



Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 19 March 2026

2.00 pm

Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

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

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HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 27 November 2025 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: S Whitehouse (Co-Chair), Cllr K Middleton, Cllr S J Reynolds, Cllr K L Tomlinson, J Britton, N Lee, N Pay, H Onions and C Parker

In Attendance: L Gordon (Member Support Officer), T Mercer (Head of Public Health), H Potter (Insight Manager) and C Williams (Public Health Commissioner)

Apologies for Absence: Cllr A J Burford, Cllr P Watling, S Fogell, E Hancox, F Mercer and J Williams

HWB30 Declarations of Interest

None.

HWB31 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 18 September 2026 be confirmed as a correct record and signed by the Chair.

HWB32 Public Speaking

None.

HWB33 Health & Wellbeing Board Strategy Quarterly Progress Report

The Board received the quarterly progress report, presented by the Service Delivery Manager for Health & Wellbeing. Members noted that at the previous meeting they had asked for a deeper focus on homelessness, mental health, and drug and alcohol harm.

The Service Delivery Manager for Health & Wellbeing reported that delivery across five programmes continued to contribute to the Health & Wellbeing Strategy 2023–2027, which emphasised tackling inequalities, prevention, and integrated neighbourhood health and care in partnership with the ICS and the voluntary sector. This approach aligned with the Board’s commitment to target the ‘Core 20’ most deprived areas and inclusion groups facing disadvantage. He highlighted successful recruitment to the Healthy Lifestyles team with staff embedded across communities, and good progress across TWIPP projects that were designed to coordinate place-based action.

Members heard that joint commissioning arrangements had been introduced to streamline Mental Health services and that the Calm Café for young adults aged 18–25 had gone live to support those below clinical thresholds. The homelessness team had reviewed the use of bed and breakfast accommodation and implemented minor security improvements to enable victims of domestic abuse to remain safely in their homes where appropriate. Drug and alcohol services had increased outreach capacity for young people, and the Telford & Wrekin Recovery Charter had been launched in September with pledges from businesses and partners.

The Service Delivery Manager for Health and Wellbeing explained that funding beyond March 2026 remained uncertain, and that short-term outcomes were hard to evidence for complex needs. The Board were informed that system-wide monitoring for mental health services also remained challenging pending national reforms. Further issues included homelessness, which remained difficult to address for families with complex needs and larger households. The domestic abuse recommissioning timetable was set out; members noted that perpetrator programmes could not be funded through the current government funding route, which presented a commissioning gap.

During the discussion, members welcomed the integration of mental health nurses within the homelessness team to address co-existing needs and sustain tenancies. Members sought clarification on signposting to the Calm Café; the Service Delivery Manager for Health & Wellbeing explained that the service primarily targeted those not meeting thresholds for specialist services and provided onward signposting. In response to questions on the domestic abuse recommissioning, he confirmed that the tender would close on 20 January, with deliberations on 23 January, and that a standstill period would run until the end of May to ensure a smooth transition. The Director of Public Health reported increased stop-smoking advisor capacity and described White Ribbon campaign activity, including pop-up events at the Princess Royal Hospital. The Chief Strategy Officer NHS Shropshire, Telford & Wrekin provided assurance of alignment with neighbourhood health priorities across the ICS, stressing prevention. Members discussed the rise in youth vaping; the Director of Public Health acknowledged that further engagement with young people and parents was needed and confirmed this would be strengthened in the strategy's prevention work.

The Board noted the report and agreed that a substantive update focusing on homelessness and mental health, including progress on the Recovery Charter pledges and the domestic abuse recommissioning timeline, be brought to a future meeting.

HWB34 Health & Wellbeing Strategy Performance and Outcomes Report

The Insight Manager presented the regular performance and outcomes report. Members were informed that childhood excess weight at Reception age had risen but remained in line with national averages; for Year 6 the borough had

aligned with the national average for the first time since 2006. The under-75 mortality had fallen for a second consecutive year but remained worse than the national average. Smoking at the point of delivery continued its long-term downward trend since 2010 and was similar to the national average. Members also noted positive trends in primary care access, with a higher proportion of same/next-day appointments than the national comparator.

To contextualise the GP access picture, members were reminded that local data presented to the Board in September showed same/next-day appointments at 58% in Telford & Wrekin compared to 51% for England, with 88% of appointments seen within 14 days locally compared to 82% nationally, reflecting the ICS's focus on Modern General Practice and neighbourhood integration.

During the discussion, the Director of Public Health welcomed improvements in Year 6 excess weight and smoking in pregnancy and highlighted the work underway to increase uptake of NHS Health Checks through neighbourhood health initiatives. She also emphasised the need to reduce preventable cancers linked to smoking, with joint work planned through integrated system planning. Members asked what had driven the improvement in smoking in pregnancy; the Insight Manager cited the embedded service within maternity and wrap-around support from the Healthy Lifestyles team that engaged the wider family to sustain behaviour change.

The Board noted the report and requested a more comprehensive outcomes update in six months, incorporating refreshed data and progress on Health Checks and smoking-related cancer prevention.

HWB35 Economic Opportunity Update

The Chief Executive Officer of the Landau Charity presented an update on work to unlock economic opportunity through the Lloyds Bank Foundation Alliance, describing a high-level collaboration between 48 local senior leaders focused on removing systemic barriers to employment and improving health via good and fair work. Members were asked to note that economic opportunity and good employment were integral to the Health & Wellbeing Strategy's wider determinants of health approach and the Board's commitment to prevention.

Members discussed routes to engage young people beyond academic pathways, including apprenticeships, placements, and taster days. The Council's Job Box service and curriculum proposals to extend work experience beyond Year 10 were noted, together with the need for system-level engagement with schools, colleges, and harder-to-reach groups. Members agreed that "Good & Fair Employment" should be championed as a key priority across the HWB and ICS and requested that progress be brought to the next meeting.

The Board asked the Director of Public Health to bring back proposals for how the Board would champion Good & Fair Employment as a key priority to a

future meeting, including options to engage education and employer partners at system level, and to schedule a future item from Telford College on pathways available.

HWB36 Connect to Work Update

The Strategic Skills Lead: Adults and Communities presented the update on the Connect to Work programme, which was funded by DWP and directly delivered by the Council, providing intensive one-to-one support for adults with disabilities, additional needs, or other barriers to employment. Members heard that the programme had launched in late September 2025; in October it exceeded its initial target with eight clients supported, three of whom had already achieved employment outcomes. Referrals totalled 28 to date, from self-referrals and partner organisations, and specialists were being embedded within partner settings, including primary care, veterans' hubs, domestic abuse teams, and Job Centres, to build trust and deliver high-fidelity support under SEQF and IPS. Members noted alignment with the Board's earlier discussion on fair employment and the voluntary sector's role in pathways, including volunteering as a stepping-stone to work. The Board welcomed confirmation that Connect to Work would work alongside Job Box and share branding.

Members noted the broader system context, including prior updates to the Board on place-based prevention and TWIPP priorities.

RESOLVED - The Board noted the update and requested a six-month progress report, to include outcomes, employer engagement, and co-location with partners.

HWB37 JSNA Update

The Insight Manager provided the Board with a JSNA update, confirming that JSNA dashboards remained available on the Council's website to inform public understanding and evidence-based decision-making. Members heard that work was underway to analyse deprivation at small-area level for presentation to a future meeting. The Board was updated on the statutory Pharmaceutical Needs Assessment (PNA) for 2026–2029; a working group was in place, and a consultation would begin in January 2026 targeting professional stakeholders rather than the general public, with publication was scheduled for March 2026. Members were reminded that the PNA was a specific statutory duty of the Health & Wellbeing Board and was undertaken in collaboration with the Local Pharmaceutical Committee and the ICB's primary care commissioning function.

RESOLVED - The Board noted the update and requested that the draft PNA be brought to the March 2026 meeting.

HWB38 Dental Performance and Access in Telford and Wrekin

The Deputy Director of Primary Care and PCN Development, NHS Shropshire, Telford and Wrekin presented the item on dental performance and access. The Board heard that seven key priority areas had been identified across Shropshire, Telford & Wrekin, three of which were in Telford & Wrekin. Historically, recruitment and capacity issues had limited uptake in the highest-priority area in south-east Telford. Members were advised that an investment plan had been approved in early November to offer around 10,616 additional units of dental activity (UDAs) in Telford, with a focus on the highest-priority locality, and that “golden hello” incentives were being used, consistent with the national scheme, to attract dentists and support staff to NHS provision. The Board noted that overall adult and child dental access in Telford & Wrekin was above the England average, but there remained areas where improvement was required, notably waiting times for children’s treatments and orthodontics.

Members discussed contract performance management and welcomed the ability to address under-performing NHS dental contracts more robustly. The Board noted the focus on prevention, with planned reinvestment in oral health improvement and community dental services to reduce decay and improve outcomes, consistent with the role of the Community Dental Service in special care and paediatric dentistry, sedation and GA, and oral health improvement programmes delivered by the Healthy Smiles team.

The Board noted the update and asked for a further report on NHS dental access and activity, including the outcomes of the additional UDA commissioning and recruitment through golden hello incentives.

HWB39 Oral Health Improvement Update

The Public Health Commissioner presented the oral health improvement update, supported by a video message from the Oral Health Improvement Lead at the Shropshire Community Health NHS Trust. Members heard that the Healthy Smiles programme had expanded to 33 settings, largely in the most deprived areas, and that funding had been received for the “Brilliant Brushes” scheme. It was noted that a 2023/24 survey had found that 27% of five-year-olds had dental decay; although the sample was small, this figure was below the England average and the survey would be repeated in 2026. The Oral Health Improvement Lead described the Brushing for Life programme supporting 0–9-year-olds, including distribution at 6–8 weeks of age of packs promoting water over juice via free-flow cups, and plans to develop consistent family-hub messaging to embed habits early. Members welcomed the expansion and emphasised links to Family Hubs and early years settings. The Board also noted that teeth-brushing formed part of the Early Years Foundation Stage curriculum but that capacity varied across settings; the programme aimed to support home uptake in tandem with school participation. Background on the Community Dental Service’s oral health improvement role was noted. The Board agreed to receive future oral health updates, including programme coverage, uptake, and impact on decay rates.

HWB40 Healthwatch Update

This item was deferred.

HWB41 Safeguarding Adults Board Annual Report

The Safeguarding Adults Board Annual Report was noted for information.

HWB42 Any Other Business

The Director of Public Health briefed the Board on the Good Level Development (GLD) target due to be published by 31 March 2026, measured at ages 2–2.5 and 5, with targets for age-5 children developed collaboratively with the ICB. Members heard that a draft plan would be brought to the March meeting.

The meeting ended at 3.46pm

Chairman:

Date: Thursday 19 March 2026



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Health & Wellbeing Strategy 2023-2027

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Delivery Progress Report
March 2026

Our vision - happier, healthier, fulfilled 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	<ul style="list-style-type: none"> • 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	<p>Start for Life Family Hubs: “core20” population, younger parents, black & minority ethnic group families</p> <p>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.</p>
Alcohol, drugs & domestic abuse	<p>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</p> <p>Domestic Abuse: focus on families with complex and multiple needs. The DA Forum assessing disproportionate impact of domestic abuse and lower service uptake rates among under-served groups, improving joint working with faith groups and BAME communities</p>	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.
Mental health & wellbeing	Children & Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs	Economic opportunity	The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.
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 Act⁴

Healthy Weight

Progress / Key Highlights

- 7 schools engaged with the Schools Health and Wellbeing Programme and pilot project commenced with Healthy Families practitioners – a number of pupils from years 5 and 6 are being trained to be a “peer champion” and supporting their peers to promote healthy eating and physical activity.
- Five topics have been delivered through the schools webinar series, with 6 further topics planned for the remainder of the school year. Upcoming sessions will equip school staff with the knowledge of setting up cooking clubs/ activities, and supporting the physical activity levels of pupils
- Group lifestyle clinic pilot has commenced with Newport and Central PCN – A multi-disciplinary team are leading a 4-week programme, being delivered to 10 groups of high-risk patients identified through primary care records.
- Continuation of working action plan to improve healthy lifestyle outcomes for residents living with a learning disability – resources are being created, in conjunction with people with lived experience, to support any residents accessing the Healthy Lifestyles service

Risks/ Challenges

- STW unsuccessful in bid for Obesity Pathway Innovation Programme (OPIP) funding
- Public campaign “Do it For” experienced technical faults resulting in a small number of residents signed up to the campaign unable to access resources
- Low Healthy Families uptake through proactive follow ups of National Child Measurement Programme – text messaging to parents is now being explored.

Performance

- 718 clients have signed up to a Healthy Lifestyles plan and 51 families within Healthy Families (YTD 2025/26)

Case Study

- A family was referred to the Healthy Families programme by the Family Hubs service, and joint home visits were undertaken. The focus of the intervention was to support the family to develop healthier eating habits and increase physical activity. Across six sessions, two children and their parent engaged with the programme. Positive behaviour changes were observed, including a reduction in the purchase of unhealthy snacks and an increase in physical activity for the younger child, who began visiting the local park more frequently. The parent was also signposted to Learn Telford for support with reading. There were challenges in sustaining engagement with the older child. The Healthy Families team will contribute to work in partnership with the Family Hubs practitioner to offer further support should the family require it in the future.

Domestic Abuse

Key Progress – against strategy / work plans (Q3/4)

- New three-year contract to Cranstoun and West Mercia Women's Aid for local Domestic Abuse Service, following the Council's tender process, ensuring that services will continue without interruption
- Local DA survivor involved with tender evaluation
- 16 commitments for refreshed DA/VAWG Strategy 2026-28 agreed by DALP and partners
- Work commenced on multi-media DA campaign during the football world cup

Performance (Q3)

- The number of contacts received by the SPOC increased from 470 in Q2 to 529 in Q3
- The number of referrals which were sent to Cranstoun for more in-depth work with clients increased from 83 in Q2 to 92 in Q3
- The number who were referred into the Voice programme increased from 57 in Q2 to 67 in Q3
- Referral levels for children and young people for specialist support increased from 42 in Q2 to 56 in Q3

Issues / Challenges for the HWBB

- No additional funding provided to local authorities to implement national VAWG Strategy
- Funding for Perpetrator Behaviour Change Programme for standard to medium risk perpetrators beyond March 2028

Improving outcomes - Case Study

The T&W Council Target Hardening Project has enabled 22 families, including 31 children, to remain safely in their own homes through modifications to improve safety and security in 2025/26

Alcohol and drugs

Key Progress – against strategy / work plans (Q1)

Prevention – Telford STaRS CYP Team attended 6 promotional events during Q3, with 1355 young people and 34 professional having contact with the service as a result of these events.

Harm Reduction – The rate of deaths due to drug misuse in Telford & Wrekin reported via NDTMS fell during the latest available period (2022-2024) to 5.3 per 100,000. This is below the national rate for the same period (5.8 per 100,000), and continuing a shallow downward trend from a high of 5.9 per 100,000 during the 2020-2022 period.

Treatment – The number of individuals engaged with the Mental Health and Well-being Practitioner increased to 44 during Q3, 6 Mental Health and Well-being Groups were also facilitated with 27 individuals (adults) attending.

Recovery Support – TACT hosted a total of 181 group sessions across Q3, with 253 engagements with those groups.

Improving outcomes - Case Study

JM was referred to Recharge by his mother due to concerns about his cannabis use, THC vaping, declining school attendance, and growing conflict at home. He chose counselling and engaged well. Recharge also supported his mother with boundary-setting and signposted her to Al-Anon, which she attended.

JM participated in the 10-week recovery conference planning group, helping deliver the Recharge and Rise event. He also received mentoring and holistic therapies with Recharge.

He continues to attend Recharge weekly and now works with a male mentor, joining the recovery group to build his awareness and continue making positive changes.

Performance

The number of young people in treatment to November 25 rose to 57, continuing the upward trend, and an 84% increase when compared to the same period the previous year (a rolling 12-month total of 31 to November 2024).

Residential rehab placements commenced to the end of Q3 totalled 9, with 2 additional commencements scheduled for Q4, which will exceed the ambition for the financial year.

Adults in treatment for alcohol only showing substantial progress for the rolling 12 months to November 2025, increased to 71%, the highest rate in this group since April 2021. This rate is also significantly above the national rate, 51% for the same period.

Residential Rehab commencements will surpass the ambition of 10, set out as part of the DATRIG planning, with 1 commencement in Q3 and a further 2 commencements due in Q4.

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.
- Unmet treatment need for OCU in Telford & Wrekin continues to remain above national estimates (59.3% vs 53.37%), with the local trend showing a small improvement compared with the previous reporting period (61.6%).
- The number of deaths of those in treatment for opiates only and opiates and crack remains above the March 2022 baseline (2.1% vs 1%). For the 3 months to December 2025, there has been a short but sustained reduction and Telford & Wrekin is now closer to the national rate (1.9%).

Mental Health & Wellbeing

Progress / Key Highlights since last report

- Redesign of specialist mental health support framework complete. Considerable interest but variable quality. Key criteria for assessing team is local management base. 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 long term.
- Held a “stock take” of the Calm Cafes – to ensure they continue to grow and development to meet local need.
- ICB and LA are in the process of signing Section 256 agreements to formally transfer the commissioning remit and associated budget to the LA. This helps safeguard key services moving forward and aligns with the LA’s focus on prevention. Additionally, it formalises an arrangement that’s been in place for some time. This includes the Calm Cafes and Branches.
- 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.
- From 1st April 2026, the new children and young people’s mental health service will be delivered by Midlands Partnership University NHS Foundation Trust (MPFT) and will replace the current Bee U service. The new model, shaped by extensive engagement with children, families and professionals responds to the changing local needs of children and young people aged 0-25 and aims to prioritise easier access, earlier support and more joined up care to ensure the right help is available at the right time.
- The new service model will continue to evolve over a three-year transformation period, placing co-production with children, families, professionals at the heart and continue to work closely with Shropshire and Telford and Wrekin Local Authorities, Schools and VCSE Partners to ensure the new service continues to reflect local priorities and lived experiences of families in Shropshire, Telford and Wrekin.
- Additional investment made by the West Midlands CAMHS Collaborative; Toucan to support children in care with complex and multiple needs has been awarded to MPFT and to the STW ICB to support the implementation of the CYP developmental service specification. This investment provides a unique opportunity to provide additional support to our most vulnerable children and young people and will enhance the mental health support offer commissioned within the new CYP mental health service, which prioritises the needs of our most vulnerable children and provide timely access and support.
- The service continues to see an increase in demand for CYP MH services, which is impacting on waiting times which will continue to be prioritised as part of the transformation programme of work.

Risks / Challenges

1. ICB structural changes – key local contacts have secured voluntary redundancy & are leaving promptly. There is a lack of clarity about who is leading the workstreams moving forward.

Performance

The 18-25 year old calm café is steadily growing in numbers – the team have reported that they need to do more outreach to develop trust before this cohort attend the physical café space. The team are re-focusing their efforts on ensuring referring partners and wider community are aware of the local offer.

Protection, Prevent and Detect

Progress / Key Highlights

Community Blood Pressure: Checks completed at end of Jan 26 have exceeded the year target. Mini health checks offered on Healthy Hearts bus and LWCH. Reoccurring funding granted by the ICB secured. Vision to expand to workplaces and incorporate smoking status and BMI.

Community NHS Health Checks Partnership well established with practice and health improvement teams working well together. Nos of checks dropped between Dec and Feb but hoping to increase footfall during March. Project ends March 2026

Community Falls classes: Increases seen in attendance (1000+ more people attending Moving On classes compared to same time last Jan. Promo reel now developed to encourage more care homes to engage in digital online sessions. <https://youtu.be/dcUbG8POO48>

Live Well Community Hubs: Working hard with council/community partners to raise awareness of hubs. Successful launch of Sutton Hill and Woodside LWCH. Working towards establishing Hadley/Leegomery and Malinslee/Dawley. New session at St Leonards church in Malinslee.

HPV/MMR Vaccination Uptake project: Awareness continues. Cancer Prevention work in sixth forms/colleges. Final month of project focus whole system approach to MMRV. Visiting lowest uptake early years settings in areas of highest deprivation.

Cancer: Plans submitted to Cancer Alliance for targeted outreach (areas of deprivation and where cancers diagnosed at later stages). Future focus on awareness and bus tours. Lingen Davies continue to recruitment and train Cancer Champions and promote Sunflower Appeal.

Health Champions programme: 136 volunteers. 14 completed Lingen Davies Cancer Champion & 10 BMI (Healthy Lifestyles) training.

Healthy Lifestyles Stop Smoking Advisors 5 new Stop Smoking Advisors. Lung cancer screening programme commenced. 500+ referrals for smoking cessation support with NRT through community pharmacy. 200+ residents from STW requested support through My Recovery App.

Physical activity projects Ongoing promotion. Boxing project (focus MH) ended, legacy created. Move to Thrive (exercise for those with Dementia) delivery ends Jun 26, no uptake of at home offer. Activity for All sessions to start soon (tasters for adults with a learning disability)

Risks

Community NHS Health Checks nos of checks full/mini reducing. Weather an issue. Additional promotion required as well as GP text msg

Prevention programmes Need to consider how main projects (exception of BP) especially Falls classes will be funded after March 2026 – LWCHs and Move to Thrive (£15K for support workers) after June 26.

LWCH: Need more case studies from residents and partners to demonstrate benefits. Increase referrals and look at booked appointments

MMR Vaccination Uptake project time limited. Investment will be needed post March 2026. Data not forthcoming to complete HPV evaluation, MMR(V) data available to update whole system Power BI.

Progress / Key Highlights

- Our neighbourhood health approach is shaped around local communities, with multi-agency teams collaborating on shared priorities. Prevention work shows strong partnership working, community engagement and person-centred delivery, with many services now embedded in local settings to improve access.
 - Achievements include the launch of Calm Cafés, Live Well Community Hubs, Healthy Hearts mobile outreach, successful flu vaccination communications, and new roles such as All-Age Care Navigators. Early benefits are already visible, including identifying undiagnosed conditions and improved mental wellbeing.
 - Integrated Neighbourhood Teams are strengthening professional relationships and supporting timely referrals.
- We have entered the 'test and learn' phase of the Sport England Place Expansion Programme to boost physical activity, and recent system leadership training was well attended.
- The March TWIPP Committee will review progress, agree 26/27 priorities and ensure alignment with wider transformation programmes, including the Better Care Fund.

Risks

- ICB clustering may affect capacity, oversight and delivery.
- Growing demand is placing pressure on partner organisations without matching resources.
- Neighbourhood health budget is still to be agreed

Case Study

Monthly MDT meetings at Stirchley Medical Practice bring together partners from health, social care, mental health, community services and carers' organisations. These meetings have strengthened relationships and improved access for vulnerable patients. Patients are identified based on co-morbidities and access needs, with discussions shared between planned cases and those raised by partners. Partners' insights often highlight patients needing extra support, and the clinical team has also identified individuals visiting primarily for social rather than medical reasons (Sister Laura Tyrer)

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). We have applied for two additional Green Flag awards this year, which would bring our total to ten sites. The locations submitted for judging are Ketley Paddock Mound Local Nature Reserve (LNR) and Beeches and Lodge Fields LNR.

Nature Reserve and Park Improvements:

• **Ketley Paddock Mound LNR:** Improvements include, creating wider access for mobility scooters and pushchairs, step upgrades, and painting gates and picnic table.

• **Dothill and Shawbirch LNR:** A new interpretation sign has been installed allowing the residents and site users to learn about the site's fascinating history.

• **Beeches and Lodge Fields:** New benches have been installed to replace rotting benches; watercourse has had vegetation removed to improve flow and drainage and fences and entrance gates have been fixed.

• **Apley Woods LNR:** The duck pond decking is currently being replaced with recycled plastic material. Volunteers have also been planting trees in recent weeks to increase diversity and wildlife.

• **Telford Green Spaces Partnership TGSP:** TGSP is a network that supports friends groups involved in caring for parks, Local Nature Reserves (LNRs), and other open spaces through volunteering. With funding from Fujitsu, TGSP members can take part in a butterfly and moth conservation project. Led by expert guidance, the project aims to increase local knowledge of lepidoptera and encourage volunteers to monitor and record species sightings within the open spaces they help to maintain across the Borough. Fujitsu's support has also enabled volunteer groups to deliver a variety of additional projects, including bulb planting, wildflower sowing, tool purchases, and the installation of bird boxes.

• **Play & Pitch Strategy:** The Play and Pitch Strategy has been adopted. The Play Strategy will be presented to cabinet in July. Consultation will be undertaken in April and May for six weeks.

Economic opportunity

Progress / Key Highlights

- **Connect to Work** – as at end of January 56 people have started Connect to Work and the team have received 101 expressions of interest. The Yr 1 programme starts target is 69 and we fully expect to achieve this. Recruitment is underway to add the necessary staffing capacity for year 2 delivery
- **Job Box** – the Job Box drop-in desk at Southwater 1 provides information, advice and guidance around employment and skills, and has been particularly busy in January with 99% of all available appointments being used. The majority of people visiting the desk wanted support with their CV, general advice on learning and work, or help with Job Searching
- Over the past 12 months the Job Box service has helped 204 people to move into employment, and 182 people to progress into learning
- **Learn Telford** – our adult learning service, continues to offer a broad range of course and learning opportunities for adults in the borough, with a key focus being around improving adult's English and maths skills. So far in this academic year (half-way through) the service has delivered over 157 courses across 31 different community based venues, with over 550 people enrolling on English and maths courses, and further 800 on other courses.

Risks

No new risks to report this month. Being able to recruit suitable quality candidates to join the Connect to Work team remains a key focus, however there were 101 applications for 2 FTE posts this time around.

Performance Issues

No performance issues to report. Connect to Work is performing strongly against it's Yr 1 targets, and Job Box and Learn Telford continue to demonstrate strong impact.

Housing (1)

Progress / Key Highlights since 1st April 2025

- 2989 clients have received advice and guidance on their housing option and 1107 clients were owed a Homelessness Reduction Act Duty and of these:
 - 299 clients were prevented from becoming homeless due to the advice and guidance provided
 - 544 clients were relieved from homelessness due to the advice and guidance provided.
 - 206 clients were owed a main homelessness duty
- Temporary accommodation was provided to an average of 72 clients per month with an average time within temporary accommodation of 67 days.
- Usage of emergency bed and breakfast (B&B) remains very low with only average of 9 clients being placed with an average length of time spent in B&B is 9 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:
 - 30 were prevented from becoming homeless through the support and advice/guidance provided
 - 123 clients were relieved from homelessness through the support and advice/guidance
 - 12 clients on average per month were provided emergency Safe Accommodation
 - 51 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 (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.
- Severe Weather Emergency Protocol (SWEP) came into action 1st November 2025 which has provided emergency accommodation for those faced with rough sleeping. This means that no-one from the Telford & Wrekin area has to rough sleep. 53 clients have accessed SWEP accommodation during the winter months.

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
- Unrealist expectations of clients of what they want and will only accept.
- Demand for one bed self contained at Local Housing Allowance level.
- Private rents are generally significantly higher than the local housing allowance, reducing the availability of affordable properties for those on benefits.



Telford & Wrekin Integrated Place Partnership Prevention Projects Progress Delivery Report

Background Information & Summary

The neighbourhood health prevention and inequalities initiatives funded through the ICB Prevention Grant for 2025/26 all have delivery plans, and the initiatives encompass both borough-wide programmes and targeted interventions in areas of deprivation. These initiatives reflect TWIPP’s commitment to reducing health inequalities and improving access to prevention and wellbeing support across Telford & Wrekin.

Across all prevention initiatives, strong multi-agency collaboration, effective project planning, and high levels of community engagement have been consistent strengths. Projects demonstrate inclusive, person-centred approaches, with many successfully embedding services within community settings to improve reach and accessibility.

Notable achievements include the launch of new services such as Calm Cafés, multiple Live Well Community Hubs, mobile health outreach through Healthy Hearts, highly successful communications activity for flu vaccinations, and the establishment of new roles such as All-Age Care Navigators. Several programmes have delivered early health benefits, including identifying undiagnosed conditions, improving mental wellbeing, and enabling timely referrals.

Despite significant progress, several shared challenges exist across projects. Short-term funding and limited capacity particularly within smaller voluntary sector partners is impacting on sustainability and delivery.

Operational challenges have included recruitment delays, logistical barriers, venue limitations, and difficulties engaging specific target populations. Some projects have faced issues with data systems, including inconsistent or manual data capture and limited interoperability between partner systems. Additionally, growing demand is stretching partner organisations without proportionate resource.

Calm Cafés for Children & Young People transitioning to adulthood

Report author:	Steph Wain
Job title:	Commissioning Specialist – Mental Health, Adult Social Care
Email address:	Steph.wain@telford.gov.uk
Key achievements For period Jun 2025 to end of Jan 2026	<ul style="list-style-type: none"> • Successfully recruited a multi-agency team – including social care, A Better Tomorrow and Telford Mind • Agreed operational protocols & promotional materials between partners • Promoted the service with key referrers e.g. Children Services

	<ul style="list-style-type: none"> • Started to deliver sessions – first session held on 29 November 2025 • Amended LAS (adult social care recording platform) to ensure activity can be captured from social care side. • Monitoring templates established by Mind and ABT • Developed Community links to enhance the offer and develop move on plans. For example: <ul style="list-style-type: none"> - Lawley Community Hub – for service promotions - Smallwoods – connected to volunteering opportunities and offer of use of premises for the café - Boardroom café – using their space for cafes and supporting move on in a safe place - Autism drop-in on a Friday - MPFT psychology group - Smashlife to promote the opportunity for care leavers - Community Grocery – setting up accounts for people in financial crisis
Project performance data/outcomes <i>(e.g. no. of people engaged)</i>	As at 17/12/25 <ul style="list-style-type: none"> • 11 young adults have been referred via the Adult Social Care team • 3 more potential referrals from Redwoods – in reach will be provided whilst they remain inpatients • 3 referrals pending following discussions with allocated workers • Adult Social Care is recording the frequency of 1:1 required for YP before engagement or attendance at café – it’s noted that this is higher than for the other cafes. The voluntary sector • Highest number of YP to attend a Calm Café – currently 7 though it’s still early days
Case study / success story	<p>Referral received from CATE team. Young adult is living with family, highly dependent on their Mum to complete all daily tasks, they are isolated, have mental health needs, neglects her personal care and a history of complex trauma including domestic abuse and sexual abuse. She was supported by the Calm Café team on an outreach basis to develop her confidence, self-esteem and independence including skills around the home. Since receiving the support, she has informed the team that she is now sometimes leaving the house to visit a friend, she goes to the local shop, cooks with her Mum and is attending to her self-care.</p> <p>Her main focus now is getting back to education and very focused on Health & Social Care. Previous professionals have mentioned an EHCP. The Calm Café team have discussed seeking support through SENDIASS. She was not aware of them but was happy for a referral to be made. She has previously been referred to a number of other local services but didn’t feel these worked for her.</p> <p>She is interested in attending the café but for now is keen to continue with the outreach part of the support. Her mother feedback: ‘we could have done with you this time last year’.</p>
Health inequalities focus	<p>The project support people who experience health inequalities relating to their mental health.</p>
Issues / challenges for TWIPP Committee	<p>We are unclear if there is a process to reapply for funds if the project is successful.</p>

	The LA is drafting a section 25 agreement to formally transfer the commissioning remit to them. ICB and LA colleagues are supportive of this. This latest café could be part of this agreement long term.
Plans for next period (Feb-Mar 2026)	<ul style="list-style-type: none"> • Explore an alternative venue to Dawley • Arrange community-based meeting points possibly small groups which will support move on • Develop clear ‘exit’ strategies for calm café (part of wider calm café stock take and review) • Develop activity planner to include guest speakers from key services or community groups as determined by needs of cohort. • Utilise social media to engage young people and publicise what the café offers

Live Well Community Hubs	
Report author:	Emma Cowen (contributions from Will Davies, Citizens Advice & Jeni Kuczynska, CVS)
Job title:	Health Promotion Outreach Officer, Health Improvement and Prevention
Email address:	Emma.cowen@telford.gov.uk
Key achievements For period Jun 2025 to end of Jan 2026	<ul style="list-style-type: none"> • Appointment of a dedicated project lead • Governance structures established including a steering group and funded coordination roles across CVS and Citizens Advice • Opening of Wellington and Donnington Hubs • Extension of the Southeast PCN offer (Madeley) to include Sutton Hill and Woodside • Secured regular support from several core partners • VISS translation service now attending at Wellington Hub • Live Well Telford Directory fully updated with new hub information • Promotional support provided by Wellington Medical Practice & Wrekin Housing Group • Distribution of Winter Packs from Telford Crisis • Partner feedback form developed to improve information sharing and monitoring of partner impact • Strengthened cross sector information sharing and learning
Project performance data/outcomes	<ul style="list-style-type: none"> • Supported 254 local residents
Case study / success story	<p>Live Well Hub Silver Threads Hall (Donington):</p> <p>An 80-year-old lady had her blood pressure taken and was signposted to her local Community Pharmacy after a high reading - she later attended her GP Practice and began 7-day monitoring. She also received digital support to set up her NHS App, with assistance from the Social Prescriber (Newport and Central PCN). She was so impressed that she plans to return in the New Year. Her friend -also attending – received valuable Citizens Advice support to manage her utility bills.</p>

	<p>Live Well Hub Silver Threads Hall (Donnington): A lady aged 60+, from Lawndale Assisted Living visited seeking information about English courses. The Hub Coordinator referred her to Learn Telford, who have since engaged with her. Digital Support identified she had no phone credit and could not make essential calls. She was issued a National Databank SIM card offering 40GB of data, unlimited calls and texts for 6 months. Housing Plus Group reviewed accommodation concerns she raised and identified that she would benefit from financial support help via their Money Matters team.</p> <p>Lingen Davies: A gentleman undergoing treatment for skin and prostate sought information about radiotherapy. He was signposted to discuss treatment options with his urologist. He also shared difficulties travelling to Shrewsbury hospital, and hospital transport options were discussed. travelling to Shrewsbury hospital via bus, we discussed the option of hospital transport. We discussed our Bins for Boys project and the difficulty he had getting access to toilets - he was provided with a radar key to improve access to disabled toilets.</p>
Health inequalities focus	Deprivation; marginalised communities; social isolation; digital exclusion; adults with learning disabilities
Issues / challenges for TWIPP Committee	<ul style="list-style-type: none"> • Previous data feedback processes were not fit for purpose – new processes now in place via MS Forms and a QR code. • Awaiting feedback form TW Insight Team regarding historical data collected under the previous system • Limited space for partner organisations at some hubs • Difficulty engaging the right residents • Growth of Live Well Community Hubs is stretching core partners who receive no financial support for attendance.
Plans for next period (Feb-Mar 2026)	<ul style="list-style-type: none"> • Development of the Hadley Live Well Community Hub • Continued promotion of the existing offer with partner support • Ongoing design and communication work on flyers, A-boards and Pull-ups.

Healthy Hearts

Report author:	Katie Sixsmith, Laura Tyrer and Ruth Float
Job title:	Community CVD Co-ordinator, Sister- Stirchley Medical Practice and PCN Strategy and Transformation Manager (Southeast Telford PCN)
Email address:	Katie.sixsmith@teflord.gov.uk , Laura.tyrer@nhs.net , r.float@nhs.net
Key achievements For period Jun 2025 to end of Jan 2026	<ul style="list-style-type: none"> • Appointment of a dedicated project coordinator • Successful identification and deployment of clinical nursing teams and Healthy Lifestyle Advisors to deliver the outreach NHS Health Check Programme • Strong collaboration with partners including Dr Bike, Lingen Davies, Telford and Wrekin CVS, National Diabetes Prevention Programme, Live Well Hubs, MIND and Together as One.

	<ul style="list-style-type: none"> • Mobile mini health checks and blood pressure checks have enabled the early identification of individuals eligible for an NHS Health Check, leading to onward referrals to the Healthy Lifestyle Service, community pharmacies, Live Well Hubs and GP practices - health checks have helped uncover previously undiagnosed conditions and ensured individuals receive prompt follow up care. • Dr Bike working alongside the Active Travel Team has been a successful addition to the Healthy Hearts Tour – free bike repairs and safety checks have boosted engagement and footfall for NHS Health Checks while also encouraging active travel. • Building on this success, the Re-wheeled Scheme will be extended from January 2026 to individuals and families supported by the Healthy Lifestyles Service in Brookside and Stirchley. The Healthy Hearts Bus will act as a collection and training hub, supporting increased uptake of cycling for exercise, travel and leisure among residents who may otherwise face financial or practical barriers.
<p>Project performance data/outcomes (e.g. no. of people engaged)</p>	<ul style="list-style-type: none"> • 46 Events delivered across 12 locations in Southeast Telford. • 194 NHS Health Checks completed • 164 Mini Health Checks and standalone Blood Pressure Checks, contributing to the Community Blood Pressure Project. • 358 residents engaged through the Healthy Hearts Project in Q1 • NHS Health Check profile - 46% Male, 54% Female. • Distribution of checks - 62% Stirchley and Sutton Hill Medical Practice, 30% Court Street and 8% Woodside Medical Practice. • Outcomes included: 4 patients prescribed or advised to start statins (1 referred for vascular support); 1 new diagnosis of Type 2 Diabetes; 1 new diagnosis of Pre-diabetes with referral to the NDPP; 3 new diagnoses of stage 1 hypertension. • 24% of all NHS Health Checks identified a QRisk Score above 10% • 21 referrals to the Healthy Lifestyles service
<p>Case study / success story</p>	<p>A resident attended the Healthy Hearts Bus after noticing it was parked close to their home. Blood tests taken during the visit indicated a potential diabetes diagnosis. Following this the individual underwent further testing and discussions with their GP which confirmed Type 2 Diabetes. Early detection enabled swift support from their GP, practice nurse and the Healthy Lifestyles Service including 1:1 support. The resident reported that the intervention has been life-changing and expressed strong appreciation for the accessible and supportive approach.</p>
<p>Health inequalities focus (e.g. areas of deprivation, target population groups)</p>	<p>The project targets communities in Southeast Telford, with a specific focus on men and BAME communities aged 40-74 in line with NHS priorities.</p> <p>The Geography of Southeast Telford includes areas of high deprivation - Stirchley, Randlay, Brookside, Sutton Hill, Woodside and Madeley.</p> <p>96% of NHS Health Checks delivered by SET PCN were for residents in TF7 (52%), TF3 (37%) and TF4 (7%) – all IMD 1-2 areas.</p> <p>Among male attendees, 22% were from BAME communities.</p>

<p>Issues / challenges for TWIPP Committee</p>	<ul style="list-style-type: none"> • Affinion machines and cartridges are sensitive to low temperatures, leading to equipment failure and waste during winter months. Improved storage and transport processes are required. • The two vehicles used for delivery differ in appearance and facilities, causing confusion for the public and affecting footfall. • Clinical support is currently provided by Stirchley Medical Practice via a rota. A sustainable model will require participation from all practices. • Significant manual data entry is required, due to limited interoperability between digital systems • Accurately identifying pre-existing conditions and GP registration details is challenging when reliant on self-reporting • Often public attending are already prescribed CVD medications – higher non-adherence to medications has been noted particularly among BAME residents • Parking permits and site permissions need further streamlining across internal Telford and Wrekin Council teams
<p>Plans for next period (Feb-Mar 2026)</p>	<ul style="list-style-type: none"> • Enhanced engagement with BAME communities and men aged 40+, including targeted outreach via community groups, faith settings and workplaces • Increased engagement with local business to promote upcoming sessions. • Launch of the expanded Re-wheeled Scheme in January 2026

Healthy Conversations – flu vaccinations

<p>Report author:</p>	<p>Lauren Tye</p>
<p>Job title:</p>	<p>Communications and Campaign Lead Officer, Corporate Communications and External Affairs</p>
<p>Email address:</p>	<p>Lauren.tye1@telford.gov.uk</p>
<p>Key achievements For period Jun 2025 to end of Jan 2026</p>	<ul style="list-style-type: none"> • First TWIPP communications campaign – running paid for and organic promotion • Impressions: 4,445,299 • Engagement: 5.09% • Clicks: 12,467 • Best post for engagement focussed on inviting people to vaccination clinic towards campaign end, giving opportunity to act after campaign exposure – 15 vaccinations at a nursery setting and 9 at a community venue, both with relatively short notice owing to difficulty in securing a provider • STAW uptake up across most eligible groups, e.g. 2- & 3-year-olds (a key targeted demographic) up 3.8% • STAW overall uptake 4.7% higher than national average
<p>Project performance data/outcomes (e.g. no. of people engaged)</p>	<p>PAID FOR:</p> <ul style="list-style-type: none"> • Impressions: 4,445,299 • Engagement: 5.09% • Clicks: 12,467 • Across council websites, Meta, WhatsApp, Snapchat, Google and other search engines <p>ORGANIC:</p> <ul style="list-style-type: none"> • Press releases advocating for flu vaccine take up

	<ul style="list-style-type: none"> • Digital advertising screens borough wide with information and to reinforce branding and visuals • Posters in community centres, libraries etc • Flyers in similar locations • Teams backgrounds, lockscreens and pop ups for internal council staff • Article in Leader’s Weekly news including extended feature in clickable footer • Social media: <ul style="list-style-type: none"> ○ Impressions: 57,014 ○ Engagement: 0.32% ○ Clicks: 69 ○ Likes: 36 ○ Reshares: 9 ○ No negative comments
Case study / success story	Securing of contracts with local pharmacists to provide accessible local clinics, and provision of clinics in time for Christmas. Good uptake was achieved after targeted advertising using a range of methods, especially through settings such as care homes and nurseries, for whom the Health Protection Hub is a trusted partner.
Health inequalities focus <i>(e.g. areas of deprivation, target population groups)</i>	<p>All eligible residents:</p> <ul style="list-style-type: none"> • 65+ • Pregnant women • 2- & 3-year-olds • School-aged children • Those with certain health conditions • Health and social care workers • Carers • With a focus on people from areas of deprivation, ethnic groups with low uptake and “at-risk” groups with low uptake, using regularly updated data from ICB data analysts
Issues / challenges for TWIPP Committee	<ul style="list-style-type: none"> • Lack of feedback from communications colleagues, not picked up more widely beyond Council efforts
Plans for next period (Feb-Mar 2026)	<ul style="list-style-type: none"> • Confirmation of topics required from TWIPP – will now be a delay due to design time.

All-Age Care Navigators

Report author:	Jeni Kuczynska
Job title:	Chief Executive Officer, Telford and Wrekin CVS
Email address:	Jeni.kuczynska@tandwcvcs.org.uk
Key achievements For period Jun 2025 to end of Jan 2026	<ul style="list-style-type: none"> • Successful establishment and embedding of the All- Age Learning Disability and Autism Navigator service across community, health, and VCSE settings. • Partnerships emerging with Primary Care Networks (TELDOC), Adult Social Care, Citizens Advice, and a wide range of VCSE and community organisations. • Consistent community-based delivery through Live Well Hubs and Sunflower Brookside Community Cafe, improving accessibility for people who may not engage with

	<p>traditional services.</p> <ul style="list-style-type: none"> • Development of robust infrastructure and systems, including shared mailboxes, a dedicated phone line with voicemail-to-email functionality, SharePoint resource hub, feedback mechanisms, and referral tracking tools. • Delivery of Autism Champion Training to over 24 professionals across two sessions, contributing to increased autism awareness and inclusive practice across multiple sectors. • Implementation of Fast Track CAB appointments, enabling quicker access to advice and support where required.
<p>Project performance data/outcomes (e.g. no. of people engaged)</p>	<ul style="list-style-type: none"> • Autism Champion Training: 24 attendees across 2 sessions (July and November 2025) • Fast Track CAB Referrals: 4 referrals received (1 seen same day, 1 seen next day, 1 resolved via telephone advice, 1 awaiting engagement) • Weekly face to face attendance at Live Well Hubs LWH Data for Nov and December – TWCVS Reach (All Services) = 26 people • Supper Club = 50 attendances during the period June 2025-January 2026) • Regular presence in community cafés (Sunflower Café) including Friendly Friday sessions • 10 responses in our satisfaction survey
<p>Case study / success story</p>	<p>Collaborative Support for a Client with Complex Needs</p> <p>This case study demonstrates the impact of a coordinated, person-centred approach delivered jointly by Citizens Advice and the All-Age Learning Disability Navigator, working alongside the CVS team. The client was referred by a social prescriber and presented with multiple and interconnected needs spanning mental health, housing stability, wellbeing, and community engagement.</p> <p>The client had recently completed a 12-week holistic support course, which had provided a structured environment that significantly benefited their wellbeing. Due to the end of programme funding, the client no longer had access to this support and expressed a need for ongoing help to build self-esteem, maintain positive mental health, and remain engaged in their local community.</p> <p>Intervention</p> <p>Building community participation Over several weeks, the Navigator team have worked to support the client to re-engage with appropriate local activities. This included:</p> <ul style="list-style-type: none"> • Encouraging attendance at Men’s Sheds, providing peer support and practical activities. • Offering supported visits to such opportunities as Smallwoods, arranged for the next week, to assess suitability for longer-term involvement. These opportunities aim to help the client regain routine, develop social connections, and build confidence in a relaxed, welcoming environment. <p>Exploring funding for continuity of support to maintain the client’s positive progress, the Navigator team made enquiries with:</p> <ul style="list-style-type: none"> • Telford Lions, and • A local Parish Council, to explore funding that could continue the client’s previous placement or secure alternative structured support. Responses are forthcoming.

	<p>Financial and practical support recognising that financial security is closely linked to wellbeing, the service arranged:</p> <ul style="list-style-type: none"> • A future appointment to review benefits and income, ensuring the client is receiving all possible relevant entitlements. • Access to a fast-track Citizens Advice appointment to discuss energy bills, helping the client manage rising household costs. <p>Multi-agency collaboration as part of ongoing support, the team conducted regular welfare calls. The client is now:</p> <ul style="list-style-type: none"> • Receiving housing support from Trident, • Communicating actively with TACT, • And has been successfully signed off by social prescribers, indicating stabilisation and progress. <p>Outcomes & Impact</p> <ol style="list-style-type: none"> 1. Increased stability and independence. The client is now linked into the appropriate housing and advice services, improving their ability to manage day-to-day challenges independently. 2. Improved wellbeing and social confidence through supported introductions to community groups such as Men’s Sheds and Smallwoods, the client has re-engaged socially and begun rebuilding self-esteem and routine. 3. Strengthened financial resilience planned benefits review and energy advice will help to maximise income and reduce financial stress. 4. Clear evidence of effective partnership working this case highlights the positive outcomes achieved when Citizens Advice, the All-Age Learning Disability Navigator service, CVS teams, and wider community organisations collaborate around the needs of one individual. <p>Client Feedback</p> <p>The client expressed gratitude for the personalised, flexible, and community-based support, noting that this approach made them feel understood, supported, and motivated to stay engaged.</p>
<p>Health inequalities focus <i>(e.g. areas of deprivation, target population groups)</i></p>	<ul style="list-style-type: none"> • The service has focused on community settings in areas of higher deprivation, including Madeley, Brookside, Wellington, Donnington, and Hadley. • Target populations include people with learning disabilities, autistic people, those awaiting diagnosis, carers, and individuals facing digital exclusion or barriers to accessing statutory services. • Easy Read resources, informal engagement spaces, and flexible access routes (drop-ins, phone, in-person support) have been prioritized to reduce inequality in access. • Partnership with CAB aims to address financial insecurity and benefits access, key driver of health inequality.
<p>Issues / challenges for TWIPP Committee</p>	<ul style="list-style-type: none"> • Staffing instability within the LD Navigator role during the period created short-term capacity pressures: Mitigations are in place: additional CAB hours to sustain delivery and 8 additional TWCVS hours to utilise funds which were unspent during recruitment lead times. • Data capture has been initially qualitative due to the focus on embedding and relationship-building. Due to the nature of the ‘Drop in’ offer engagement with surveys is low.

Plans for next period (Feb-Mar 2026)	<ul style="list-style-type: none"> • Maintain consistent delivery across Live Well Hubs, Sunflower Café, and Friendly Friday. • Finalise and distribute PIP/UC Easy Read materials, incorporating lived-experience feedback. • Strengthen links with Adult LDC Autism Team, Lead Care Navigator, DWP Digital Inclusion, My Options, and Telford Voices. • Continue Autism Champion Training delivery. • Increase focus on outcome data collection.
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Group Lifestyle Clinics

Report author:	Melissa Elsey
Job title:	Newport & Central PCN Manager
Email address:	Melissa.elsey@nhs.net
Key achievements For period Jun 2025 to end of Jan 2026	<ul style="list-style-type: none"> • Significant progress has been made towards delivery of the prevention project, and the PCN is now exceptionally close to entering the initial delivery phase. • Key achievements include identification of two target patient cohorts (patients living with four or more long-term conditions, patients wanting support with menopause), agreement of clear project aims, and finalisation of the delivery model. The PCN has refined its initial approach to ensure the programme is sustainable, aligned with neighbourhood health working, and reactive to patient demand. • A strategic decision was taken to deliver the programme using the PCN's existing ARRS workforce rather than short-term recruitment. This has enabled improved value for money, extended delivery timeframes, and stronger alignment with PCN priorities around prevention and proactive care.
Project performance data/outcomes (e.g. no. of people engaged)	<p>At this stage, performance data relates to project setup and readiness rather than delivered activity. Outputs to date include:</p> <ul style="list-style-type: none"> • defining of patient cohorts across the Newport and Central area and expansion of project to include menopause support cohort • agreed programme aims and outcomes • identification of PCN staff to support delivery • planning of group clinic structure and content <p>Delivery is expected to commence shortly, with outcome data to be collected during the next reporting period, including patient attendance, engagement levels, and early indicators of impact on wellbeing and GP contact.</p>
Case study / success story	<p>The redesign of the delivery model represents an early success of the project. By choosing to utilise experienced ARRS staff already embedded within the PCN, the programme benefits from existing patient relationships, local knowledge, and multidisciplinary expertise. This approach supports trust, continuity, and sustainability, and allows the programme to move beyond a short-term intervention towards an embedded neighbourhood-based prevention offer that can evolve over time. Adapting to</p>

	<p>this approach has also allowed us to diversify the project to cover two significant patient cohorts rather than the initially planned singular cohort, with the addition of menopause for all support groups.</p>
<p>Health inequalities focus <i>(e.g. areas of deprivation, target population groups)</i></p>	<p>This project is designed to tackle health inequalities by improving access to tailored, proactive care for patients at greatest risk of poor outcomes, including those living with four or more long-term conditions—a group with higher service use and complexity. Delivery follows neighbourhood health principles, ensuring support is local, responsive, and accessible within the Newport and Central area.</p> <p>As the delivery phase has been extended, the PCN will introduce targeted group sessions for specific communities within this cohort. Planned groups include support for the Deaf community, patients with autism, learning disabilities and neurodiversity (ALD), and inclusive menopause clinics for all patients. These sessions will be adapted to communication needs, sensory considerations, and preferred learning styles, ensuring equitable participation.</p> <p>The extended timeframe also enables the PCN to identify emerging needs and develop additional targeted sessions, maintaining relevance and avoiding a one-size-fits-all approach. Risk stratification and neighbourhood intelligence will guide outreach to priority groups and geographic areas, supported by a robust engagement process using personalised invitations, non-digital contact routes, and practice-led follow-up to minimise digital exclusion.</p> <p>Through these approaches, the project actively reduces health inequalities by improving access, tailoring delivery, and addressing barriers for underserved populations.</p>
<p>Issues / challenges for TWIPP Committee</p>	<p>During the reporting period, the PCN experienced significant personnel changes within the management team, which resulted in a short delay to the mobilization and early delivery phase of the project. This transition temporarily impacted capacity to progress planning activity at pace while maintaining continuity of core PCN business.</p> <p>However, the PCN has now re-established management oversight and momentum, enabling the project to move rapidly towards delivery. The delay has been used constructively to review and strengthen the delivery model, resulting in a more sustainable approach aligned to neighborhood health principles and improved value for money through reprofiling of funding.</p> <p>As part of this review, the patient cohort has been reprofiled to include inclusive menopause group clinics, responding to clear patient feedback and demand for better support in this area. This addition ensures the program addresses a wider range of health needs and reflects local priorities.</p> <p>Importantly, while the initial bid was for 10 programmes, the revised and more sustainable model will now enable the PCN to deliver a minimum of 10 general wellbeing groups and 10 menopause-for-all groups, with potential for additional sessions as efficiencies are realized. This expansion demonstrates improved value for money and greater impact for the local population.</p> <p>No additional risks requiring escalation have been identified, and the project is now back on track with delivery expected to commence imminently.</p>

Plans for next period (Feb-Mar 2026)	<ul style="list-style-type: none"> • Commence delivery of group health and wellbeing and menopause for all clinics • Finalise referral and invitation processes for identified patients • Monitor early engagement and attendance levels • Begin collection of baseline wellbeing and service-use measures • Use learning from early sessions to refine content and delivery
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Wellbeing Activities at Halfway House

Report author:	Peter Walker
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Email address:	peter.walker@yellow-ribbon.org
Key achievements For period Jun 2025 to end of Jan 2026	<p>Developing Halfway House as a community hub for improving health and wellbeing using innovative approaches.</p> <p>Families accessed circus skills with excellent engagement.</p> <p>There were several weekends of music in the pagoda with local bands and singers creating a festival type experience. Poetry recitals and music evenings.</p> <p>In summer months we had several days of activities and wildlife pursuits improving wellbeing. As summer ended, we hosted a whole school walk up the Wrekin with Halfway House as the base.</p> <p>Mental health walks have taken place across the Wrekin with guides showing different routes starting from Halfway House which improved well-being. At the start of term, we hosted a whole school ascent up the Wrekin. In the autumn we hosted Art and creative days.</p> <p>As the winter approached, we did cooking and nutrition using the kitchen and kiosk with people recovering from addiction. A horticultural project was hosted which was good for mental health, supporting those with autism learning to plan and practical outdoor activity.</p> <p>Hosted an ultra-sporting event for 27 people with world record holder who went up and down the Wrekin 56 times in 48 hours. Then over Christmas and New Year, circus skills events for families and craft in the pavilion.</p> <p>In January we had our first school group of year 8s who had circle time alongside an ascent and challenges on the Wrekin.</p>
Project performance data/outcomes (e.g. no. of people engaged)	Total visits - 5,335 from August to mid Jan 8 in-depth case studies are available.
Case study / success story	JH has been a client with Yellow Ribbon and now is a volunteer within our organisation. He has benefited from being involved in the horticulture project and supporting other clients going up and down the Wrekin. By his own admittance, his mental and physical

	health has improved, and his self-confidence has grown immensely. JH now supports on other projects within Yellow Ribbon such as co delivering on the Foundation course and assisting clients going to the job centre and sign posting them to other agencies.
Health inequalities focus <i>(e.g. areas of deprivation, target population groups)</i>	A wide range of diverse groups engaged and relationships established. Men's and women's mental health, addiction recovery and social isolation.
Issues / challenges for TWIPP Committee	
Plans for next period (Feb-Mar 2026)	<p>South Telford schools focus planned for project at Feb half term 14-21 Feb... With activities using trees and wildlife to improve well-being Introduce group therapy in lounge of the Halfway House and walk and talk sessions led by Trauma Informed Lead.</p> <p>In March starting a wellbeing cafe on Tuesdays - the volunteers have been trained. These are a mix of people who are recovering from addiction and over 50s Improving physical health, reducing blood pressure etc</p>

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1. Cardiovascular Renal Metabolic Strategy 2025-2030

Meeting Name: Telford & Wrekin HWBB

Meeting Date: Thursday 18th March 2026

Report Presented by: TBC

Report Approved by: Nazish Khan, CVRM Clinical Lead

Report Prepared by: Lorna Watkins, Strategy Development Manager

Action Required: Approval and Information

1.1. Purpose

To present the draft Cardiovascular, Renal, Metabolic (CVRM) Strategy and Delivery Plan (2025–2030) for Shropshire, Telford & Wrekin ICB, outlining the approach to reduce cardiovascular morbidity and mortality, tackle health inequalities, and transition from a single-condition to a multimorbidity prevention model.

1.2. Executive Summary

Cardiovascular disease remains the second leading cause of death locally, accounting for 23% of all deaths between 2022–2024. The CVRM Strategy sets out a system-wide roadmap to address overlapping risk factors (hypertension, diabetes, obesity, CKD, heart failure) through early detection, equitable access to evidence-based interventions, and integrated neighbourhood health models.

Key ambitions include:

- Early diagnosis and optimised management via case finding and guideline-based treatment.
- Reducing health inequalities by targeting CORE20Plus5 populations and rural communities.
- Embedding prevention accelerators through the National Neighbourhood Health Programme (Shropshire is a vanguard site).
- Leveraging digital innovation for remote monitoring and personalised care. The strategy aligns with national priorities (NHS Long Term Plan, Major Conditions Strategy) and local Integrated Care Strategy.

1.3. Recommendations

- Endorse the CVRM Strategy and Delivery Plan for system-wide implementation.
- Approve governance arrangements and Year 1 milestones (e.g., CVRM dashboard, workforce training plan, engagement workshops).
- Support development of neighbourhood-level action plans and BI dashboards to monitor KPIs.

1.4. Conflicts of Interest

1.4.1. There are no conflicts of interest identified



Ambition



Compassion



Optimism



Focus

1.5. Links to the System Board Assurance Framework (SBAF)

- Addresses strategic risks related to population health improvement, health inequalities, and long-term condition management.
- Supports mitigation of risks linked to elective care pressures and workforce sustainability.

1.6. Alignment to Integrated Care Board

Directly supports ICB objectives for prevention, reducing health inequalities, and improving outcomes for people with multiple long-term conditions.

Aligns with the Integrated Care Strategy, Joint Forward Plan priorities and neighbourhood working.

<p>Improve outcomes in population health and healthcare</p>	<p>The CVRM Strategy provides a system-wide roadmap to reduce premature morbidity and mortality from cardiovascular, renal, and metabolic conditions. It focuses on early diagnosis, optimised management, and proactive prevention through evidence-based interventions. By embedding neighbourhood health models and leveraging digital innovation, the strategy aims to improve clinical outcomes, reduce hospital admissions, and enable people to live longer, healthier lives.</p>
<p>Tackle inequalities in outcomes, experience, and access</p>	<p>Health inequalities are addressed through targeted interventions for CORE20Plus5 populations and rural communities, ensuring equitable access to guideline-recommended therapies and services. The strategy adopts a population health management approach, using risk stratification and segmentation to direct resources to those with greatest need, thereby reducing unwarranted variation in care and improving patient experience.</p>
<p>Enhance productivity and value for money</p>	<p>By shifting care from hospital to community and focusing on prevention, the strategy reduces avoidable admissions and optimises resource utilisation. Improved management of hypertension, diabetes, and heart failure will release capacity in secondary care and generate cost savings that can be reinvested locally. The adoption of digital solutions and innovative therapies further supports efficiency and productivity gains across the system.</p>
<p>Help the NHS support broader social economic development</p>	<p>Reducing the burden of CVRM-related multimorbidity will improve workforce health and economic productivity, as cardiovascular disease is a leading cause of economic inactivity. The strategy's emphasis on prevention, health literacy, and integrated community-based care contributes to healthier communities, enabling individuals to remain active and engaged in employment and society</p>



Ambition



Cooperation



Optimism



Focus

1.7. Impact Assessments

- 1.7.1. Has a Data Protection Impact Assessment been undertaken? No
- 1.7.2. Has an Integrated Impact Assessment been undertaken? Yes, currently under review

1.8. Attachments

Appendix 1 – Cardiovascular Renal Metabolic Strategy
Appendix 2 – Integrated Impact Assessment

2. Main Report

2.1. Introduction

The Cardiovascular, Renal and Metabolic (CVRM) Strategy and Delivery Plan is presented to the Telford & Wrekin HWBB to outline the system's coordinated approach to addressing one of the most significant contributors to morbidity, mortality and health inequalities in Shropshire, Telford & Wrekin. Building on extensive local data analysis and cross-sector collaboration, the strategy provides a unified framework for prevention, early intervention and targeted management across CVRM conditions, ensuring alignment with national priorities and the emerging neighbourhood health model. Its development reflects the system's commitment to shifting care closer to communities, strengthening proactive population health management and delivering sustainable improvements in outcomes for those at greatest risk.

2.2. Background

CVD accounts for one-fifth of the life expectancy gap between most and least deprived communities. Local data shows high prevalence of hypertension, diabetes, CKD, and obesity, with significant variation in care quality.

2.3. Main Body of report

Cardiovascular disease remains the second leading cause of death across Shropshire, Telford & Wrekin, accounting for 23% of all local deaths between 2022–2024. The new CVRM Strategy and Delivery Plan sets out a unified, system-wide approach to tackling the growing burden of cardiovascular, renal and metabolic multimorbidity, with 62% of the population now living with combinations of these conditions. The strategy marks a shift from single-condition management to an integrated multimorbidity model grounded in prevention, early detection and equitable access to evidence-based interventions. It builds on national priorities including the NHS Long Term Plan, Major Conditions Strategy and CORE20PLUS5, while leveraging Shropshire's role as a vanguard site for the National Neighbourhood Health Implementation Programme. Priority areas include reducing unwarranted variation, improving treatment-to-target rates in hypertension, diabetes and cholesterol management, and embedding innovative solutions such as digital monitoring, population health analytics and neighbourhood-level multidisciplinary models of care.

The Delivery Plan sets out clear Year 1 milestones, including system engagement, establishment of revised governance, development of local action plans, workforce training programmes and creation of a system CVRM dashboard to track KPIs. Proposed metrics include increasing hypertension treatment-to-target from 63.4% to 68% in 12 months, improving anticoagulation rates for atrial fibrillation to over 90%, increasing SGLT2i uptake from 30% to 80% over two years and delivering measurable reductions in smoking prevalence, obesity and alcohol-related admissions. By focusing on prevention and shifting activity into community-based neighbourhood health services, the strategy supports improved population health outcomes, reduces health inequalities and enhances system productivity. The CVRM programme directly aligns with the ICB's strategic aims, offering a clear and evidence-based roadmap to reduce premature morbidity and mortality, improve patient experience and strengthen long-term sustainability across the local health and care system.

2.4. Conclusion

The CVRM Strategy provides a comprehensive framework to improve cardiovascular health outcomes, reduce inequalities, and enhance system resilience.

2.5. Recommendations

- Approve the CVRM Strategy and Delivery Plan for implementation and note Year 1 milestones.
- Endorse the CVRM Strategy and Delivery Plan for system-wide implementation.
- Approve governance arrangements and Year 1 milestones (e.g., CVRM dashboard, workforce training plan, engagement workshops).
- Support development of neighbourhood-level action plans and BI dashboards to monitor KPIs.

Healthwatch Telford and Wrekin - Briefing Report to the Telford and Wrekin Health and Wellbeing Board
Reporting period: Last 6 months

1. Overview

Over the last six months, Healthwatch Telford and Wrekin has continued to deliver engagement, scrutiny and intelligence gathering activity across health and care services in the borough. Our work has focused on improving patient experience, supporting service development and ensuring community voices are represented in strategic discussions.

We have attended strategic and partnership meetings including the Health and Wellbeing Board, safeguarding forums, and TWIPP. We have also contributed to the pharmacy needs assessment work and discharge pathway discussions with The Shrewsbury and Telford Hospital NHS Trust (SATH).

An outreach officer has been employed to strengthen community engagement and increase accessibility of feedback mechanisms.

2. Engagement and Outreach Activity

Our outreach and engagement programme has included:

- Suicide Prevention Day activities
- Visits to Live Well Hubs and community centres
- Veteran cafes and Calm cafes
- Community venues including Severn Hospice, the Community Diagnostic Centre and Princess Royal Hospital (PRH)
- Faith and community settings including the Baptist Church, Gurdwara, Mosque and interfaith network events

3. Project Work

Veterans Project

- Conducted visits to veteran groups
- Held focus groups with veterans
- Distributed and collected survey feedback
- Report production is currently in progress

Discharge Project

- Visited the discharge lounge on four occasions
- Conducted ward visits at PRH
- Engaged with transport, pharmacy, care home managers, the discharge team and Redwoods
- Report development is underway following engagement activity

Emergency Department Feedback

- Revisited the ED and conducted a patient survey
- Findings have been compiled and are awaiting an action plan response from SATH

4. Engagement Reach and Feedback

- Total residents engaged: **976**
- Feedback received: **155** (in person, telephone and webform submissions)
- Support provided included:
 - Signposting to appropriate services
 - Advice on navigating care pathways

Key themes from feedback

- GP access
- Long waiting times in ED
- Access to NHS dental services
- Care parking at PRH
- Outpatient waiting times

5. Enter and View Visits

- **18 Enter and View visits** were undertaken
- **4 of these were revisits** to monitor previously identified issues and progress

6. Ongoing Work and Next Steps

- Finalise and publish reports for:
 - Veterans project
 - Discharge pathway project
- Receive and monitor action plans from service providers including SATH
- Continue outreach activity to improve representation from priority and underserved communities
- Maintain strategic influence through attendance at partnership and scrutiny meetings

7. Summary

The last six months have seen sustained engagement activity across communities and services, generating valuable insight into patient experience and service performance. Priority areas for the residents of Telford and Wrekin continue to be access to primary care, emergency care waiting times, and dental services.

Healthwatch Telford and Wrekin will continue to work with partners to ensure community voices influence service improvement and planning across the borough.

Healthwatch Telford and Wrekin - Next 6 Month Focused Briefing Plan

Purpose

Over the next six months, Healthwatch Telford and Wrekin will concentrate activity on targeted assurance, monitoring and impact evaluation work.

The focus will be on building on previous engagement and project intelligence.

Short, focused projects will be prioritised to deliver clear and timely impact for communities and services.

The emphasis will be on:

- Rapid intelligence gathering
- Targeted engagement activity
- Prompt reporting and feedback to system partners
- Demonstrating measurable influence on service improvement

The work will support the overall objectives of Healthwatch Telford and Wrekin by ensuring community insight leads to practical outcomes.

Priority Areas of Work

1. Enter and View Programme

- Deliver planned **Enter and View visits** across health and social care settings
- Undertake **revisits** to assess progress against previously identified concerns and recommendations
- Produce follow-up reports to evaluate service improvements and impact

2. Project Monitoring and Impact Assessment

- Review and monitor progress of existing projects and reports
- Assess whether engagement activity has resulted in measurable service or experience improvements

- Track provider responses and action plan implementation with partners including SATH where relevant

3. Domiciliary Care Insight Work

- Utilise existing community contacts and networks to gather intelligence on domiciliary care experience
- Explore service quality, responsiveness and continuity of care within home care provision
- Identify recurring themes affecting service users and carers

4. Pharmacy Access and Consultation Services

- Monitor progress of previous pharmacy-related work
- Assess accessibility of consultation rooms within community pharmacy settings
- Review patient experience regarding privacy and ease of access when using pharmacy clinical spaces

5. Equality and Access Themes

- Examine access to same-sex clinicians when patients request examinations or tests
- Monitor whether services are meeting dignity, privacy and cultural sensitivity expectations
- Capture feedback on barriers to access where identified

6. Thematic Intelligence Monitoring

- Track emerging and recurring themes from community feedback including:
 - Service access
 - Waiting times
 - Patient experience of care pathways
 - Community health service responsiveness

Expected Outcomes

- Strengthened assurance regarding service quality and accessibility
- Evidence of impact from engagement and monitoring work
- Clear intelligence sharing with system partners
- Continued amplification of community voice in Service improvement

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Safeguarding Children Board Annual Report

April 2024 - March 2025



Agenda Item 11

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Foreword from the Chair of the Safeguarding Children Board

It is a great privilege to have been appointed as Chair of the Safeguarding Children Board in December 2024 to enable me to work with partners to ensure that we have robust and effective partnership arrangements to safeguard the borough's children.

Following publication by the Government on new requirements for safeguarding partnerships, **Working Together 2023**, we have made some important changes to our partnership arrangements. We have appointed an **independent scrutineer to bring challenge to the work of the partnership** and establish a **Lead Safeguarding Partners** Board which enables the chief Constable of West Mercia Police, the Chief Executive of Telford & Wrekin Council and the Chief Executive of the NHS Shropshire and Telford & Wrekin ICB have oversight and accountability for safeguarding children.

As a Partnership, we've seen the benefits of our focused and multifaceted approach to developing our offer and aligning with key priorities. By continuing with our **Family Safeguarding** model and commissioning work with respected academics in the field of neglect, we've achieved a **significant reduction in neglect referrals**. This progress has enabled a positive transition from a dedicated Neglect Subgroup to **six-monthly reviews** led by our **Independent Scrutineer**.

We remain committed to continually developing our workforce's understanding of thresholds and available services, ensuring that the right support is provided at the earliest opportunity. This commitment is strongly reflected in our ongoing **Partnership Threshold Training**.

We've deepened our commitment to being a **reflective and learning Partnership**. This year, we've made a concerted effort to test the effectiveness of our learning and communication processes through **Single and Multi-Agency Case File Audits**. These audits are a vital tool for evaluating the impact of our work and provide assurance around the development of practice.

This year has been one of considerable change and development, marked by a raft of new legislation aimed at supporting the most vulnerable children in our society. Among these is the **Children's Wellbeing and Schools Bill 2024**, which has helped shape our evolving response to families in need through the **Families First Programme**. In Telford and Wrekin, this national focus aligns with our local vision – building on the work of our **Family Hub initiative** and continuing our commitment to meaningful consultation, as demonstrated through the **Child Sexual Exploitation Inquiry** and the **co-production of our current partnership priorities**.

While we embrace the opportunities ahead, we also recognise the challenges. In Telford and Wrekin, we pride ourselves on being a **mature, open, and honest partnership**. We remain steadfast in our central aim: **keeping children safe and families together**. We will continue to challenge each other constructively and hold one another to account, always placing the children and families of Telford and Wrekin at the heart of everything we do.

I would like to take this opportunity to thank the many professionals and volunteers who work tirelessly across our borough to make it a safer place for children and young people.



Jo Britton

Jo Britton

Chair of Safeguarding Children Board (Executive Director, Children and Family Services)

Who is the Telford & Wrekin Safeguarding Children Board and what does it 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** – people being supported and encouraged to make their own decisions and give informed consent;
 - **Prevention** – it's better to take action before harm occurs;
 - **Proportionality** – the least intrusive response appropriate to the risk presented;
 - **Protection** – support and representation for those in greatest need;
 - **Partnership** – working with communities who have a part to play in preventing, detecting and reporting abuse and neglect; and
 - **Accountability** – accountability and transparency in safeguarding practice.
- **Enhanced Multi-Agency Safeguarding Arrangements:** Reflecting shared responsibility and increased accountability across all statutory partners— Telford & Wrekin Council, West Mercia Police, and Shropshire, Telford and Wrekin ICS;
 - **Independent Scrutineer Role:** Providing objective oversight and challenge to ensure transparency and effectiveness;
 - **Recognition of a Strong and Mature Partnership:** The Partnership continues to demonstrate resilience, collaboration, and a commitment to continuous improvement; and
 - **Regional Collaboration:** Engagement with Lead Safeguarding Partner meetings across the West Mercia footprint ensures alignment with broader regional safeguarding priorities.

Working Together 2023 (WTG23) requires Telford & Wrekin Council, West Mercia Police, and Shropshire, Telford and Wrekin Integrated Care System (ICS) to establish and maintain multi-agency safeguarding arrangements to protect vulnerable children. In line with *WTG 2023*, the Partnership has continued to strengthen its governance and accountability structures. Key developments include:

The responsibility to maintain multi-agency safeguarding arrangements to protect vulnerable children is overseen by the Telford and Wrekin Safeguarding Children Partnership Board, jointly funded by the three statutory partners. The Board has fully adopted the principles of *WTG23*, resulting in the establishment of a newly appointed, top-tier leadership group. Senior leaders from each agency meet regularly with the Lead Safeguarding Partner (LSP) to gain assurance and address concerns related to safeguarding children in Telford and Wrekin. In addition to this, the broader Safeguarding Children Partnership Board continues to operate, comprising service leads, directors, and representatives from education and the third sector.

- A **Lead Safeguarding Partner (LSP)** structure across the Shropshire and Telford and Wrekin footprint. Comprising of Telford & Wrekin and Shropshire Chief Executives, Chief of West Mercia Police and the Chief Executive of Telford and Shropshire ICB).
- A **Delegated Safeguarding Partner (DSP)** structure specific to the Telford & Wrekin authority area. This is known locally as Safeguarding Children Board.

Safeguarding Children Board

The Board plays a central role in driving the safeguarding agenda across Telford and Wrekin. Membership is drawn from a broad range of statutory and strategic partners, ensuring diverse representation and robust oversight.

Board membership includes:

- Independent Scrutineer
- Telford & Wrekin Council – Children’s Services
- NHS Shropshire, Telford and Wrekin Integrated Care System (ICS)
- West Mercia Police
- Telford & Wrekin Council – Education and Skills
- Voice of the Child Representative, Project Manager, and School Improvement Adviser/ITT Lead
- Telford & Wrekin Council – Policy & Governance Service Delivery Manager
- Legal Advisor – Solicitor, Team Leader (People), Telford & Wrekin Council
- West Mercia Youth Offending Team
- Safeguarding Children Board Manager – Telford and Wrekin Partnership
- Education Representative – Local Head Teacher

Core Strategic Focus:

- **Child-Centred Practice:** Ensuring the voice and experience of the child is central to all safeguarding activity.
- **Accountability:** Holding partners to account for their role in keeping children safe.
- **Data-Driven Insight:** Collecting and sharing intelligence to evaluate effectiveness and identify areas for improvement.
- **Workforce Development:** Ensuring staff and volunteers are equipped with the training and confidence to safeguard effectively.
- **Continuous Improvement:** Reviewing policies and guidance to maintain high standards of practice.
- **Public Awareness:** Promoting understanding of safeguarding issues and how to respond.

To enhance strategic oversight, the Partnership has introduced Executive DSP meetings, involving statutory leads, a local headteacher representing Education, and the Independent Scrutineer. These meetings are held between Safeguarding Children Board sessions, providing a focused space for leaders to monitor progress and address emerging priorities.

From December 2024, Jo Britton, Director of Children’s Services (DCS), chairs both the Safeguarding Children Board and the Executive. The chairing role is subject to annual review and may rotate by mutual agreement when deemed in the best interests of the Partnership. The Chair will present this Annual Report to both the **Telford & Wrekin Council Scrutiny Board for Children and Families** and the **Health & Wellbeing Board**, reinforcing transparency and accountability.

Telford and Wrekin – the place, a Borough of contrasts

The borough served by the Safeguarding Children Partnership is marked by its diversity in geography, history, and population:

Geographical and Cultural Diversity: At its heart lies the New Town of Telford, established in 1968 and developed around historic communities such as Wellington, Oakengates, Dawley, and Madeley. Along the River Severn sits Ironbridge, a UNESCO World Heritage Site and the birthplace of the Industrial Revolution. Over two-thirds of the borough is rural, creating a unique blend of urban and countryside environments.

Growth and Demographics: Telford and Wrekin is one of the fastest-growing areas in England, driven by inward migration of families attracted by its high-quality environment, affordable housing, and strong transport links to the West Midlands. In 2024 the population of the borough was estimated to be 195,952 people. Between 2014 and 2024 the overall population increased by 14.9% making it the fastest growing upper tier local authority in the West Midlands and the ninth fastest in England. As the population grows, the borough is also ageing and becoming increasingly diverse, between 2014 and 2024 the number of people aged 65+ grew by 27.6% whilst the number of under 18s grew by 13.7%, increasing from 38,923 to 44,248. The population is becoming more ethnically diverse with the proportion of the population from a non-white British background increasing from 10.5% in 2011 to 17.0% in 2021. The under 18 population is even more diverse with 23.5% (9,750) from a non-white British ethnic background in 2021.

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Economic Profile: The borough is home to around 7,000 businesses with key sectors including advanced manufacturing and agri-tech, defence, engineering, plastics, IT outsourcing and data centres, construction, retail, food and drink and tourism. Unemployment rates in the borough are consistently below the regional and national averages and GVA per head in Telford and Wrekin is the third highest in the West Midlands region behind Solihull and Warwickshire.

Challenges: Deprivation and Inequality

While some parts of Telford and Wrekin appear prosperous, there are clear differences across the borough. 10.5% of the borough’s population live in areas ranked in the 20% least deprived in England, however 24.5% of residents (approx.48,000 people) live in areas ranked in the 20% most deprived nationally.

In 2023/24, 27.1% of under 16s (10,359 people) were living in relative low-income families, this was significantly worse than the England average (22.1%).

Since 2015/2016:

- 14.4% increase in pupils receiving SEN support.
- 49.2% increase in pupils with an Education, Health and Care (EHC) Plan.

To better understand referral and escalation levels within the safeguarding system, the following figures were submitted to the Department for Education (DfE) as part of the statutory returns for the 2024/2025 reporting year.

	2023/2024	2024/2025
Number of safeguarding contacts received	9,975	6,683
Number of CIN Plan open in year	1,224	1,003
Number of CP plan open in year	442	373
Number of episodes of CLA open in year	778	795



Voice of the child

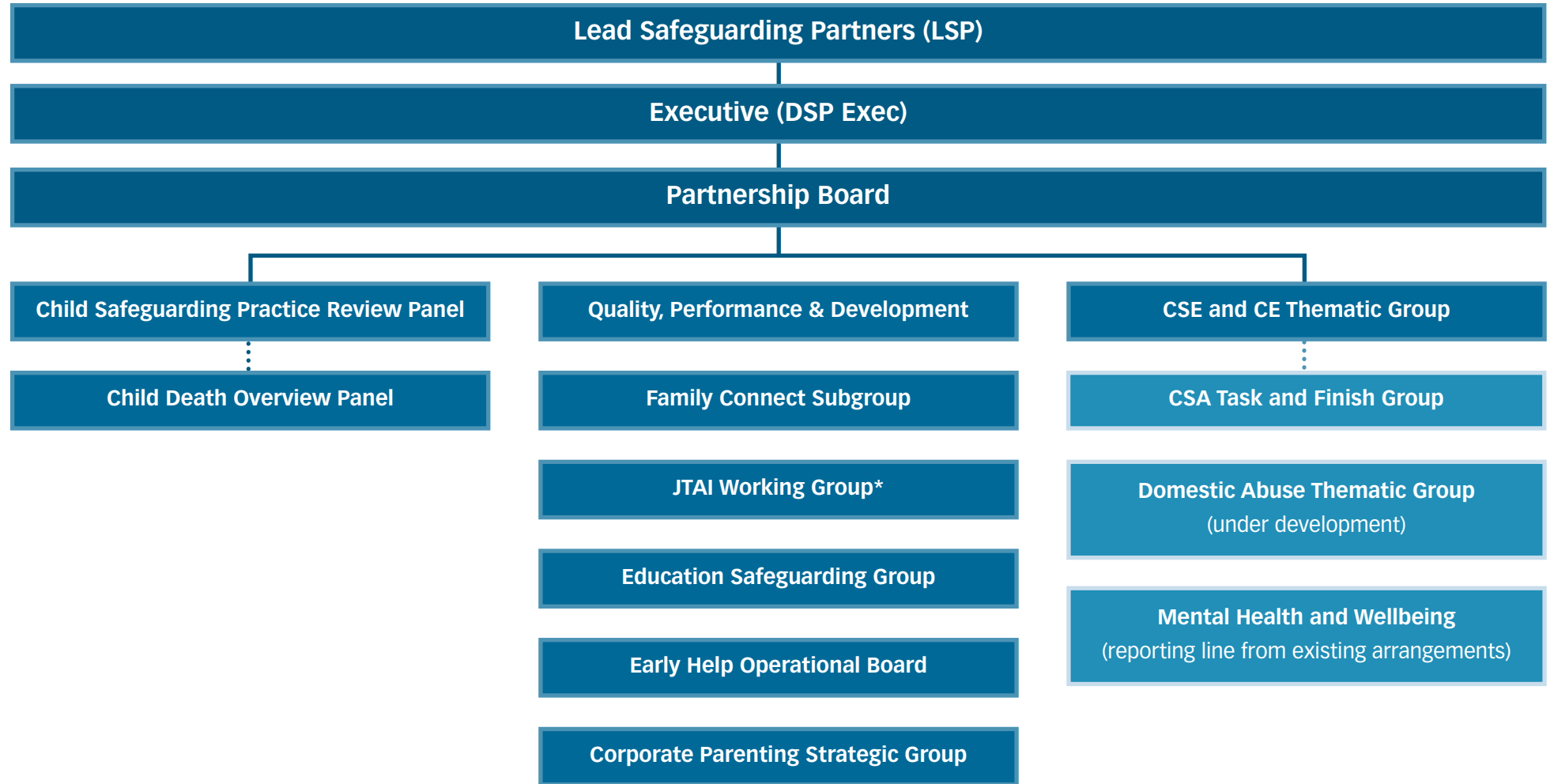
The partnership places the voice of the child at the core of its work, primarily through the efforts of 56 Children's Safeguarding Boards. These Boards engage with children from Early Years through Key Stage 5 to promote their understanding of the right to feel safe, report concerns, and access timely support. The young people actively contributed to shaping the Partnership's priorities through an engagement initiative led by Independent Scrutineer John Clements. The young people feed back to the Safeguarding Children Partnership Board at all meetings through the Children's Safeguarding Board leads and presented by standing Board member, Sian Deane.

Two further examples of child voice influencing policy and practice:

- Professor Jan Howarth's review was informed by the Dandelions, a group of care-experienced parents and children, who provided insights into family engagement from Family Connect referrals through to Section 47 inquiries and Initial Child Protection Conferences.
- The Partnership's response to all IITCSE recommendations was guided by the perspectives of individuals with lived experience of child sexual exploitation.

Governance

The Governance of the Safeguarding Children Partnership is as follows and all groups are explained further within the report.



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*JTAI Working Group –dynamic working group, responsive to changes in Government guidance

Child Safeguarding Practice Review Panel

The Child Safeguarding Practice Review (CSPR) Panel is the multi-agency group that has delegated responsibility from Telford and Wrekin Safeguarding Partnership to oversee the process and arrangements for identifying, commissioning and review child safeguarding practice reviews and respond to serious incidents of harm in accordance with Working Together (2023); at all times promoting a culture of continuous learning and improvement across all organisations, driving improvements in practice. The panel administer all activity in connection to 16c (1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017).

Within the reporting period, there has been one Rapid Review Referral received however this did not meet criteria for a Rapid Review to be undertaken and a single agency review was initiated.

CSPRs, Rapid Reviews and action plans have been progressed with publication taking place. CSPR 10 was published in May 2024 in relation to non-accidental injuries. Furthermore, CSPR 9 was published anonymously in January 2025 due to risk of identifying those involved.

Within the reporting period there have been changes to the chairing arrangements, terms of reference and structure to include senior leadership and increased accountability within the group.

The Child Safeguarding Practice Review Panel works closely with the Quality Performance and Development (QPD) Subgroup to review and create policies, develop and distribute briefings and to undertake audit activity to provide assurance to the Safeguarding Children Board that learning has been implement and is effective. The Panel complies and reviews a document that simplistically displays the Board identified safeguarding concerns/themes and cross references these current and evolving Board training offer.

Although not report directly to the Safeguarding Children Board, the Child Death Overview Panel feeds into the CSPR panel in connection to identified Local Child Safeguarding Practice Review.

Quality Performance and Development

Data Analysis and Audit Activity

Aligned with *Working Together 2023*, the Board has strengthened its focus on quantitative data analysis. The **Quality, Performance and Development (QPD)** subgroup compiles and analyses safeguarding data from across the Partnership. This intelligence informs strategic decision-making and is regularly reported to the Safeguarding Children Board.

The Partnership has commissioned the local authority's Insight Team to develop an enhanced performance dashboard. In addition to data aligned with priority subgroups, the dashboard will continue to highlight key indicators of partnership effectiveness, including re-referral and re-plan rates, as well as the number of children and families receiving support across all agencies over the whole spectrum on the continuum of need dashboard. Completion is expected in early 2025–2026.

Multi-Agency File Case Audit (MAFCFA) Activity

QPD leads on MAFCFA activity to provide assurance on practice quality and progress. Recent audit themes include:

- Criminal Violence and Exploitation
- Emotional Health and Wellbeing
- Intra-Familial Child Sexual Abuse (CSA)
- Right Care, Right Person

These audits have supported the Board in evidencing embedded learning and identifying areas for improvement. In addition to demonstrating good practice—such as positive audit outcomes for “Think Family” and trauma-informed approaches—each audit generates an action plan, which is progressed by the relevant thematic or working group.

An example of learning from the Child Sexual Abuse (CSA) audit includes the following actions:

- 1 **Review and Action Plan:** Telford and Wrekin Safeguarding Children Partnership (TWSCP) to review its response to child sexual abuse, informed by audit findings, and develop an action plan to improve outcomes for children and families.
- 2 **Multi-Agency Strategy Discussions:** Ensure all strategy discussions involving CSA include Sexual Assault Referral Centre (SARC) staff to address the medical needs of child victims.
- 3 **Therapeutic Support Referrals:** Ensure all potential child victims of sexual abuse are referred for consideration of therapeutic support.
- 4 **Risk Assessment and Management:** In line with the Child Safeguarding Practice Review Panel's report on intra-familial CSA, conduct a review of how individuals who pose a risk of sexual harm and have contact with children are assessed and managed.
- 5 **Ongoing Audit and Evaluation:** Undertake further audits of CSA cases to evaluate the effectiveness of the local multi-agency response.

Audit Planning and Responsiveness

The Partnership adopts a blended approach to audit planning. Each subgroup submits annual recommendations to the Board, informed by data and emerging needs. In the last quarter, three audits were completed and two escalations addressed in response to real-time concerns.

This approach balances long-term strategic objectives with the flexibility to respond to dynamic safeguarding challenges. The next annual audit plan will be presented at the September 2025 Board meeting. Each thematic subgroup will analyse emerging trends and present recommendations to the Partnership Board in Q2. Audit activity will support this work by testing the effectiveness of our offer against national themes (e.g. Child Sexual Abuse) and providing assurance on the implementation of learning from Rapid Reviews, Child Safeguarding Practice Reviews, and training.

Governance and Follow-Up

All audit findings are reported to the Safeguarding Children Board, with action plans overseen by QPD. Following the CSA audit, the Board approved the establishment of a **Task and Finish Group** to focus on this specific area.

Family Connect subgroup

The Family Connect Subgroup plays a key role in identifying and addressing strategic, multi-agency barriers that may affect the effective implementation of the Children Act (1989/2004) and Working Together to Safeguard Children (2023). Reporting directly to the Safeguarding Children Board, the subgroup provides oversight and assurance, with the Independent Scrutineer serving as a core member.

Informed primarily by data and performance metrics, the subgroup has identified key trends, including a reduction in Child Sexual Exploitation (CSE) referrals—subsequently referred to the CSE and Child Exploitation Subgroup which resulted in an increase and focus on CSE awareness, indicators and referral process—and has contributed valuable context to the local Child Sexual Abuse (CSA) offer and pathway.

Additionally, the Family Connect Subgroup has constructively challenged partners and worked to mitigate the impact of changes arising from the reorganisation of the West Mercia-wide Vulnerability Hub (Harm Assessment Unit).

Current priorities, focus and impact

Following a review of Board priorities in late 2024, young people were actively consulted through the Partnership's 56 Children's Safeguarding Boards to help shape future direction. The agreed priorities and areas of focus are listed below, followed by a detailed overview of each priority and the actions undertaken to date.

- The Child Sexual Exploitation and Child Exploitation Thematic Subgroup was retained as a key priority area for the partnership. In YEAR Telford & Wrekin Council commissioned an independent inquiry into Child Sexual Abuse. As reported in the 2023-2024 report, the independent Chair Tom Crowther KC, has revisited Telford and been complementary of progress undertaken.

“People will not forget Telford’s history of child sexual exploitation – and nor should they. But in my view Telford’s approach – the Council’s approach – to the Recommendations, to engagement with its key partners and most of all with those three people it let down as children, now stands as a model.”

Tom Crowther KC, Statement from the Chair, Publication Day Update 16 July 2024. Independent inquiry, Telford Child Sexual Exploitation

The Telford and Wrekin Safeguarding Partnership believes it is the correct thing to continue working with the consultee is developing the whole exploitation offer for children in Telford, to continually strive to improve our response in this area.

- The **Neglect Subgroup** was discontinued, with ongoing oversight now provided by the **Independent Scrutineer** (see relevant section).
- In response to identified needs, **Early Help** has been formally established as a new subgroup. It was the view of the young people of Telford to

continue with the Partnerships trajectory of developing its early help offer. Both the Partnership and its residents feel that helping people at the earlier opportunity is the best way to support young people and families.

- Understanding the national concerns with children mental health and waiting times for services (which locally was identified through our QPD analysis), The young people of the 56 Children safeguarding Boards highlighted **Mental Health** as a concern. In response, the **Independent Scrutineer** is leading a comprehensive review to:
 - Map existing services.
 - Assess commissioning developments.
 - Identify gaps across the full continuum of care.

Additional Areas of Focus

- Supported by the national focus on **Child Sexual Abuse (CSA)**, the Partnership has undertaken a review of its CSA offer, led by the Independent Scrutineer. A Multi-Agency Case File Audit (MACFA) was also completed to identify areas for development. To ensure the Partnership’s CSA response remains aligned with national developments, a dedicated working group will be established in the first quarter of 2025–2026.
- In response to the 2024 JTAI guidance on domestic abuse, the Partnership has initiated targeted activity to explore its impact on children. Through the JTAI working group, it was identified that a further review of the local offer would strengthen assurance around best practice in Telford and Wrekin.

Child Sexual Exploitation and Child Exploitation Thematic Subgroup

Child Sexual Exploitation (CSE) and broader child exploitation remain key priorities for the Partnership. While significant improvements have been made to policy and practice following the Independent Inquiry into CSE in Telford, we continue to work closely with individuals with lived experience to drive ongoing improvement.

Building on the CSE Annual Report, a detailed performance dashboard has been developed and is actively monitored by the thematic subgroup. This enables robust challenge and action, including analysis of referral patterns across agencies, evaluation of tools such as the Explore More document, and assessment of the effectiveness of CATE engagement sessions.

Through this analysis – and in collaboration with the Family Connect Subgroup – a reduction in CSE referrals was identified. In response, the subgroup implemented targeted strategies to refresh professional awareness and enhance public understanding of the signs of CSE. These efforts have contributed to a positive trend in the identification and referral of young people suspected to be at risk.

The Annual Report highlighted an overrepresentation of children with Special Educational Needs (SEN) among those at risk of CSE. In response, a multi-agency case file audit was conducted. This involved practitioners from across the Partnership reviewing a representative case to assess how well the child's needs were met and to identify areas for improvement.

As a result of this audit, the following actions have been implemented:

- The CATE Lead will contact the SEND team for relevant information during CATE allocation meetings.

- A SEND worker will attend the CATE multi-agency risk panel.
- The CATE Lead will participate in the SEND decision panel.
- Where appropriate, CATE practitioners will liaise with the SEND team to support parents in requesting an Education, Health and Care Plan (EHCP).

The “Explore More” document, co-developed with lived experience consultees, provides clear guidance for professionals making CSE referrals to Family Connect. It ensures that referrals include comprehensive and relevant information to support effective decision-making. Additionally, weekly CATE engagement sessions, held every Thursday morning, offer practitioners a structured opportunity to discuss potential cases, seek advice on risk factors, and apply threshold guidance consistently. Both initiatives have significantly improved the quality and consistency of CSE referrals.

The Partnership has appointed an NRM Coordinator to lead all National Referral Mechanism (NRM) submissions within Telford and Wrekin. This role was developed in response to engagement with ITTCSE lived experience consultees and reflects the Partnership's commitment to recognising all young people affected by exploitation as potential victims of modern slavery and trafficking. The full impact of this role will be evaluated and reported in the 2025–2026 Annual Report.

Early Help

Our Early Help offer has been restructured and integrated with existing Family Hubs. Six hubs are currently operational in priority areas across the borough, with two additional hubs in development. These hubs support children and families from pre-birth to age 19 (or 25 for those with SEND).

Access and Referral Referrals continue via an Early Help Assessment or relevant agency assessments, such as a Child and Family Assessment.

Support Offer The Family Support Team provides in-home support for up to six months. Additional services include:

- **Brief Intervention Support:** Rapid signposting and access to services.
- **Targeted Youth & Community Groups:** Including Triple P, Crush (teen relationships), support for separated families, and Talking Tots.
- **Community Access:** 'Here to Help' drop-ins and Family Connect advice via the Family Information Service.
- **Partner Coordination:** Dedicated support for professionals on thresholds, community resources, and Early Help processes.
- **Participation & Peer Support:** Engagement through children, young people, and parent panels, plus Family Hub volunteers.
- **Open Access Drop-ins:** Six weekly sessions for parents/carers seeking support.
- **Domestic Abuse Support:** Practitioners embedded in hubs, aligned with the Family Safeguarding model.
- **Start for Life Resources:** Distributed at midwifery bookings and birth registrations (approx. 280/month).
- **Fatherhood Engagement:** 16 trained Fatherhood Champions and an established Father Inclusive Network.

- **Inclusive Communication:** Multi-agency review of 0–2 age range materials to ensure cultural and linguistic appropriateness, following perinatal mortality recommendations.
- **Community Grants:** Launching July 2025, offering £500–£2,000 for local Start for Life initiatives.
- **Practitioner Training:** Triple P for Teens, SEND, and separated families begins September 2025 for 12 Family Hub staff.

Impact Over 12,000 individuals engaged with commissioned Family Hub sessions or interventions during 2024–2025.



Young people living with domestic abuse

Domestic abuse affects every aspect of a young person's life, often distorting their understanding of care, love, and safety. As a Partnership, we are committed to ensuring that young people growing up in such environments receive the support they need, with a clear understanding of their lived experiences and the long-term impact on their wellbeing.

In collaboration with the Domestic Abuse Local Partnership, our Independent Scrutineer has completed a scoping exercise to strengthen the local response to child victims of domestic abuse. This included engagement with Public Health to assess service provision, which confirmed that an effective offer is in place and that there are no current waiting lists.

A dedicated working group has been established to provide assurance to the Board that appropriate structures, support, and understanding are in place for young people affected by domestic abuse. The group will review current support and processes, with the aim of identifying clear, measurable areas for improvement. This work is expected to be completed in Autumn 2025.

Young people's emotional wellbeing and mental health – assurance and next steps

Mental health among young people remains a national concern and has been identified locally by both young people and the Board as a priority area requiring assurance. In response, the Partnership Team has initiated a quantifiable audit across health, Early Help, and Public Health partners.

This audit seeks to capture:

- Referral pathways and volumes
- Service composition and capacity
- Number of young people currently receiving support

The Partnership recognises that this is a rapidly evolving area, with ongoing improvements, service developments, and recommissioning of formal mental health provision.

At the close of the reporting period, all single agency audits were reviewed by the Partnership Business Unit and the Independent Scrutineer. The findings, along with a proposed thematic focus for a dedicated subgroup, will be presented to the Safeguarding Children Board in the first quarter of 2025–2026.

Independent scrutiny – what the scrutineer says about the partnership?

This overview is provided in four sections:

- 1 Compliance with Working Together to Safeguard Children 2023 and the ongoing development of child safeguarding.
- 2 The day-to-day effectiveness of the partnership.
- 3 The outcomes being achieved for children.
- 4 Issues for the partnership to consider.

Compliance with Working Together to Safeguard Children 2023 (WT 2023) and the ongoing development of child safeguarding

The partnership has been positive in its response to WT2023, and this is reflected in its structures and processes. Lead and Delegated Safeguarding Partners have been identified, formed groups, developed relationships, and met regularly. One of the delegated safeguarded partners, became the Partnership Chair, for an initial 12 months. The partnership, in consultation with children and families, identified four priorities and established groups through which activity to develop practice in those areas will be coordinated. An Independent Scrutineer was appointed, a scrutiny plan developed, and a quality assurance framework developed. Regular scrutiny work has been undertaken through a programme of multi-agency case file audits. Processes to identify incidents from which learning can be drawn, are in place and rapid reviews have been conducted. Learning arising from those incidents has been disseminated across the partnership. There is clear ethos on working with the ‘whole family’ and staff across different agencies understand what

family networks are and there is a focus on keeping children with their families. Practitioners across the partnership listen to children and families and involve them in their direct work and in service development. The joint targeted area inspection conducted in July 2025 commented positively on the partnership’s adoption of WT 2023.

The day-to-day effectiveness of the partnership

The safeguarding children partnership is alive and working in Telford and Wrekin. The partnership is underpinned by effective working relationships, and this can be seen at all levels, from the chief executives through to staff working directly with children and families. The relationships are not all cosy, and when necessary, staff are able to challenge one another. I have witnessed this on numerous occasions over the past twelve months, through different levels of seniority. The subgroups complement each other, and the overall work is effectively coordinated by the Partnership Manager and Partnership Chair. There is a strong learning culture across the partner agencies, with many examples of multi-agency case file audits, rapid reviews and dynamic learning events being completed with learning identified. Staff have worked hard to gather information, analysed it and contributed positively during multi-agency discussion forums. The staff I have met across the partnership have been committed, enthusiastic about their work, dedicated towards the children and families they support and keen to improve their practice.

The outcomes being achieved for children

- On numerous occasions I have seen a graduated response being provided to meet the needs of children and families. The response is proportionate to their needs. I have observed this across Children's Social Care, Educational settings, Health providers and the Police.
- Practice is mostly strengths based, with practitioners working with families, building on their capabilities to develop an enduring means of supporting children in need of help and protection.
- Aligned to this staff consider the needs of the whole family and understand in many situations the needs of parents and carers must be addressed to enable the work with children to succeed.
- There is a strong focus on early help and support, with the Family Hubs across Telford and Wrekin being a key means of providing advice support. Recent developments have strengthened the offer of help to children and families.
- Family Connect provides an excellent service for the partnership, offering access to all levels of support through a single and well-known gateway. Contacts and referrals are handled efficiently, promptly, in proportion and sensitively.
- Repeat referrals are comparatively low and below national and regional averages.
- The number of children on repeat child protection plans are low.
- Data about families supported by the Family Hubs staff show significant improvements in their management of situations that threaten the wellbeing of their children.
- Quality assurance work has shown work of consistent high quality across a range of threats.
- The recent joint targeted area inspection of the 'front door' revealed good practice across many areas of activity.



John Clements
Independent Scrutineer
15 August 2025

Training and development

Training and development overview

A key focus for the Partnership is embedding learning and strengthening collaboration across agencies. This work is led by the **Quality, Partnership and Development Subgroup**.

In 2025, the Partnership appointed a **Review and Development Officer** to consolidate the training programme, ensuring alignment with learning from Child Safeguarding Practice Reviews (CSPRs) and strategic priorities.

For the year 2024-2025, Training, delivered through a blended approach the following training was undertaken by ***** professionals among all partners.

Core Training Offer

Threshold Training

- Promotes understanding of the Partnership's Threshold Guidance.
- Emphasises the "Right Support at the Right Time" model, with a focus on Early Help.
- Includes the "Explore More" guide on Child Sexual Exploitation (CSE), co-produced with individuals with lived experience, featuring case study-based learning on contextual safeguarding and information sharing.

CSE Awareness Training

- Delivered to all Local Authority and NHS provider staff.
- Promoted across partner agencies using the IITCSE-developed training package.

Trauma-Informed Practice

- Targeted training for education settings.
- CSE trauma-informed training co-produced with lived experience consultees, delivered to children's social care, GPs, and sexual health services.

Specialist and Role-Specific Training

- LADO Training – Face-to-face delivery.
- Designated Safeguarding Lead (DSL) Training – Initial and refresher sessions delivered by partners.
- Child Protection and Safeguarding – Core offer.
- DSL Termly Network – Training and updates on practice and process.
- Governor Safeguarding Induction and Refresher Training
- Brook Traffic Light Tool – Responding to sexual behaviours in children and young people.
- Safeguarding Record Keeping
- Child Protection Supervision
- Managing Child-on-Child Abuse
- Online Safety, Filtering and Monitoring
- Keeping Children Safe in Education – Webinar format.
- Prevent Training – Including duty requirements and termly network sessions.
- Safeguarding and Welfare Requirements of the EYFS

Lunch and Learn Sessions (Past 12 Months)

- Modern Slavery Awareness
- DASH and MARAC Awareness
- Reducing Inappropriate Medication (Learning Disability/Autism)
- Online Safety and Scams
- Domestic Abuse

Partner-Led Training

- Shrewsbury and Telford Hospital NHS Trust – Monthly Level 3 safeguarding sessions for Ministry of Defence staff.
- Midlands Partnership NHS Foundation Trust – Child Safeguarding Week sessions covering:
 - 1 Domestic Abuse and Children
 - 2 Youth Trends
 - 3 Misogyny and Digital Violence
 - 4 Elective Home Education vs. Missing
 - 5 Mental Health and LGBTQ+ in Healthcare
 - 6 Child Sexual Exploitation

Upcoming Training Initiatives

The Partnership continues to evolve its training offer to reflect emerging priorities and learning from reviews.

Scheduled for Rollout

Unconscious Bias and Cultural Awareness Training

- Commissioned via an external expert.
- Agreed in June 2025, linked to learning from a Child Safeguarding Practice Review (CSPR).
- Rollout begins October 2025.

Back to Basics Training

- Approved by the Safeguarding Children Board in April 2025.
- Launching September 2025.
- Focused on strengthening multi-agency practice through:
 - **Core Group Meetings** – Enhancing collaboration and clarity of roles.
 - **Child Protection Conferences** – Improving consistency and effectiveness in multi-agency decision-making.

Challenges and our future focus

Challenges

The Partnership continues to navigate a complex landscape, with several key pressures impacting service delivery:

- **Rising levels of poverty** have increased demand on services, reinforcing the critical role of Family Hubs in providing early support.
- **Financial constraints** across public sector partners—including health, police, and local authorities—are affecting capacity and sustainability.
- **The Integrated Care Board (ICB) cluster arrangements** have introduced challenges in service commissioning and operational capacity.
- **Diverging partner priorities**, such as pan-West Mercia approaches versus localised arrangements, have created tensions in aligning practice.

Future focus

Looking ahead, the Partnership is committed to strengthening collaboration and improving outcomes through the following priorities:

- **Board Membership:** Enhancing representation from health providers and the third sector, particularly in shaping the Early Help offer.
- **Data Utilisation:** Building on thematic analysis to develop a comprehensive, single-view dataset of children and families.
- **Embedding Family First:** Transitioning the programme into core business operations.
- **Priority Delivery:** Continuing to drive progress against strategic priorities.
- **Mutual Accountability:** Partners will hold each other to account to ensure robust and effective services during periods of change.
- **Children's Board Development:** Establishing a dedicated Children's Board to provide direct input into the Safeguarding Children Board.

Acknowledgements

We extend our sincere thanks to:

- The children and young people of Telford and Wrekin, and the members of the 56 Safeguarding Children Boards who have given voice to their experiences and feelings. You have been heard.
- The individuals and families who have courageously shared their stories and worked alongside us to drive meaningful change.
- The professionals across the borough who continue to support the Partnership, their colleagues, and the wider community with dedication and care.

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

