Support, Simon Wellman - Director: Education & Skills	
Service Area:	Health & Wellbeing	
Report Author:	Helen Onions – Consultant in Public Health/Deputy Statutory Director of Public Health	
Officer Contact Details:	**Tel:** **01952 381366**	**Email:** helen.onions@telford.gov.uk
Wards Affected:	All Wards	
Key Decision:	Not Key Decision	
Forward Plan:	Not Applicable	

Report considered by:

---

1. Recommendations for decision/noting:

1.1. The HWB is asked to note:

- the programme updates on the starting well priority in terms of: Family Hubs implementation, the Healthy Child Programme and the development of the partnership's Early Help Strategy
- the collaborative work being undertaken across the Integrated Care System to reduce child mortality.

2. Purpose of Report

2.1. This report provides the HWB with an update on the starting well strategy priority.

3. Background

3.1. Ensuring that all children and young people in Telford & Wrekin achieve the best start in life has been a Health & Wellbeing Board priority since September 2021. While it is important that every one of our children has the best start in life, poverty and disadvantage creates significant challenges and inequalities for many families. In addition, it is well recognised that the pandemic had a disproportionate impact on children and young people.

3.2. The Telford & Wrekin Best Start in Life Early Help (BSIL) Board established in July 2022 steers the agenda, providing governance and oversight to ensure effective partnership planning and service delivery improves outcomes and narrows inequalities. The BSIL Board's three key priority work streams, agreed through partnership engagement, JSNA intelligence and evidence of local demand and pressures on services, are:

- Start for Life and Family Hubs programme.
- Healthy weight
- Social emotional and mental health

3.3. The HWB Board agenda for March 2024 includes the healthy weight strategy and the 2024 annual public health report which focusses on the emotional wellbeing of children and young people. As such this starting well update focusses on elements relating to the implementation of Family Hubs, assurance for the Healthy Child Programme and the development of the partnership's Early Help Strategy. An update on Children and Young People's Mental Health Services (BeeU) is also included.

3.4. In September 2023 the Integrated Care Board published figures on child deaths in Shropshire, Telford & Wrekin, highlighting local death rates were higher than average.

4. Summary of main proposals

4.1. Family Hubs transformation is progressing across Telford & Wrekin with the opening of the Oak Family Hub in January in Oakengates, alongside the Silver Birch Hub in Sutton Hill and Walnut Hub in Woodside, which opened in August. Phase two of implementation continues with Hadley Children Centre based at HLC, and Dawley Children Centre based at Dawley Town Hall becoming our 4th and 5th Hubs. Phase 3 transformation will focus on hubs in Wellington, Donnington and Newport.

4.2. The key elements of the Family Hubs offer, which have been established in partnership with the voluntary and community sector, early years and the NHS are:

- Parenting
- Perinatal Mental Heath
- Parent Infant Relationships
- Home Learning Environment
- Infant Feeding
- Parent Carer Panel

4.3. The Family Hub requirements are defined by the Department of Education and include a range of in person and online support activities:

4.3.1. Parent–infant relationships and perinatal mental health support

- Designated welcoming, safe and secure space where parents and carers can speak to practitioners, volunteers, or other peer supporters about their wellbeing and mental health.
- Information leaflets and brochures are available in the family hub to help destigmatise mental health and parent infant relationship difficulties, and to raise awareness of support available (once these become available as part of the National Public Health Campaign).
- Offer antenatal classes (face-to-face and/or online) that include advice on mental health and the importance of early relationships with babies, including support for fathers and co-parents/carers.
- Parents and carers can access face-to-face support for mental health and parent–infant relationships in the family hub through enhancing existing services and/or new offers.

4.3.2. Infant Feeding

- The family hub has a designated welcoming, safe and secure breastfeeding space for mothers to breastfeed and meet other breastfeeding parents.
- Physical information (e.g., leaflets/brochures) is available at the family hub so parents/carers know how to access local support.
- Drop-in infant feeding support sessions/groups are available at the family hub.
- Equipment is available on loan from the family hub for parents who need it (e.g. breast pumps), and staff sensitively support parents to use it.

4.3.3. Public Health

- There are drop-in opportunities in the family hub provided by professionals and local providers of different services available.

4.3.4. Activities for children aged 0-5

- Family hubs deliver the statutory duty to provide activities for young children (aged 0-5), e.g., interactive play or stay and play sessions and offer antenatal classes (face-to-face and/or online) that include advice on mental health and the importance of early relationships with babies, including support for fathers and co-parents/carers.

4.3.5. Domestic Abuse Support

- Private spaces are available to allow victims (adult and/or child) to speak confidentially, to reduce risk associated with disclosing in front of perpetrators.
- Family hubs have awareness-raising information around the hub about local services and the 24/7 domestic abuse helpline, such as posters on toilet doors and/or notice boards, and discreet cards available to pick up.

4.3.6. Midwifery/maternity

- The family hub can provide a team base for midwives working in the local area to meet and work across disciplines and agencies.
- Provide clinical and non-clinical space to enable midwifery teams based at the family hub to offer appointments there, with particular emphasis on initial booking appointment.
- There is a confidential environment for assessments to be completed.
- There is connection to vaccination centres (e.g. midwives can refer families to a vaccination centre).
- Referrals to obstetric or other secondary care are available where required.

4.3.7. Health Visiting 0-5 (inclusive of the Start for Life period)

- The New Birth Visit is provided in home, and other reviews including mandated offer is available in a family hub (as well as in family homes and other settings)
- Mandated universal reviews are offered face to face as per the Health Visitor Service Model and High Impact Areas
- There is an ability to support confidential discussion.
- Child health clinics are available in the hub.
- Health Visitors are proactive in bringing families with highest needs / poorly served into family hubs for additional support, including group sessions and do this face to face where possible.

4.3.8. Parenting Support

- Staff can have sensitive conversations, promote the universal open access parenting support offer and connect families to targeted evidence-based parenting interventions (prioritising those that would benefit most).

- There are integrated multi-agency referral pathways in place for access to peer-support and targeted community-outreach activities, as well as to targeted, evidence-based parenting programmes for new and expectant parents/carers.
- All families should have access to a key contact within the family hub who can help them to understand the parenting support that is available to them.
- They provide initial appropriate information to assist new and expectant parents/carers during their transition to parenthood.
- Staff can have sensitive conversations, promote the universal open access parenting support offer and connect families to targeted evidence-based parenting interventions (prioritising those that would benefit most).

- There are integrated multi-agency referral pathways in place for access to peer-support and targeted community-outreach activities, as well as to targeted, evidence-based parenting programmes for new and expectant parents/carers.

4.3.9. Early Language and the Home Learning Environment

- Access to a key contact in the hub able to provide appropriate information to support parents of pre-schoolers with their HLE, identify need and connect families on to targeted evidence based HLE interventions (prioritising those that would benefit most)

4.4. A data collection process for the Family Hubs implementation is being developed in line with the DfE requirements. The aim is to start demonstrating the impact of the Family Hub offer during 2024-2025. A data Family Hub dashboard will be created to run alongside the Early Help Strategy.

4.5. Promotion of the Family Hubs Offer is available in a published Family Hubs booklet as well as on the temporary landing site. The Family Hubs website is under construction and is being co-produced with Dandelions, partners and recently shared at a February equalities event represented by five communites and organisations.

4.6. Early Help Strategy

4.6.1. Early Help can be described as the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. The Early Help Operational Board, which reports to the Best Start in Life Early Help Board, has been established to develop the Telford & Wrekin Early Help Partnership Strategy. The Government's Early Help System Guide is being used as a toolkit to frame our strategy and the following outline has been developed with partners and is under consultation.

Telford & Wrekin Early Help Strategy Overview

Our Vision

We want Telford and Wrekin to be a place where families are helped at the earliest point, children and young people's life chances are improved and demand on crisis services is reduced. At every stage of their life children and young people will be kept safe from harm and neglect.

Our Objectives

Workforce

draft for comment

Our workforce offers a professional family support service which sees early help as everyone's responsibility, is delivered through a shared practice framework and is recognised for its whole family approach

Community

draft for comment

We are improving the way we connect voluntary and community sector activity, family networks and formal early help activity

Family voice and experience

draft for comment

We gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance

Telford and Wrekin FAMILY HUBS

Leaders

draft for comment

The Best Start in Life Early Help Board is accountable for our early help system and demonstrates our place-based focus on early help, the whole family and whole system working

Intelligence-led

draft for comment

Our Best Start in Life Early Help Partnership Board is accountable for developing and driving an intelligence-led approach

4.6.2. Co-production with families, professionals and partners is a key component of the Early Help Strategy Development.

4.6.3. An Early Help engagement workshop is being held on 14th March to develop the strategy further and map our current offer, using a model with various levels of parenting support, ranging from support for all to specialist support.

We would like to invite you to our first Early Help Strategy Workshop to explore the Early Help Offer for Telford and Wrekin. To explore:

- what does our data tell us about families
- what do parents say about services
- what services have we got and where are the gaps.

By pooling our shared knowledge and expertise we hope to agree some key areas for partnerships to focus and develop on for the next three years.

4.7. Healthy Child Programme

4.7.1. The nationally prescribed healthy child programme, is a statutory public health service commissioned by the Council and delivered by Shropshire Community Health NHS Trust. This important universal service is offered to all children and families, but with a targeted offer for those with particular needs and risks, it includes the following elements:

- **Health Visiting**: mandated childhood checks (at 10-14 days, 6-8 weeks, 1 years and 2 years), support and advice on breastfeeding and weaning, parenting and school readiness.
- **Family Nurse Partnership**: intensive person-centred care and support for first time teenage parents
- **School Nursing**: National Child Measurement, school health drop-in clinics, sexual health advice and Chat Health support, Asthma Friendly school training

4.7.2. The HCP model includes a schedule of interventions, ranging from universal services to intensive support, offered through two needs-led teams:

- **Community First Team** – offering a community-centred approach aiming to develop and build on community assets and resources, includes School Nurses and Health Visitors
- **Family First Team -** offering targeted support for vulnerable families with complex and/or additional needs, includes Health Visitors, School Nurses and the Family Nurses Partnership.

4.7.3. The nationally mandated HCP checks for children are centrally monitored and included in national outcomes frameworks. These mandated checks are: antenatal checks, new born visits, 6-8 weeks checks, 12 month development check and 2 year olds reviews.

- **Newborn Visits within 10-14 days** - the service consistently achieves good performance, with over 92% of visits delivered within the timeframe July-Sept 2023. In 2022/23 the Telford & Wrekin performance was the highest of all local authorities in the West Midlands.
- **6-8 weeks checks** – 88% of infants received their checks on time during July-Sept 2023, which is well above the national average.
- **12 months development reviews** - delivering these checks has been a challenge in the service and parents often cite being unable to attend due to work commitments as a reason for non-attendance. In response the service is offering more development clinics to increase families opportunities to engage, and the performance is improving - 87.5% of 1 year olds received the checks on time during July-Sept 2023.
- **2-year-old reviews** – 91% of 2 year olds received their checks on time during July-Sept 2023, which is well above the national average.

4.7.4. The Healthy Child Programme is a key part of the Start for Life Family Hubs transformation, including handing out the Best Start for Life booklet, offering universal and mandated contacts with families. The additional S4L funding awarded to the Healthy Child Programme has increased the breastfeeding support given to families and extended the provision of breast pumps.

4.7.5. The Telford & Wrekin Healthy Child Programme plays a key role in safeguarding children and young people on a number of levels, including through face-to-face newborn home visits, multi-agency meetings, risk planning and their contribution to the child exploitation agenda. Our school nursing service was commended by NHS England and the IITCSE Inquiry for the support they offer young people on sexual health, the risk of exploitation and multi-agency work. In response to the IITCSE Inquiry Recommendations the capacity of the Healthy Child Programme nurses has been increased and a CSE Lead has been appointed in the school nursing team.

4.8. Child and Adolecent Mental Health Services (BeeU)

4.8.1. BeeU current service position

Bee U continues to meet the CYP crisis metric of 4 hours and 72 hours and meeting the 1 week urgent and 4 weeks non urgent to treatment for CYP with eating disorders. There continues to be some long waits in the service. Bee U have well developed triage to ensure all high-risk children are seen in a timely

manner, and all other CYP and their families have access to self-help while waiting.

	Longest Wait Days	Longest Wait Weeks	Median Days	Median Weeks
NHS SHROPSHIRE TELFORD AND WREKIN CCG + Telford and Wrekin LA	1549	221	113	16
BeeU ADHD	1549	221	166	24
BeeU ASD Assessment	644	92	199	28
BeeU Assessment	370	53	137	20
BeeU Core Mental Health Team	304	43	93	13
BeeU Learning Disabilities	108	15	59	8
BeeU Medics	472	67	54	8
BeeU North Telford MHST	80	11	17	<
BeeU Physical Health Team	100	14	98	14
BeeU South Telford MHST	107	15	17	<2

4.8.2. Commissioning arrangements

MPFT have entered a contract extension for 2024/25. Additional funding from Mental health investment standard for 2024/25 enables an uplift to support the service to develop and increase staffing with the aim to support more CYP and families and see an in-year reduction for waiting lists and awaiting times for core Bee U assessments and ND assessments. MPFT are currently developing the plans and a system communication will follow by the end March. The key areas including reducing waiting lists. Telford & Wrekin councils commissioning Specialist for mental health is a key member involved within this process.

4.9. *Ch*ild Mortality in Shropshire, Telford & Wrekin

4.9.1. In September 2023 the Integrated Care Board published figures on child deaths in Shropshire, Telford & Wrekin, highlighting that death rates were higher than average. A working party led by the ICB Chief Medical Officer and Executive Director of Nursing and the two local authority Directors of Public Health has been established to develop a coordinated approach to reducing preventable child deaths. Two workshops have been held to discuss action with colleagues across the integrated care system.

5. Alternative Options

5.1 Ensuring all children and young people have the best start in life makes a significant contribution to individuals, families and communities. The lack of a consistent approach would adversely impact on multiple agendas and outcomes for the borough including health and care, education, employment and community safety.

6. Key Risks

6.1 The Government's Start for Life grant funding to develop family hubs comes to an end in March 2025.

7.0 Council Priorities

7.1 Every child young person and adult lives well in their community.

8.0 Financial Implications

8.1 There are a number of initiatives highlighted in the report which are funded from different sources.

8.2 Healthy Child programme (HCP) is funded from public health grant. The contract value in 2023/24 is around £2.7m and there has been some further investment in supplementary programme initiatives of around £150k this year. The contract is due for renewal in 2025 following a contract extension.

8.3 Start for Life programme/Family Hubs grant funds commenced in 2022/23 with Telford & Wrekin Council receiving a grant award over 3 years of just over £3.1m. The grant received in 2022/23 was £0.75m, with 2023/24 being £1.29m and in 2024/25 £1.09m. To the end of 2023/24 the expectation is that the £2.04m of grant received to date will have been expended with a small amount carried forward into 2024/25. Sustainability of services is being embedded as the programme is rolled out as the grant is only known to be available until and including 24/25. Further consideration will need to be given to the delivery of services and their sustainability if the grant award does not continue beyond 24/25.

8.4 The programmes are expected to deliver within approved financial resources and therefore there are no significant financial implications arising from adopting the recommendations of this report. RP 08/03/24

9.0 Legal and HR Implications

9.1 The government's Family Hubs and Start for Life programme helps meet commitments in "*The best start for life: a vision for the 1,001 critical days*", published as government policy in March 2021. This programme is jointly led by the Department for Education (DfE) and Department of Health and Social Care (DHSC).

The 75 local authorities selected to take part in the programme and to receive funding, including Telford & Wrekin, have had the benefit of government guidance to implement the programme.

10.0 Ward Implications

10.1 All wards are affected, but there are inequalities in outcomes in the more deprived communities.

11.0 Health, Social and Economic Implications

11.1 The Family Hubs transformation and Healthy Child Programme offer key prevention and early help services to families. The enhancement of this preventative support in the community strengthens the borough's early help offer, which in turn should improve outcomes and reduce the demand for healthcare and safeguarding services.

12.0 Equality and Diversity Implications

12.1 Ensuring all children and young people get the best start in life and the inequalities agenda are fundamentally linked. As part of this there are equality and diversity dimensions which impact on inequalities and different outcomes experienced across groups of children and young people. For example, those who are looked after, young people who are care experienced, those who live in deprivation or who are social excluded, have special educational needs or are from black or minority ethnic groups.

13.0 Climate Change and Environmental Implications

13.1 No specific climate change or environmental implications.

14.0 Background Papers

1 HWB September 2022 Health & Wellbeing Strategy Refresh Proposals
2 HWB September 2021 Telford & Wrekin Inequalities Plan
3 HWB March 2023 Best Start in Life

15.0 Appendices

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	29/02/2024	06/03/2024	LN
Legal	29/02/2024	29/02/2024	KF
Finance	29/02/2024	08/03/2024	RP

This page is intentionally left blank

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Integrated Care System Shropshire, Telford and Wrekin

Better Care Fund (BCF) 2023-2025 update

Presentation to Telford & Wrekin Health and Wellbeing Board – March 2024

Michael Bennett – Service Delivery Manager: Hospital and Enablement, Telford & Wrekin Council

Gemma Smith – Director of Strategic Commissioning, NHS Shropshire, Telford & Wrekin

C

Purpose of session

The session will cover the following areas:

1. Quarterly returns formal approval
2. Progress update

BCF Requirements or quarterly monitoring

National conditions:

- Jointly agreed plan between local health and social care
- Enable people to stay well, safe and independent at home for longer
- Providing the right care in the right place at the right time
- NHS contribution to adult social care at HWB level to be maintained

Metrics:

- Avoidable Admissions
- Emergency admissions due to Falls
- Discharge to Usual Place of Residence
- Residential admissions (permanent admissions to care home)
- Reablement (maintained at home after 91 days)

Quarterly submission summary

Quarter 2 (October 23 return)

- Meeting the national conditions
- Projection of likelihood of meeting the 5 national indicators
- Review projections of demand and capacity

Quarter 3 (February 24 return)

- Meeting the national conditions
- Projections of meeting the 5 nationally prescribed metrics
- Indication of activity for planned expenditure

Performance – national metric projections

BCF Performance Dashboard March 2024

Key metrics	Performance/ position	Trends	Comments @Month 11
Avoidable admissions	2023-24 Q1 Plan: 103.3 2023-24 Q2 Plan: 106.8 2023-24 Q3 Plan: 110.2 2023-24 Q4 Plan: 113.7		Q1 count was 117.1. Q2 count is currently 102.1 Q3 count is 104.2 Further profiling of the metric to be completed
Falls admissions	2021-22 Actual / 2022-23 estimated / 2023-24 Plan Indicator value: 1,506.2 / 1,715.4 / 1,369.6 Count: 465 / 520 / 441 Population: 32,973 / 32,806 / 34,226		Q1 count was 130.9 Q2 count was 91.8 Q3 count is 82.2 Further profiling of the metric to be completed
Discharge to Normal Place of Residence	2023-24 Q1 Plan: 93.6% 2023-24 Q2 Plan: 93.7% 2023-24 Q3 Plan: 93.9% 2023-24 Q4 Plan: 94.0% 3,610 / 3,621 / 3,633 / 3,644 3,858 / 3,863 / 3,869 / 3,875		Target of 93.7% Current overall performance 94.5 (April to January 94.4 (12 month rolling) National is 92.9 April to January and 92.8 as 12 month rolling
Permanent admissions to care homes	2021-22 Actual / 2022-23 Plan / 2022-23 estimated / 2023-24 Plan 447.4 / 429.0 / 438.1 / 428.5 142 / 142 / 145 / 145 31,739 / 33,097 / 33,097 / 33,838		Target of 429/ 100,000 population (142 people). Outturn for 2022/23 was 447/100,000 - better than national of last year (538.5) Current projection is 473/ 100,000 (150 people) Review of data taking place currently.
At Home 91 days after Reablement	2021-22 Actual / 2022-23 Plan / 2022-23 estimated / 2023-24 Plan 84.2% / 80.0% / 71.4% / 80.1% 186 / 180 / 142 / 181 221 / 225 / 199 / 226		T&W target is 80% Year end position was 71% Current position is 82.1%

Schemes performance

BCF schemes	Scheme Summary	RAG
Intermediate Care		
Rehabilitation and Reablement (staffing)	Shropshire Community Trust therapists commissioned to deliver Enablement interventions. TICAT support admission avoidance, discharge from hospital and Integrated Discharge Hub (IDT) and preventative interventions within localities	
Domiciliary Care	Currently forecast 165,000+ hours across admission avoidance and discharge	
Rehabilitation and Reablement beds	Commissioned block and spot beds in 2023/4 and additional spot beds. GP supporting to Enablement beds	
SCHT	Aligned services including Rapid Response, Single Point of Referral, community and specialist nursing	
SATH	Aligned to rehabilitation, supported discharge of stroke patients, SATH neuro-rehab clinics and therapists	
Community Resilience		
Preventative Community services	ICB Grant funding to Care Navigators and post-stroke 6- and 12-month reviews	
Carers	Carers support through the Carers Contact Centre, specific Carers support offer; Emergency Carers Support; Carers respite; Admiral Nursing	
LA Grants	Commissioned services including support for dementia, volunteering and Information and Advice Contract	
Neighbourhood Care		
OT Rehabilitation and Enablement	Preventative interventions and equipment; at home and within the Independent Living Centre; Carer Moving and Handling, post Reablement reviews and DFG assessments for minor and major adaptations at home	
Assistive Technologies	Provision of technology enabled care to support sensory and physical impairment and AT Lead post. Funds Pill boxes; Community alarm provision and contract and Community Equipment Stores contract. Assistive Technology to support Planned Overnight Care and Digital Hub. Utilisation of the Independent Centre and Virtual House	
Preventative Services	Contribution to Access Team who support and direct referrals to TICATT, HSCRRT, OTs, Specialist Community Teams and NHS SPOAs. Funds some Locality workers and Support Workers links to Supporting People	
SCHT	Aligned to community and specialist nursing teams and therapists	
Other Care		
iBCF and Winter Pressures Grant	Includes funding for additional SWs, OTs, Brokers, domiciliary care bed price increases	
Maintaining Eligibility for clients	Supporting client care. Costs to the Council for this identified group is £3.1m	
Programme Management	ICB monies aligned to specific PMO monitoring; finance; performance analysis and reporting; Quality Monitoring.	
Care Act Implementation	Range of mandatory provisions including Information and Advice; Advocacy provision; implementation of Safeguarding processes, Board; training of SWs in the legal processes	
Disabled Facilities Grant	Grant allocation aligned to specific regulations in minor and major home adaptations to maximise independence	

Integrated Care System
Shropshire, Telford and Wrekin

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Any Questions?

This page is intentionally left blank