Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 27 November 2025

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: **Cllr A J Burford (Co-Chair), S Whitehouse (Co-Chair), Cllr S P Burrell, Cllr K Middleton, Cllr S J Reynolds, Clr K L Tomlinson, Cllr P Watling, J Britton, N Carr, S Fogell, S Froud, N Pay, N Lee E Hancox, F Mercer, H Onions, C Parker and J Williams**

Agenda

6.0	**Health & Wellbeing Strategy Performance and Outcomes Report**	**29 - 44**
	To receive the Health & Wellbeing Strategy Performance and Outcomes Report.	
7.0	**Economic Opportunity Update**	**45 - 48**
	To receive an update on economic opportunities across the Borough including the Lloyds Bank Foundation and Connect to Work.	
8.0	**Connect to Work Update**	**49 - 56**
	To receive the Connect to Work Update.	
9.0	**JSNA Update**	**57 - 62**
	To receive the Joint Strategic Needs Report, including an update on the Pharmaceutical Needs Assessment 2026 – 2029.	
10.0	**Dental Performance and Access in Telford and Wrekin**	**To Follow**
	To receive an update on the dental performance in Telford & Wrekin.	
11.0	**Oral Health Improvement Update**	**63 - 68**
	To receive the Oral Health Improvement Update report.	
12.0	**Healthwatch Update**	**Verbal Report**
	To receive an update from Healthwatch Telford & Wrekin.	
13.0	**Safeguarding Adults Board Annual Report**	**69 - 82**
	To note the Safeguarding Adults Board Annual Report.	
14.0	**Any Other Business**	**Verbal Report**
	To receive a verbal update on the Good Level Development Target.	

If you are reading these papers on an electronic device you have saved the Council £15.22 and saved 6.1kg of CO_2, based on average agenda printing costs for the 2022/23 municipal year.

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 18 September 2025 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Cllr A J Burford (Co-Chair), S Whitehouse (Co-Chair), Cllr K Middleton, S Froud, N Lee, N Pay, H Onions, C Parker and J Suckling

In Attendance: L Gordon (Member Support Officer), M Hayman (Primary Care Partnership Lead, STW) L Mills (Service Delivery Manager Health Improvement & Prevention), J Preston (ELSEC: Advanced Practitioner for Education, S Wellman (Director: Education & Skills), V Whatley (Chief Nursing Officer, ICB) and G Wright (Deputy Chief Delivery Officer, STW)

Apologies for Absence: Councillors J Williams, S J Reynolds, K L Tomlinson, P Watling, J Britton and F Mercer

HWB21 Declarations of Interest

None.

HWB22 Minutes of the Previous Meeting

RESOLVED - that the minutes of the previous meeting held on 26 June 2025 be confirmed as a correct record and signed by the Chair.

HWB23 Public Speaking

None.

HWB24 Quarterly Strategy Progress Report

Members received a report outlining the commitments of each priority lead for the coming year, with a focus on strengthening delivery and addressing ongoing challenges. It was noted that future reports would highlight key risks and areas requiring further attention, including an update that would be brought to the next meeting of the Board in November. The Service Delivery Manager for Health Improvement & Prevention provided a summary of the report, drawing attention to strong thematic links across the priority areas. Members were advised that the report reflected a coordinated approach to tackling inequalities, enhancing prevention, and improving system-wide collaboration.

In relation to inequalities, Members heard that more targeted work was being undertaken with underserved communities, including those experiencing homelessness. Examples such as the Live Well Hubs and the community blood pressure project were highlighted as successful initiatives. Members were updated on progress in cardiovascular disease prevention, including the

rollout of NHS Health Check pilots and the development of group lifestyle clinics. The role of the community and voluntary sector was acknowledged, with examples of successful signposting to appropriate services, which helped to reduce pressure on primary care.

The Board were asked to note the development of the 'Connect to Work' programme, which aimed to prevent economic inactivity through targeted one-to-one interventions. This work was supported by joint funding from the Department for Work and Pensions and the NHS. Members were informed that the Telford & Wrekin Integrated Place Partnership had agreed three main priorities and established an Accelerator Group to drive operational delivery. This group brought together leads from across the Integrated Care System to coordinate place-based action. A key theme emerging from the discussion was the resilience of the voluntary sector, which played a vital role in delivering outcomes. Members acknowledged the ongoing challenge of securing long-term funding and welcomed efforts to explore sustainable solutions.

During the discussion, Members raised concerns about reduced engagement with the Healthy Families Programme. The Service Delivery Manager for Health Improvement & Prevention confirmed that the offer was being reviewed, and engagement work was underway with families and schools to strengthen participation. Members also highlighted the importance of addressing housing and loneliness as part of the wider determinants of health and requested that these issues be considered at a future meeting. The expansion of Calm Cafés and Live Well Hubs was welcomed, with Members noting the significant impact these initiatives had on mental health and wellbeing. The Board commended the collaborative approach being taken and recognised the national acknowledgement of local work as a blueprint for best practice.

HWB25 Annual Public Health Report 2025 Towards a Smoke Free Future

The Director of Public Health introduced the report, noting that it had been some time since the Board had focused on this issue. She set out the size and scale of the challenge, highlighting both the opportunities and risks associated with vaping. While vaping can be used as a quitting aid, there were growing concerns about its impact on children and young people. The Board heard that the report followed the same style as previous updates, using case studies to illustrate key points. Members were advised that new targets had been agreed and additional funding secured through the Government's Smoke-Free Programme. Trading Standards were actively tackling illegal tobacco and vape products, and the NHS 10-Year Plan offered further opportunities to increase funding and shift prevention work into neighbourhood settings. The report also addressed the growing concern around youth vaping, noting that national grant funding had been received to support cessation services for young people. Members heard that work was underway with local providers, schools, and the licensing team to develop a

coordinated response, and the Borough's Health & Wellbeing Statement on vaping was being updated.

The Director of Public Health emphasised the need to do more to engage residents who want to quit smoking and drew attention to campaigns such as "Crush the Habit" and "Do It For…", which aimed to encourage participation in cessation programmes. She confirmed that work would continue with partners to increase referrals into these services. Members were also informed that a Bill currently progressing through the House of Lords may lead to changes in licensing and enforcement arrangements, which the Board would be updated on in due course.

The Board were asked to note the importance of promoting a Smoke-Free Alliance, drawing on evidence-based approaches from Greater Manchester and Sheffield. The Director of Public Health noted that these areas had seen a significant decline in smoking rates and stressed the importance of replicating this success locally. In addition to approving the recommendations, the Director of Public Health sought the Board's support in increasing the number of residents accessing cessation services.

The Board welcomed the report, noting the strong links to prevention and neighbourhood health, and commended the inclusion of case studies and innovative approaches such as embedded video content. Members agreed that smoking remains a significant contributor to health inequalities and life expectancy gaps and supported the recommendations set out in the report.

The Board unanimously approved the recommendations and agreed to support the development of a Smoke-Free Alliance.

RESOLVED – that the Health & Wellbeing Board endorse and support the reccomendation of the Director of Public Health's 2025 Annual report, which are aimed at reducing the impact of smoking and vaping-related harm in the borough.

HWB26 Early Language Support Project Update

Members received an update on a joint project between health and education, which formed part of a two-year national pilot. The Board noted that Telford & Wrekin was one of only nine areas across the country involved in this initiative, which aimed to increase workforce capacity and address significant NHS waiting times linked to the SEND agenda. The project focused on early intervention for children with speech, language, and independence needs, delivered in partnership with the Council, Shropshire, the Integrated Care System, and Shropshire Community Health Trust.

The ELSEC: Advanced Practitioner for Education highlighted that approximately two million children in the UK experience these challenges, which can lead to poorer outcomes in Maths and English, increased mental health issues by age 11, and a higher likelihood of unemployment in adulthood. Within Telford & Wrekin, the project was now in its second

academic cycle and had expanded from eight to ten schools this year. Members heard that by the end of the academic year, the programme will have reached 2,210 children locally and that the initiative included a range of interventions, supported by the ELSEC offer.

The Board were asked to note that data from the previous year had demonstrated significant improvements. Baseline assessments of pre-school cohorts showed that 45% of children were at age-appropriate levels, 28% were close to meeting expectations, and 27% had significant difficulties. By the end of the year, 70% were at age-appropriate levels, with only 16% still struggling. For Key Stage 1 pupils, the proportion meeting age expectations rose from 31% to 85%. The ELSEC: Advanced Practitioner for Education advised that Schools have strongly supported the project, and evidence showed that children requiring additional support were now making good progress. The programme has also helped reduce waiting lists, with some children no longer requiring wider assessments.

Members heard that feedback from early years settings and mainstream schools has been overwhelmingly positive as the project moved into its second wave. Sustainability had been a key consideration throughout, and early indications suggest that Education, Health and Care Plans have remained steady rather than increasing. Outcomes for children have improved by between 5% and 20%, and three additional schools launched the programme in the weeks leading to the meeting.

The Board were asked to note risks to the project included funding, which was currently secured until July 2026. However, delays in Government announcements regarding the second wave of funding presented challenges for future planning. Staff retention was also identified as a risk due to the reliance on fixed-term contracts.

During the discussion, Members praised the project, noting that improvements were easily measurable and supported by strong evidence of long-term impact. They expressed full support for its continuation and inquired if earlier interventions could be considered. The Director: Education & Skills described the initiative as an excellent example of early intervention and prevention, aligning with the ambition for the Best Start in Life agenda. He emphasised the need to promote childhood development and noted that the work was heavily dependent on continued funding but there were plans to integrate family hub sessions and explore models such as five by five.

The Board highlighted the targeted nature of the project and its short-term impact, stressing the importance of including outcomes in future reports and continuing collaborative delivery with both health and education partners.

The Board noted the update and commended the collaborative approach and measurable impact of the project.

HWB27 GP Access Update

The Primary Care Partnership Lead for the Integrated Care Board (ICB), presented an update on access to general practice services, supported by data from July 2025. Members heard that access was improving, with positive trends in same-day and next-day appointment measures. All practices within the Primary Care Networks in Telford & Wrekin now offer extended access, and the rollout of Modern General Practice and mobile telephony systems was underway, with go-live dates confirmed. The Primary Care Partnership Lead for the ICB also outlined the introduction of quality visits, which used data-driven support to assist practices performing below national metrics.

Members were advised that GP-led appointments currently stood at 38%, compared to a national average of 48%. The Primary Care Partnership Lead highlighted upcoming contractual changes linked to the NHS 10-Year Plan, which placed greater emphasis on digital solutions. From 1 October 2025, new contract requirements were to come into effect, including the mandatory provision of online consultation tools. An audit was being undertaken to ensure all practices had these facilities in place and that they were easily accessible to patients.

The presentation included data on appointment trends and patient experience, showing improvements in access and engagement. The Primary Care Partnership Lead explained that national priorities aimed to reduce unwarranted variation in access and that the 2025 plan positions primary care as the front door to community pharmacy and mental health services. Members heard that some practices continued to face challenges and it was confirmed that support was being provided through the national Primary Medical Services programme. Recent patient survey results indicated that overall experience has improved to 75%, although six practices remained below the benchmark and were receiving targeted assistance. The Board were advised that ease of access scores had risen compared to last year, largely due to the adoption of technology solutions, and overall feedback remained positive at 80%, though it was noted that this did not provide the full picture.

The Primary Care Partnership Lead highlighted the success of Pharmacy First and Optometry First initiatives, which aimed to reduce prescription waste and improve access to care. The Board were informed that engagement with practices had been positive, and strong relationships had been established to support ongoing improvements.

During the discussion, Members thanked the Primary Care Partnership Lead for their update and stressed the importance of addressing issues around GP Access and improving public confidence. The Board recognised the pressures that practices faced but noted that feedback from residents suggested that access to GP services remained inconsistent, with some practices struggling. The Chief Executive Officer of the STW ICB confirmed that work to improve GP access was ongoing and shared that he would be personally visiting all practices, with the aim of building greater confidence and transparency.

The Board noted the significance of the links to dentistry access, winter pressures, and ICB reconfiguration when considering GP access, stressing that these challenges must be addressed collectively. The Chief Executive Officer STW ICB agreed and encouraged councillors to promote patient feedback surveys to help inform future improvements. Members agreed that the Council's Health Scrutiny Committee would continue to monitor developments with GP Access, particularly at the level of individual practices.

The Board noted the presentation and welcomed the progress being made to improve access to general practice services.

HWB28 STW Healthy Ageing/Frailty Strategy

Members received a report on the approach to addressing frailty and supporting healthy ageing, as set out in the NHS STW's Healthy Ageing Strategy 2025-2028. The Board was advised that the proposals were due to go for sign-off at the Integrated Care Board and that support was sought for delivery going forward.

The Chief Nursing Office ICB explained that frailty was a clinical term describing sudden changes in health caused by relatively minor events, which ranged from mild to severe. She stressed that frailty was not inevitable, but it had a significant impact on health and social care services. Members heard that prevention and early identification were key priorities of the strategy and drivers for change included the rapid growth of the population aged over 65 in Telford and Wrekin, with projections showing a doubling in the number of residents aged over 90 in the coming years. The Chief Nursing Officer highlighted that if no action was taken, the financial impact on services will be substantial, as illustrated in the report.

The Board heard that the approach was underpinned by neighbourhood-level, data-driven planning and aimed to change workforce mindsets to deliver more proactive care. Work was already underway with GPs to ensure appropriate care planning and coordination, and engagement with the public was to be critical to raising awareness of frailty and promoting healthy ageing objectives, which closely linked to the Council's Aging Well Strategy. Members were advised that the report set out three key shifts required to deliver change and that existing work across partner organisations must be joined up to address inequalities within this agenda.

During the discussion, Members welcomed the comprehensive nature of the report but expressed concern that this work had not been joined up sooner. The Board praised the engagement undertaken to date but stressed the importance of monitoring progress and understanding how older people perceived improvements, noting that while technology was important, some residents remain uncomfortable with digital solutions.

Members of the Board emphasised the need for alignment across organisations and highlighted work already taking place to support people

admitted following falls. It was noted that population projections were critical and were expected to place significant strain on resources if not addressed.

RESOLVED – that the Healthy Ageing Strategy 2025-2028's implementation be noted and supported by the Health & Wellbeing Board.

HWB29 Any Other Business

The Co-Chairs invited the Deputy Chief Delivery Officer, NHS STW to provide the Board with an update on the Winter Plan for 2025/2026.

The Board were asked to note that the plan was currently in draft form and would shortly be submitted to the Integrated Care Board for sign-off. Members were informed that the plan provided a clear overview of actions and timelines at national, regional, and system levels. The planning process for winter began in March and was now two months ahead of where the system was at the same point last year. This represented a significant improvement, as last year's actions were received late, placing the system on the back foot.

Members heard that direction from NHS England had been comprehensive, and an assurance visit from NHS England had already been completed, which had been successful and identified only minor learning points. The Deputy Chief Delivery Officer explained that the ICB was to receive the full Winter Plan next week, along with the Board Assurance Statement, which would be submitted to NHS England.

The Board were informed that the plan had been developed alongside the wider Urgent and Emergency Care improvement programme and included several high-impact schemes. These included the introduction of modular wards and enhanced community provision to connect primary care with acute trusts, reducing unnecessary attendances at A&E. Staffing arrangements for the festive fortnight had also been addressed. The Deputy Chief Delivery Officer noted that while there is no joint plan with Stoke and Staffordshire this year, best practice would be adopted where appropriate.

Members were advised that the plan set out clear objectives to ensure the system entered winter on a solid footing. Seasonal interventions were to be funded through the ICB, and contingency reserves had been built in to provide additional capacity if required. All schemes were to be tapered off gradually rather than ending abruptly to maintain stability.

During the discussion, Members referred to the regional stress-testing exercise, which had gone well and provided an opportunity for system-wide alignment and shared learning, and asked about the impact of reconfiguring beds and assessment areas at Princess Royal Hospital (PRH), noting that the report emphasised this was not solely about bed numbers. The Deputy Chief Delivery Officer confirmed that the changes were expected to make a significant difference by increasing assessment space, enabling more

opportunities to avoid unnecessary admissions. He explained that acute medicine will be able to turn patients around more quickly through a multidisciplinary approach.

The Board stressed the importance of supporting local residents safely and appropriately and encouraged all partners to promote vaccination uptake.

The Board noted the update and welcomed the progress made in preparing for winter pressures.

The meeting ended at 3.53pm

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

Date: Thursday 27 November 2025

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Health & Wellbeing Strategy 2023-2027

Delivery Progress Report

November 2025

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

- 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, CORE20PLUS5 programme.

- 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.

Closing the Gap – overview of inequalities focus across HWB Strategy

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 PCNs have nominated inequalities leads and specific health inequality related projects in place for 24/25. 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	Initiatives targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities/additional needs.
ental alth & 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.
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.

T&W HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. 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, CORE20PLUS5 programme. 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.

Healthy Weight

Progress / Key Highlights

- Launch of school webinar series to upskill staff with knowledge of topics including Eatwell, NCMP, talking to children about weight. Interest shown from community organisations to expand reach.
- Staff training delivered to healthy lifestyles and community learning disabilities teams to upskill staff to better support residents with a learning disability or autism and healthy eating.
- Increased engagement with healthcare professionals to better understand local services to support healthy weight, as well as terminology to reduce weight stigma – including primary care practice nurses and healthcare assistants as well as new staff inductions at Telford College.
- Recruitment of advisors to expand reach of Healthy Lifestyles service, as well as Health Improvement Officer within TWC Healthy Weight team to deliver healthy weight strategy projects.
- System partners contributed to Obesity Pathway Innovation Programme bid for Shropshire, Telford and Wrekin.

Risks

- Challenges implementing 'Healthy Weight' Training to frontline staff, primarily due to competing organisational priorities (i.e. Options appraisal completion to deadline). MECC communications campaign is live but no enhanced training offer to frontline professionals.

Performance Issues

- National Child Measurement Programme (NCMP) data for 2024/25 year published on Fingertips in November 2025. Telford and Wrekin has seen an increase in number of reception aged children who are overweight (increase from 24.6% to 25.3%), and in number of year six aged children (increase from 37.3% to 37.4%)

Domestic Abuse

Key Progress – against strategy / work plans (Q2)

- West Mercia Police have established a T&W Prevention Hub which includes two VAWG Officers, which oversee the DVDS (Claire's Law) and CSODS (Sarah's Law) applications and disclosures for the borough
- The number of local DA survivors supported through court proceedings and civil remedies continue to increase
- Current contract for Specialist Support Services ends in May 2026 and a retendering has commenced
- Work has commenced to implement the recommendations of the Independent review of local MARAC arrangements
- Local Perpetrator Behaviour Change Programme for standard to medium risk perpetrators achieving very positive outcomes

Issues / Challenges for the HWBB

- Retendering of Specialist Support Services
- Funding for Perpetrator Behaviour Change Programme for standard to medium risk perpetrators beyond March 2028

Performance (Q2)

- SPOC contacts increased from 392 to 470
- SPOC referrals to the Specialist Support Service increased from 55 to 83
- Number of young people affected by DA waiting for Specialist Support reduced from 24 in June to 3 in September
- 43% of survivors completed an exit survey on care planned exit from the Specialist Support Service reported feeling safer upon exiting DAS.

Improving outcomes - Case Study

In previous years, a White Ribbon event to increase awareness of Violence Against Women and Girls has been held in November during the 16 Days of Action Campaign. This year, between 25/11 and 10/12, rather than host a single event, the council and partners have organised a series of community "pop-up" events to take the White Ribbon message into our communities across the borough. This 16 Days of Action campaign will be supported with a strong social media campaign throughout the 16 days.

Alcohol and drugs

Key Progress – against strategy / work plans (Q1)

Prevention - The Young People's Team is increasing prevention work through targeted outreach, engaging young people in A&E at Princess Royal Hospital, and building connections in local youth clubs and cafés. Working closely with police, the team is improving reach to vulnerable young people to support safer choices.

Harm Reduction - The proportion of individuals in treatment for opioid dependency issued with Naloxone continues to increase, with a 6.2% year-on-year rise to June 2025, taking Telford & Wrekin just above the national rate (81% vs 80% respectively).

Treatment - The number of adults successfully completing treatment for alcohol dependency and not representing to treatment within 6 months is significantly higher than the national rate (55.38% vs 34.55%).

Recovery Support – The 12th Annual Telford & Wrekin Recovery Conference, held in September, was the first to be organised entirely by local Recovery Community Organisations. The event was a resounding success, highlighting both the strength and connectedness of the local recovery community and its growing leadership role in shaping recovery support.

Improving outcomes - Case Study

The Telford & Wrekin Recovery Charter, a landmark initiative aimed at strengthening support for individuals recovering from addiction, was officially launched on Friday 5 September 2025. The event, held in the Council Chambers, brought together civic leaders, representatives from public and voluntary sector organisations, and members of the local business community. The Charter invites local organisations to pledge practical support—such as education, training, and employment opportunities—to help people in early recovery rebuild their lives. Businesses pledging support include VHM Charity Consultancy, The Business Company, Triangle HR, and McPhillips (Wellington) Ltd.

Performance

Number of young people in treatment during Q2 rose by 30.8% to 51 (rolling 12 months) from 39 for the previous quarter, significantly above the March 2022 baseline of 28.

New presentations to the service increased by 4.2% to 451 (rolling 12 months to Aug 25) this remains significantly above the March 2022 baseline of 363.

Treatment progress has shown a reducing trend from April 2025, with 53% of individuals in Telford & Wrekin achieving substantial progress in the year to Aug 25. This is below the March 2022 local baseline of 60%, but remains above the current national rate of 46%, which has also fallen below its March 2022 baseline of 49%.

Individuals continuing treatment on release from prison continues to remain above the national ambition of 75% with 88% of individuals engaging with treatment following release during the 3 months to Aug 25. This remains significantly above the national rate which fell slightly to 54% during the period and the March 2022 baseline (58%).

Issues / Challenges for the HWBB

- Ongoing engagement with the local business community is essential to the success of the Telford & Wrekin Recovery Charter, ensuring individuals in recovery can access real opportunities enabling them to achieve sustained recovery.
- Overall numbers in treatment and new presentations to treatment, whilst above the March 2022 baseline, continue to follow a downward trend.
- Continuing elevated potential risk of fatal overdoses from increasing availability/use of synthetic opioids nationally.

Mental Health & Wellbeing (1)

Progress / Key Highlights since last report

- Redesign of specialist mental health support framework complete. Market event held. Launching Nov 2025. Will help address current gaps around support for people with acquired brain injury & opportunities for the vol sector to deliver bespoke packages of support for people.
- New Calm Café for 18-25 yr olds in MH crisis. Delivered by Telford Mind, Telford & Wrekin Council, A Better Tomorrow will be solution focused to equip people with the skills to develop their independence.
- Presentation to Scrutiny on key themes emerging from work on mental health strategy. Further workshops planned. Meeting scheduled with partners from ICB and public health to ensure the strategy covers the broadest spectrum of need from a whole population approach upwards.
- Partnership working is the norm & is evident in everyday work. For example:
  - Barriers to discharge form has been developed in partnership with the LA to help evidence need for accommodation* amongst other things.
  - LA have been invited to attend a range of patient focused meetings to ensure purposeful admissions & smooth discharges
  - ICB & LA commissioner strategic and quality catch ups are in place and are valued space – for example NHSE quality concerns relating to a secure hospital where a T&W resident is placed were shared. The Social Work team and commissioner arranged a visit to the site to support the quality improvement process and external assurance. Our findings are being fed into the wider improvement programme for this provider.
- In terms of CYP MH 'Midlands Partnership University NHS Foundation Trust have been awarded the contract to deliver the new child and adolescent mental health service across Shropshire, Telford and Wrekin from 1st April 2026'.
- The service continues to see an increase in demand for CYP MH services, which is impacting on waiting times. MPFT are working closely with NHS England and the ICB in relation to the access targets, with a recovery plan in place - refreshed waiting time trajectory to be agreed.

Risks / Challenges

1. Mental Health Bill progression presents system-wide implications
2. System wide improvement needed to map / monitor placements & what their needs might be moving forward. To inform social care & housing commissioning intentions.

Case Study: Miss A is living in supported accommodation. Her MH has declined, she is consuming lots of alcohol impacting her physical health – its impacting those who live with her too. Her housing provider (vol sector) is struggling to meet her needs & alongside the needs of others. She was discussed at the Alliance. During the discussion it became apparent that she is supported by lots of agencies but shares different information with all of them. Following a discussion at the Alliance it was agreed to set up a multi agency meeting to ensure consistent boundaries are put in place, to ensure each agency knows which part of support they are leading on and that her support is coordinated. The aim is to reduce her alcohol intake and increase her engagement with the ILS team.

Mental Health & Wellbeing (2)

Performance

The alliance has discussed 117 people so far this year – typically people who find it hard to engage with support & lead quite chaotic lives. The partnership offers peer support to the teams trying to support the individual by sharing information, suggestions for new ways of working or scope for a joint approach to build on previous relationships.

Calm Café's had 685 interactions in Quarter 1 for the general calm café & 231 for the café for people in crisis who also use substances. The majority of attendees are male which is positive given the risks around men and suicide. A focus for the next few months is ensuring move on so the capacity is protected for people in crisis.

Protection, Prevent and Detect

Progress / Key Highlights

- **Community Blood Pressure:** Checks completed on target. Offered at Cancer Bus Tour, Together As One CVD Awareness Event, World Suicide Day and LWCH (Pharmacy supporting checks at Wellington)
- **Community NHS Health Checks** Healthy Hearts project off to a good start. More checks completed at Supermarkets, Leisure Centre and Fun Day. Reaching target population/patients through varied comms
- **Community Falls classes:** Increases seen in attendance. Working on promo reels
- **Live Well Community Hubs:** Successful launch at Wellington library and Donnington Community Hub. Silver Threads Hall launch 18 Nov. Madeley LWCH to be extended to Park Lane Centre & Hub on the Hill
- **HPV/MMR Vaccination Uptake project:** Extension approved till Dec 25. Vaccine Educator Visiting early years settings with communications and resources
- **Cancer -** Bus Tour visits complete, successful Breast Cancer campaign, Lingen Davies Sunflower Appeal ongoing, recruitment of Cancer Champions still focus. Emma Cowen recognised at LiveLife Awards
- **Health Champions programme:** Nos of active volunteers increasing, More Feed the Birds conversations
- **Healthy Lifestyles Stop Smoking Advisors** Successful recruitment, induction of new team members
- **Physical activity projects** all progressing and require continual promotion to ensure engagement

Risks

- **Community NHS Health Checks** nos of checks full/mini reducing. Weather an issue and difficulty with Afinion machines (new ones purchased). Start to move indoors, need to identify events and new venues
- **Prevention programmes** Need to consider how main projects will be funded after March 2026.
- **MMR Vaccination Uptake project** time limited. Investment will be needed post December 2025.

Integrated Health and Care: Neighbourhood Health

Progress / Key Highlights

- **Neighbourhood Health Prevention & Inequalities (ICB Grant 2025/26) -** Delivery plans in place for borough-wide and targeted interventions in deprived areas.
- **Live Well Hub:** Additional hubs launched in Wellington & Donnington – CVS and Citizens Advice providing co-ordination support
- **Healthy Conversations Campaign:** Flu vaccination focus; reached 14,500 people, demonstrating good engagement
- **Calm Cafés:** Expanded to 18–25-year-olds for mental health support - successful launch held mid November
- **Care Navigators:** Recruitment complete; systems and partnerships established for Learning Disabilities & Autism support.
- **Healthy Hearts Bus Roadshow:** Started Sept; 165 full NHS Health Checks and 110 mini checks delivered.
- **Sport England Funding -** £400k secured for 18-month pilot to increase physical activity. Focus on systemic barriers, inequalities, and community co-production
- **Strategic Review -** TWIPP reviewing national guidance and system maturity assessments. Refreshing Neighbourhood Health Plan to align with national priorities and local needs.
- **The Accelerator Group and Neighbourhood Steering Groups** have continued to meet regularly, maintaining momentum on local health improvement initiatives. MDTs have now been established for TELDOC, Newport & Central, and SET PCNs, supporting more integrated and collaborative care.

Risks

- ICB remodeling and change management may impact on capacity, strategic oversight and delivery of neighbourhood health plans

Integrated Health and Care: Neighbourhood Health

Progress / Key Highlights: Family Hubs

- Parenting courses now open access via the website; 100 registrations in September.
- Family Hubs Website have had 9,336 hits April to August 2025, most popular is parenting and money advice.
- 12 drop-ins are available to support families, including evening online and at Women and Children's center at PRH.
- Government announced expansion of Best Start Family Hubs; and we have been awarded a further three years to 2029.
- Renewed National focus on 75% of children reaching a Good Level of Development by 2028. Telford and Wrekin currently at 67%, with a target of 78%. The work is being developed and overseen by directors.

Risks

- Venue identification still required for Newport and Wellington hubs.

Green & Sustainable Borough

Progress / Key Highlights

- **Green Flag Awards:** 8 sites recognised in 2025, including Telford Town Park (10th consecutive year) and Victoria Park (first-time award). In 2026 we will be applying for two additional Green Flag Sites and hope to take the total to 10 Green Flag Awards.
- **Wildflower Expansion:** Borough-wide shift to meadow-cut grass in selected areas to support pollinators and biodiversity. Autumn sowing has been underway as planned with parks and nature reserves being sown with wildflowers. Fujitsu have funded additional wildflower seeds through the Telford Green Spaces Partnership and these seeds have been distributed to the volunteer friends groups for sowing. Buglife (National Insect Charity) have contributed through funding of wildflower seeds for schemes in Trench and Wombridge.
- **Nature Reserve and Park Improvements:**

Ketley Paddock Mound: Vegetation and reed clearance was carried out to enhance water quality and optimise light availability within the pool.

Horsehay Pool: Floating reed rafts and updated fishing pegs installed.

Dawley Park: New sculpted seat and owl installed with funding from the friends group and through Councillor Pride Funding. New area of wildflowers created. Planting and wildflower seed sowing with the help from Dawley Youth club.

Apley Woods: The duck pond decking is currently being replaced with recycled plastic material.

- **Play & Pitch Strategy:** The strategy will be presented to Cabinet in early December. It has been developed using Sport England methodology to ensure adequate and inclusive pitch provision across the borough.
- **Local Nature Recovery Strategy (LNRS):** Regional collaboration with Shropshire Council to map and deliver nature recovery actions. Public consultation is now closed and the comments are being reviewed; Telford & Wrekin supporting via comms and social media.

Economic opportunity (1)

Progress / Key Highlights

- **Connect to Work:** Programme went live in late September. As of end of October the programme has received 21 referrals (Expressions of Interest) against a target of 7 for the first month of live running. Profiled targets are small for the first few months, but start to ramp up from January
- Recruitment activity is still underway to get the necessary capacity in place
- Referral pathways are being developed with a key focus currently on the primary care networks including TelDoc
- 2 employment outcomes have already been achieved in the first month
- **Non-EHCP Supported Internships Pilot** has 15 people on this year's first cohort that started in September
- Already 2 of the work placement employers have decided to employ their intern as an apprentice, which is an excellent outcome for those individuals
- **Post-16 FE & Skills** white paper published in October. Headline changes include:
- Introduction of V levels, to sit alongside T and A levels. V-levels to be more vocationally focussed with intention to eventually replace BTECs
- The employers Growth and Skills Levy to allow shorter more modular learning as well as apprenticeships
- New English and maths stepping-stone qualifications to be introduced to support those who don't achieve passes at GCSE

Economic opportunity (2)

Risks

- Key risk for Connect to Work is now around sufficient referral numbers, but this has not been an issue so far and work is underway to build further referral pathways, particularly as monthly targets start to ramp up from January
- Staff recruitment remains a risk, but only 1 FTE needed to complete year 1 staffing capacity. Interviews taking place w/c 17th Nov. Further recruitment will start in late January to support the increased need for capacity for year 2

Performance Issues

- Connect to Work has exceeded expectations and targets for its first month of live running

Housing & Loneliness (1)

Progress / Key Highlights since last report

- 1688 clients have received advice and guidance on their housing option and 606 clients were owed a Homelessness Reduction Act Duty and of these:
  - 160 clients were prevented from becoming homeless due to the advice and guidance provided
  - 302 clients were relieved from homelessness due to the advice and guidance provided.
  - 120 clients were owed a main homelessness duty
- Temporary accommodation was provided to an average of 77 clients per month with an average time within temporary accommodation of 64 days.
- Usage of emergency bed and breakfast (B&B) remains very low with only 5 clients being placed with an average length of time spent in B&B is 4 days.
- Additional units of temporary accommodation have been purchased and developed to be more flexible to allow the properties to be used to meet demand and reduce B&B usage
- Of those presenting as homeless due to Domestic Abuse:
  - 16 were prevented from becoming homeless through the support and advice/guidance provided
  - 77 clients were relieved from homelessness through the support and advice/guidance
  - 15 clients on average were provided emergency Safe Accommodation
  - 42 days was the average that a client was in Safe Accommodation.
- Target Hardening scheme aimed at providing additional security measures for those fleeing domestic abuse is proving successful. Making clients feel safer in their homes and reducing the risk of having to move accommodation.

Housing & Loneliness (2)

- Rough Sleeper Task Force that is a multi-partnership that supports those rough sleeping in the borough or faced with rough sleepers meets daily. Co-ordinating work across the partners to ensure support is offered to those rough sleeping. 23 clients have been identified as rough sleeping and supported this year.

Risks / Challenges

- Complexity of clients presenting with substance misuse issues, mental health and physical disabilities making it hard to find accommodation options.
- Clients not wanting property or accommodation offered and have different expectations
- Larger families presenting requiring 4/5/6 bedroom properties that are either not available
- Private rents are generally significantly higher than the local housing allowance, reducing the availability of affordable properties for those on benefits.

This page is intentionally left blank

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 27 November 2025

Health & Wellbeing Strategy Performance & Outcomes Report

Cabinet Member:	Cllr Kelly Middleton: Cabinet Member for Public Health & Healthier Communities
Lead Director:	Helen Onions: Director of Public Health
Service Area:	Health & Wellbeing
Report Author:	Helen Potter: Insight Manager, Telford & Wrekin Council
Officer Contact Details:	**Tel:** 01952 381118 **Email:** helen.potter@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board 27 November 2025

1.0 Recommendations for decision/noting:

It is recommended that the Health and Wellbeing Board:

1.1 Note the current position regarding performance and outcomes against the strategy priorities.

1.2 Note that these data will be used to influence delivery of the Health & Wellbeing Strategy, to target inequalities and inform the development of relevant NHS Strategic Plans. Differences in outcomes across our communities will also inform the neighbourhood health agenda via TWIPP.

2.0 Purpose of Report

2.1 This paper provides the HWB with an update on the latest high-level performance and outcomes measures aligned to the Health and Wellbeing Strategy ambitions.

3.0 Background

3.1 As part of the approval of the Health and Wellbeing Strategy, a performance framework to monitor delivery of the strategy was agreed by the Health & Wellbeing Board in September 2023. It was agreed that the HWB would be updated every 6 months on changes acorss this framework. This report highlights data which has changed since the previous Board report in June 2025.

4.0 Summary of main proposals

4.1 Summary of the current position of all Health and Wellbeing Strategy Outcome Indicators

The table below provides the Health & Wellbeing Board with a high-level summary of all the indicators selected to monitor the implementation of the Strategy. The overall position of each measure in relation to the England average has, where possible, been represented using the scale 🔴 = statistically worse than England, 🟠 = statistically similar to England and 🟢 = statistically better than England. This table also highlights which indicators have been updated since the last update to the HWB (June 2025).

Indicator	Updated since June 2025 HWB Report	Latest T&W Value	Latest England Value	Trend for last three data points*
Improving Life Expectancy and Healthy Life Expectancy at Birth and 65				
Life expectancy at birth (male)	No	78.3	79.1	🔴🔴🔴
Life expectancy at birth (female)	No	82.0	83.1	🔴🔴🔴
Healthy life expectancy at birth (male)	No	57.1	61.5	🔴🔴🔴
Healthy life expectancy at birth (female)	No	56.0	61.9	🔴🔴🔴
Life expectancy at 65 (male)	No	18.0	18.7	🔴🔴🔴
Life expectancy at 65 (female)	No	20.4	21.1	🔴🔴🔴
Healthy life expectancy at 65 (male)	No	8.5	10.1	🟠🟠🟠
Healthy life expectancy at 65 (female)	No	9.0	11.2	🔴🔴🔴
Healthy Weight				
Prevalence of overweight (including obesity) – Reception	Yes	25.3%	23.5%	🔴🔴🟠
Prevalence of overweight (including obesity) – Year 6	Yes	37.4%	36.2%	🔴🟠🟠
Percentage of adults (18+) classified as overweight or obese	No	69.4%	64.5%	🔴🟠🟠
Percentage of adults (16+) meeting the '5-a-day' fruit and veg consumption recommendation	No	31.0%	31.3%	🔴🟠🟠

Indicator	Updated since June 2025 HWB Report	Latest T&W Value	Latest England Value	Trend for last three data points*
Percentage of physically active adults	No	66.4%	67.4%	🟡🟡🟡
Percentage of physically inactive adults	No	23.6%	22.0%	🔴🟡🟡
Alcohol, Drugs and Domestic Abuse				
Deaths from drug misuse per 100,000	No	5.5	5.5	🟡🟡🟡
Directly caused alcohol mortality per 100,000	No	15.9	15.0	🟡🟡🟡
Successful completions for opiates	No	8.1%	5.1%	🟢🟢🟢
Successful completions for alcohol	No	50.9%	34.2%	🟢🟢🟢
Admission episodes for alcohol related conditions		572.8	504.1	🔴🔴🔴
Economic Opportunity				
Proportion of children in relative low income families	Yes	27.1	22.1	🔴🔴🔴
% households in fuel poverty	Yes	14.6	11.4	-
% households on universal credit**		25.3	22.2	-
% households claiming housing benefit**		6.9	5.9	-
% people claiming unemployment benefits	Yes	3.8	4.1	-
Housing and Homelessness				
Percentage of households in temporary accommodation	No	0.9	4.6	🟢🟢🟢
Percentage of prevention and relief duties owed that ended in accommodation secured		44.0	39.4	🟢🟡🟢
Number of rough sleepers (snapshot)	No	7	n/a	
Mental Health & Wellbeing				
Hospital admissions as a result of self-harm (10-24 yrs)	No	169.1	266.6	🟡🟢🟢
People with a high anxiety score	No	19.5%	23.3%	🟡🟡🟡
People with a low happiness score	No	6.8%	8.9%	🟡🟡🟡
Premature mortality in adults with severe mental illness	No	116.4	110.8	🔴🔴🟡
Suicide rate	Yes	11.0	10.9	🟡🟡🟡
Proportion of Learning disability population who have had a health check (STW rate)	Yes	87.4%	n/a	-
Proportion of SMI population who have had a health check (STW rate)	Yes	67%	n/a	-
Protect, Prevent and Detect early				
Smoking prevalence in adults (18+)	No	14.5	11.6	🟡🟡🟡
Smokers successfully quit at 4 weeks		689	1,620	🔴🔴🔴
Smoking prevalence in adults in routine and manual occupations	No	21.3	19.5	🟡🟡🟡
Proportion of people receiving an NHS Health Check	Yes	18.7	29.6	🔴🔴🔴
Percentage of cancers diagnosed at stages 1 and 2	No	51.7	54.4	🔴🟡🟡
Under 75 mortality rate from cancer considered preventable	Yes	56.5	48.6	🔴🟡🔴
Under 75 mortality rate from all circulatory diseases considered preventable	Yes	30.9	30.2	🔴🟡🟡

Indicator	Updated since June 2025 HWB Report	Latest T&W Value	Latest England Value	Trend for last three data points*
Under 75 mortality rate from causes considered preventable	Yes	166.4	151.2	
Family Hubs				
Breastfeeding at 6-8 weeks	No	40.7%		
Smoking at the Time of Delivery	Yes	7.1%	6.1%	
Achieving a good level of development at aged 2 – 2½	Yes	63.9%	81.4%	
Achieving a good level of development at the end of Reception	No	69.0%	67.7%	
Family Hubs: annual number of attendees at Family Hubs session	No	12,000	n/a	-
Family Hubs: % of families satisfied with service	No	94%	n/a	-
GP Access				
Average monthly appointments in General Practice	Yes	96,821	n/a	-
% of face-to-face appointments	Yes	60%	n/a	-
% of same/next day appointments	Yes	58%	n/a	-
% of 0-14 day appointments	Yes	87%	n/a	-
% remote appointment	Yes	39%	n/a	-
% GP patients 13+ registered to use the NHS App	Yes	60%	71%	-
Green and Sustainable Borough				
Air Pollution: Concentration of fine particulate matter (PM 2.5)	Yes	5.7	7.0	
Access to Green Space (average pop per park or public garden or playing field)	No	3,864	9,077	
Percentage of adults walking for travel at least three days per week	No	10.3%	18.6%	

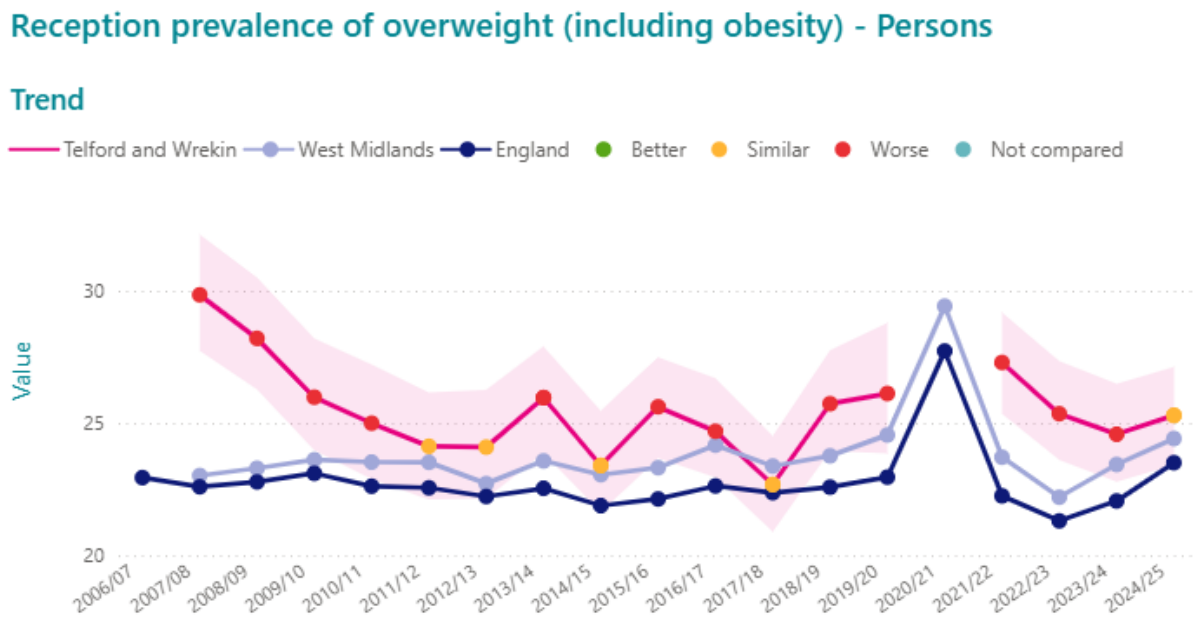
**this column uses the last three data points (usually annual), displayed in chronological order from left to right, displaying the comparison to the England average at each of these points to indicate trends over time. More detail of these trends is provided within the sections of the report, in previous HWB Outcome reports or on the JSNA website.*

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

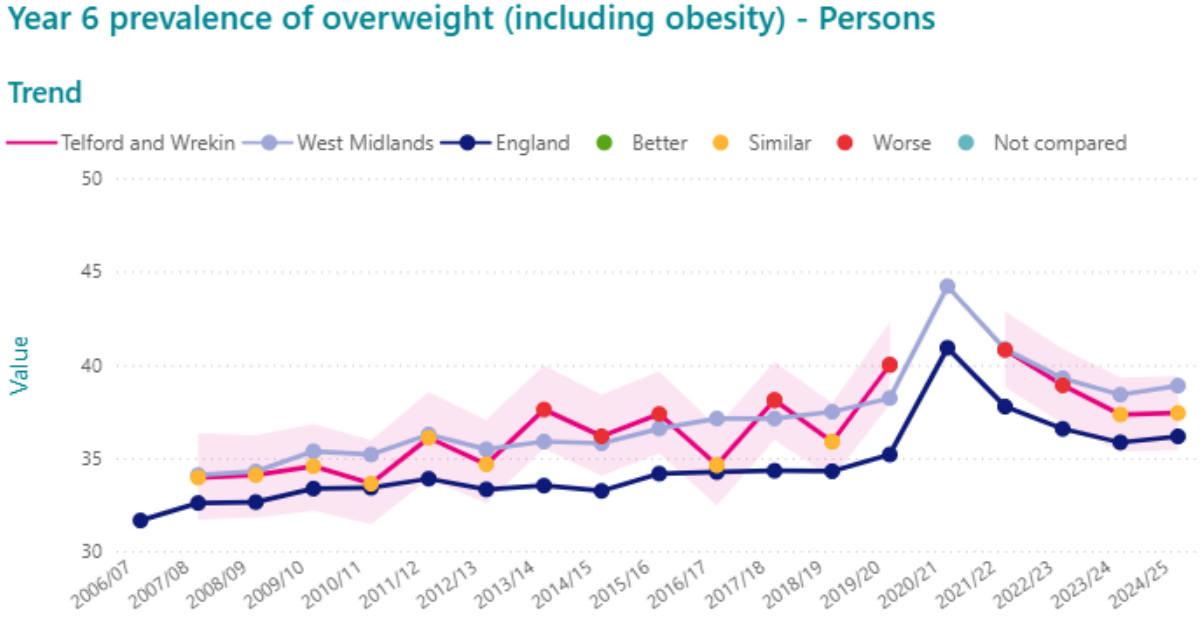
No data has been updated for this outcome since the June HWB report.

4.3 Healthy weight

The following data has been released since the last HWB Outcome report (June 2025):



- The proportion of children in Reception classed as overweight in Telford and Wrekin in 2024-25 was 25.3%, similar to the England rate of 23.5%. The rate increased by 0.7 percentage points from 2023-24 and saw the borough move from worse than the England average to similar.



- The proportion of children in Year 6 classed as overweight in Telford and Wrekin in 2024-25 was similar to the England average. 37.4% of children in Year 6 were overweight, a decrease of 3.4 percentage points from 2021-22.

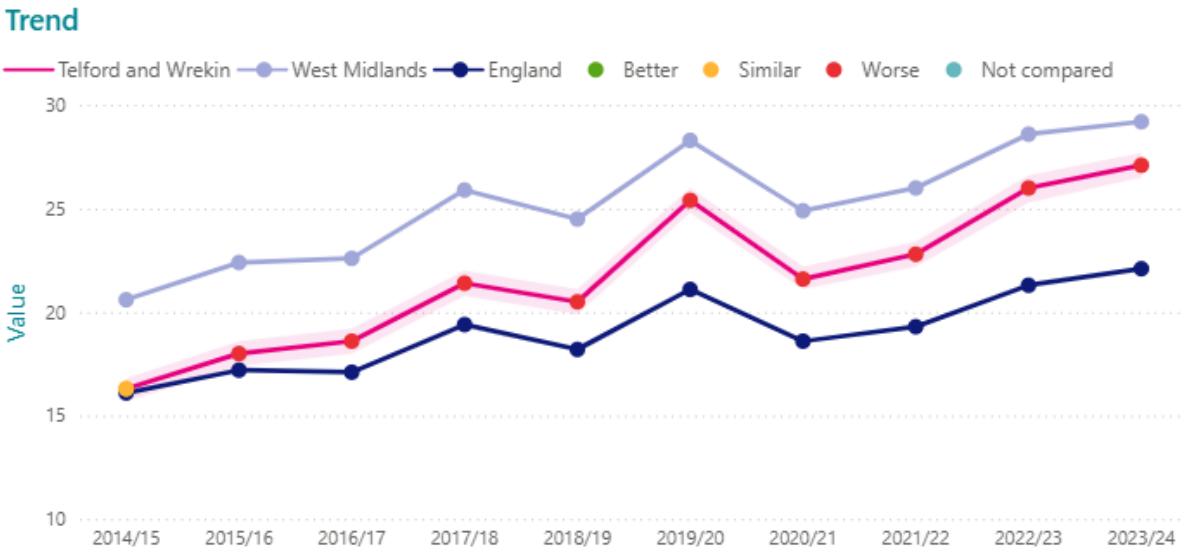
4.4 Alcohol, drugs and domestic abuse

No data has been updated for this outcome since the June HWB report.

4.5 Economic Opportunity

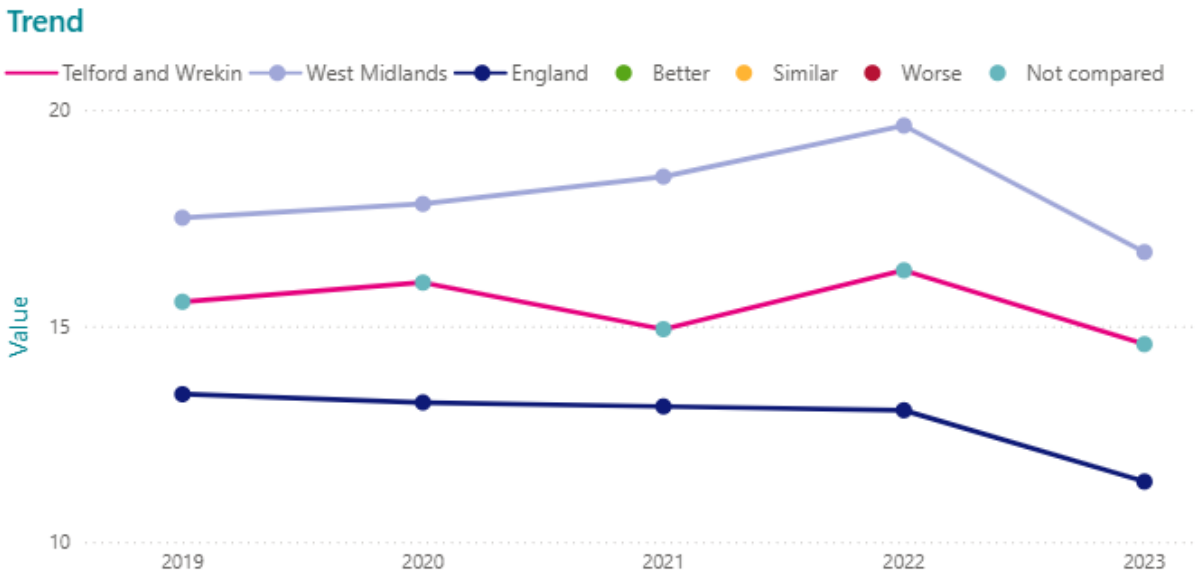
The following data has been released since the last HWB Outcome report (June 2025):

Children in relative low income families (under 16s) - Persons



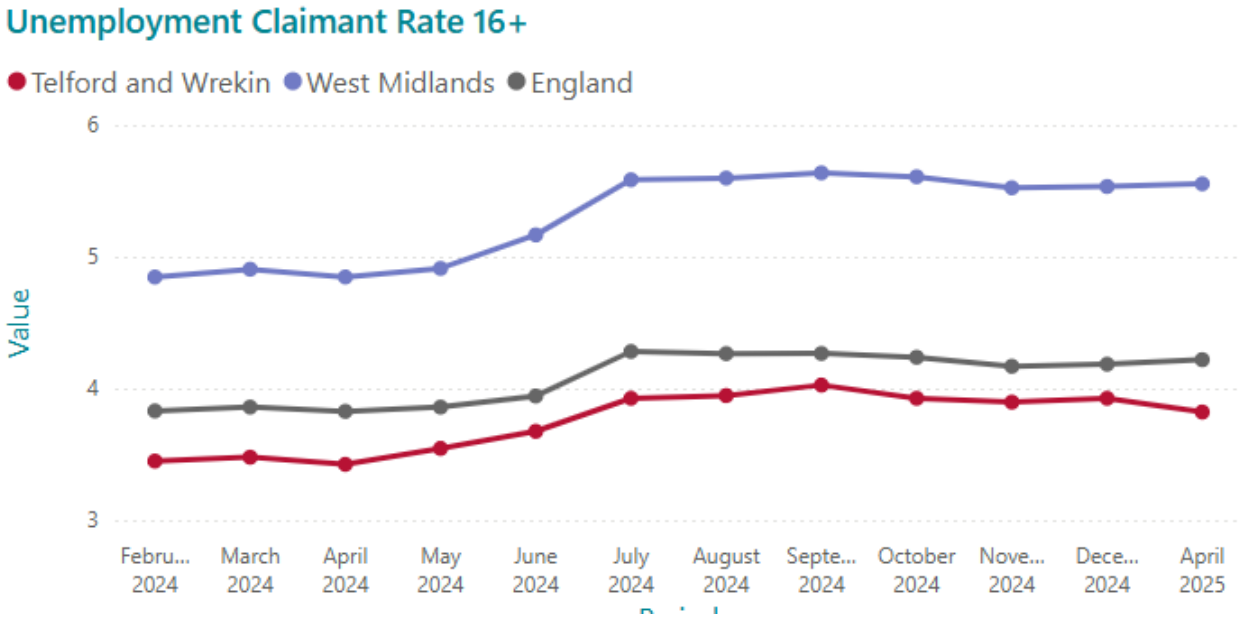
- There was a significantly higher proportion of children living in relative low income families in 2023/24, with a rate of 27.1% compared to 22.1% nationally. The rate has been worse than the England average since 2015/16 and has risen every year except 2020/21.

Fuel poverty (low income, low energy efficiency methodology) - n/a



- In 2023 around 14.6% of households in the borough were in fuel poverty, higher than the England average of 11.4%.

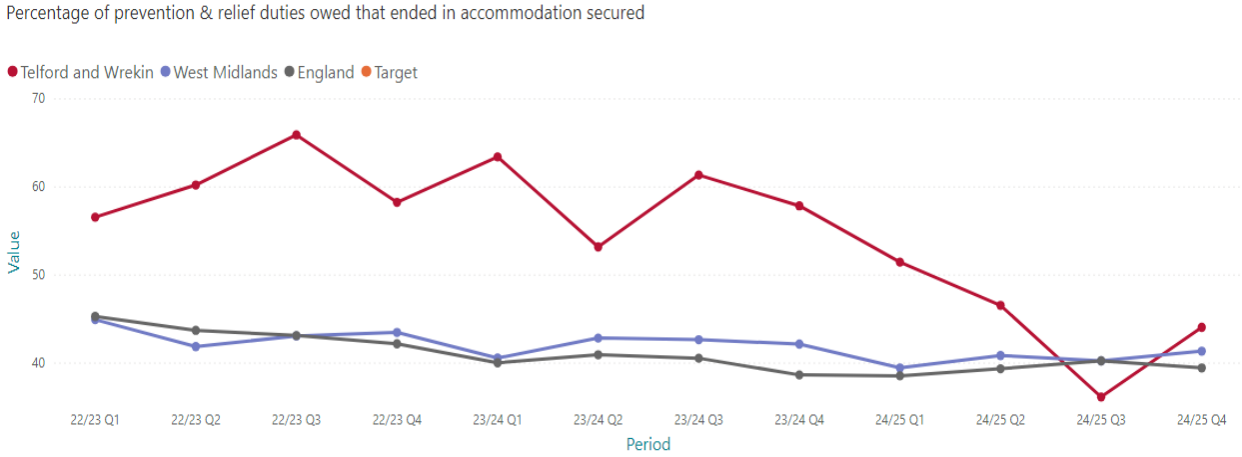
- The proportion of households in the borough claiming universal credit, at 25.3% in October 2025, was higher than the national average of 22.2%. Similarly, a higher proportion of households in the borough were claiming housing benefit (6.9%) than nationally (5.9%).



- In April 2025, 3.8% of people in the borough were claiming unemployment benefits, a lower (better) rate than England (4.1%)

4.6 Housing and Homelessness

The following data has been released since the last HWB Outcome report (June 2025):

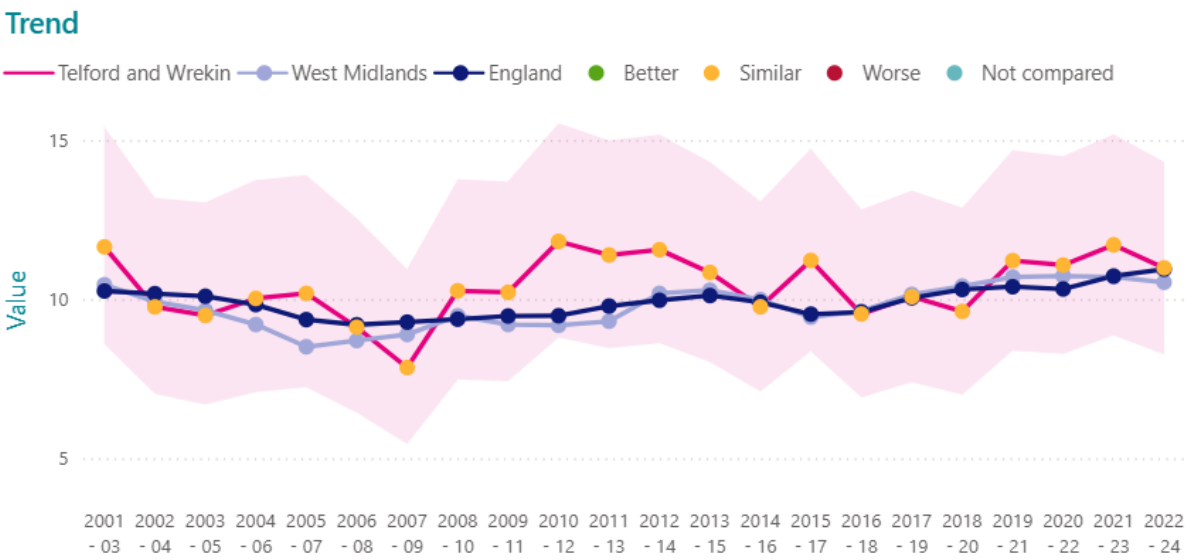


- The percentage of prevention and relief duties owed where accommodation was successfully secured is better than the national average (T&W 44.0% England 39.4%). Other than for one quarter (Q2 of 2024/25) performance on this indicator remains consistently better than the England average.

4.7 Mental Health & Wellbeing

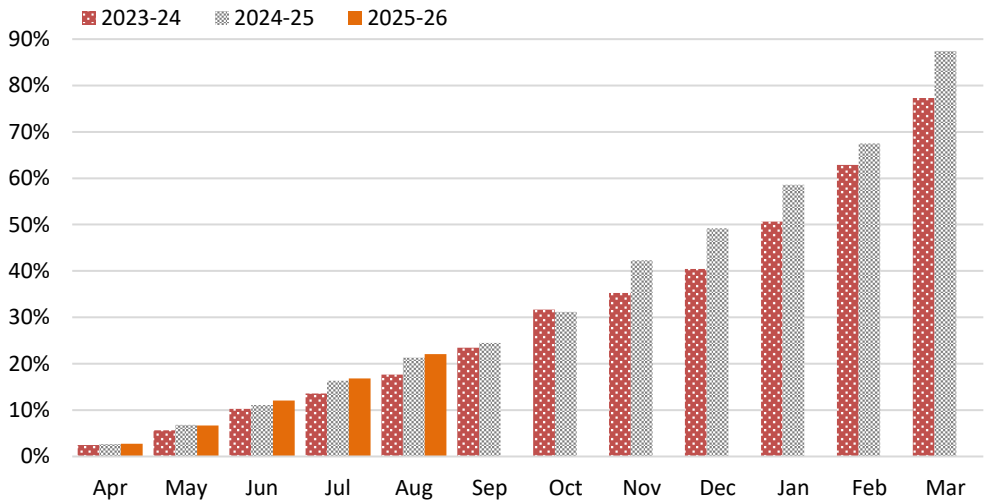
The following data has been released since the last HWB Outcome report (June 2025):

Suicide rate - Persons



- The suicide rate in Telford and Wrekin has been similar to the England rate for a number of years, with the rate for 2022-24 being 11.0 compared to the England rate of 10.9. This equates to 55 suicides in the period 2022-24.

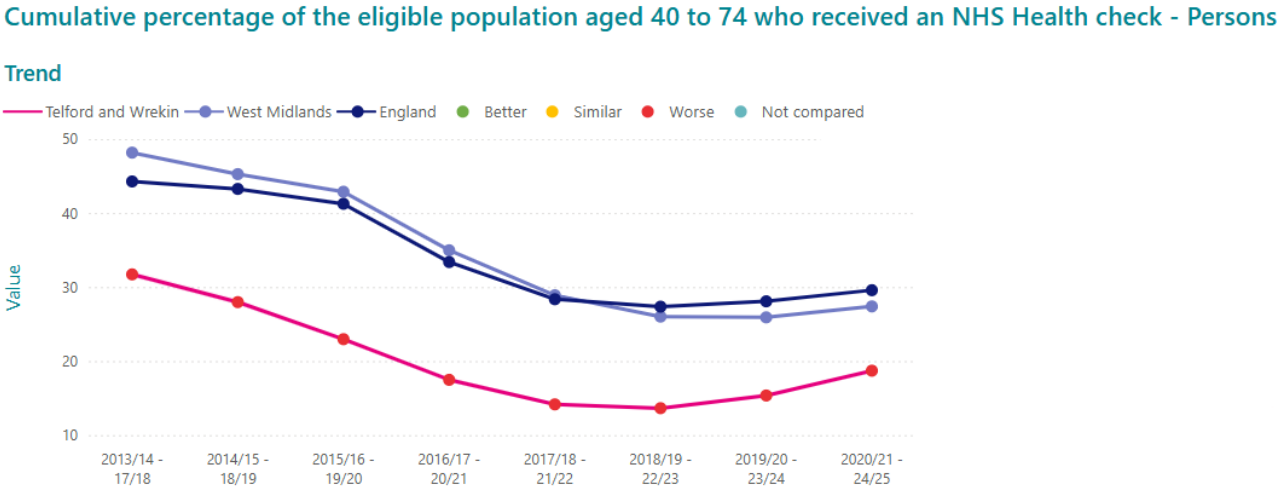
People with a Learning Disability Receiving an Annual Health Check (STW rate)



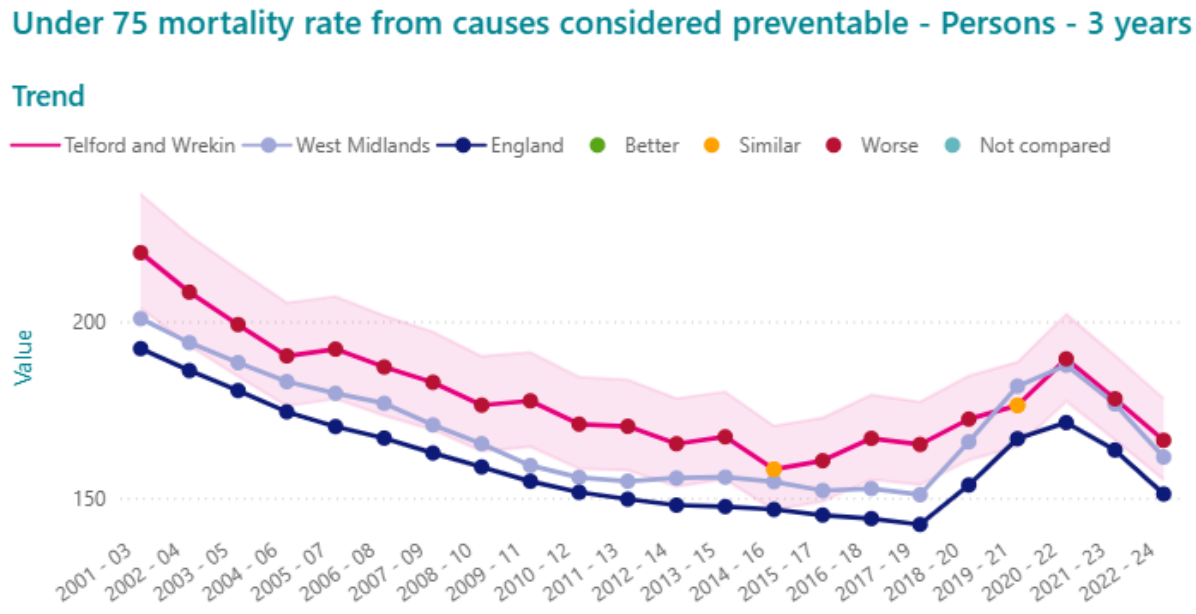
- At the end of 2023/24, 78.4% of people with a learning disability in Shropshire, Telford and Wrekin had received their annual health check, compared to 77.3% in the previous year. As at August 2025 22.1% had received their annual health check, in line with the plan for 2025/26.
- As at the end of June 2025, 54.1% of people with a severe mental illness have had their physical health checks in the previous twelve months.

4.8 Protect, prevent and detect early

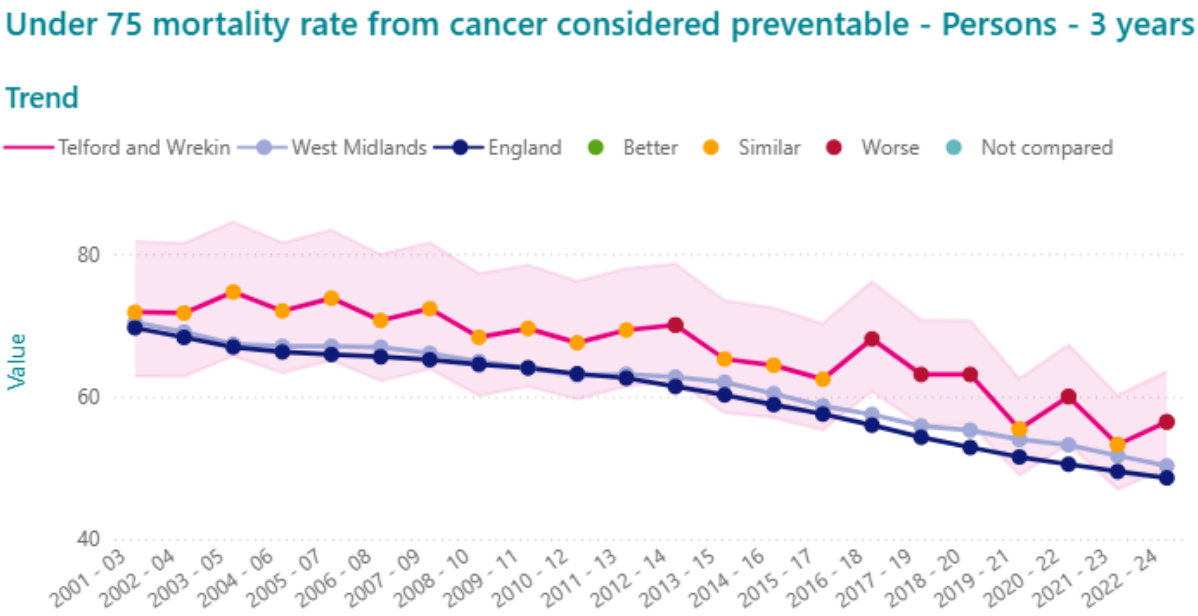
The following data has been released since the last HWB Outcome report (June 2025):



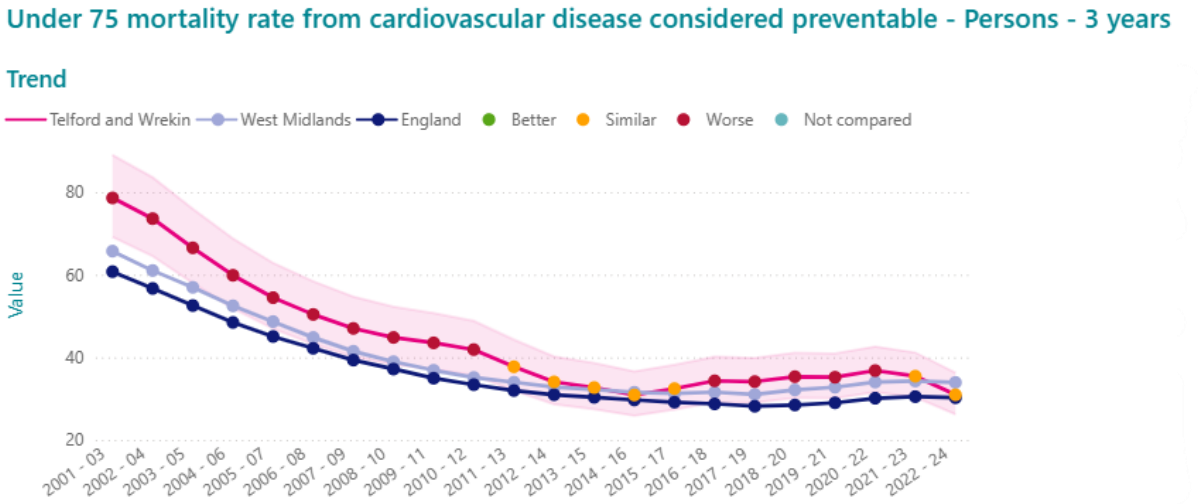
- The proportion of people in the borough who receive an NHS Health check, at 18.7% (cumulative rate from 2020/21 to 2024/25) is worse than the national rate (29.6%) and has remained worse since 2013/14.



- In 2024 there were 259 premature deaths of Telford and Wrekin residents from causes considered preventable. In 2022-24 the rate of overall preventable early mortality decreased to 166.4 but remained worse than the England average.



- There were 276 premature deaths of Telford and Wrekin residents due to cancers considered preventable in 2022 to 2024. The rate of preventable early deaths from cancer in 2022-24 was 56.5 per 100,000, worse than the England rate after being similar in 2021-23.



- In 2022-2024 there were 152 premature deaths of Telford and Wrekin residents from cardiovascular disease considered preventable. The rate of early deaths from cardiovascular disease has been similar to the England rate for the last two periods.

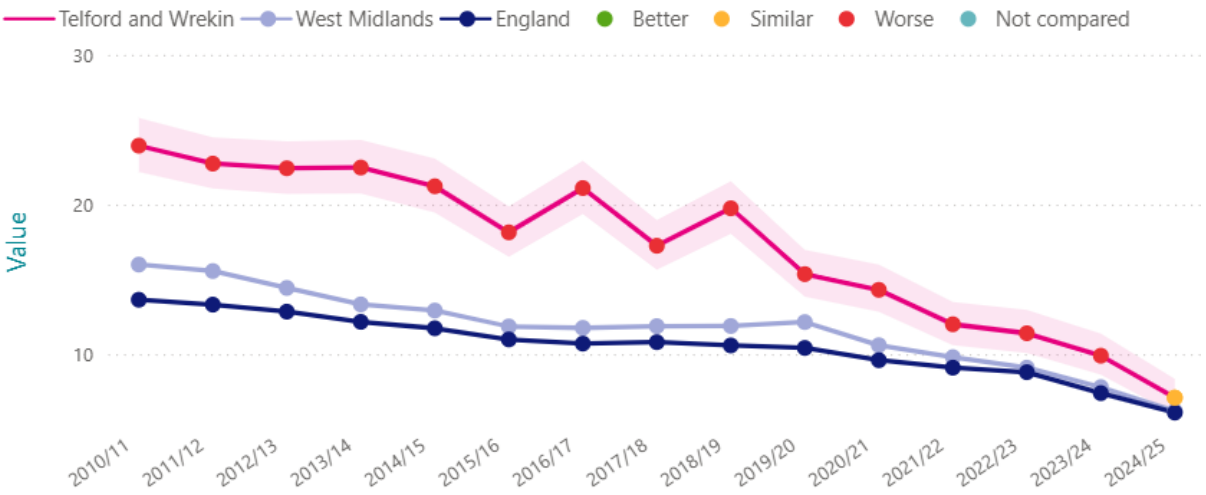
4.9 Integrated neighbourhood health and care

Best Start in Life/Family Hubs:

The following data has been released since the last HWB Outcome report (June 2025):

Smoking status at time of delivery - Female

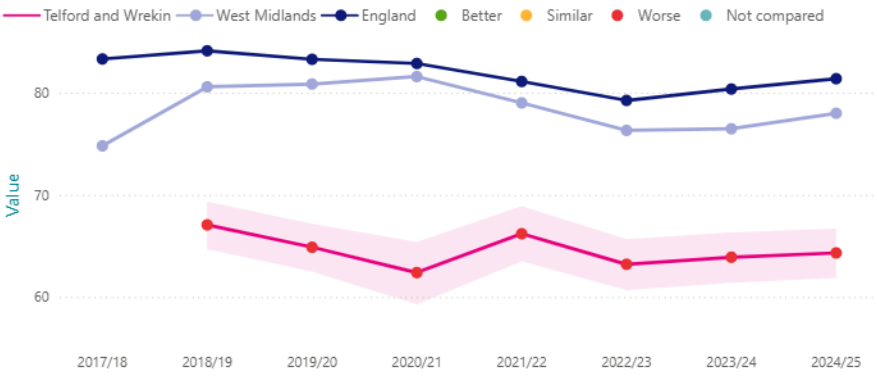
Trend



- The proportion of mothers in the borough who are smoking at the time of delivery, at 7.1%, was similar than the national average of 6.1% in 2024/25. The proportion of pregnant women smoking at time of delivery has decreased for the past five years, and this is the first time since 2010 that the rate has been similar to the England average.

Child development: percentage of children achieving a good level of development at 2 to 2 and a half years - Persons

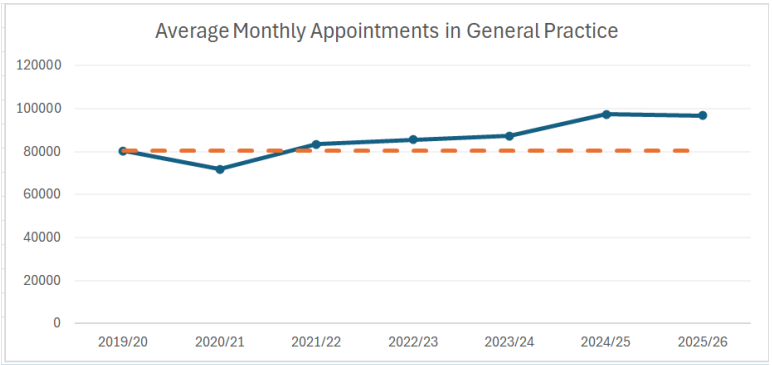
Trend



- The proportion of children aged 2-2½ who achieve a good level of development in the Ages and Stages (ASQ3) questionnaires, at 64.3% in 2024-25, was worse than the England average of 81.4%.

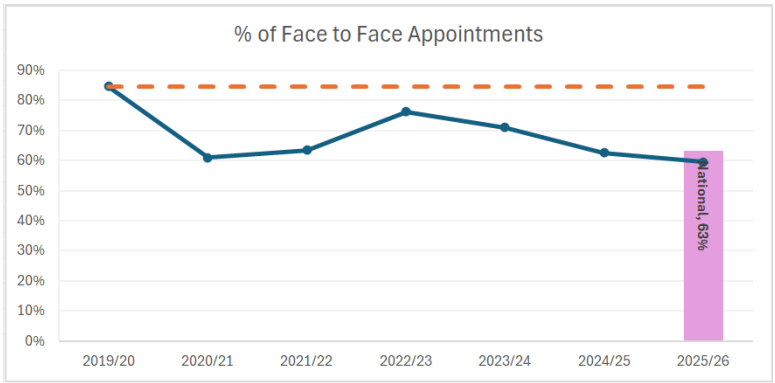
4.10 **GP Access**

The charts below provide the latest data, with 2025/26 data showing performance to September 2025.

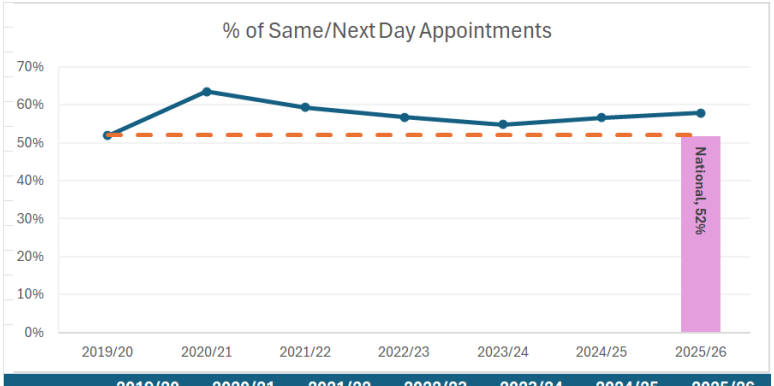


	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Total	965,201	862,269	1,002,513	1,027,767	1,046,733	1,168,866	580,928
Average	80,433	71,856	83,543	85,647	87,228	97,406	96,821

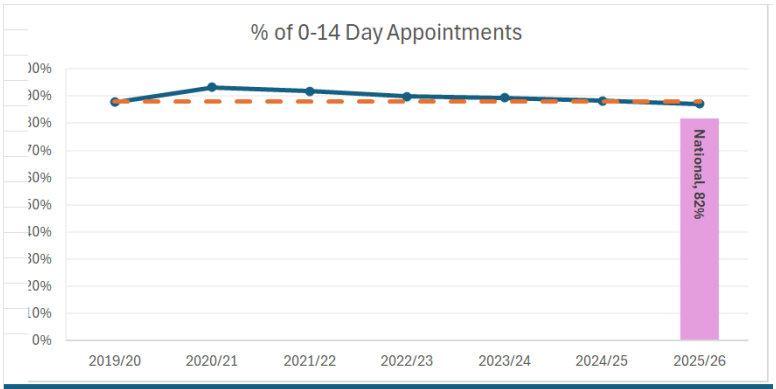
- The 1,000 per capita rate in 2025/26 for national comparison was 447 per 1,000 patients (nationally 473 per 1,000)



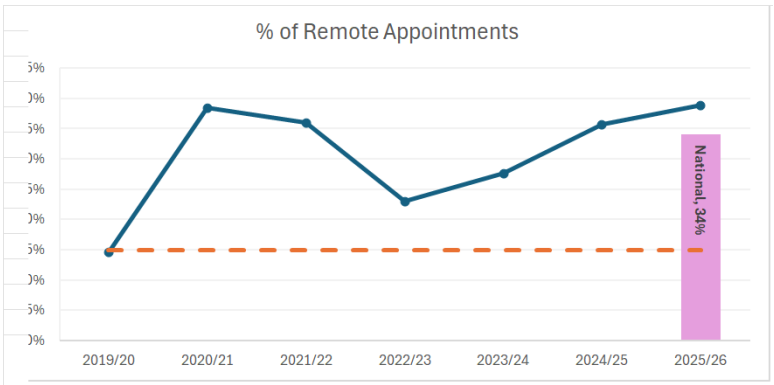
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Average	68,047	43,827	53,020	65,280	61,935	60,999	57,635
%	85%	61%	63%	76%	71%	63%	60%



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Average	41,742	45,593	49,565	48,601	47,762	55,095	56,044
%	52%	63%	59%	57%	55%	57%	58%



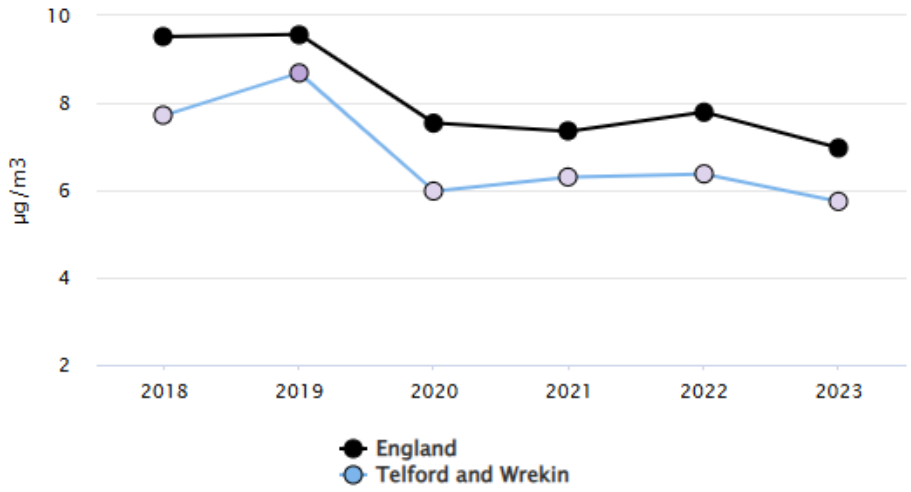
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Average	70,630	66,970	76,736	76,932	77,957	85,935	84,355
%	88%	93%	92%	90%	89%	88%	87%



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Average	11,679	27,590	30,034	19,685	24,048	34,737	37,653
%	15%	38%	36%	23%	28%	36%	39%

4.11 Green and Sustainable Borough

The following data has been released since the last HWB Outcome report (June 2025):



- Telford and Wrekin had lower (better) levels of air pollution than seen nationally in 2023. The concentration of fine particular matter (PM 2.5), at

5.7, is lower than the national level of 7.0. The rate has declined from a peak of 8.7 in 2019.

5.0 Alternative Options

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

6.0 Key Risks

6.1 There are no key risks identified

7.0 Council Priorities

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

8.0 Financial Implications

8.1 This report is a presentation of the latest performance data across a wide range of health-related measures. Adopting the recommendations of the report does not directly present any financial implications. However, consideration of the performance reported herein may give rise to future changes in strategy which may require further investment or a change in the way funding is being deployed. Such measures would need to be considered as part of a separate report brought by the relevant service through the Council's governance structure with the relevant financial implications reported on at that stage.

9.0 Legal and HR Implications

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

9.2 The recommendations in this report and the strategy itself comply with the Council's statutory obligations.

The proposals contained in this report can be delivered using existing resources.

10.0 Ward Implications

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

11.0 Health, Social and Economic Implications

11.1 The measures in the Health & Wellbeing Board performance framework reflect the health, social and economic needs of the population and the changes over time. Further information about many of these measures can be found in the JSNA.

12.0 Equality and Diversity Implications

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

13.0 Climate Change and Environmental Implications

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

14.0 Background Papers

Strategy Outcomes Report – June 2025: Health & Wellbeing Board Paper
Performance Report – September 2023: Health & Wellbeing Board Paper

15.0 Appendices

None

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	10/11/2025	19/11/2025	HO
Legal	10/11/2025	19/11/2025	RP
Finance	10/11/2025	13/11/2025	RP

This page is intentionally left blank

Unlocking Potential in Telford and Wrekin: Good and Fair Employment

Executive Summary: A High-Level Cross-Sector Alliance for Health Equity

Good and fair employment is fundamentally recognized as a critical social determinant of health, directly impacting the long-term well-being and life chances of Telford and Wrekin residents. The Unlocking Potential (UPIT) Alliance funded by Lloyds Bank Foundation has brought together a group of local and regional leaders to address systemic barriers to work.

Our strength lies in the seniority and breadth of our cross-sector engagement. Over the last two years, we have built an active alliance involving 48 local stakeholders, including the CEOs and Chairs of local organizations, alongside active employers and a People's Forum ensuring lived experience informs all strategy. This robust collaboration has identified critical health and employment barriers, including disability, ill-health, and inadequate childcare provision, with employer flexibility being a key priority.

This report summarizes our evidence and activity, establishing Good and Fair Employment for all as a core pillar of our strategy. Our focus now shifts to translating this powerful alliance and evidence into clear, evidenced-based system-level priorities for 2026.

Why This is an Urgent Health Issue

Addressing employment inequality is not merely an economic goal; it is a direct public health imperative. This work directly aligns with the Marmot Review's principle to 'Create fair employment and good work for all' and the core mandate of Integrated Care Boards to address the Wider Determinants of Health.

Local data demonstrates the deep connection between employment status and health outcomes in Telford and Wrekin:

- **Economic Inactivity:** Telford and Wrekin's economic inactivity rate stands at 25.5%, significantly higher than both the West Midlands and national averages.
- **Deprivation:** 24.9% of the population resides in the 20% most deprived areas nationally, necessitating urgent and innovative pathways to inclusive work.

The health system itself recognizes the link between work and illness:

Unemployed people are nearly six times more likely to report poor health (14.1% vs. 2.4% of employees). Unemployment is consistently associated with an increased risk of poor mental health (e.g., depression, anxiety), cardiovascular disease, and limiting long-term illness. By tackling employment barriers, we are engaging in long-term prevention that reduces demand on acute health services.

The Value of Cross-Sector Collaboration and Impact

The UPIT Alliance's cross-sector structure is our greatest asset, bringing together employers, the public sector (including Health), and the voluntary/community sector. This collaboration ensures that strategies are not siloed but address the entire system from job seeker support to internal employer practices.

Evidence and Key Findings

Our work to-date, including the Good and Fair Employment Survey and the Re-imagining Recruitment events, has provided concrete evidence guiding action:

- **Disability and Health:** The high rate of ill-health and disability being reported as a barrier necessitates a focus on employer flexibility and enabling recruitment practices that look beyond traditional CVs.
- **Awareness Gaps:** Young people (16-25) are less aware of existing job support services (27% unaware), pointing to a need for centralized, targeted information.
- **Employer Practice:** We are actively engaging the Telford Employer Group and partnering with the Chamber and the Telford Business Board to champion progressive, health-enabling practices, such as prioritizing staff health and well-being and better connecting staff to local public health resources.

Our influence extends beyond the local area, positioning Telford and Wrekin as a test-and-learn area: Our model has been showcased as a successful case study in the Midlands Good Work Movement report and we continue to engage with regional partners (including Keele University, ACAS, and the TUC) to embed our principles more widely.

Systemic Priorities for 2026 and Strategic Asks

Our immediate focus is to translate the commitment of our senior stakeholders and our evidence base into sustainable, long-term systemic change, moving from reactive short-term funding to prevention.

Confirmed System Priorities for 2026

1. Employers Taking More Social Responsibility: Fostering stronger, formalized partnerships between employers and community organizations.
2. Developing a Job Seeker Accreditation Scheme: This will provide more inclusive pathways for those furthest from the job market.

3. Centralised Work Experience Opportunities: Creating easily accessible and quality work experience across the borough.
4. Innovating Recruitment Practices: Championing health-enabling approaches to recruitment that reduce bias and focus on potential.

Our Asks of the Health and Wellbeing Board

To ensure maximum impact and system-wide accountability, we request the Health and Wellbeing Board to:

1. **Establish Good and Fair Employment as a Core Pillar** of the borough's Public Health and Well-being Strategy, allowing for full resource alignment and shared progress reporting with our collective work.
2. **Assign a Senior Public Health Lead** (e.g., a designated Board member) to actively champion and support this vision, ensuring system-wide accountability and resource alignment.
3. **Align Existing or Future Public Health Funding/resources** (e.g., health promotion, prevention budgets) with our system change priorities, solidifying our shift towards long-term prevention

This page is intentionally left blank

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 27 November 2025

Connect to Work Update

Cabinet Member:	Cabinet Member for Early Years, Children, Young People, Education, Employment & Skills
Lead Director:	Simon Wellman - Director: Education & Skills
Service Area:	Education & Skills
Report Author:	Richard Probert – Strategic Lead – Adults and Communities
Officer Contact Details:	**Tel:** 01952 382888 **Email:** Richard.Probert@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board – 27 November 2025

1.0 Recommendations for decision/noting:

It is recommended that the Health and Wellbeing Board:

1.1 Recognise the positive impact Connect to Work will have locally in supporting people with disabilities, additional needs and other barriers into employment, and through its work support and encourage relevant partners to make referrals to the programme.

2.0 Purpose of Report

2.1 The purpose of this report is to provide a briefing on Connect to Work including an update on delivery since the programme went live.

3.0 Background

3.1 The Get Britain Working' white paper (November 2024) set out the government's aim to create a new programme called 'Connect to Work', with a purpose to

provide support to adults with disabilities, health conditions and other complex needs to move into and/or sustain employment. All local authorities (or combined authorities) are being provided with funding to deliver this initiative.

3.2 Connect to Work is designed to help and support unemployed adults with more complex needs into work. It aligns well with our ambitions for economic development and the Skills Strategy.

3.3 The Department for Work and Pensions (DWP) approached Shropshire Council in November 2024 to ask them to act as the Lead Accountable Body for Connect to Work across The Marches geographical area (Shropshire, Telford and Wrekin and Herefordshire) to develop and implement a delivery plan.

3.4 DWP will pay funding quarterly in arrears based on actual spend, up to the amount agreed in the delivery plan. DWP expect a very detailed Grant Cost Register to be submitted by each local authority, detailing monthly programme start profiles and planned monthly expenditure for each and every post and expenditure line.

3.5 Shropshire Council will sign the funding agreement with DWP and will put in place mirror agreements with Herefordshire Council and Telford and Wrekin Council. Funding is initially for 3 years with a 2-year extension, but DWP is already strongly indicating they expect the programme to run well beyond year 5 pending confirmation of future Treasury funding commitments.

3.6 DWP will provide funding worth up to an average of £4000 per person for participation in the programme and Telford and Wrekin has been set a target of 300 people starting the programme each year when in full delivery, but with recognition that authorities will need time to build capacity and programme starts will be lower in year 1 and 2. Delivery is broadly expected to start within 6 months of 1st April 2025.

3.7 Oversight and governance of the Connect to Work programme sits with The Marches Joint Committee, this arrangement has been used for previous Marches-wide funded projects. Locally, it is proposed that our performance will be tracked within the Education and Skills directorate and in corporate performance measures.

3.8 DWP has specified that delivery must operate two models of supported employment; Individual Placement and Support (IPS) and Supported Employment Quality Framework (SEQF). Each model provides 1:1 support from specialist staff operating a caseload with defined maximum caseload sizes per staff member. (25 for IPS, 20 for SEQF)

3.9 Customers' participation in the Connect to Work programme is voluntary, and they can receive up to 12 months of initial support if unemployed, and up to 4 months if already in work but at risk of losing their job due to disability or health issues.

3.10 DWP currently expect at least 50% of participants to achieve 'first earnings', but targets will be kept under review as national performance trends become available.

3.11 DWP will undertake monthly monitoring of programme performance, annual fidelity reviews and quarterly finance assurance of actual spend.

3.12 Connect to work is being delivered as a strand of the council's Job Box service.

4.0 Summary of Main Proposals

4.1 Reorganisation and expansion of the existing Job Box Delivery Team, has been undertaken to create the capacity needed to start delivery of Connect to Work in line with the DWP approved grant cost register.

4.2 Staffing ratios and maximum caseload sizes demanded by the programme and IPS/SEQF fidelity standards dictate the amount of staffing required for delivery.

4.3 In addition to the existing 3 FTE supported Employment Specialist posts, an additional 13 FTE Employment Specialists are required to deliver Connect to Work to the scale expected by DWP when at full capacity.

4.4 DWP has set profiled targets for each year of delivery, these are set out in the table below:

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Starts	69	175	339	314	31	928
Employment Outcomes	35	88	170	157	16	466
Delivery Staffing Req.	Add +3 FTE	Add +5 FTE	Add +5 FTE	No Change	Minus 13 FTE	

4.5 In addition to saving the costs of the existing Job Box Delivery Team's staffing. Connect to Work income will be able support some other existing staffing costs that were previously funded by the Multiply programme which ended on 31st March '25, which has saved potential redundancy costs.

4.6 3 FTE Job Box posts have been separated out from the current team to continue providing the drop-in desk in SW1. Within the Job Box service there is now a job Box team and a Connect to Work Team in line with the original proposals.

4.6 Currently we have been able to successfully recruit an additional 2 FTE Employment Specialists, with an additional 1 FTE required to complete the Year 1 staffing capacity. Interviews for this remaining post are taking place on Friday 21st November.

4.7 As shown in 4.4 above, further recruitment activity will be needed to add the capacity required to deliver Yr 2 and beyond, in line with DWPs funding profile. However, there are 2 FTE Employment Specialists working on the DfE funded

non-EHCP Pilot programme that can be transferred onto Connect to Work, if DfE does not continue their funding beyond August ’26.

4.8 Connect to Work went live at the end of September 2025, the first month of delivery was October. The starts target for October was 7 and the service achieved 8 starts.

4.9 Demand for the programme has been positive in these early stages with 21 expressions of interest in the first month.

4.10 Since the programme started the service has already supported 2 participants to achieve an employment outcome.

4.10 Currently a key focus is training and development of new Employment Specialists and a comprehensive training and mentoring programme is in place to support them, which will be followed with ongoing professional development.

4.11 Work is ongoing to develop further referral pathways in to Connect to Work, particularly with primary care networks and musculoskeletal services within the NHS. Existing links with other priority groups are also being strengthened with allocated Employment Specialists acting as the link and with the possibility of co-locating with teams/services to enable greater integration and drive referrals. This activity will continue to expand as the team increases its capacity, and the programme starts target increases.

5.0 Alternative Options

5.1 SMT and Business Board approved adopting a direct-delivery approach to Connect to Work, as it offers the greatest flexibility and responsiveness to local needs. The approach to delivery will be kept under review and should any changes be necessary in the future further reports will be provided for SMT and Cabinet’s consideration.

5.2 Shopshire Council are directly delivering Connect to Work through their Enable service.

5.3 Herefordshire have changed their approach, deciding now on a mixed delivery model of direct and commissioned provisions, rather than being wholly commissioned. They will now directly deliver the SEQF strand of Connect to Work through their Youth Hub, and commission the IPS strand.

5.4 Currently only Telford and Wrekin and Shropshire Council’s have gone live, with Herefordshire due to go live with direct delivery in December, and commissioned provision due to commence in January.

6.0 Key Risks

6.1 DWP is funding the programme by quarterly reimbursement of actual spend, not payment by outcomes, which has historically been the approach taken by DWP.

This significantly reduces the financial risk to the Borough if delivery does not perform to the expected standard/scale. DWP has taken this funding approach specifically for this reason, to ensure LAs are willing to engage in delivery of the programme.

6.2 Failure to recruit sufficient numbers of quality staff would put the overall delivery of the programme at risk, but this can be mitigated for through multiple robust recruitment activities. We have also put in place comprehensive training and development so that we can support people with the right qualities to learn and grow into roles.

6.3 Securing sufficient levels of referrals and programme starts as the programme expands in Year 2 and beyond is a risk, however as outlined above, referral pathways are being developed and strengthened in order to mitigate this risk. This work will be ongoing for the duration of the programme.

7.0 Council Priorities

7.1 The proposals set out in this report support the following council priorities:

- Every child, young person and adult lives well in their communities.
- Everyone benefits from a thriving economy.
- A community-focussed, innovative council providing efficient, effective and quality services

8.0 Financial Implications

8.1 DWP is providing 100% of the funding to support the additional costs of delivering the Connect to Work Programme. As this funding is based upon agreed costs, rather than delivery criteria, the financial risk of the programme is significantly reduced.

8.2 As noted above, the Connect to Work Programme has enabled some existing staff within the Council's Job Box service to transfer to this new programme. Much of the funding for the Skills area as a whole comes through government grants, some of which have delivery criteria attached. The financial position of the area will be kept under review as part of overall financial monitoring, to ensure that it remains within the overall financial resources that are available.

9.0 Legal and HR Implications

9.1 Connect to Work funding will pass as a grant to the Accountable Body by virtue of S.2 of the Employment and Training Act 1973. As regards the definition of those within a disability group a disabled person remains defined under s.6 Equality Act 2010 and disadvantaged groups are detailed within the Connect to Work Guidance in Annex B. Connect to Work is aligned with the Council's objectives

and as regards the contractual arrangements the DWP contracts with Shropshire Council primarily as the Lead Accountable Body.

10.0 Ward Implications

10.1 Connect to Work will provide a significant increase in support for adults with disabilities and/or health conditions, or other complex need to seek, find and sustain employment. Increased employment levels is a positive outcome for all wards.

11.0 Health, Social and Economic Implications

11.1 Improved support for adults with disabilities and/or health conditions will lead to increased employment levels. Adults in employment typically have better health than adults who are unemployed, in terms of both physical and mental health.

11.2 Increased levels of employment will have a positive impact on the Borough's economy.

12.0 Equality and Diversity Implications

12.1 Connect to Work will deliver significantly increased levels of support for adults with disabilities and/or health conditions or other complex need. These groups typically face significant barriers to employment and other disadvantages. Improved levels of support will positively impact the opportunities and outcomes for this group.

12.2 Although the overall capacity for supported employment will increase, beyond what is currently provided by the existing Job Box Delivery Team. The eligibility criteria for the Connect to Work programme does have some limitations. Some adults that would previously have had support through JBDT, may not be eligible for Connect to Work, however it is anticipated that this would be small number of people. Additionally, JBDT support is not time-limited and can therefore work with adults with most complex need over a longer period of time, whereas Connect to Work support is time-limited to 12 months.

13.0 Climate Change, Biodiversity and Environmental Implications

13.1 The climate change and environmental impact as a result of Connect to Work is expected to be minimal.

14.0 Background Papers

None.

15.0 Appendices

None.

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Legal	19.11.2025	19.11.2025	ON
Finance	19.11.2025	19.11.2025	TD
Director	19.11.2025	19.11.2025	SW

This page is intentionally left blank

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 27 November 2025

JSNA Update

Cabinet Member:	Cllr Kelly Middleton: Cabinet Member for Public Health & Healthier Communities
Lead Director:	Helen Onions: Director of Public Health
Service Area:	Health & Wellbeing
Report Author:	Richard Probert – Strategic Lead – Adults and Communities
Officer Contact Details:	**Tel:** 01952 381118 **Email:** helen.potter@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board – 27 November 2025

1.0 Recommendations for decision/noting:

It is recommended that the Health and Wellbeing Board note:

1.1 The JSNA products available, and the updates to the ‘deprivation’ and ‘communities’ products which are currently in development and due to be launched in forthcoming months

1.2 The progress being made on the Pharmacy Needs Assessment, with the statutory consultation commencing in early January, and the final report due at the Health & Wellbeing Board in March 2026

1.3 That JSNA intelligence is routinely used to influence delivery of the Health & Wellbeing Strategy, target inequalities and to inform the development and delivery of NHS strategic plans. Differences in rates across our communities and the associated health inequalities also inform the neighbourhood health agenda via TWIPP

2.0 Purpose of Report

2.1 This paper is an update for the Health & Wellbeing Board on:

- The statutory requirements for a Joint Strategic Needs Assessment (JSNA)
- The JSNA products currently available and products under development due to be launched ahead of the next Health & Wellbeing Board JSNA update
- Progress on the Pharmaceutical Needs Assessment refresh

3.0 Background

3.1 Statutory Requirements of the Joint Strategic Needs Assessment (JSNA)

The Health & Social Care Act 2012 (amending the Local Government and Public Involvement in Health Act 2007) introduced statutory responsibility for Health & Wellbeing Boards to develop Joint Health & Wellbeing Strategies, based on an assessment of need outlined in a Joint Strategic Needs Assessment (JSNA).

The JSNA process provides intelligence of the current and future health and wellbeing needs of the local population that are unique to each local area, to inform service planning, commissioning and delivery.

In Telford and Wrekin the JSNA is led by the Local Authority Insight Team, working closely with NHS ICB colleagues and on behalf of the HWB, and JSNA population intelligence documents are hosted on the Telford & Wrekin Council website.

4.0 Summary of Main Proposals

4.1 JSNA Update.

Following the launch of the Telford and Wrekin Insight website in 2022 www.telford.gov.uk/insight, the website continues to be updated and developed, and expanding the range of intelligence available. This website provides staff, Members, partners and the public with clear, consistent messages about the population's health and wellbeing needs and is updated regularly.

Telford and Wrekin Insight includes the sections listed below, with each section containing borough headlines and interactive dashboards, enabling users to search through a wealth of published data about the borough:

- **JSNA Population Headlines** - document bringing together all population headlines

- **Starting Well** - demographic data and indicators about the children and young people living in the borough
- **Living Well** - demographic data and indicators about adults living in the borough
- **Ageing Well** - demographic data and indicators about older people living in the borough
- **Economic Profile** - unemployment, industry, wage, housing and GVA data about the borough
- **Deprivation** - deprivation data about the different communities in the borough
- **Population and Life Expectancy** - detailed data about the population of the borough and life expectancy of residents
- **Communities** - detailed demographic and health data about the different communities in the borough
- **Census 2021 dashboards:**

    - Population
    - Demography and migration
    - Health, disability and unpaid care
    - Education
    - Armed forces
    - Labour market and travel to work
    - Housing
    - Sexual orientation and gender
    - Ethnicity, identity, language and religion

The 2025 English Indices of Deprivation was released by the Ministry of Housing, Communities and Local Government on 25th November. The JSNA Deprivation report is currently being updated to reflect this. The Telford and Wrekin Insight pages will be updated and key messages will be provided to the Health & Wellbeing Board in the next JSNA update.

The Communities profile is currently being updated to contain the latest demographic and health data about communities in the borough and key messages from this will also be provided in the next JSNA update.

4.2 JSNA Update: Pharmaceutical Needs Assessment (PNA)

Health & Wellbeing Boards have a statutory duty to assess the need for pharmaceutical services in its area every three years. The PNA looks at the current provision of pharmacy services across the local area, assesses whether this meets current and future population needs and identifies provision gaps. PNAs are also used to inform market entry applications to the NHS for opening new pharmacy services or changes to existing pharmacy service provision and to develop and enhance pharmacy services.

The current Telford and Wrekin PNA runs to the end of 2025/26. A PNA working group and steering group have been established to develop the new PNA, which will be presented to the March 2026 HWB.

The draft PNA will be completed in December 2025 and a 60 day statutory consultation will begin in early January 2026. This consultation will be primarily for professionals who will be contacted directly (engagement with residents and pharmacy contractors was undertaken earlier in 2025 and this insight is being incorporated into the PNA

5.0 Alternative Options

5.1 The alternative option of not updating and publishing the JSNA is not recommended due to the legal requirement imposed on local authorities to publish a needs assessment that informs the Health & Wellbeing Board.

6.0 Key Risks

6.1 There are no key risks identified.

7.0 Council Priorities

7.1 The JSNA provides insight into needs of communities across the borough, informing all council priorities.

8.0 Financial Implications

8.1 There are no direct financial implications foreseen from accepting the recommendations of this report.

8.2 Information and intelligence from population statistics is used by Finance to inform financial modelling and forecasting of potential demand for care services in both Adult Social Care and Children's Safeguarding Services. Data identified and developed as part of this work will be helpful in refining the future financial models necessary to inform the immediate budget strategy and medium-term financial forecasting of the expenditure on care. It will also help to identify the financial impact on the Council of changes and demands elsewhere informing the potential growth in demand for preventative and Public Health services.

9.0 Legal and HR Implications

9.1 Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended) places a duty upon the Council and each of its Integrated Care Systems to produce and publish joint strategic needs assessments (JSNAs) through the Health and Wellbeing Board.

9.2 The JSNA must be produced in co-operation; with regard to any statutory guidance issued by the Secretary of State; involve the Local Healthwatch organisation for the area and involve people who live or work in the area. The aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

10.0 Ward Implications

10.1 The JSNA highlights variations in levels of need in different communities across the borough.

11.0 Health, Social and Economic Implications

11.1 The JSNA provides insight into health, social and economic needs of our population to inform evidence-based decision making, including the development and implementation of the Health & Wellbeing Strategy and the TWIPP work programmes. Telford & Wrekin JSNA intelligence has informed (and will continue to shape) the development of the Shropshire, Telford & Wrekin Integrated Care Strategy and Joint Forward Plan.

12.0 Equality and Diversity Implications

12.1 The JSNA demonstrates inequalities in Telford & Wrekin, including variations in need due to characteristics or geographical factors, informing the tackling health inequalities agenda.

13.0 Climate Change, Biodiversity and Environmental Implications

13.1 There are no direct climate change or environmental implications identified within this report.

14.0 Background Papers

1 JSNA Update – March 2025: Health & Wellbeing Board Paper
2 JSNA Update – November 2024: Health & Wellbeing Board Paper
3 JSNA Update – June 2023: Health & Wellbeing Board Paper
4 JSNA Update – September 2022: Health & Wellbeing Board Paper
5 JSNA Update – March 2022: Health & Wellbeing Board Paper

15.0 Appendices

None.

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	10/11/2025	19/11/2025	HO
Legal	10/11/2025	19/11/2025	RP
Finance	10/11/2025	13/11/2025	RP

Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health and Wellbeing Board

Thursday 27 November 2025

Oral Health Promotion for Children

Cabinet Member:	Cllr Kelly Middleton - Cabinet Member: Public Health and Healthier Communities
Lead Director:	Helen Onions - Director of Public Health
Service Area:	Health & Wellbeing
Report Author:	Clare Williams – Public Health Commissioner
Officer Contact Details:	**Tel:** 01952 384979 **Email:** clare.williams@telford.gov.uk
Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board – 27 November 2025

1.0 Recommendations for decision

1.1 The HWB is requested to note the contents of the report.

2.0 Purpose of Report

2.1 On 7th March 2025 Ministers announced plans to implement a national targeted supervised toothbrushing programme for children aged 3, 4 and 5 years in the most deprived communities. Telford and Wrekin Council received a grant of £50,984 to support supervised toothbrushing expansion. The purpose of this report is to update the HWB on current supervised toothbrushing delivery across the Borough and the planned expansion with the new grant allocation. The report also provides an update on the 5 year old dental survey 204/2025.

3. Background

3.1 5 year old dental survey findings

The national 2023/2024 oral health survey of 5 year old school children, indicated that 27% of Telford and Wrekin children examined had dental decay. This compares with the England average of 22.4% and West Midlands region of 21.9%. The local oral health survey is undertaken by the dental services team at Shropshire Community Health NHS Trust. The oral health examination involves a visual inspection of a child's mouth to detect any dental decay.

The oral health survey is based on a minimum sample size and during the 2023/24 school year, 261 5 year old children were examined, a participation rate of 53.7%. This participation rate is much improved since the 2021/2022 oral health survey, when participation rate was 34.2%. The community dental service team have worked with the local authority to improve the participation rate of the most recent oral health survey.

The oral health survey of 5 year old schoolchildren is bi-annual and will be next undertaken during in the 2025/2026 school year.

3.1.1 Brilliant Brushers Supervised Toothbrushing

There is strong evidence that daily supervised toothbrushing in early years settings significantly reduces tooth decay, especially in more deprived communities. It is one of the most cost effective public health interventions in early childhood.

In Telford and Wrekin, the Brilliant Brusher's supervised toothbrushing scheme has run since 2022, funded regionally by the NHS, and delivered by the Healthy Smiles team at Shropshire Community Health NHS Trust. Brilliant Brushers was developed using the NICE guideline on oral health improvement in early years settings, Public Health England (now the Office for Health Improvement and Disparities) national supervised toothbrushing toolkit, and Department for Education and NHS guidance on hygiene and infection control in nurseries and schools and the Early Years Foundation Stage (EYFS), which requires providers to support children's oral health as part of promoting overall good health.

Brilliant Brushers supervised toothbrushing programme is designed for children aged 3 to 5 years in targeted early years settings, including day nurseries and mainstream schools. It is also available for ages 3 and above in SEND schools. The programme aims to reduce the risk of tooth decay by offering to settings located in the most disadvantaged communities, specifically those within Index of Multiple Deprivation (IMD) deciles 1 and 2 (i.e. the most deprived 20% of areas).

To ensure supervised toothbrushing initiatives are directed where they are most needed, data is used to identify communities with the greatest oral health challenges among children. In addition to the proportion of children living in areas ranked in the bottom two deciles of the Index of Multiple Deprivation (IMD 1 & 2),

the percentage of children receiving funded early education for disadvantaged two-year-olds and those eligible for free school meals (FSM) are also considered.

This targeted approach enables the prioritisation of day nurseries and schools where children are statistically more likely to experience significant oral health inequalities, ensuring the programme is aligned to national public health priorities.

The scheme provides comprehensive staff training, regular monitoring and support and essential toothbrushing resources, enabling staff to supervise daily toothbrushing in a safe, effective, and fun way. It also promotes positive oral health behaviours by encouraging children to continue brushing their teeth at home.

To date, 33 out of 54 Telford & Wrekin settings are participating in Brilliant Brushers. This includes 13 day nurseries, 19 mainstream schools and 1 SEND school, and overall nearly 2,000 children now brushing daily. The Healthy Smile Team is currently working at full capacity and will benefit from the grant funding to extend Brilliant Brushers in Telford and Wrekin.

4 Summary of main proposals

4.1 Supervised toothbrushing grant

Following the grant of £50,984, Telford and Wrekin Council plans to enhance the existing Brilliant Brushers supervised toothbrushing scheme delivered by the Healthy Smiles Team at Shropshire Community Health NHS Trust. The funding is initially for one year, but expected to be recurrent.

The supervised toothbrushing grant will allow the Brilliant Brushers supervised toothbrushing scheme to be offered to year 1 children in existing day nurseries and mainstream schools and to re-offer expansion in all Indices of Multiple Deprivation (IMD) areas 1 and 2, and if capacity allows to extend to IMD 3 and 4, and SEND reaching more children in Telford.

5 Alternative Options

5.1 Government provides funding specifically for the activities set out in the report on the basis of a national targeted approach.

6 Key Risks

6.1 There are no risk associated with the activities set out in this report.

7.0 Council Priorities

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

8.0 Financial Implications

8.1 The Council is using the additional Government grant of £50,984 to fund enhancements to the existing Brilliant Brushers supervised toothbrushing scheme which is being delivered by Shropshire Community Health NHS Trust. The funding being utilised is additional Government grant of £50,984, delivered as part of the ring fenced 2025/26 Public Health Grant. The scheme also included additional resources such as toothbrushes and toothpaste to implement and expand targeted supervised toothbrushing scheme for children aged 3,4 and 5 in the most deprived communities.

9.0 Legal and HR Implications

9.1 The Council has legal responsibilities to undertake public health activities within the Borough. The activities set out in this report are one way in which the Council can demonstrate it is complying with its statutory duties, whilst also promoting good oral health at an early age.

10.0 Ward Implications

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

11.0 Health, Social and Economic Implications

11.1 None

12.0 Equality and Diversity Implications

12.1 Brilliant Brushers supervised toothbrushing programme aims to reduce the risk of tooth decay by offering to settings located in the most disadvantaged communities, specifically those within Index of Multiple Deprivation (IMD) deciles 1 and 2.

13.0 Climate Change, Biodiversity and Environmental Implications

13.1 None

14.0 Background Papers

None

15.0 Appendices

A None

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials

Director	17/11/2025	19/11/2025	HO
Legal	17/11/2025	19/11/2025	RP
Finance	17/11/2025	18/11/2025	RP

This page is intentionally left blank

Telford and Wrekin Safeguarding PARTNERSHIP

Safeguarding Adults Board Annual Report

April 2024 - March 2025

Contents

Introduction from the Chair

Hello

I find it difficult to believe I have now been the Independent Chair of the Safeguarding Adult's Board for over 12 months. The Care Act 2014 says that we must have a Safeguarding Adults Board (SAB), to help safeguard people who have care and support needs from abuse and prevent harm happening to them and my role as Independent Chair is to ensure that happens, and that the appropriate agencies provide adequate assurance and are held to account if they don't.

By law, three core members make up the Telford and Wrekin Safeguarding Partnership (TWSP), Telford & Wrekin Council, West Mercia Police and the Integrated Care System but we endeavour to put the people of Telford and Wrekin at the centre of all our discussions and decision making.

We are just about to publish our next Strategy, which will outline some of our future priorities, however in developing it, we agreed we need to look at better and different ways to identify concerns and our subsequent actions. First and foremost is how we engage with and listen to all of the people and diverse groups in Telford and Wrekin, but we also need to get better at using, understanding and sharing the data each member of TWSP holds.

We were delighted in 2024 to contribute to the Care Quality Commission's (CQC) assessment of Telford and Wrekin Local Authority. We were even more delighted that the CQC awarded them a 'GOOD' rating.

This year we have reviewed more cases, which have sadly reached the threshold for a Safeguarding Adult's Review. It is our responsibility to ensure that when things have gone wrong, and abuse has occurred to people with care and support needs, genuine lessons are learnt and changes to practice made by the agencies involved.

We will always continue to challenge ourselves and recently we robustly reviewed our effectiveness as a SAB. We identified some areas for learning and action, and we will strive to continually improve to ensure the people of Telford and Wrekin remain free and safe from harm.

The SAB has three core duties:

- develop and publish a strategic plan setting out our objectives, how we will meet them and how the Board members and our partner agencies will contribute;
- to make sure that Safeguarding Adult Reviews take place for any cases which meet the criteria; and
- publish an annual report showing we have fulfilled our statutory obligations and have done what we said we would do in our strategy.

I would like to take this opportunity to thank all those people and agencies who continue to work tirelessly in Telford and Wrekin, to make it a safer place for those adults who need our support and extra protection.

Sue Howard

Independent Chair of Telford and Wrekin Safeguarding Partnership

Who makes up the Telford & Wrekin Safeguarding Adults Board and what does it do?

Telford & Wrekin Council, West Mercia Police and Shropshire, Telford & Wrekin Integrated Care Board ICB have a statutory duty to put in place multi-agency safeguarding arrangements to protect and safeguard vulnerable adults. This responsibility is driven by the Telford & Wrekin Safeguarding Adults Board which is funded, equally, by the three statutory partners.

In addition to the three statutory partners, membership of the Board is drawn from:

- Shropshire Community Health NHS Trust
- Shrewsbury and Telford NHS Hospital Trust
- Midlands Partnership NHS Foundation Trust
- Partners in Care
- Making it Real Board
- Healthwatch
- Chief Officers Group

The Board has agreed its core focus as:

- put the person who has been harmed or at risk at the centre of everything that we do and listen to their views about what we can do to improve the safety of people;
- hold members to account – are we/they doing enough to keep people safe;
- collect and share information about how well we are keeping people safe and what more we could do;
- make sure our workers and volunteers get the training they need to provide safe services and share concerns if they think a person is being hurt or abused;
- review our policies and guidance to make sure we are constantly improving; and
- raise awareness of safeguarding issues and what to do.

How the Board does things is as important as what it does. To shape how it delivers its role, the Board has adopted the following principles and values:

- **Empowerment** – presumption of person led decisions and informed consent;
- **Prevention** – it's better to take action before harm occurs;
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented;
- **Protection** – support and representation for those in greatest need;
- **Partnership** – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect; and
- **Accountability** – accountability and transparency in delivering safeguarding.

The Board is chaired by an Independent Chair appointed by the three statutory partners with the objective of providing independent challenge and scrutiny. As part of our arrangements for external challenge, the Chair presents the Board's annual report to the Health & Wellbeing Board.

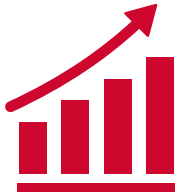
To drive delivery of its objectives, the Board has a series of groups which feed into its work as set out below:

Telford and Wrekin – the place

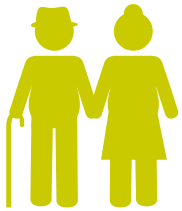
The Borough which the Board serves is a place of contrasts. Central to the Borough is the New Town of Telford which was commissioned in 1968 and grew rapidly around existing communities including Wellington, Oakengates, Dawley and Madeley. Along the banks of the River Severn is Ironbridge, the birthplace of the industrial revolution and now a World Heritage site. Surrounding Telford is a rural hinterland – accounting for more than two thirds of the Borough's area.

In 2023 the population of the Borough was estimated to be 191,915 people. A quarter (47,609 people) are aged 0 to 19. Between 2013 and 2023, the Borough's overall population increased by 23,000 people – an increase of 13.5% – making it the fastest growing upper tier local authority in the West Midlands. As the population grows it is becoming more diverse and ageing, between 2013 and 2023, the number of people aged 65+ grew by 28.5 % which is twice the regional rate of 14.3%.

191,915
POPULATION



13.5%
POPULATION INCREASE
FROM 2011 TO 2021



28.5%
AGED 65+ POPULATION INCREASE

Many people who have come to live in the borough have been attracted by the value for money housing offer, our schools, outstanding natural environment, growing economy and our connectivity via road and rail into the West Midlands conurbation and beyond.

Whilst at face value the borough is prosperous and thriving, the Index of Multiple Deprivation shows that there are 18 neighbour areas in the Borough which are ranked amongst the 10% most deprived in England. This impacts on the life experience of these residents in terms of poorer outcomes with regards to health, education employment and housing, such challenges have undoubtedly increased because of the ongoing current cost of living crisis.

THE NUMBER OF CONCERNS RAISED IN 2024/2025 INCREASED FOR THE THIRD YEAR RUNNING WITH 615 LOGGED THIS YEAR VERSUS 477 FOR THE PREVIOUS YEAR. THIS IS A 29% INCREASE.

DURING 2024/2025 56% OF S42 ENQUIRIES WERE TO PROTECT FEMALES, WITH **MALES BEING AT RISK IN 44%** OF CASES

THE MOST COMMON LOCATION OF ABUSE DURING 2024/2025 WAS **THE INDIVIDUALS OWN HOME.**

What have we achieved in the last 12 months against our priorities?

An essential objective of this report is to demonstrate the impact of the Board and the multi-agency safeguarding arrangements that it has put in place. The following part of the report takes a look at the priorities which the SAB identified in May 2024 and the safeguarding impact that this has had.

After careful consideration and discussion amongst partners over the last year, the SAB has been able to consolidate its original priorities for 2025 – 2026 due to identifying work streams already in place across the partnership to address priorities one, two and four. It is felt that by targeting our priorities in this way it will allow a renewed focus upon the remaining areas.

Priority One: Understand better the levels of exploitation amongst our communities and ensure the right action is taken.

- A new **Home Takeover/Cuckooing animation** was launched in December 2024 with the aim of raising awareness of this practice among members of the public and also ensuring that practitioners are clear on the warning signals to look out for when working with people. To date this has received over 330 views.
- The Council has now appointed a special post to oversee modern slavery and the national referral mechanism and there is ongoing work looking at responses to organised crime gangs and exploitation. This is in addition to having a deeper look into the types and frequency of exploitation through the work of the multi-agency data panel.

Priority Two: Understand better the levels of intra familial abuse of older people in our community and ensure the right action is taken.

As a result of the SAB's focused work around intra familial abuse they are assured that systems are in place to undertake enquiries in a speedy manner and with a focus upon keeping the person at the centre of any intervention. Therefore the SAB no longer feels this area needs to be listed as a priority work stream but rather work which will continue to be business as usual. The SAB have also undertaken the following actions to support with tackling abuse within the family during the past 12 months:

- Re-distribution of domestic abuse leaflets among GP practices took place, with the assistance of the ICB.
- Distribution of domestic abuse leaflets among banks and opticians in the town centre as part of Safeguarding Adults Week in November 2024.
- Distribution of domestic abuse leaflets in care homes to focus on domestic abuse in the elderly with the assistance of the Telford and Wrekin Adult Social Care.
- A new **Domestic Abuse animation** focussing on domestic abuse and older people was launched in August 2024 with the assistance of Partners in Care and so far has received over 250 views!

The recent CQC inspection detailed that ***"there were effective systems, processes, and practices to make sure people were protected from abuse, neglect, and exploitation through the Telford and Wrekin Safeguarding Partnership"*** and ***"safeguarding enquiries were conducted sensitively, keeping the wishes and best interests of the person concerned at the centre."***

Priority Three: Understand better the levels of self-neglect in our communities and ensure the right action is taken.

- Several Safeguarding Adults Review are in progress which involve self-neglect and the outcome of these reviews will help identify any changes which can be made to improve awareness and support for those at risk.
- A new **self-neglect animation** was commissioned with the assistance of Partners in Care and is intended to raise the public awareness of self-neglect and explain what can be done to help those experiencing self-neglect. To date this has received over 780 views!
- A new multi-agency working group is in place to review and strengthen processes already in place to address self-neglect and its impact on individuals.

Priority Four: Improve the experience of people needing to transition between the services in our community.

- Exploration of the support in place for those transitioning between children's and adults services has taken place within the Safeguarding Adults Review Panel. Telford and Wrekin has a Transitions team in place within Adults Social Care which ensures that people moving between services have a positive experience with all relevant information being shared at an early stage to aid planning and ongoing support.
- The transition of young people into adult services has been invigorated as part of the plan associated with the recent CQC inspection. There are multiple plans for the Council colleagues overseeing that work to improve and consolidate practice in this area, so that means the SAB can support that work rather than lead on it.

Priority Five: Reduce the time it takes to complete a s.42 (safeguarding) enquiry.

- Significant work has taken place and this has resulted in an overall drop in the time it takes to undertake the section 42 enquiry. This priority has now been met, with the average time to complete a Section 42 reducing from 81 days in 2023/24 to 43 days in 2024/25. Ongoing monitoring will take place through the ARLT group who scrutinise the data on a quarterly basis to ensure any changes to this improvement are identified and addressed.

Priority Six: Improve the way we work with and listen to people representative of all our communities to ensure our work is fully inclusive and reflective of their views and experiences.

- 49 direct engagements with members of the public during the town centre drop in event as part of Safeguarding Adults Week, including a direct intervention with a victim of domestic abuse experiencing housing issues.
- A new Safeguarding leaflet is being created by the Making it Real Board which is hoped to be launched in Summer 2025.
- Review of the Telford and Wrekin Safeguarding Partnership website to make it easier to navigate and locate information for both professionals and members of the public. This is being done in partnership with the Making It Real Board and consultation with other community groups.

Priority Seven: Ensure we are using data to its full potential to inform our decisions and target support.

- A bespoke multi-agency data panel has been created to develop the current data streams available and ensure that all agencies have the information they require to help shape services and target the communities in need of support.
- This group has focussed on the development of an adult safeguarding dashboard bringing together mutli-agency data. This ongoing work has been shapred by a data mapping exercise by partners against the Board's.

Priority Eight: Learn from all our Safeguarding Adults Reviews to inform local actions and ensure lessons are learnt the first time.

- Learning from Safeguarding Adult Review's and Domestic Homicide Review's (the name of these will change to Domestic Abuse Related Death Reviews when the Home Office releases the new guidance) across Telford and Shropshire was shared via a joint seminar with Telford and Wrekin Safeguarding Partnership and Shropshire Safeguarding Community Partnership).
- Suicide Prevention seminar has been held due to recent increases nationally and locally in suicide Domestic Homicide Review cases Engagement with the National College of Policing research into suspected victim suicide Domestic Homicide Reviews **www.vkpp.org.uk/vkpp-work/domestic-homicide-project** which has been incorporated into the Public Health led suicide prevention strategy.
- A national study has been undertaken into Safeguarding Adults Review findings up and down the country. This has identified several common areas for focus and an action plan has been created to target work in Telford to address these findings.
- Work with families and targeted actions when Safeguarding Adult Reviews have been completed.
- The Safeguarding Adult Review subgroup and the Adult Review, Learning and Training (ARLT) subgroup work closely together to promote how we ensure the lessons from case reviews do make a difference. This has included new embedding the learning meetings which are intended to drive changes from action learning areas identified.
- There are also plans to support frontline teams with a new learning tool that are planned for next year – updates will be in next year's report.

Telford & Wrekin Council
9h ·

🌟 Join us for Safeguarding Adults Week from 18 – 22 November

This week is a reminder of the importance of coming together, both locally and nationally, to raise awareness about safeguarding. The Ann Craft Trust, a leading authority on protecting adults and young people at risk, is championing this year's theme: 'Working in Partnership.'

As the Ann Craft Trust emphasises that working in partnerships allows us to share our knowledge of safeguarding, learn from others, and ultimately create safer cultures. Together, we can build a community that prioritises safety and support for all.

Want to learn more? Visit
https://orlo.uk/FCgpK

#SafeguardingAdultsWeek

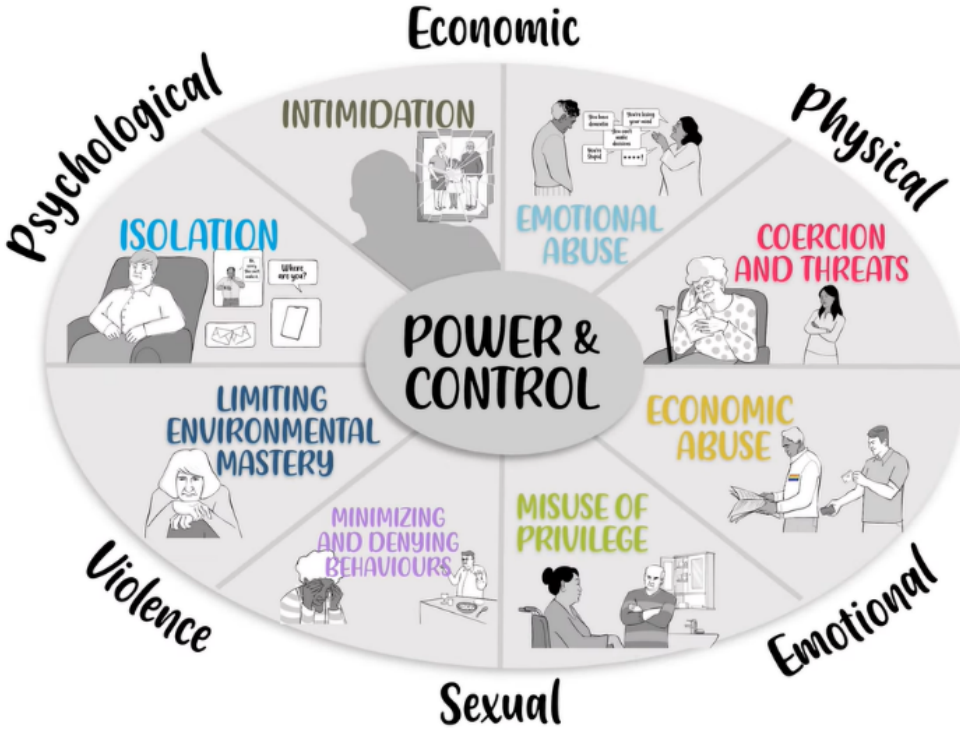
Telford & Wrekin Council
10m ·

Today (21.11.24), as part of the #SafeguardingAdultsWeek, come and talk to safeguarding experts from our council and a number of local organisations around any questions or concerns you might have around domestic abuse, hoarding, self-neglect and others.

Drop by at our stand outside of Frasers in Telford Centre anytime until 5pm today.

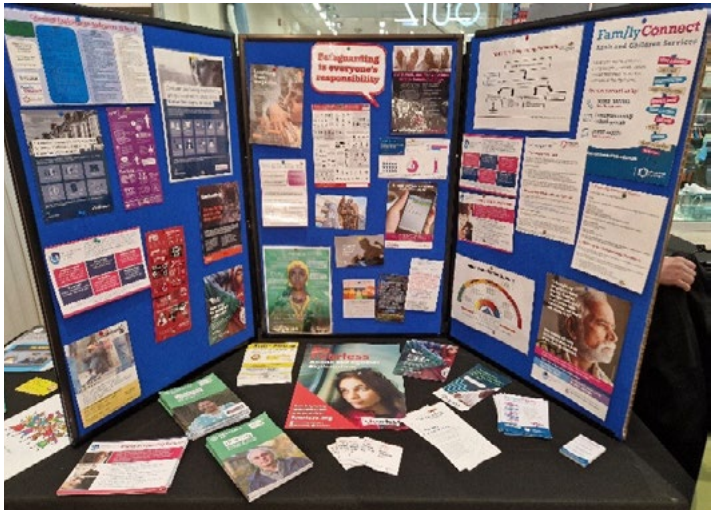
If you can't come and if you are worried about yourself or a vulnerable resident in our borough being abused or neglected by other people, please don't wait and say something!

☎️ Call Family Connect: Monday-Friday, 9am-5pm on 01952 385385 (option 3) or Out of hours telephone: 01952 676500
🚨 In an emergency, always phone West Mercia Police on 999



Inspected and rated
Good
Care Quality Commission

WHITE RIBBON CAMPAIGN



Safeguarding Adult Reviews (SAR's) and Domestic Homicide Reviews (DHR's)

The purpose of the **SAR Panel** is to meet the statutory requirements of the Care Act 2014, the Local Safeguarding Adult Board[1] has a responsibility to conduct Safeguarding Adult Reviews (SARs). This Sub-group has delegated authority to undertake this activity to promote a culture of continuous learning and improvement across the organisations by using learning from case reviews to drive improvements in practice and is made up of representatives from Adults Social Care, the Integrated Care Board (ICB), Shropshire and Telford Hospitals Trust (SaTH), Shropshire Community Health Trust (SCHT), Midlands Partnership Foundation NHS Trust (MPFT) and West Mercia Police.

Since April 2024 the panel has received two referrals, both of which have met the criteria for a full SAR review to be undertaken. All referrals received undergo a thorough scoping process across all partner agencies to assess the information and involvement with the particular case before a decision is made following strict frameworks and adhering to the criteria as detailed in **section 44 of the Care Act 2014.**

Work has also continued on the SAR's commissioned in the last financial year and once completed that findings will be published on the Telford and Wrekin Safeguarding Partnership website.

The **Domestic Homicide Review (DHR) Decision Panel** seeks to ensure that the processes in Telford and Wrekin to determine when a case meets the DHR criteria and the ensuing actions necessary to complete the review meet the standards within the Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2016 (referred to as the statutory guidance)[2]. The Domestic Homicide Review Decision Panel is responsible for making a recommendation to the Chair of the Community Safety Partnership about whether a DHR should be commissioned or not.

The statutory guidance makes it clear that "where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted."

[1] This is now known locally as Telford and Wrekin Safeguarding Partnership

[2] **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf**

As stated whilst the governance of the Domestic Homicide Review process rests with the Community Safety Partnership we think that this important work needs to be referenced in our annual report given the obvious degree of cross over between the two groups and the mutual way the Safeguarding Adult Board works with the Domestic Abuse Local Partnership Board. We have also focused on ensuring there is a better understanding of the circumstances in which people go on to complete suicide after experiencing domestic abuse. Work has taken place to share insights from important research in this area and this will remain an area of endeavour in 2025-26[3].

During April 2024 and March 2025 the DHR Decision Making Panel received three referrals for consideration with all progressing to full reviews being led by an independent reviewer who will review the cases to identify learning for all partners involved.

[3] Domestic Homicides and Suspected Victim Suicides 2022-2023 Report **www.vkpp.org.uk/vkpp-work/domestic-homicide-project/#:~:text=Key%20findings%20from%20the%20report,31%20adult%20family%20homicides%20(AFH)**

Training and development

All partners have mandatory safeguarding training in place where compliance is monitored and considered as part of the Care Act audit and ongoing assurance work within the Adults, Review, Learning and Training sub group.

In addition to these mandatory courses the SAB offers a constant E-Learning training offer which is extended to all partners through the Telford & Wrekin Council online learning environment and can be accessed at a time to suit them. This site includes multitude of training packages including Exploitation and Vulnerability, Adult Safeguarding, The Care Act 2014, Deprivation of Liberty Safeguards (DoLS), Domestic Abuse Awareness and Hoarding to name but a few.

The following bespoke **'lunch and learn' sessions** have taken place between April 2024 and March 2025 in collaboration with our partners and has allowed **over 390** professionals access to courses, seminars and learning material to develop their practice and expertise even further, to help protect the residents of Telford and Wrekin:

- **All about...Lasting Power of Attorney and future planning**
- Advocacy awareness
- **Suicide Prevention and bereavement**
- **Online Safety and Scams awareness**
- **Reducing inappropriate medication for people within the Learning Disability and / or Autism Communities**
- **Learning from SARs and DHRs**
- **Hoarding**
- **DASH and MARAC awareness**

The following 7 minute briefings have been developed and circulated among partners to raise awareness and understanding:

- **Modern Day Slavery**
- **Home takeover (previously known as cuckooing)**
- **LeDeR - Learning from lives and deaths, people with a learning disability and autistic people**
- **Online Safety**
- **Eating Disorders**
- **Hoarding**

"The key themes of ASR and DHR's was clear throughout and it was really beneficial to understand how these get referred."

"Some great information that gave me greater standing that I can use in practice"

"It was so good. Very interesting and learnt so much."

"Exceeded the information I thought I would gain"

"It shows the way to work collaboratively and how to be proactive"

"It aided in advising that the issues to be addressed are not about the items being hoarded, and safety issues raised by that but a wider, ideally multi-agency, support package being required with a more holistic support with the aim to involve the 'client' in decision making and plan to encourage engagement."

Quality and performance

The purpose of the Adult Review, Learning and Training (ARLT) subgroup is to promote a culture of continuous multi-agency learning and improvement throughout the partnership.

The ARLT subgroup is made up of representatives from Adults Social Care, the Integrated Care Board (ICB), Shropshire and Telford Hospitals Trust (SaTH), Shropshire Community Health Trust (SCHT), Midlands Partnership Foundation NHS Trust (MPFT), Healthwatch, Partners in Care and West Mercia Police. The groups meets quarterly and between April 2024 and March 2025 the subgroup has undertaken the following activities:

- Change in ARLT chair lead with policies being refreshed across the partnership
- ARLT Peer Review analysis work to identify areas for enhancement
- ARLT Terms of Reference refresh and audit activity including an action plan to show how we meet those terms of reference
- Advocacy awareness seminar for the public following area being identified within ARLT
- Review of the Multi-Agency Case File Audit templates and guidance has taken place – these are now ready to use as part of the learning evidence as our current SARs are completed
- A survey from partner agencies about the safeguarding data they collect and how it is used – this has been shared with those leading the data priority group to ensure we use data to help improve safeguarding arrangements
- Contributed to multiple online and in person events to mark Safeguarding Adults Week, including a town centre drop in for members of the public and professionals to seek advice

A heartfelt thank you to...

- All the individuals and families who have taken the brave step to share their experiences and worked with us in pushing for change.
- The 100's of professionals up and down the borough who have continued to support the partnership, their colleagues and the residents of Telford and Wrekin.

To find out more about the Telford and Wrekin Safeguarding Partnership and access resources please visit **www.telfordsafeguardingpartnership.org.uk**