



Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 18 June 2026

2.00 pm

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

Democratic Services: Lorna Gordon 01952 384978

Media Enquiries: Corporate Communications 01952 382406

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

	Agenda	Page
1.0	Apologies for Absence	
2.0	Declarations of Interest	
3.0	Minutes of the Previous Meeting	3 - 14
	To confirm the minutes of the meeting held on 19 March 2026.	
4.0	Public Speaking	
5.0	Health & Wellbeing Board Quarterly Strategy Progress Report	15 - 32
	To receive the Health & Wellbeing Board Quarterly Strategy Progress Report.	

6.0	Health & Wellbeing Strategy Performance and Outcomes Report	33 - 58
	To receive the Health & Wellbeing Strategy Performance and Outcomes Report.	
7.0	Health Protection Update Report	To Follow
	To receive the health protection update report.	
8.0	ICB Neighbourhood Health Report	59 - 72
	To receive the ICB Neighbourhood Health Report.	
9.0	Community Safety Partnership Annual Report	73 - 98
	To note the Community Safety Partnership's Annual Report.	
10.0	Safeguarding Adults Board Annual Report	99 - 114
	To note the Safeguarding Adults Board Annual Report.	

If you are reading these papers on an electronic device you have saved the Council £15.22 and saved 6.1kg of CO₂, based on average agenda printing costs for the 2022/23 municipal year.

HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Thursday 19 March 2026 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors A J Burford (Co-Chair), K Middleton, S J Reynolds, P Watling, N Lee, N Pay, C Parker, H Onions and J Suckling

In Attendance: L Gordon (Member Support Officer)

Apologies for Absence: Councillors S Whitehouse, K L Tomlinson, J Britton, E Hancox, F Mercer and J Williams

HWB43 Declarations of Interest

None.

HWB44 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 27 November 2025 be confirmed as a correct record and signed by the Chair.

HWB45 Public Speaking

None.

HWB46 HWB Quarterly Strategy Progress Report

The Service Delivery Manager Health Improvement & Prevention provided the Board with an update on partnership priorities and areas of work aligned to the Health and Wellbeing Board's strategic objectives.

Members were advised that significant work was underway to refresh the domestic abuse partnership strategy, incorporating learning and actions emerging from recent Board discussions. It was noted that referral levels have increased and that associated funding risks have been identified and escalated as part of the review process.

An update was provided on drugs and alcohol services, with a particular focus on work with young people. Members were informed that extensive engagement activity was taking place. The development of a recovery charter was highlighted as a key element of this work, with partners actively being supported to sign up. However, ongoing challenges were noted in securing engagement from the business community.

The Committee was advised of the progress of healthy weight initiatives across the borough, with a strong emphasis on peer support and a holistic

approach. Close working with schools was highlighted, alongside efforts to improve engagement with families, particularly those who can be hard to reach. Positive progress was reported in work supporting individuals with learning disabilities.

An update was also provided on the TWIPP programme, which was reported to be strongly aligned with the Health and Wellbeing Board's priorities. Members heard that a well-attended workshop involving over fifty participants had recently taken place, demonstrating strong partnership engagement and collaboration. This work is focused on developing a shared vision and identifying realistic priorities for the next six to nine months.

Members were informed that new national neighbourhood health guidance had been released during the week. It was noted that this will require consideration of future changes and an assessment of forthcoming national expectations and policy direction.

The Committee was advised that a summary of the new neighbourhood health framework had been prepared and could be circulated to members, recognising the length and complexity of the full guidance. It was emphasised that the Health and Wellbeing Board will have a critical role in driving implementation of this agenda. The importance of funding mechanisms was highlighted, including a shift of £2.9 million in recurring funding, which presents opportunities for longer-term planning and transformational change. It was suggested that this could be explored further through a dedicated Health and Wellbeing Board workshop.

Discussion followed regarding the importance of using available funding to reduce barriers to progress and to enable meaningful system change. Concerns were raised about current capacity constraints and the need for the Board to remain accountable for supporting necessary reframing and transformation of services.

Members reflected on the importance of tracking outcomes effectively, particularly in relation to the shift towards prevention and the impact on primary care, acute services, and emergency care. It was also noted that further collaboration will be required as local provider organisations come together under a new community and hospital trust arrangement.

The Committee welcomed the alignment between the neighbourhood health approach and wider system priorities, including the emphasis on community-based, bottom-up change. Members highlighted the need to understand budgets more clearly in order to support the reallocation of resources and to drive delivery at a local level. Clarification was provided that the voluntary and community sector has been involved in the development of the recovery charter and had made a valuable contribution.

The strengthening of the Health and Wellbeing Board's role through the neighbourhood framework was welcomed, with members emphasising the importance of partnership working at neighbourhood level. Updates were also

noted regarding ongoing structural changes within the Integrated Care Board, with further clarity expected over the coming months.

Members reflected on the importance of understanding the limitations imposed by short-term funding arrangements and the benefits that additional capacity and sustained investment could bring. It was emphasised that recognising the context in which services operate, alongside building on examples of good practice such as healthy weight initiatives, will be essential in supporting future delivery and enabling continued progress.

HWB47 TWIPP Prevention Projects Update

The Committee received a report for information providing an update on prevention projects funded through the TWIPP programme over the past year. The Service Delivery Manager Health Improvement & Prevention presented a summary of the work undertaken, outlining that the projects build on the wider TWIPP programme and focus on prevention. Members were advised that £333,000 of Integrated Care Board funding had been allocated through an agreed process to seven separate prevention projects. A key element of the programme has been the development of relationships and collaboration across the funded projects.

The Committee was provided with examples of the funded initiatives, including a Calm Café model designed to support people in crisis, with consideration given to younger age groups. Live Well Community Hubs were highlighted as a mechanism for bringing a range of services together under a single, accessible offer. The Healthy Hearts Bus was described as a highly neighbourhood-focused initiative, linking healthy lifestyle services with NHS outreach teams in order to deliver care directly within communities. Group Lifestyle Clinics were also discussed, with early learning suggesting that individuals can be more successful in adopting healthy behaviour changes when supported through a group-based approach.

Members noted that the programme has a strong emphasis on collaboration and partnership working, with a person-centred and inclusive approach rooted in close working with the voluntary and community sector. A communications and engagement campaign was undertaken to provide consistent messaging across partners, and the Committee was advised that the initial healthy conversations campaign achieved a strong level of reach and engagement.

The Service Delivery Manager Health Improvement & Prevention outlined that innovation continues to be encouraged across the system, with ongoing conversations about the sustainability of prevention initiatives. Challenges were acknowledged, particularly in relation to capacity within voluntary sector organisations, many of which are keen to expand their involvement but lack the resources to do so. It was also noted that targeting specific populations can present difficulties in reaching and engaging communities effectively.

The Committee discussed the importance of funding arrangements and the expectation that investment of this nature demonstrates proof of concept. It

was emphasised that learning from the funded projects, alongside robust measurement of impact, must be captured and progressed through Integrated Care Board processes to support longer-term sustainability. Members were advised that recurrent funding has now been secured for community blood pressure activity, reflecting the impact of earlier commitments.

Discussion followed regarding data and system challenges, particularly the extent to which incompatibility between systems creates barriers to effective service delivery. The Committee was informed that, in areas such as NHS Health Checks and healthy heart programmes, follow-up lifestyle conversations are delivered collaboratively, but information must be recorded on multiple systems. This can result in data not aligning fully between local authority and NHS systems.

Members noted that digital transformation is a key theme within the neighbourhood health framework and that work is underway to streamline data-sharing processes. This activity is progressing in parallel with neighbouring areas and is considered to be relatively advanced. The Committee acknowledged that multidisciplinary data-sharing is inherently complex, but also recognised the importance of using data to inform targeted interventions and trusting partners across the system to share intelligence appropriately.

Live Well Community Hubs were identified as a positive example of integrated working, with members noting the importance of embedding this approach into day-to-day practice rather than relying solely on discrete events. The Committee reflected on the benefits of offering people choice in how they access support, including both digital and face-to-face options, and the value this brings in building relationships between service providers and communities. Opportunities for services to learn from one another through this approach were also highlighted.

Further discussion focused on technological barriers, with members agreeing that greater clarity is needed on the specific issues hindering progress. The need for appropriate access to shared records across NHS services was highlighted, alongside the importance of collecting data in a consistent way across partners to enable meaningful analysis. Potential investment in digital solutions was noted, and members acknowledged the short timescales within which the funding was allocated, commending the work undertaken to develop and deliver successful projects in that context.

The Committee considered the role of the voluntary sector in supporting neighbourhood-based working, recognising both the challenges and areas of emerging best practice. It was suggested that a future update be provided to the Board on progress with the development of a shared single health record, including learning from pilot activity in other areas and an overview of resource and capacity implications.

Members welcomed the proposal for further updates, noting that while local public health data is strong, combining this with NHS data would provide a

more complete and actionable intelligence base. The importance of data in demonstrating impact was emphasised, alongside the recognition that increased community engagement not only improves data quality but also contributes to alleviating pressure on other parts of the system.

HWB48 JSNA Update: Pharmacy Needs Assessment

The Director of Public Health informed Members that the Pharmaceutical Needs Assessment (PNA) was a statutory requirement of the Board and an essential tool for planning pharmaceutical services. It was noted that while some services were provided by the Local Authority, the majority were commissioned by the NHS. This was the fourth PNA undertaken locally, following three previous assessments. The Board was advised that the target was for the document to be published by the end of March.

It was reported that a statutory consultation had taken place between 9 January and 10 March, involving statutory consultees as well as the wider public, with four formal responses received. The current PNA had been informed by a review of progress against recommendations from the previous three years. It was also noted that Power BI dashboards had been used for the first time to support analysis and presentation.

The Insight Partner outlined the methodology used in developing the PNA, explaining that the borough had been divided into four localities based on population demographics, rural and urban characteristics, and transport and infrastructure. These geographies aligned with Census data and Office for National Statistics datasets, enabling robust and consistent analysis.

The key health needs identified through the assessment showed that the borough's population was both growing and ageing at a rate above the national average. The population was also becoming more diverse, with 17 percent of residents identified as being from diverse backgrounds, compared to 11 percent in the 2011 Census. Despite these changes, significant health inequalities remained, with some neighbourhoods continuing to experience levels of deprivation below national benchmarks.

Members heard that Power BI dashboards had been used to undertake detailed data analysis, bringing together multiple datasets to support the PNA. The dashboards would be publicly available, improving transparency and accessibility, and would allow users to filter information interactively down to locality level.

In terms of access to pharmacy services, it was noted that almost all households within the borough were located within a six-mile radius of a community pharmacy, with the exception of approximately 30 households. All areas were within a 20-minute travel time by car, based on varying travel conditions. Overall, pharmacy provision across Telford and Wrekin was assessed as good. However, it was highlighted that provision on Sunday evenings was more limited, with travel times increasing up to 30 minutes in some areas, presenting a challenge for access.

The Board was also informed of a recent notification that Donnington Pharmacy would cease provision, resulting in the loss of 89 hours of service. It was acknowledged that this development would impact the PNA and that the document would need to be updated to reflect this change.

The discussion emphasised the importance of ensuring that the PNA provided a robust and defensible assessment of pharmaceutical provision across the borough in order to give assurance to the NHS, the Health and Wellbeing Board and the Local Authority. It was recognised that while the document currently set out a detailed assessment, further recommendations would strengthen its position, particularly in response to consultation feedback.

Members noted that current regulatory frameworks and commissioning arrangements meant that the Board's position needed to be clearly articulated within the PNA. Concerns were raised regarding the national pharmacy contract, which was considered to remain heavily focused on dispensing volume rather than broader service provision and health outcomes. Particular attention was drawn to the ongoing challenge of Sunday evening access and the need to consider neighbourhood-level impacts when planning services. It was suggested that there may be value in advocating to national government for reforms to the pharmacy contract to better reflect local needs and population health outcomes.

The discussion also highlighted the important role of pharmacy services in supporting wider health outcomes, including the development of the "Pharmacy First" approach. It was noted that this area had already been subject to scrutiny and remained a key area of focus for improving access to care and supporting preventative health work.

Board members agreed that the PNA was an important and critical piece of work and that it was necessary to agree a clear recommendation.

RESOLVED – that the Telford & Wrekin Pharmaceutical Needs Assessment for 2026/27-2028/29 be approved for publication.

HWB49 Best Start in Life Delivery Plan

The Board received an update on the development of the plan to deliver the Good Level of Development (GLD) targets. The Board was informed that work on the GLD plan had been progressing through a dedicated working group over the past year. It was noted that GLD formed part of the Government's Opportunity Mission and was measured by the Department for Education through 12 early learning goals across five key areas of development.

An overview of local performance was provided, with confirmation that 67.3 percent of children had achieved GLD in 2024/25. This figure was approximately one percent below the national average. It was noted that the local target had not been formally challenged with the Department for

Education. The plan included a narrative ambition that children who had not reached GLD by age five would achieve this by the age of five and a half.

Further performance data was presented, indicating that 50.6 percent of five-year-olds had met GLD in the previous year, with an ambition to increase this to 64.6 percent. The Board was advised that the approach was strongly intelligence-led, with detailed profiling used to understand performance variations, including those linked to deprivation, gender, and the readiness of summer-born boys for school.

The role of Family Hubs was outlined as a central component in supporting GLD outcomes. It was explained that the Department for Education prescribed a clear delivery framework for Family Hubs, including a set of required services. The local model involved a highly collaborative partnership approach, with hub locations focused within the 30 percent most deprived areas, while also considering both need and demand.

The partnership landscape was also highlighted, with emphasis placed on both current collaboration and future plans. While the primary focus remained on GLD outcomes, equal importance was given to wider early years priorities, including oral health and the broader “best start in life” agenda.

The themes within the delivery plan were presented, including a continued shift toward a more data and intelligence-led approach. Work was underway to map outcomes from Early Years Foundation Stage settings and to strengthen the approach to the two to two-and-a-half-year developmental checks. This work aligned with the “Critical Six” priorities for 2026, with a particular focus on increasing uptake of health visiting checks through targeted thematic work. The model included a universal offer delivered through Family Hubs and partner services, alongside exploration of a more integrated, multi-disciplinary approach to improve pathways from early childhood onwards.

It was reported that speech and language development was currently the lowest-performing area across the five key themes. The ongoing impact of the COVID-19 pandemic was identified as a significant contributing factor, and this area had therefore been prioritised within the plan, including through work linked to the Families First Partnership and Family Hubs.

The Board was advised that the Families First Partnership provided strategic oversight of this work. It was also highlighted that the co-location of health visitors within Family Hubs had been positively received. In addition, the “5 by 5” initiative aimed to promote activity and outdoor experiences for young children and was being promoted universally across the borough.

The discussion recognised the importance of early years development and acknowledged that the partnership approach had delivered positive progress across a number of areas. However, it was noted that achieving the required step change to meet the ambitious GLD targets would require further strengthening of delivery and impact.

It was suggested that a more comprehensive and coordinated approach would be necessary, building on previous pilot programmes while ensuring greater consistency and scale. The importance of working closely with parents and carers to improve understanding of early childhood development was highlighted, alongside the need to continue raising the profile of the agenda among both professionals and families. The role of additional funding in supporting delivery was also acknowledged, as well as the importance of effective partnership working.

Attention was drawn to workforce challenges, particularly in relation to speech and language therapy within the NHS. It was suggested that greater use could be made of wider support roles, including teaching assistants and school-based staff working with children with special educational needs and disabilities, to help address capacity issues.

In response, it was noted that existing programmes aimed at upskilling the wider workforce formed part of the action plan, including activity linked to national initiatives. It was also confirmed that the forthcoming Special Educational Needs and Disabilities (SEND) report would align with this work and would be published at a similar time.

The Board was advised that the plan was scheduled for publication on 31 March, with consideration by Cabinet to follow in April. It was noted that additional time had been built into the process to allow for thorough partnership engagement and detailed review prior to publication. The plan would be brought back to the Board following publication.

HWB50 Cardiovascular, Renal and Metabolism (CVRM) Strategy

The Board was provided with an overview of the CVRM Strategy, which had expanded the existing cardiovascular prevention strategy to incorporate renal conditions and diabetes. This broader approach reflected the interconnected nature of these conditions and aimed to address multi-morbidity pathways more effectively. It was reported that there were strong clinical links between these conditions, with evidence presented that approximately 50 percent of people with heart failure also had diabetes.

The strategy was described as encompassing the full pathway from prevention through to intervention and specialist services. A key principle of delivery was the provision of care closer to home, supporting a shift toward community-based models of care.

The Board was advised that work was underway to align existing programmes and initiatives within a unified strategic framework. Analytical support from the Business Intelligence team had enabled further exploration of the relationship between preventative interventions, such as smoking cessation, and their impact on hospital bed usage and associated costs.

It was highlighted that the first year of delivery would focus on embedding the strategy and aligning system-wide activity. Future work would consider scalability and long-term sustainability. Particular attention would be given to diabetes management, including reducing the risk of complications such as amputation, and strengthening links to primary care services.

It was suggested that a further report should be brought back to the Board after the first year of implementation to assess progress and outcomes.

The discussion supported the strategic direction of the CVRM approach and emphasised the importance of establishing clear milestones and key performance indicators to measure progress over the first year. It was noted that the integration of services and the focus on prevention aligned with broader system priorities.

The importance of community-led approaches was highlighted, with recognition of the role of primary care, NHS Health Checks and wider prevention programmes in supporting improved cardiovascular health outcomes. It was further noted that this work demonstrated the value of collaboration across the system.

The discussion also acknowledged the increasing complexity of patient needs, particularly within acute hospital settings, where demand for general medicine services had grown. It was recognised that a more integrated, patient-centred approach was required, focusing on planned care and prevention rather than reactive, emergency-based interventions. The shift from acute to community-based care was identified as a key objective of the strategy.

RESOLVED – that:

- a) The CVRM Strategy and Delivery Plan be endorsed for system-wide implementation
- b) The governance arrangements and year one milestones be approved
- c) Development of neighbourhoods-level action plans and BI dashboards to monitor KPIs be supported.

HWB51 Healthwatch Update

The Board received a briefing note outlining Healthwatch activity over the previous six months and proposed plans for 2026/2027. The Board was advised that some updates had occurred since the briefing note had been prepared. It was reported that Healthwatch had continued to focus on improving patient experience and ensuring that community voices were heard and represented in key decision-making processes.

It was noted that the appointment of a part-time Engagement Officer had increased organisational capacity, enabling broader and more targeted engagement activity. Recent visits had included the hospice and the Community Diagnostic Centre.

The Board was informed that project work had included a focus on veterans, with engagement undertaken through community groups and the completion of a survey. This survey would be made publicly available following Board approval.

A discharge project, which had been ongoing for the past 18 months, was reported to be nearing completion. In addition, Healthwatch had revisited the Emergency Department at Princess Royal Hospital, with the resulting report shared with the Trust. A response had been received in the form of an action plan. A related survey report had also been produced and was currently being reviewed with staff.

At the time of reporting, a total of 976 residents had been engaged. Feedback gathered through this engagement had identified several recurring themes, including access to GP services, long waiting times in Emergency Departments, access to NHS dental services, outpatient waiting times, and more recently, concerns regarding car parking at Princess Royal Hospital. It was also reported that Healthwatch had undertaken 18 formal visits, in addition to four further visits, to hospital sites. In most cases, recommendations arising from Enter and View visits had either been implemented or had received further explanatory context from service providers.

The Board was advised that Healthwatch would continue its work over the next 12 months, with a greater focus on smaller, shorter projects designed to maximise impact. Planned activity included targeted engagement, ongoing Enter and View visits, and evaluation of the impact of previous projects. It was noted that a report on the Pharmacy First initiative had been produced in 2024, and that further work was underway to review pharmacy provision in this area. Healthwatch had also contributed to the Pharmaceutical Needs Assessment consultation and was developing a report highlighting key successes.

Future work would include the development of intelligence reports to support system understanding and decision-making.

The discussion highlighted the value of an independent, intelligence-led approach in gathering community insight and informing health and care services. It was recognised that this role remained essential in ensuring that patient voices continued to influence service planning and delivery. The Board expressed support for the continuation of this work and the increased capacity that had enabled further engagement.

The importance of maintaining an independent perspective was emphasised, alongside recognition of the effectiveness of the work undertaken to date. The contribution of Healthwatch to recent work, including the Pharmaceutical Needs Assessment, was acknowledged. It was noted that while direct engagement for that consultation had been limited, previous Healthwatch findings had informed the process, particularly in relation to issues such as the privacy of consultation rooms within pharmacies.

An update was provided regarding concerns raised around car parking at Princess Royal Hospital, with confirmation that a programme of work was underway and that affected spaces would be reinstated. It was also reported that outpatient waiting times remained an issue, although performance had shown improvement, including within cancer pathways, and continued to improve on a weekly basis.

The Board noted the update for assurance.

HWB52 Safeguarding Children's Board Annual Report

This item was for information only.

HWB53 Chairs Update

The Chair thanked Co-Chair Simon Whitehouse, who was stepping down from his position on the Board for his contributions to the Board.

The meeting ended at 3.50 pm

Chairman:

Date: Thursday 18 June 2026

This page is intentionally left blank



Health & Wellbeing Strategy 2023-2027

Page 15

Delivery Progress Report
June 2026

Agenda Item 5

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
- Page 17 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

<p>Healthy Weight</p>	<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 	<p>Integrated health and care</p>	<p>Start for Life Family Hubs: "core20" population, younger parents, black & minority ethnic group families</p> <p>Primary Care: All 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>
<p>Alcohol, drugs & domestic abuse</p>	<p>Alcohol & drugs : Equality Impact Assessment completed alongside the Needs Assessment. Equality Action Plan to be integrated into annual strategy Action Plan, 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>	<p>Green & sustainable borough</p>	<p>Initiatives targeted towards under-represented groups - people from lower socio-economic groups, people from ethnically diverse communities and people with disabilities/additional needs.</p>
<p>Mental health & wellbeing</p>	<p>Children & Young People who: have SEND, looked after/care leavers, those who are NEET, and suffer multiple disadvantage and trauma</p> <p>adults who experience poor mental health alongside other vulnerabilities such as alcohol and drug use and housing needs</p>	<p>Economic opportunity</p>	<p>The Cost-of-living strategy is aimed at those residents in the Borough on the lowest incomes, be they working age or pensioners.</p>
<p>Prevent, detect & protect</p>	<p>People living in the most deprived 20% of communities in England – the core 20 are a key focus given the gaps in life expectancy the most deprived and most affluent communities.</p> <p>Cancer screening: narrowing the gap in uptake of screening programmes across GP practices, linked to deprivation</p> <p>Cancer Champions & Health Champions representative of diverse communities</p>	<p>Housing & homelessness</p>	<p>People affected by trauma and poor mental health</p> <p>Ongoing focus on homeless clients who present with complex and multiple needs.</p>

T&W HWB Strategy highlights that tackling inequalities and closing the gap requires comprehensive action across our priority programmes, through a strong targeted, intelligence-led approach. The gaps in health and wellbeing experience are most repeatedly seen in our most deprived communities, compared to the most affluent communities, the 20% most deprived communities, [CORE20PLUS5](#) programme. Particular and specific inequalities are also faced by different groups of people, often referred to as inclusion groups and these are closely related to characteristics which are protected in the Equalities Act.

Healthy Weight

Progress / Key Highlights

- 'Nutrition on a budget' training for frontline care staff in content planning stage with sessions to be delivered in conjunction with Telford College and Eatwell from September 2026.
- Peer health champion test and learn project commenced with one primary school, led by the Healthy Families team. Peer champions received four education sessions based on healthy eating and movement.
- 'Healthy Telford Partners' initiative in development – workplaces, schools, community centres, faith groups will be encouraged to become partners and play active role in improving the health and wellbeing of the people they support, influence or work with
- 'Do it For' campaign technical issues resolved and summer re-launch planned.

Risks/ Challenges

- 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. The pilot is currently paused after delivery of three programmes.

Performance

- Schools webinar series launched September 2025 with 30 minute online learning sessions. Eight topics delivered so far with 75 attendees taking part. A similar early years programme is in development in partnership with family hubs and early years practitioners, hoping to launch late 2026.
- 870 adults and 73 families accessed the Healthy Lifestyles and Healthy Families services within the 2025/26 year
- Updated active lives survey data shows that the proportion of physically active adults in Telford and Wrekin has increased from 66.4% to 69%. Similarly, the proportion of physical inactive adults in Telford and Wrekin has decreased from 23.6% to 20%. Both figures are statistically similar to the England averages.

Case Study

- A 62-year-old woman with arthritis, fibromyalgia and compromised mobility presented to the healthy lifestyle service for weight loss support. Upon identifying that mental wellbeing was the immediate priority, the lady re-engaged with the service at a later date and co-developed a plan focused on small, sustainable lifestyle changes. Over six sessions, she achieved a weight loss of 15.6kg (12.6%), improved mobility, reduced blood pressure, and increased her wellbeing score from 50% to 80%, alongside adopting healthier eating habits and regular seated exercise. She is now more confident, engaged in ongoing activity through Good Boost classes, and motivated to maintain her healthier lifestyle.

Domestic Abuse

Key Progress – against strategy / work plans (Q4)

- The refreshed DA/VAWG Strategy 2026-28 presented to cabinet on 11 June
- A comprehensive action plan developed to support delivery of the 16 strategy commitments
- Multi-media DA campaign during the football world cup commenced
- Work has commenced on a Child friendly web site for children and young people affected by domestic abuse

Performance (Q3)

- The number of contacts received by the SPOC increased from 529 in Q3 to 578 in Q4
- The number of referrals received by the Specialist Support Service increased from 41 in Q3 to 95 in Q4
- The number who were referred into the Voice programme remained similar with 67 in Q3 and 51 in Q4
- Referral levels for children and young people for specialist support remained similar with 56 in Q3 and 47 in Q4

Issues / Challenges for the HWBB

- Constant promotion of the Telford Domestic Abuse Service SPOC details so that local survivors so that they can receive the right support at the right time

Drug and Alcohol

Key Progress – against strategy / work plans

Prevention – Across Q4 Telford STaRS YP Team have undertaken engagement work with 77 different services/providers including 19 schools and 24 GPs/primary care providers, continuing their work to improve the visibility of services locally.

Harm Reduction – The proportion of individuals successfully completing non-structured treatment interventions rose significantly during Q4 when compared with the previous quarter (74% vs 50%) bringing the total number of individuals successfully completing these interventions to 276, higher than in any of the three previous years.

Treatment – The proportion of those in treatment showing substantial progress remains below the March 2022 baseline (51% vs 60%) but has broadly remained stable since February 2023 and remains above the national rate of 47%.

Recovery Support – During Q4 additional peer support, via A Better Tomorrow, has been implemented with the Drug and Alcohol Liaison Team, providing an extra day per week to support individuals admitted to Princess Royal Hospital for reasons related to alcohol and drug dependency.

Improving outcomes - Case Study

A young person subject to a two-year Intensive Supervision and Surveillance order was supported by Telford STaRS YP Team due to alcohol dependency, associated offending, and underlying mental health difficulties. With no family support, they were particularly vulnerable and frequently engaged in high-risk behaviours when intoxicated. A trauma-informed, multi-agency approach was implemented, including substance education, harm reduction, and a structured alcohol reduction plan. The young person is now alcohol-free and has developed greater awareness of the risks linked to substance use. Mental health support is in place, alongside mentoring through St Giles Trust, providing stability and positive role modelling. Planning is underway to ensure a smooth transition into adult services, helping to sustain progress and reduce the risk of relapse.

Performance

Overall numbers in treatment continued to rise during Q4 with 871 adults in treatment for the rolling 12 months to Feb 2026, the highest overall numbers in treatment since August 2024 (877).

Inpatient detox funding was fully utilised for 2025-26, with an additional 3 detoxes commenced during Q4 via the West Midlands Framework, totalling 17 for the year.

The proportion of successful completions across all substance groups for the 12 months to February 2026 was 25%. This remains above both the national (22%) and regional (19%) rate, and above the March 2022 baseline (23%).

The number of individuals retained in treatment for 12 weeks or more (or successfully completing treatment within 12 weeks) for opiate dependency increased by 13% between March 2025 and February 2026 (64% vs 77%), bringing Telford & Wrekin in-line with both national and regional rates.

Issues / Challenges for the HWBB

- The profile of those in treatment continues to evolve, with an increasing number of individuals entering treatment for non-opiates, this has increased 59% during the rolling 12 months to Feb 2026 when compared to the March 2022 baseline (194 vs 122).
- The proportion of deaths in treatment for those accessing treatment for opiates only continue to remain significantly above the March 2022 baseline (3.06% vs 0.87%) and above the national rate for the same group (1.98%).
- Numbers in treatment for opiates only and opiates and crack continue on a downward trend, with 426 individuals in treatment during the rolling 12 months to Feb 26, a reduction of 13.8% (n.68) compared with the March 2022 baseline.

Mental Health & Wellbeing

Progress / Key Highlights since last report

- Launched phase 2 of the specialist care framework. Phased 1 appointed 27 providers out of 80 who applied. 50+ have expressed interest this time. 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 the Mental Health Celebration Event – first of its kind in Telford & Wrekin. Co-chaired by Cllr Middleton and someone with lived experience. Honoured 13 individuals for their achievements and personal growth. Feedback has been positive. It is hoped that we can repeat this again next year.
- Grants are in development and almost ready to be shared with the providers of the Calm Café (new grants since ICB transferred commissioning remit to the LA).
- Discussing with MPFT how we can develop a mechanism for reflective practice between organisations – to review together situations where we know we could have done better.
- Mental health strategy is in development – this is being drafted by CYP, ASC and public health commissioners. Given the ICB changes, the plan is to present it as a well developed draft to them for comment / amends / contribution. It reflects the ICB commissioning intentions and 10 plan strategy and so would hope that this is something the ICB can support. Using i-Thrive model as the structure.
- Knowing Where to Go document has been developed following feedback from residents – developed with excellent support by someone with lived experience. Launch due soon.
- The newly commissioned Child and Adolescent Mental Health Service Shropshire, Telford and Wrekin (CAMHS STW) launched on 1st April 2026, replacing the previous Bee U Service, redesigned to incorporate evolving needs and experiences of children and families, using a delivery model which strategically aligns with system priorities and best practice. The new service will deliver agreed core elements in year 1, with further developments forming part of a 3-year transformation plan, with collective system oversight, governance to co-design, enable, monitor and oversee the transformation.
- The service have introduced pre-assessment clinics to provide meaningful contact with families and identifying additional needs or risks for children awaiting support for Neurodiverse conditions. The introduction of Care Navigators, Peer Support Workers and Pre-assessment roles aim to provide additional support to families and children referred to the service and enhance support for those waiting for support.
- The service continues to see an increasing demand for ADHD and ASD services and experiencing workforce shortages. which continues to impact on waiting times.

Risks / Challenges

1. ICB structural changes – key local contacts have secured voluntary redundancy & have left. There is a lack of clarity about who is leading the workstreams moving forward.
2. Funding for 18-25 calm café beyond October is still unclear.
3. Increase in demand for ADHD and ASD, further impacted by workforce challenges are impacting on length of wait families and children are experiencing.

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

CVD Prevent - 1954 BP checks completed during 2025/26. Established offer at Live Well Community Hubs. Healthy Hearts South Telford Project completed - 283 NHS & 109 mini health checks delivered. Great example of joint working with primary care enabling both targeted and opportunistic outreach. Webinar delivered to showcase pilot and how other PCNs could create outreach opportunities building on this model. Men's Health ticketed (Eventbrite) event at Park Lane Centre great success, 200+ men attending. GP text messages and paid for social media helping with promotion.

Community Falls classes: Increases seen in attendance compared to same period last year. Fliiss Mercer participated in online care home class providing valuable feedback. As a result, more guidance for staff supporting and longer rest periods and slower pace sessions.

Live Well Community Hubs: Successful launch of hubs at Hadley and Leegomery Community Centres. Text from Teldoc increased engagement. Next focus on Malinslee (at the GP Practice) and possibly Dawley. CVS and Citizens Advice, support extended until Mar 27.

Cancer: Lung Health Checks increasing referrals to Council Stop Smoking Service – 900 referred of which 380 want support. Over 750+ participants across T&W and Shropshire and £40K raised Lingen Davies Sunflower Sprint (or saunter). Young People's Cancer Awareness Project supported 6th forms and colleges in raising awareness of cancer prevention, early signs and healthy lifestyle choices.

Health Champions programme: volunteers continue become champions and BP checkers. Volunteers to undertake additional training including BMI and CO checks as part of the active case finding.

Physical activity projects – 38 people on “Supporting a person living with dementia”. More residents can take part in Move to Thrive as eligibility widened to include LTHC and Parkinsons. Park Yoga and Telford Walk Week seeing good nos. Sport England Place Expansion programme focusing on system leadership training and conditions for change in enabling people to be active. Creating Inclusive and Healthy Workplaces: An employer Perspective survey circulated. MSK and MH main reasons why people struggle to stay well at work.

Risks

Community NHS Health Checks Interest from a number of Practices/PCNs in terms of delivering checks via community outreach. However, capacity holding practices back to deliver during spring/summer months.

Prevention programmes Need to increase uptake and referrals to Falls classes. Particularly Donnington, Stirchley, Madeley, Woodside Leegomery and Online (care home) sessions and Activity for All tasters for adults living with learning disabilities and their carers . All physical activity sessions have capacity and can fundamentally benefit resident health and wellbeing. Funding for 26/27 to be explored.

Live Well Hubs: Need more case studies from residents to demonstrate benefits. Increase referrals and look at booked appointments.

Telford and Wrekin Integrated Place Partnership (TWIPP)

Progress / Key Highlights

The TWIPP Committee agreed the following themes as a framework for the TWIPP Neighbourhood Health Implementation Plan:

- 1) System leadership and governance
 - 2) Prevention and early intervention
 - 3) Shift from hospital to neighbourhood community care
 - 4) Integration of clinical pathways
 - 5) Digital enablement and shared intelligence
 - 6) Tackle health inequalities through place-based collaboration
- All system partners have been involved in the development of the Neighbourhood Health Implementation Plan and partners are currently reviewing the detailed actions in the draft plan. Responsibility for delivery of the implementation plan will sit with the Accelerator Group and our network of Primary Care Network led Steering Groups with assurance reporting to TWIPP.
 - ST&W Community and Hospitals Group, MPFT and RJAH continue to demonstrate good strategic and operational progress in delivering neighbourhood health. Progress includes development of Integrated Neighbourhood Teams; Health Visitor and Speech & Language Therapy involvement on the Best Start in Life agenda; the phased development of Mental Health Neighbourhood Centres; expansion of community and assertive mental health outreach services; MSK transformation and self-management and strengthened partnership working across primary care, local authority and VCSE sectors.
 - Continued successful delivery of a number of prevention funded neighbourhood health initiatives including Live Well Hubs, Calm Cafes, Group Lifestyle Clinics and Healthy Conversations Campaign (Pharmacy First)

Telford and Wrekin Integrated Place Partnership (TWIPP)

Case Study

from Andy Payne (Independent Living Centre) – attending launch of Hadley Live Well Community Hub: *I met a gentleman (Mr S) who had had a stroke in December 2025. Whilst he is recovering relatively well, he is struggling with some day-to-day tasks. I was able to offer him support with a demonstration on some of the kit I have – in particular, options for making a drink, carrying a drink, opening jars, and getting dressed. Mr S has also become a little socially isolated – he told me his interests were walking and singing; I was able to sit with him and together we found him a number of local walking and singing groups that he plans to partake in. Mr S told me he was really impressed with the Live Well offer at the hub today; he chatted to a number of other services too – so, a positive outcome all round for this person.*

Risks

The ICB has proposed a phased approach to delegation (2026–2029). The TWIPP Committee is seeking assurance that governance and delegation arrangements will be agreed with the ICB as soon as practically possible, to enable rapid progress on neighbourhood health, to improve local outcomes and reduce inequalities in line with local need and national expectations for the 10 Year Plan.

Performance

Performance framework - in development

Integrated Health and Care: Start for Life/Family Hubs (1/2)

Progress / Key Highlights

- The commissioned Best Start Family Hub service reached 3,438 children and adults, with the majority of engagement occurring within the 30% most deprived communities, demonstrating effective targeting of need.
- The Family Hub website received 34,458 visits, with most users accessing the “What’s On” pages, highlighting strong demand for local activities and services.
- Social media engagement remains strong, with:
 - 62 posts
 - 182,700 reach
 - 991 clicks
 - 101 direct messages
- The Family Hub drop-in offer has expanded, providing 5-day-a-week access across local venues, including an evening telephone support service:
 - 375 parents and children supported in Q1 2026
- Early Years Talk Boost has been delivered across:
 - 103 settings
 - 172 groups
 - Reaching 1,017 children
- The Family Hub model continues to demonstrate growing reach and measurable impact, particularly within areas of higher deprivation. Services are delivering improved outcomes across financial stability, parental confidence, early years development, and health indicators such as breastfeeding.

Integrated Health and Care: Start for Life/Family Hubs (2/2)

Risks

- Funding post 2029
- Suitable venue for Newport

Case Study

The integration of Citizens Advice within Family Hubs has significantly strengthened support for families experiencing financial hardship:

- 54 parents supported between January–March 2026
- Key presenting needs include housing and cost of living pressures

The support has delivered tangible financial outcomes:

- £54,430 in income gains
- £5,242 in additional financial outcomes
- £400 in reimbursements, services, or loans

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. We will hear if we have been successful in July 2026.

Nature Reserve and Park Improvements:

- Apley Woods LNR: The duck pond decking has been replaced with recycled plastic material. Steps down to the meadow have been replaced and work to improve the footpaths on site is due summer 2026.
- Newport Canal – bank stabilising works are due to be completed this summer.
- Haybridge Avenue & Millfields Way play areas – money has been made available to upgrade the play areas in these two areas with more of a focus on meeting the needs of a wider range of the nearby residents. Consultation – summer 26 with installation early 27.
- Granville LNR – Seven digital guided walk nature trails are being developed as part of the Telford and Wrekin Place Expansion project in partnership with Energize.
- Two new Local Nature Reserves have been designated in February 2026 – Priorslee Flash and Heath Hill and Pool Hill. Five new LNRs are proposed over the next few years. There is now 3.6Ha of LNR per 1000 people, 36 m2 of LNR per person and 90% of households within 300m of accessible natural green space.
- 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, the TGSP butterfly and moth conservation project is now underway. Guided by experts, the initiative is already working to build local knowledge of lepidoptera while encouraging volunteers to actively monitor and record species sightings across the Borough's open spaces they help to maintain. 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 Strategy will be presented to cabinet in December. Consultation will be undertaken in September.

Economic opportunity

Progress / Key Highlights

Connect to Work – Year 1 starts target was 69, achieved 71. Job outcomes are still building given people have up to 12 months on the programme, but currently 20% have moved into paid employment. The team have established co-locations with 2 GP surgeries, the armed forces hub and autism hub, to help support IPS referral routes. Expressions of interest to join the programme currently exceed available capacity. Demand is currently strongest from the SEQF rather than IPS cohort (SEQF is targeted at those with a more complex need/disability), Shropshire are seeing the same, but so far DWP is unable to confirm if this is a national trend. Only 25% of Connect to Work caseload is allocated to SEQF with 75% to IPS, demand is currently more like 50/50. DWP are not looking to change the 25/75 ratio at this point.

Job Box – supported the 8-week pilot of the Here To Help mobile vehicle initiative in south Telford. Review is ongoing, but the team typically supported around 5 people per day with a skills/employment/learning enquiry. Customers reported feeling very satisfied with the support they received and all were able to have their query/need resolved during their visit.

Youth Hub – a DWP funded Youth Hub is due to be opened in Telford Town centre in the coming months – a partnership between Telford College, the council and Landau. It will jointly staffed by DWP and those 3 organisations with a focus on providing employment support to the unemployed 16-24 group.

Risks

The large demand for SEQF provision through Connect to Work will lead to growing waiting lists. The longer people have to wait to start, the more chance there is of a decline in their motivation to work. Conversations with DWP are ongoing around the possibility of additional funding.

Housing (1/2)

Progress / Key Highlights since 1st April 2025

- 3309 clients have received advice and guidance on their housing option and 1234 clients were owed a Homelessness Reduction Act Duty and of these:- 339 clients were prevented from becoming homeless due to the advice and guidance provided-608 clients were relieved from homelessness due to the advice and guidance provided.- 215 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 69 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:- 32 were prevented from becoming homeless through the support and advice/guidance provided- 138 clients were relieved from homelessness through the support and advice/guidance - 13 clients on average per month were provided emergency Safe Accommodation - 55 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 (2/2)

- 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 continues.
- 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. Due to the success this is now being provided 365 days of the year with support on site.

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 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

This page is intentionally left blank



Protect, care and invest
to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 18 June 2026

Health & Wellbeing Strategy: Outcomes & Performance Report

Cabinet Member:	Cllr Kelly Middleton: Cabinet Member for Public Health & Unlocking Opportunities
Lead Director:	Helen Onions – Director of Public Health
Service Area:	Health & Wellbeing
Report Author:	Helen Potter – Insight Manager: - Telford & Wrekin Council
Officer Contact Details:	Tel: 01952 381118 Email: helen.potter@telford.gov.uk
Wards Affected:	All wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health & Wellbeing Board 18 June 2026

1.0 Recommendations for decision/noting:

It is recommended that the Health and Wellbeing Board note:

- 1.1 the current position regarding performance against the strategy priorities, including the additional indicators added to the framework's Protect, Prevent and Detect Early priority.
- 1.2 that this intelligence is being used to influence delivery of the Health & Wellbeing Strategy, including targeting inequalities. Differences in outcomes across our communities is also informing the development of the neighbourhood health programme led through TWIPP.

2.0 Purpose of Report

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

3.0 Background

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

4.0 Summary of main proposals

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

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

Indicator	Updated since Nov HWB Report	Latest data publication date	Latest T&W Value	Latest England Value	Trend for last three data points*
Improving Life Expectancy and Healthy Life Expectancy at Birth and 65					
Life expectancy at birth (male)	Yes	2023-25	78.6	79.7	R R R
Life expectancy at birth (female)	Yes	2023-25	82.4	83.5	R R R
Healthy life expectancy at birth (male)	Yes	2022-24	56.7	60.9	R R R
Healthy life expectancy at birth (female)	Yes	2022-24	55.4	61.3	R R R
Life expectancy at 65 (male)	Yes	2023-25	18.6	19.1	R R R
Life expectancy at 65 (female)	Yes	2023-25	20.6	21.5	R R R
Healthy life expectancy at 65 (male)	Yes	2022-24	8.8	10.1	A A A
Healthy life expectancy at 65 (female)	Yes	2022-24	8.9	11.1	R R R
Healthy Weight					
Prevalence of overweight (including obesity) – Reception	No	2024/25	25.3%	23.5%	R R A
Prevalence of overweight (including obesity) – Year 6	No	2024/25	37.4%	36.2%	R A A
Percentage of adults (18+) classified as overweight or obese	Yes	2024/25	70.3%	64.6%	A A R
Percentage of adults (16+) meeting the '5-a-day' fruit and veg consumption recommendation	Yes	2024/25	33.0%	31.4%	A A A

Health & Wellbeing Strategy Performance Report

Indicator	Updated since Nov HWB Report	Latest data publication date	Latest T&W Value	Latest England Value	Trend for last three data points*
Percentage of physically active adults	Yes	2024/25	69.0%	68.0%	A A A
Percentage of physically inactive adults	Yes	2024/25	20.6%	21.8%	A A A
Alcohol, Drugs and Domestic Abuse					
Deaths from drug misuse per 100,000	Yes	2022-24	5.3	5.8	A A A
Directly caused alcohol mortality per 100,000	Yes	2024	13.6	13.8	A A A
Successful completions for opiates	Yes	2024/25	5.5%	5.3%	G G A
Successful completions for alcohol	Yes	2024/25	51.3%	34.6%	G G G
Admission episodes for alcohol related conditions			572.8	504.1	R R R
Economic Opportunity					
Proportion of children in relative low income families	No	2023/24	27.1	22.1	R R R
% households in fuel poverty	No	2023	14.6	11.4	-
% households on universal credit**	No	2025	25.3	22.2	-
% households claiming housing benefit**	No	2025	6.9	5.9	-
% people claiming unemployment benefits	Yes	Apr '26	3.9	4.1	-
Housing and Homelessness					
Percentage of households in temporary accommodation	Yes	2024/25	1.0	5.2	G G G
Percentage of prevention and relief duties owed that ended in accommodation secured	Yes	Q1 25/26	45.7	41.2	G G A
Number of rough sleepers (snapshot)	Yes	2025	10	n/a	-
Mental Health & Wellbeing					
Hospital admissions as a result of self-harm (10-24 yrs)	No	2023/24	169.1	266.6	A G G
People with a high anxiety score	No	2022/23	19.5%	23.3%	A A A
People with a low happiness score	No	2022/23	6.8%	8.9%	A A A
Premature mortality in adults with severe mental illness	No	2021-23	116.4	110.8	R R A
Suicide rate	No	2022-24	11.0	10.9	A A A
Proportion of Learning disability population who have had a health check (STW rate)	Yes	2025/26	80.6%	80%	-
Proportion of SMI population who have had a health check (STW rate)	Yes	2025/26	58.3%	n/a	-
Protect, Prevent and Detect Early					
Smoking prevalence in adults (18+)	Yes	2024	6.8	10.4	A A G
Smokers that have successfully quit at 4 weeks	No		689	1,620	R R R
Smoking prevalence in adults in routine and manual occupations	No		21.3	19.5	A A A
Proportion of people receiving an NHS Health Check	No	2024/25	18.7	29.6	R R R
Percentage of cancers diagnosed at stages 1 and 2	Yes	2022	53.8	56.8	A A A

Health & Wellbeing Strategy Performance Report

Indicator	Updated since Nov HWB Report	Latest data publication date	Latest T&W Value	Latest England Value	Trend for last three data points*
Cancer screening coverage: breast cancer	New	2025	73.6%	71.7%	G G G
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	New	2024	69.6%	66.1%	G G G
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	New	2024	74.7%	74.3%	A A A
Cancer screening coverage: bowel cancer	New	2025	72.8%	72.9%	R R A
Population vaccination coverage: MMR for one dose (2 years old)	New	2024/25	91.2%	88.9%	A A A
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	New	2024/25	94.5%	92.5%	G A A
Population vaccination coverage: MMR for two doses (5 years old)	New	2024/25	87.9%	83.7%	R R R
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old - Female)	New	2024/25	70.1%	71.7%	R R R
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old - Male)	New	2024/25	63.1%	67.0%	R R R
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	New	2024/25	72.1%	75.1%	R R R
Adjusted antibiotic prescribing in primary care by the NHS	New	2024	0.86	0.85	G G G
Under 75 mortality rate from cancer considered preventable	No	2022-24	56.5	48.6	R A R
Under 75 mortality rate from all circulatory diseases considered preventable	No	2022-24	30.9	30.2	R A A
Under 75 mortality rate from causes considered preventable	No	2022-24	166.4	151.2	R R R
TB incidence (three year average)	New	2022-24	5.9	8.5	G G G
Family Hubs					
Breastfeeding at 6-8 weeks	Yes	2025/26	41.7%	-	
Smoking at the Time of Delivery	No	2024/25	7.1%	6.1%	R R A
Achieving a good level of development at aged 2 – 2½	No	2024/25	64.3%	81.4%	R R R
Achieving a good level of development at the end of Reception	Yes	2024/25	67.3%	68.3%	A A A
Family Hubs: annual number of attendees at Family Hubs session	No	2024/25	12,000	n/a	-
Family Hubs: % of families satisfied with service	No	2024/25	94%	n/a	-
GP Access					
Average monthly appointments in General Practice	Yes	2025/26	101,428	n/a	-
% of face-to-face appointments	Yes	2025/26	58%	n/a	-
% of same/next day appointments	Yes	2025/26	59%	n/a	-
% of 0-14 day appointments	Yes	2025/26	88%	n/a	-
% remote appointment	Yes	2025/26	36%	n/a	-
% GP patients 13+ registered to use the NHS App	Yes	2025/26	72%	74%	-
Green and Sustainable Borough					

Health & Wellbeing Strategy Performance Report

Indicator	Updated since Nov HWB Report	Latest data publication date	Latest T&W Value	Latest England Value	Trend for last three data points*
Air Pollution: Concentration of fine particulate matter (PM 2.5)	Yes	2024	6.2	7.1	G G G
Air pollution: estimated fraction of mortality attributable to particulate air pollution	New	2024	4.7	5.3	-
% of households with access to Green or Blue Space within 15-min walk	Revised	2025	84%	78%	-
Percentage of adults walking for travel at least three days per week	No	2022/23	10.3%	18.6%	A R R

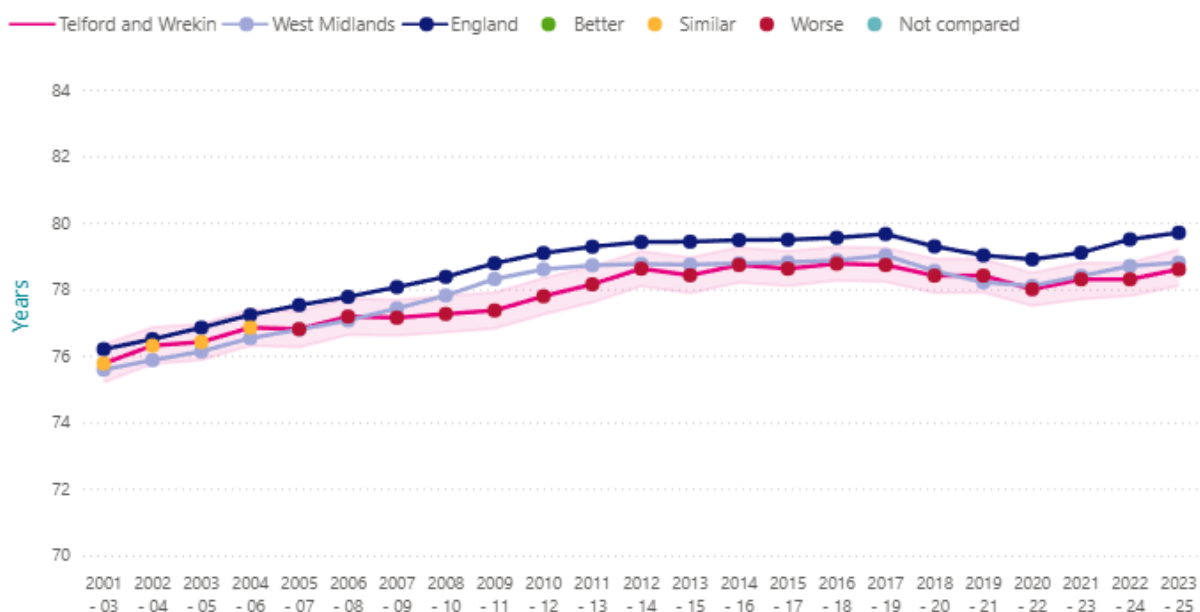
*this column uses the last three data points (usually annual), displayed in chronological order from left to right, displaying the comparison to the England average at each of these points to indicate trends over time. R/A/G status and data is as published by DHSC on [Fingertips.phe.org.uk](https://www.fingertips.phe.org.uk). More detail of these trends is provided within the sections of the report, in previous HWB Outcome reports or on the JSNA website.

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

The following data has been released for the ‘improving life expectancy and healthy life expectancy at birth and at 65’ outcome since the last HWB performance report (November 2025):

Life expectancy at birth - Male

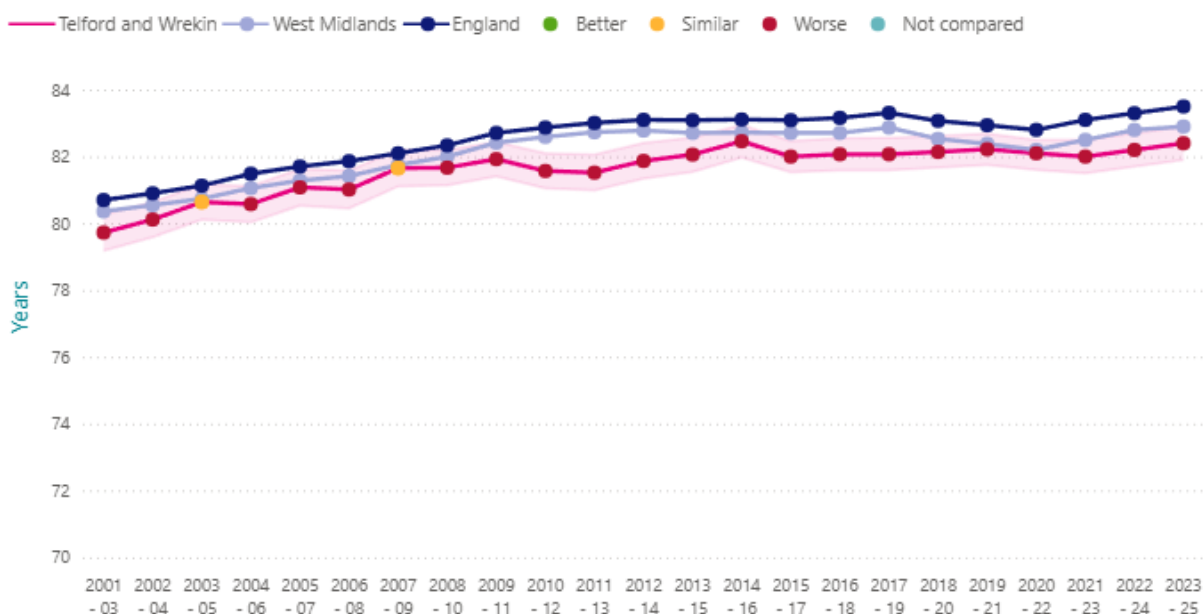
Trend



- Average life expectancy at birth for men in the borough was 78.6 years in 2023-25, compared to 79.7 years for England. Compared with women in the borough, men live 3.8 years fewer on average.
- Male life expectancy at birth has increased by 0.2 years in the decade from 2013-15 to 2023-25 and remains consistently worse than the England rate

Life expectancy at birth - Female

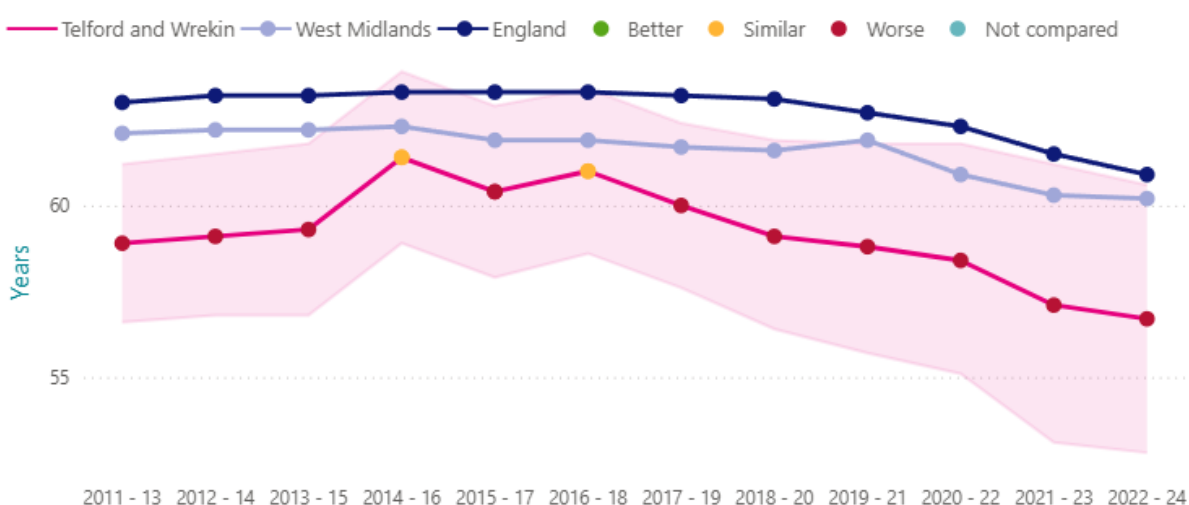
Trend



- Average life expectancy at birth for women in Telford and Wrekin was 82.4 years in 2023-25, compared to 83.5 years for England. Compared with men in the borough, women live 3.8 years longer on average.
- Female life expectancy at birth has increased by 0.3 years in the decade from 2013-15 to 2023-25 and remains consistently worse than the England rate.

Healthy life expectancy at birth - Male

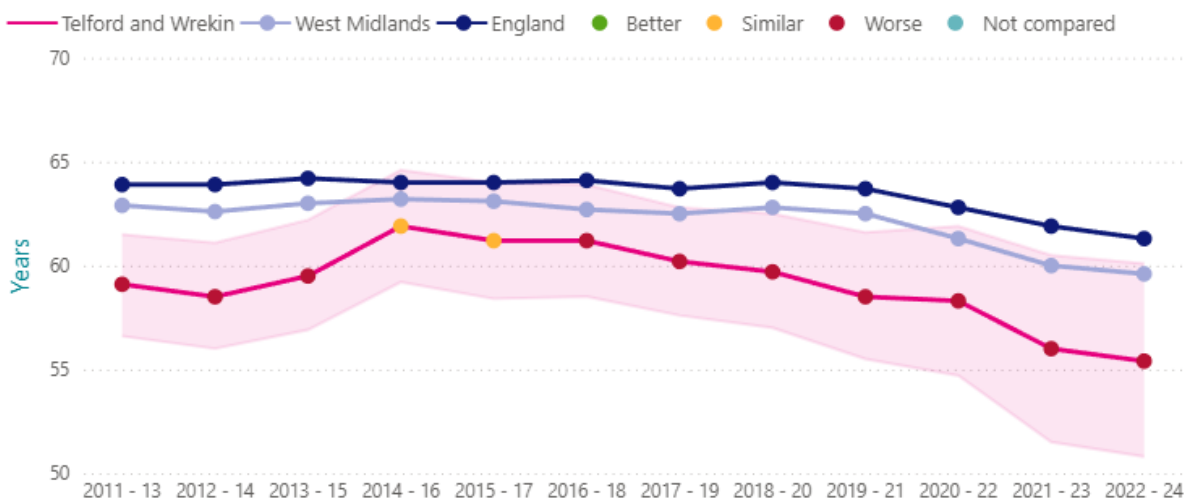
Trend



- Healthy life expectancy for men was 57.6 years in 2022-24, worse than the England average (60.9) The trend in healthy life expectancy has worsened by 4.7 years from a peak of 61.4 years in 2014-16

Healthy life expectancy at birth - Female

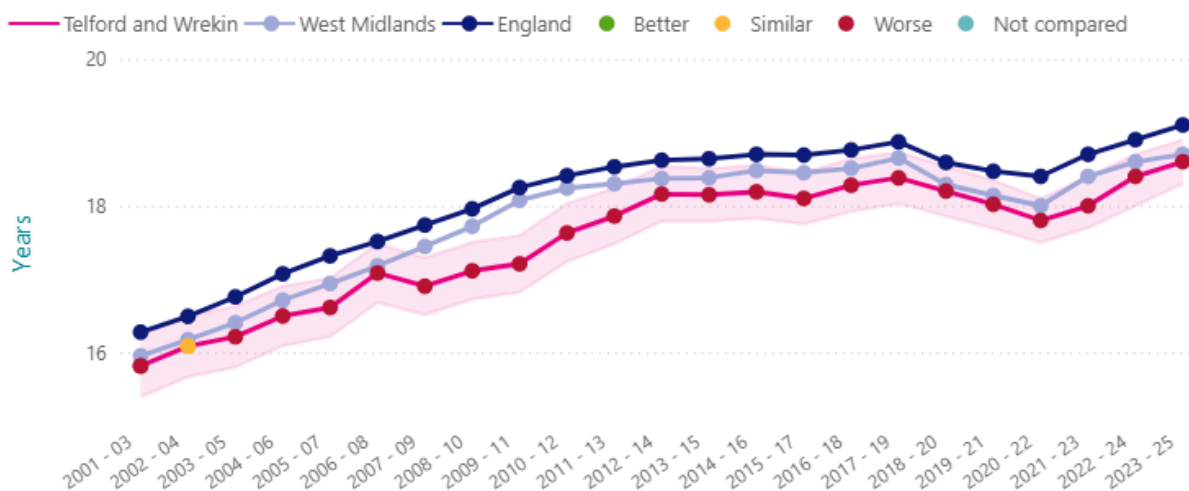
Trend



- Healthy life expectancy for women was 55.4 years in 2022-24, 2.2 years lower than for males. This was 5.9 years lower than the England average. The trend in healthy life expectancy at birth for women has dropped by 2.9 years from 2020-22 to 2022-24.

Life expectancy at 65 - Male

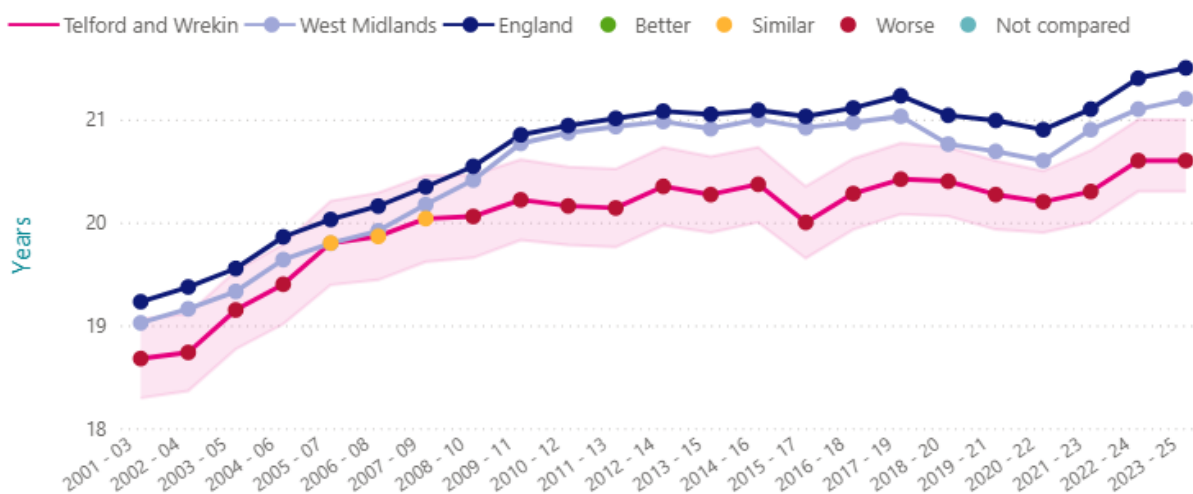
Trend



- Average life expectancy at age 65 for men in the borough was 18.6 years in 2023-25, 0.5 years less than the England average (19.1). The trend over time showed male life expectancy at 65 increasing by 0.4 years in the decade from 2013-15 to 2023-25.

Life expectancy at 65 - Female

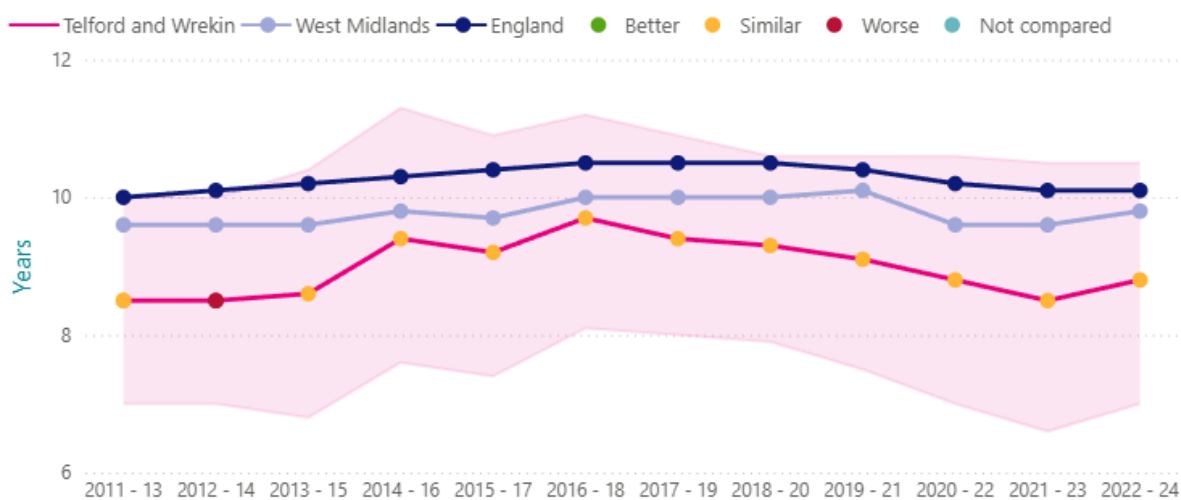
Trend



- Average life expectancy at age 65 for women in Telford and Wrekin was 20.6 years in 2023-25, this was 0.9 years less than the England average. Life expectancy at 65 for women in Telford and Wrekin has increased by 0.3 years in the decade from 2013-15 to 2023-25:

Healthy life expectancy at 65 - Male

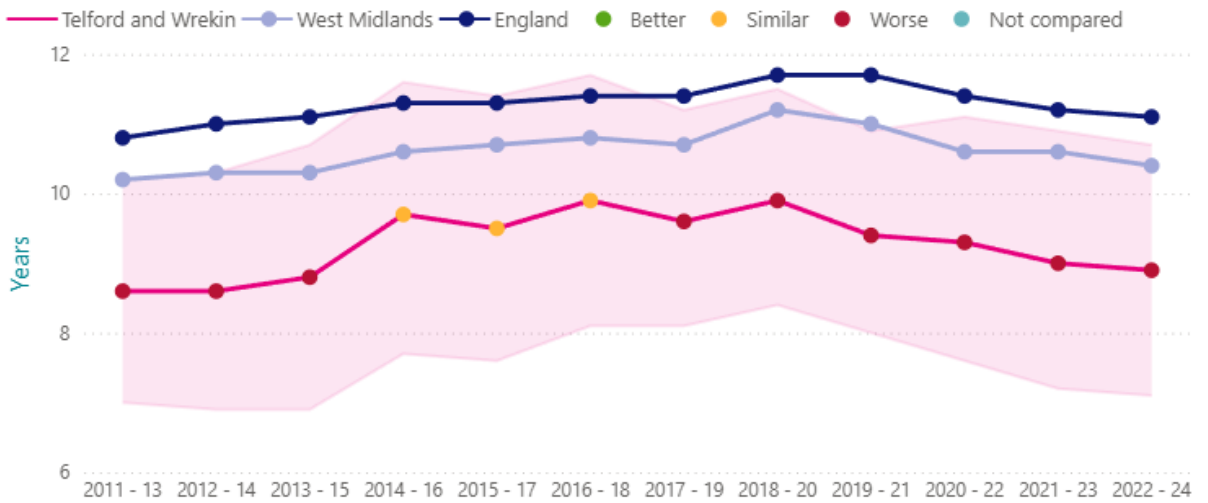
Trend



- Healthy life expectancy at 65 for men in Telford and Wrekin was 8.8 years in 2022-24, statistically similar to the England average of 10.1 years. The trend in healthy life expectancy at 65 has worsened by 0.9 years from a peak of 9.7 years in 2016-18.

Healthy life expectancy at 65 - Female

Trend



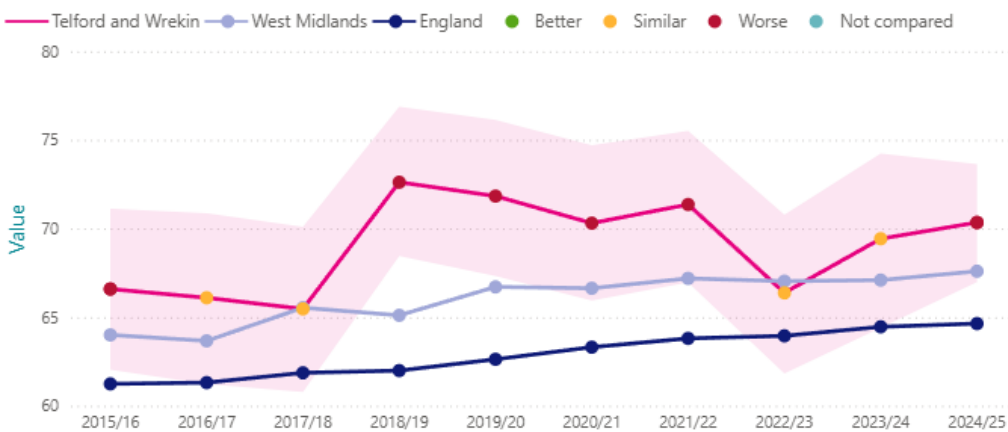
- Healthy life expectancy for women at 65 was 8.9 years in 2022-24, 0.1 years higher than for males. This was 2.2 years lower than the England average of 11.1. The trend in healthy life expectancy at birth for women has dropped by 1.0 years from a peak of 9.9 years in 2016-18.

4.3 Healthy weight

The following data has been released regarding the ‘healthy weight’ outcome since the last HWB performance report (November 2025):

Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight)

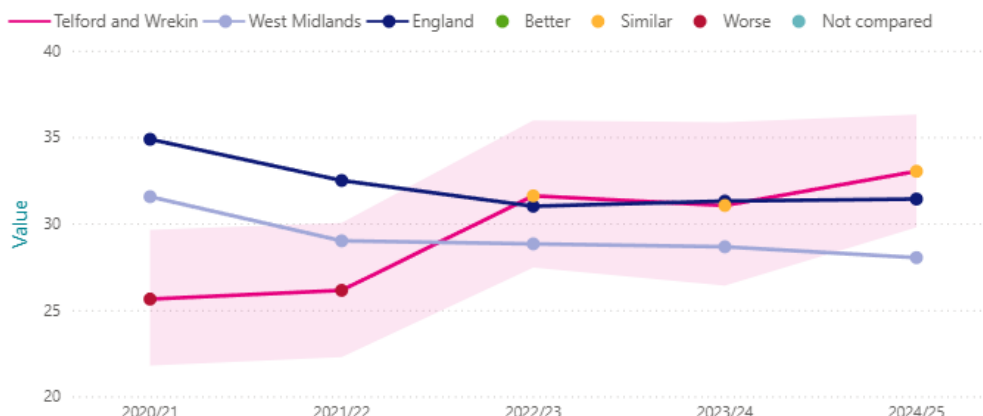
Trend



- The estimated proportion of adults who are overweight or obese is 70.3%, worse than the national average of 64.6%.

Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations

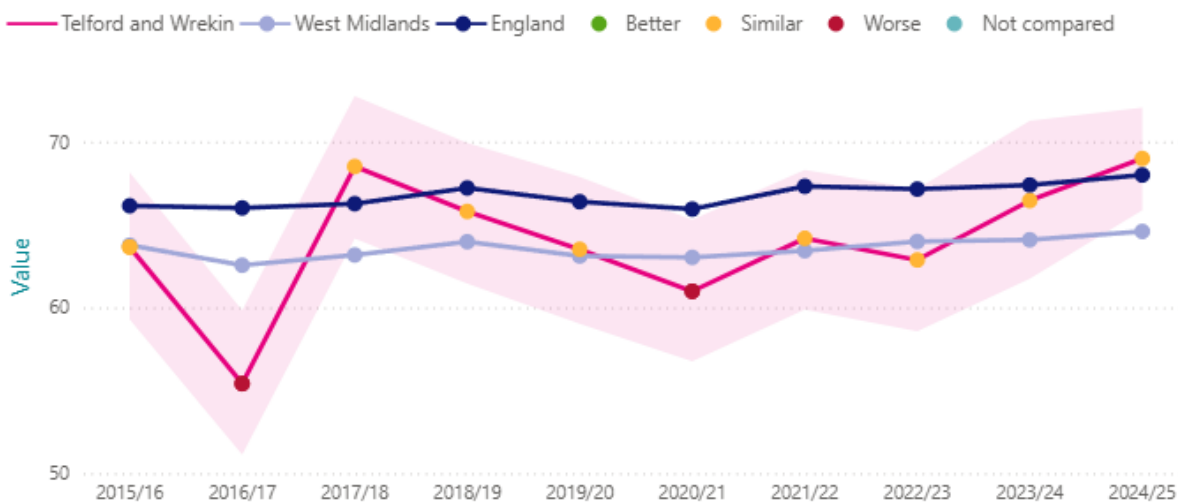
Trend



- The estimated proportion of adults who are estimated to be meeting the '5-a-day' fruit and vegetable consumption is 33.0%, similar to the national average of 31.4%.

Percentage of physically active adults - Persons

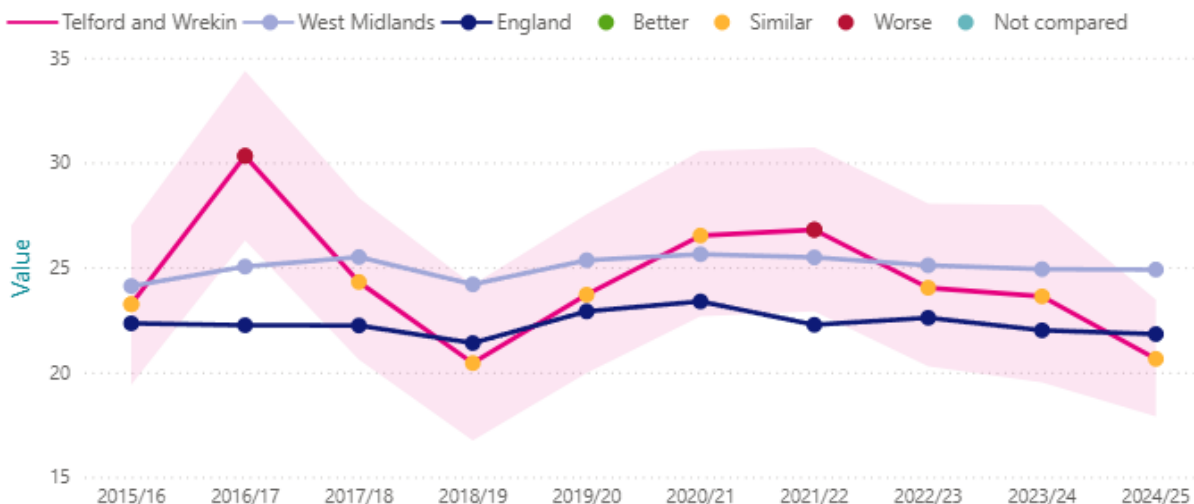
Trend



- The estimated proportion of adults who are physically active is 69.0%, similar to the national average of 68.0%.

Percentage of physically inactive adults - Persons

Trend



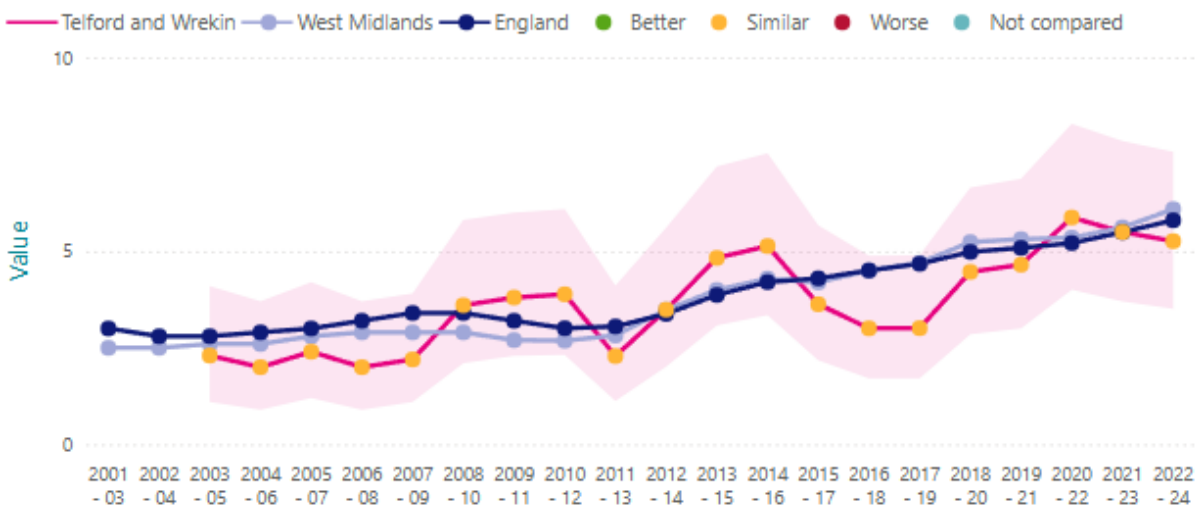
- The estimated proportion of adults who are physically inactive is 20.6%, similar to the national average of 21.8%.

4.4 Alcohol, drugs and domestic abuse

The following data has been released regarding the ‘alcohol, drugs and domestic abuse’ outcome since the last HWB performance report (November 2025):

Deaths from drug misuse - Persons

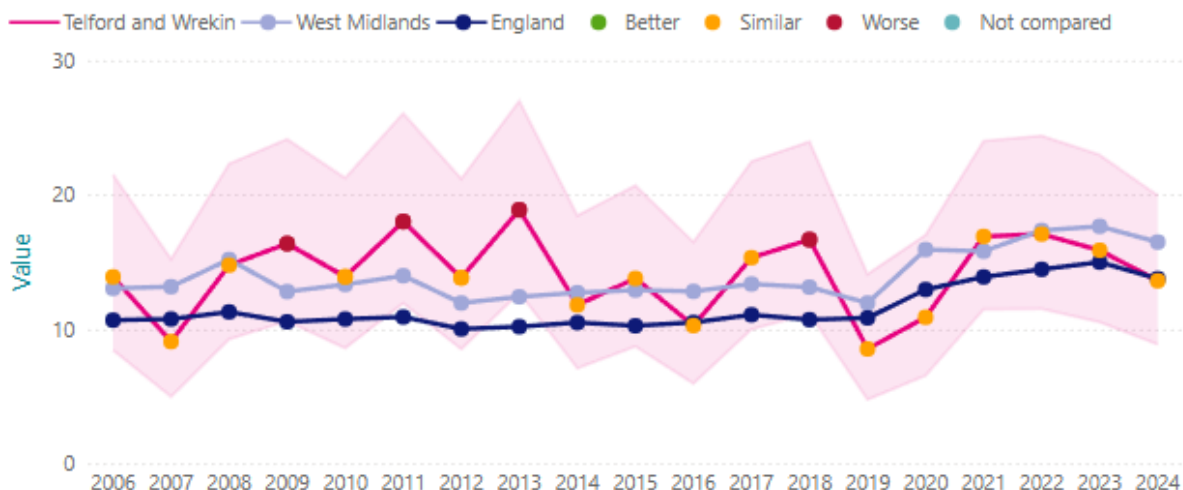
Trend



- There were 29 deaths from drug misuse in Telford and Wrekin between 2022 and 2024. This equates to a rate of 5.3 per 100,000, similar to the England average of 5.8

Alcohol-specific mortality - Persons - 1 year

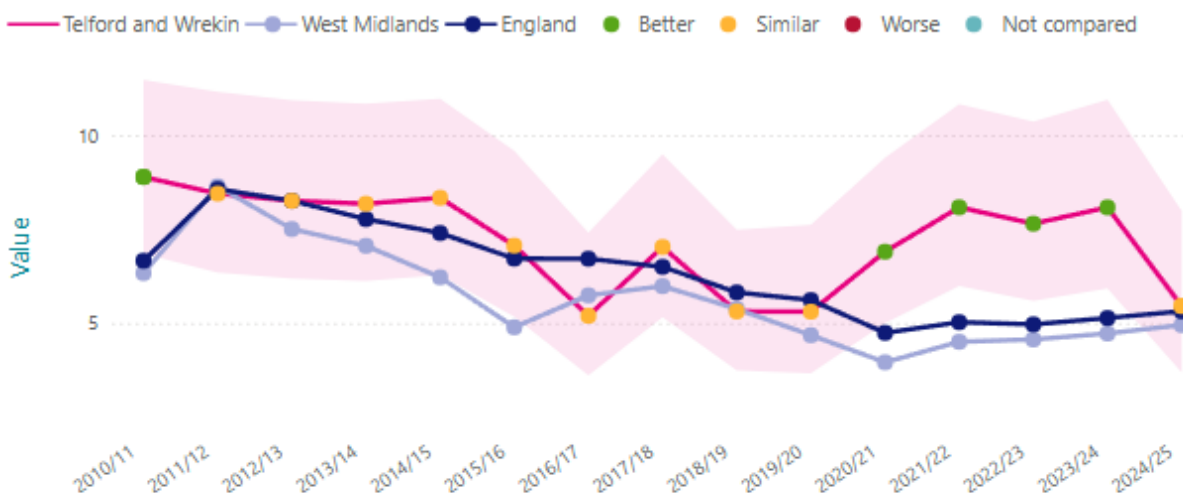
Trend



- Latest data shows that there were 26 alcohol specific deaths in Telford and Wrekin in 2024. This equates to a rate of 13.6 per 100,000 and is similar to the England average of 13.8.

Successful completion of drug treatment: opiate users - Persons

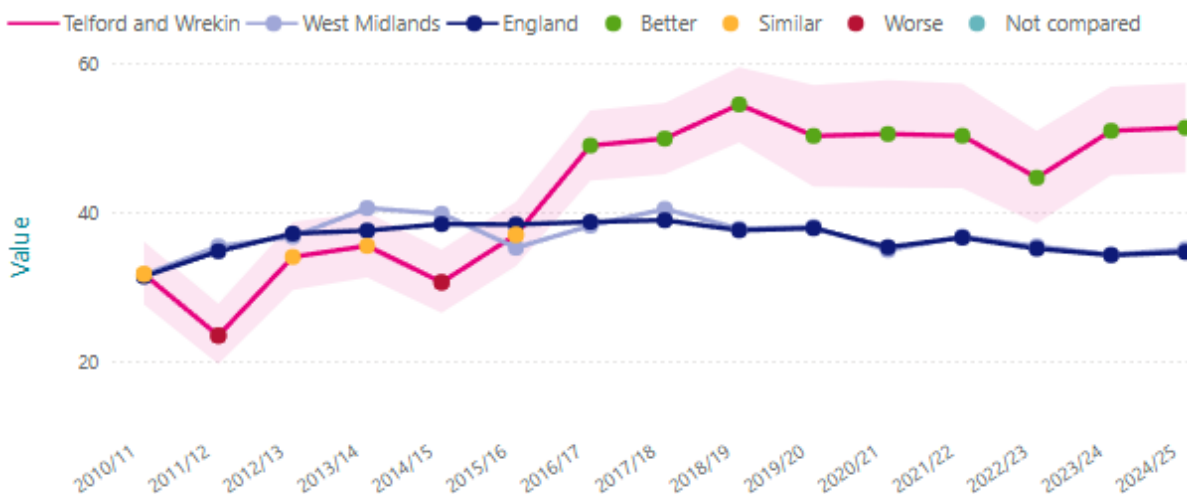
Trend



- The percentage of successful completions of drug treatment for opiate users in 2024/25 was 5.5%, similar the England rate of 5.3%.

Successful completion of alcohol treatment - Persons

Trend



- The percentage of successful completions of drug treatment for opiate users in 2024/25 was 51.3%, better than the England rate of 34.6%.

4.5 Economic Opportunity

The following data has been released regarding the 'economic opportunity' outcome since the last HWB performance report (November 2025):

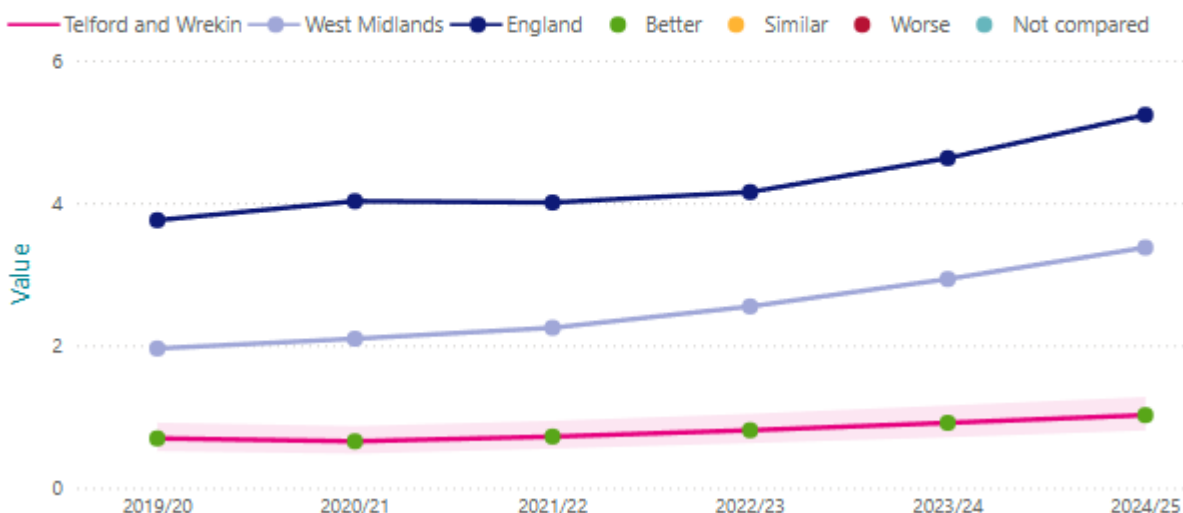
- The proportion of people of working age who claim unemployment benefits, at 3.8%, remains consistently below the England average (4.1%)

4.6 Housing and Homelessness

The following data has been released regarding the 'housing and homelessness' outcome since the last HWB performance report (November 2025):

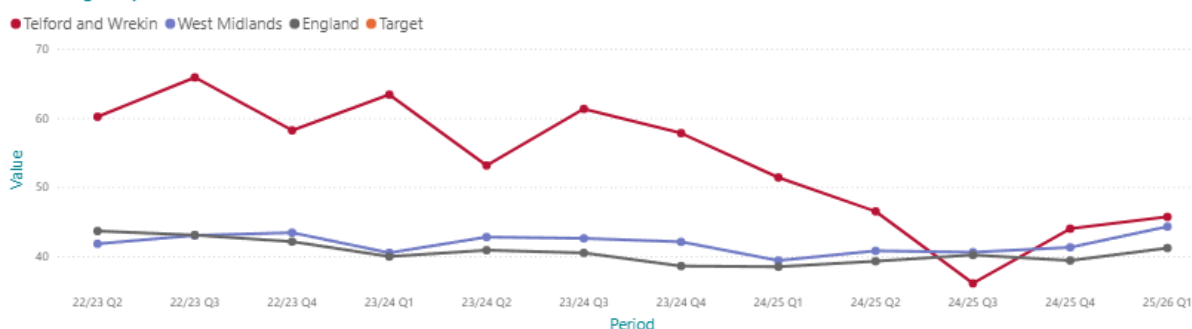
Homelessness: households in temporary accommodation

Trend



- The rate of households in temporary accommodation per 1,000 households, at 1.0%, is notably lower (better) than the national average of 5.2, and has remained low for a number of years.

Percentage of prevention & relief duties owed that ended in accommodation secured



- The percentage of households at risk of homelessness and owed prevention and relief duties where accommodation was successfully secured, at 46.5%, is higher (better) than the national average of 39.3%.
- The total number of people sleeping rough, as a snapshot in autumn 2025, was 10. This is similar to the number in the previous two years of 7 (2024) and 10 (2023).

4.7 Mental Health & Wellbeing

The following data has been released regarding the 'mental health and wellbeing outcome since the last HWB performance report (November 2025):

- The proportion of patients aged 14+ with a learning disability who received a health check during 2025/26 was 80.6% compared to an England average of 80% (figure for Shropshire, Telford & Wrekin ICB).
- The proportion of patients on the mental health register who have received a health check in 2025/26 was 58.3% (figure for Shropshire, Telford & Wrekin ICB).

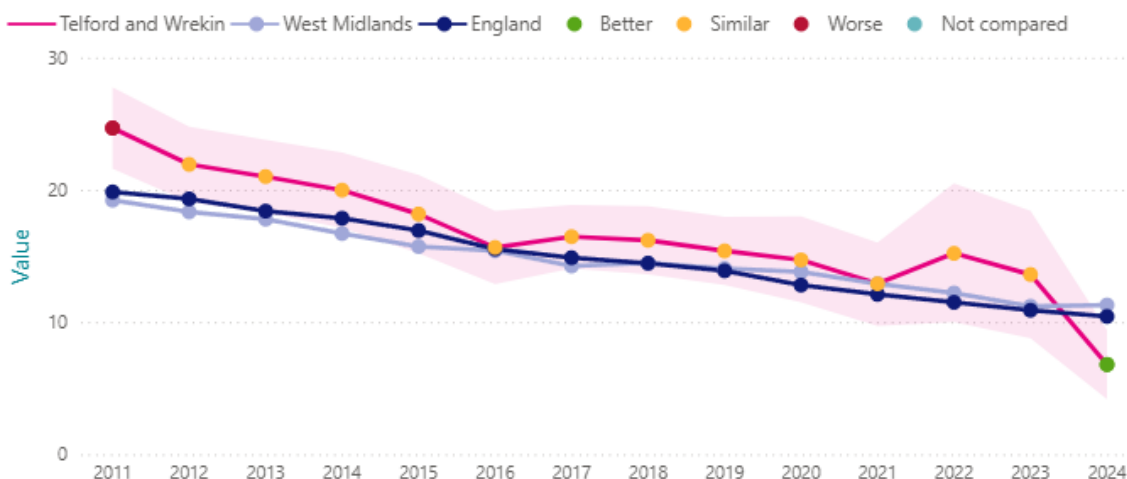
4.8 Protect, prevent and detect early

The following data has been released regarding the ‘protect, prevent and detect early’ outcome since the last HWB performance report (November 2025):

- The percentage of mothers breastfeeding at 6-8 weeks has increased for 2025/26 to 41.7%, an increase from 38.6% in 2024/24 and the highest rate seen in recent years.

Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) - Persons

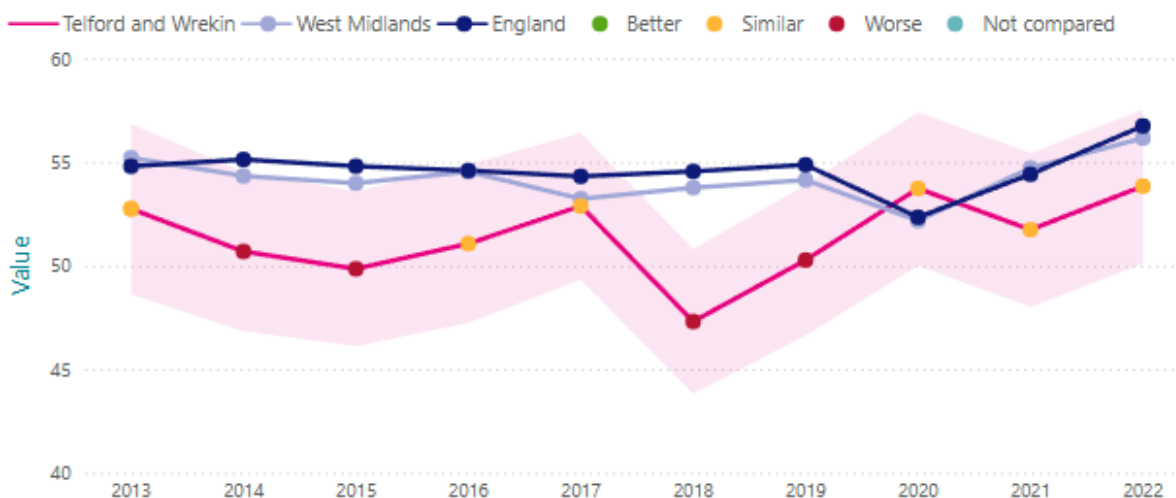
Trend



- The proportion of people who are estimated to smoke in the adult population (6.8%) has dropped notably in 2024 and is now below the England average (10.4%).

Percentage of cancers diagnosed at stages 1 and 2 - Persons

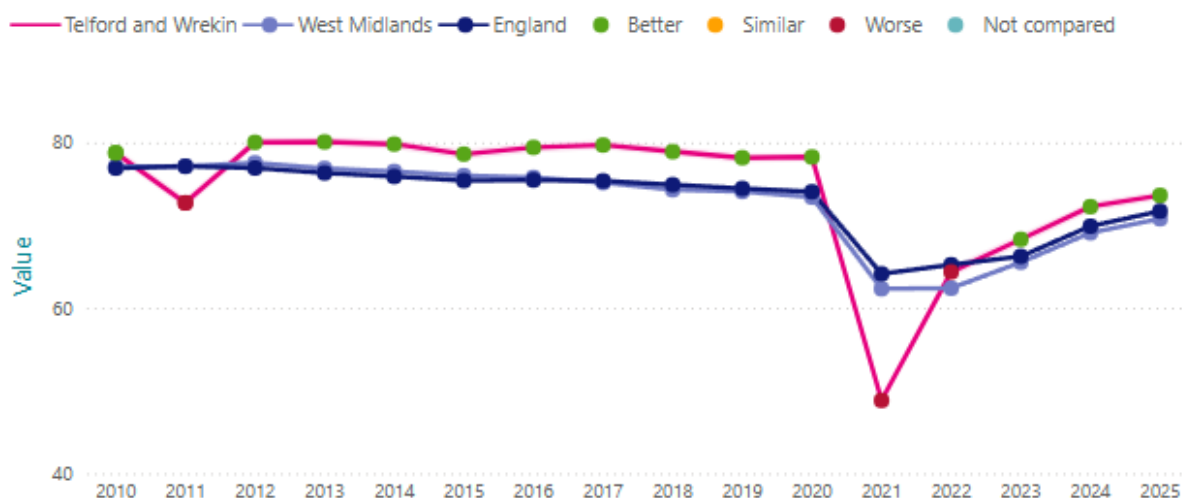
Trend



- The percentage of cancers diagnosed at stage 1 and stage 2 in 2022 was 53.8%, similar to the national average of 56.8%.

Cancer screening coverage: breast cancer - Female

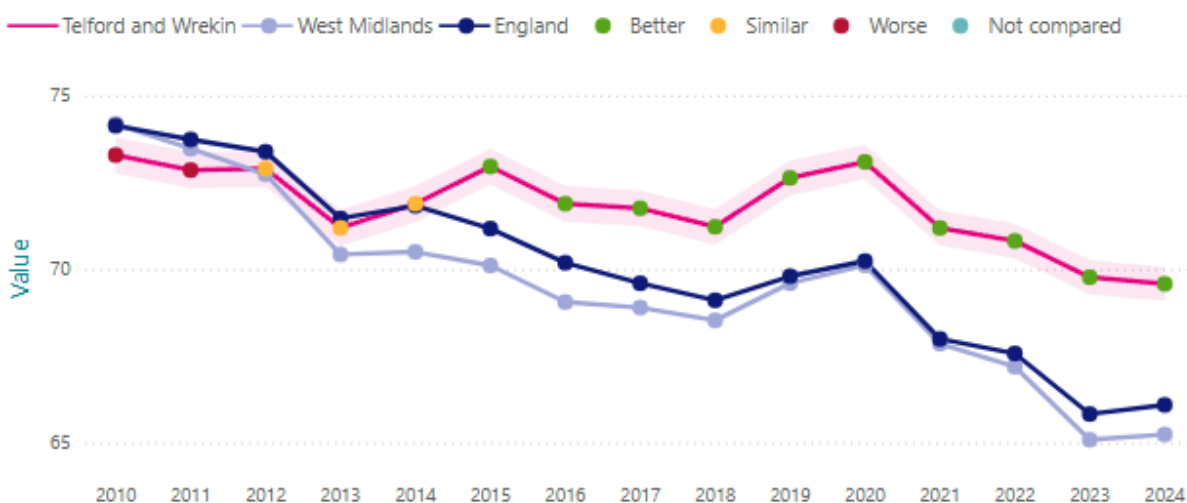
Trend



- Breast cancer screen coverage in 2025 was 73.6%, higher than England average of 71.7%. The rate has been higher than the England rate and increasing for the last four years.

Cancer screening coverage: cervical cancer (aged 25 to 49 years old) - Female

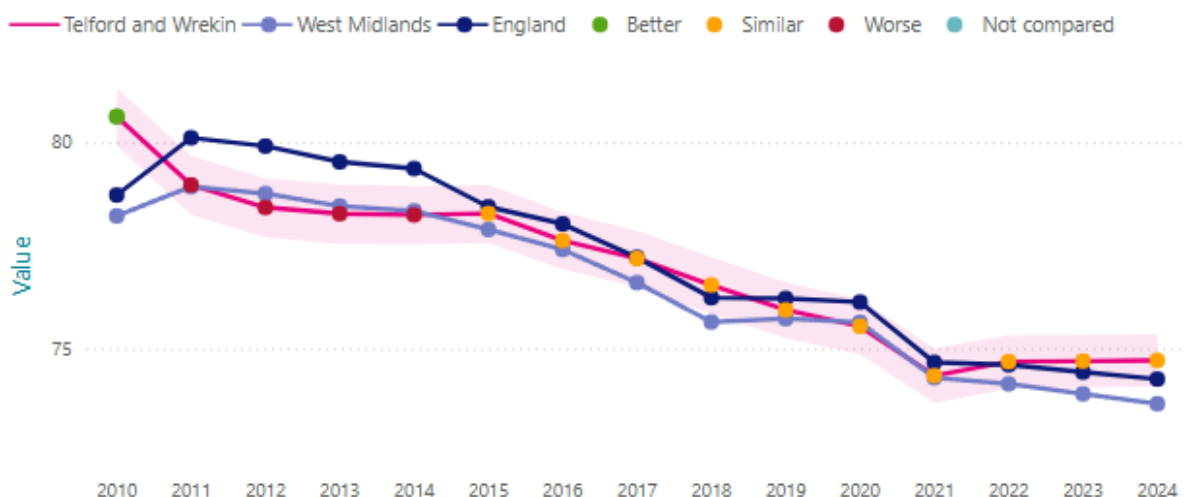
Trend



- Screening coverage for cervical cancer in women aged 25-49 in 2025 (69.6%) continued to be better than the England average of 66.1%, however has been declining over recent years.

Cancer screening coverage: cervical cancer (aged 50 to 64 years old) - Female

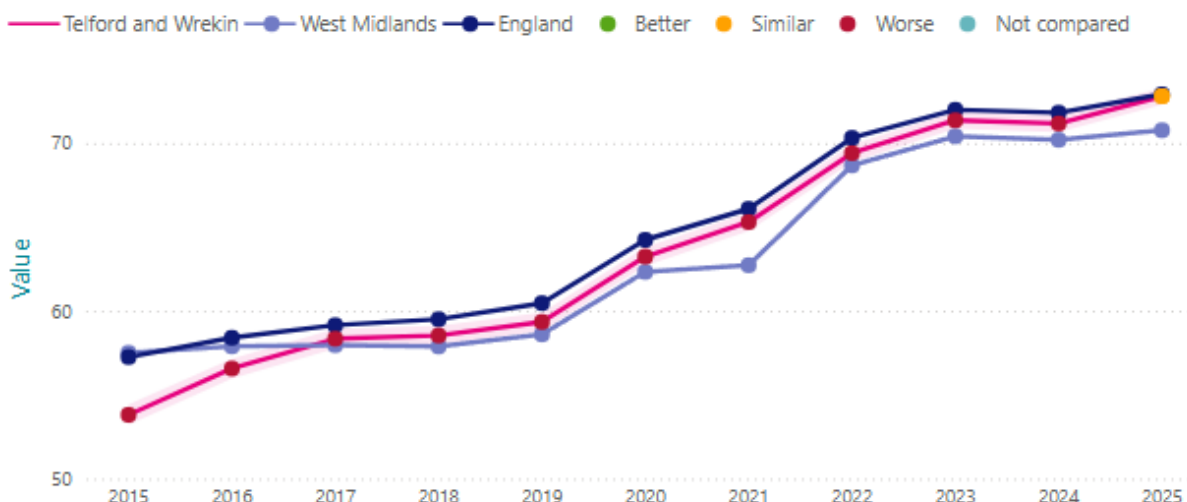
Trend



- Screening coverage for cervical cancer in women aged 50-64 was 74.4% in 2024, similar to the England rate of 74.3%.

Cancer screening coverage: bowel cancer - Persons

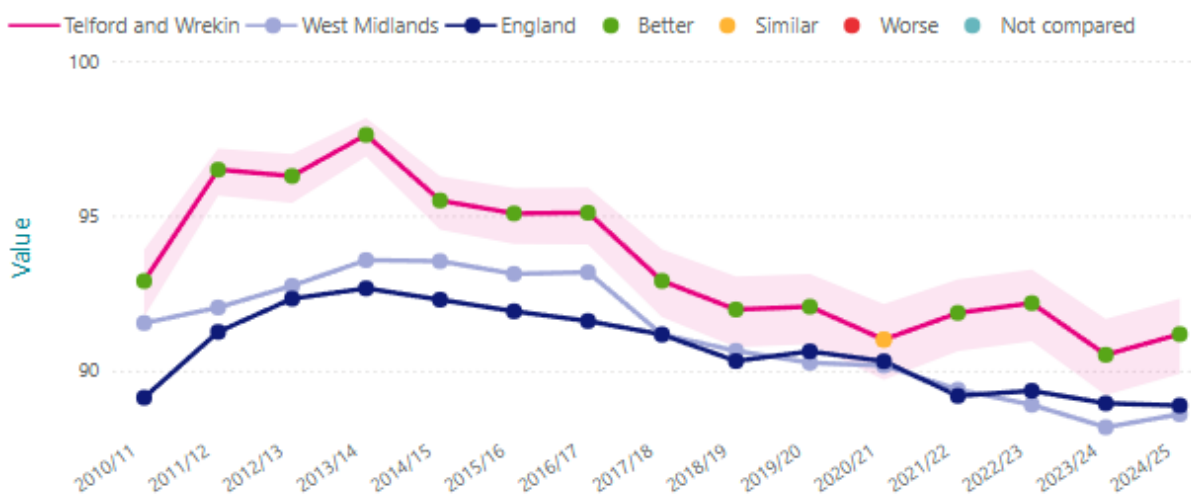
Trend



- Bowel cancer screening coverage in 2025 was 72.8%, similar to the England average of 72.9%. The bowel cancer screening coverage rate has been worse than the England average since 2015 but improved to be similar in 2025.

Population vaccination coverage: MMR for one dose (2 years old) - Persons

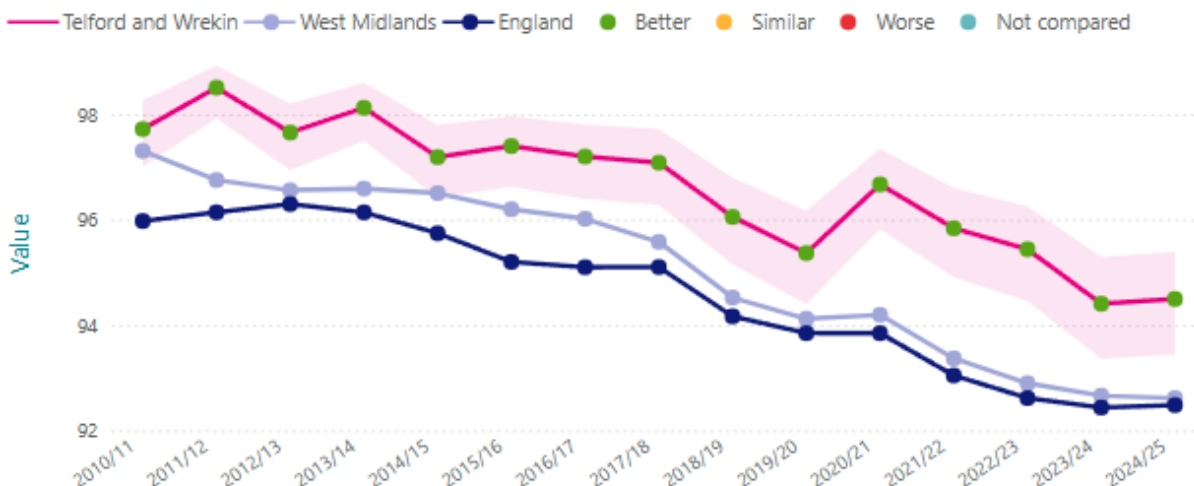
Trend



- The vaccination rate for the MMR vaccine in Telford and Wrekin in 2024/25 was better than England for two-year-olds having received their first dose, with 91.2% of children receiving it compared to the England rate of 88.9%.

Population vaccination coverage: Dtap IPV Hib HepB (2 years old) - Persons

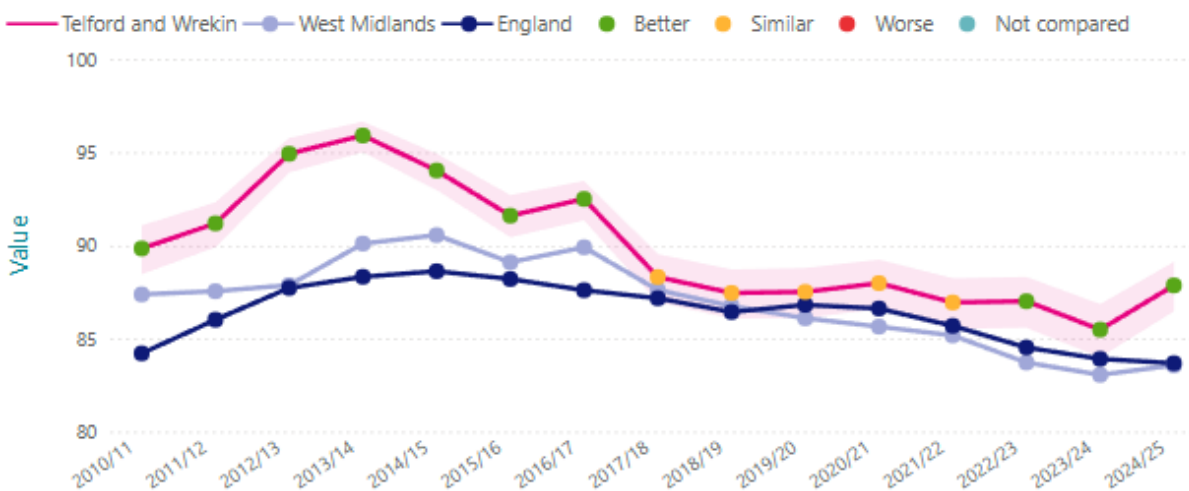
Trend



- The vaccination coverage of the combined DTaP IPV Hib in 2024/25 continued to be better than the England rate for two-year-olds, with 93.6% receiving the vaccination compared to 91.3%.

Population vaccination coverage: MMR for two doses (5 years old) - Persons

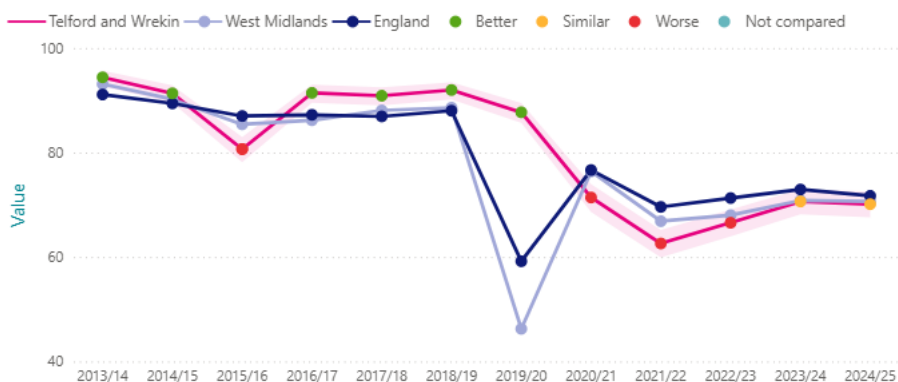
Trend



- 87.9% of children aged five received two doses of the MMR vaccination, higher than the England rate of 83.7%.

Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) - Female

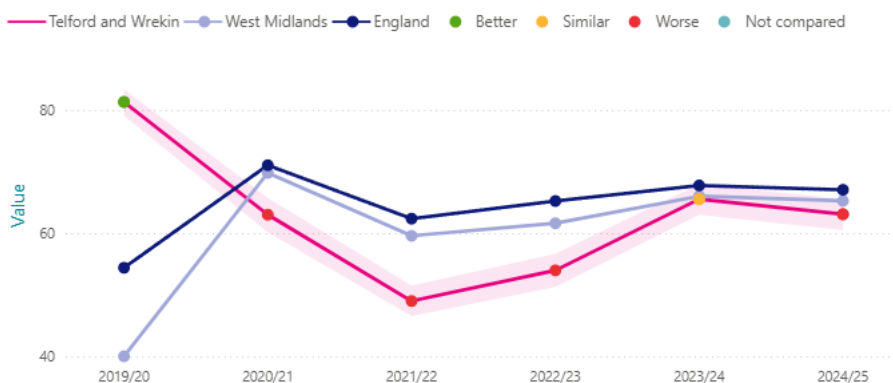
Trend



- HPV vaccination for one dose for females aged 12-13 was 70.1% in 2024/25, similar to the England rate of 71.7%.

Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) - Male

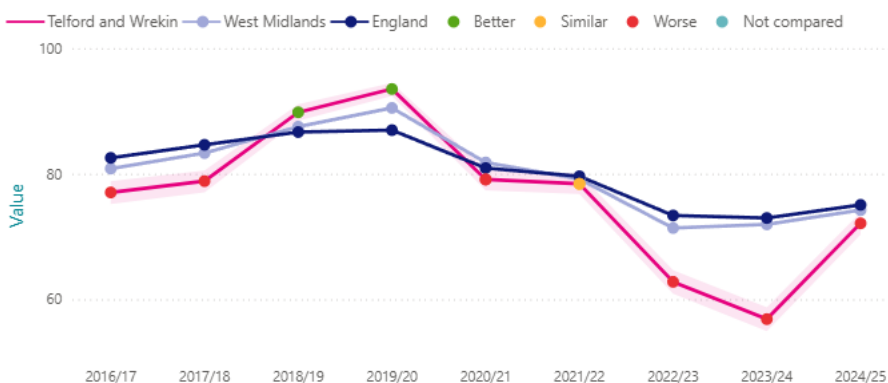
Trend



- The HPV vaccination for one dose for males aged 12-13 was 63.1% in 2024/25, worse than the England average of 67.0%.

Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)

Trend

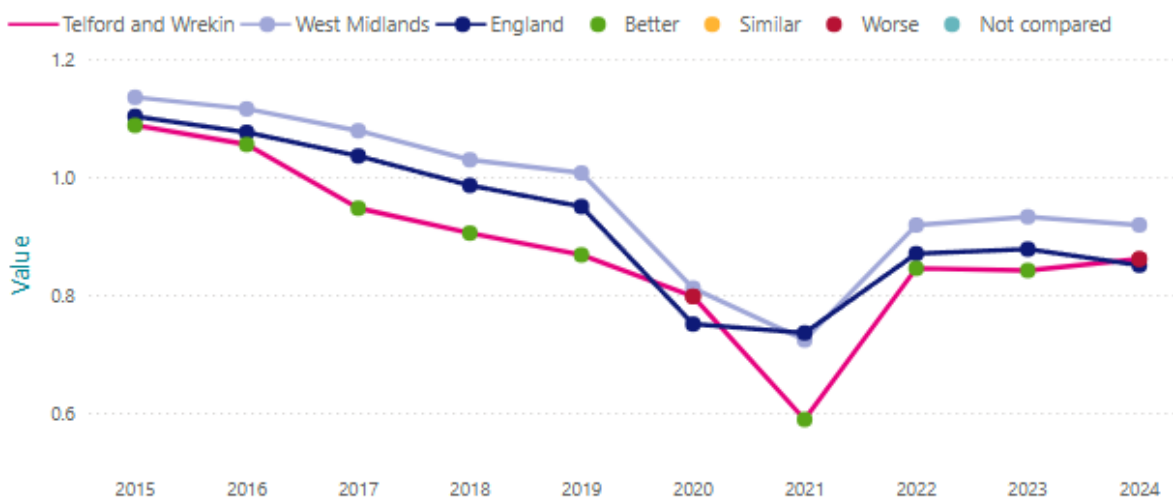


- The vaccination coverage of the Meningococcal ACWY conjugate vaccine in Telford and Wrekin was worse than England in 2024/25.

Vaccination coverage was 72.1% compared to England 75.1%. Coverage increased from 56.9% on 2023/24.

Adjusted antibiotic prescribing in primary care by the NHS - Persons

Trend



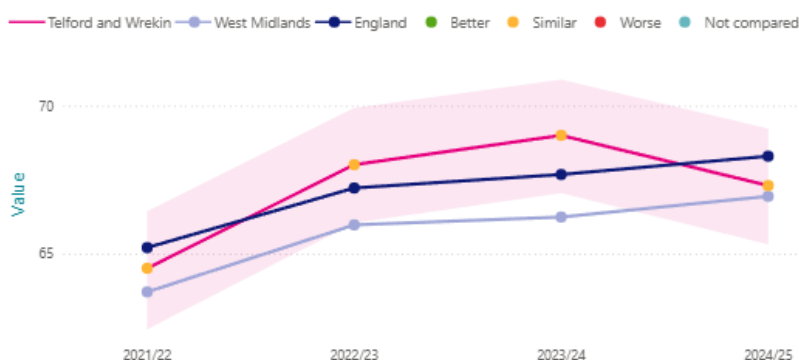
- The adjusted antibiotic prescribing in primary care by the NHS rate for 2024 was 0.86, worse than the England rate of 0.85.

4.9 Integrated neighbourhood health and care: Family Hubs

The following data has been released regarding the ‘integrated neighbourhood health and care: family hubs’ outcome since the last HWB performance report (November 2025):

School readiness: percentage of children achieving a good level of development at the end of Reception

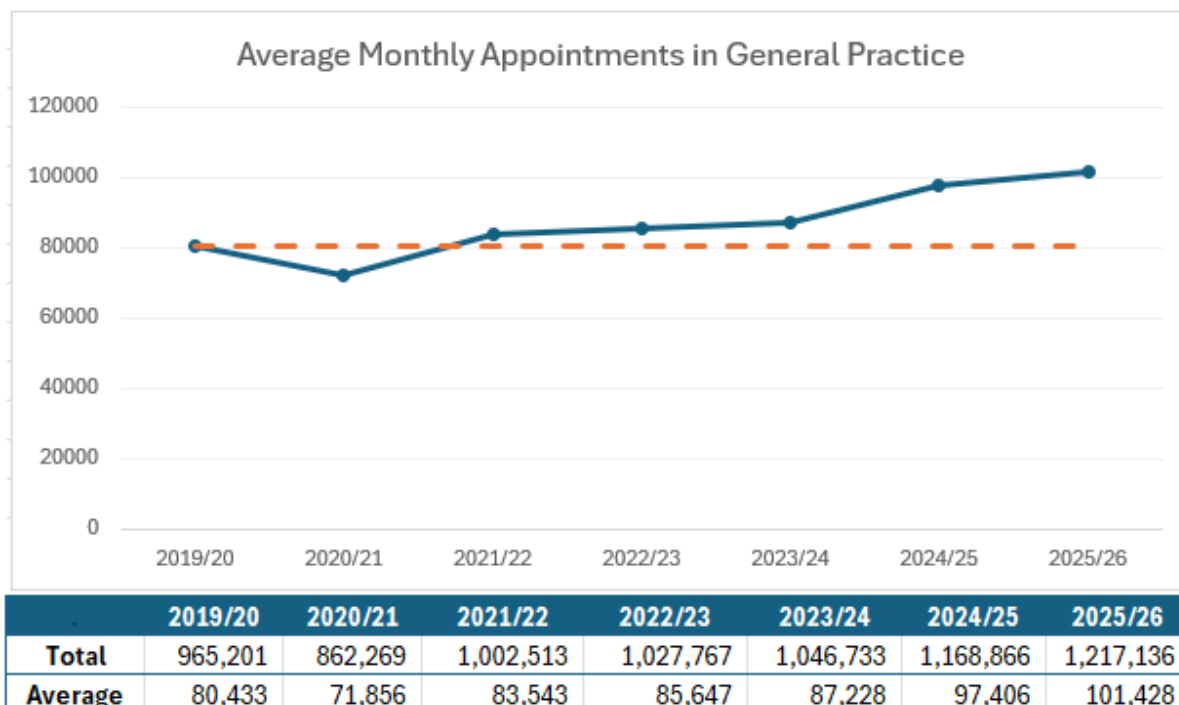
Trend



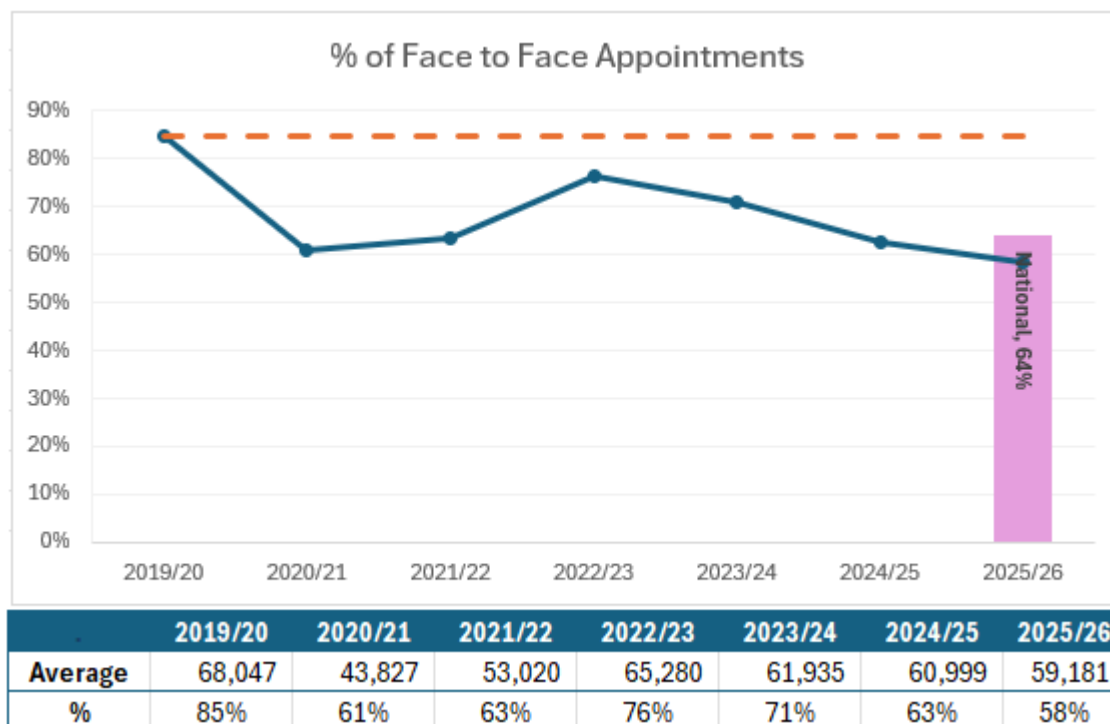
- The proportion of children achieving a good level of development at the end of Reception in 2024/25 was 67.3% compared to the national average of 68.3%.

4.10 GP Access

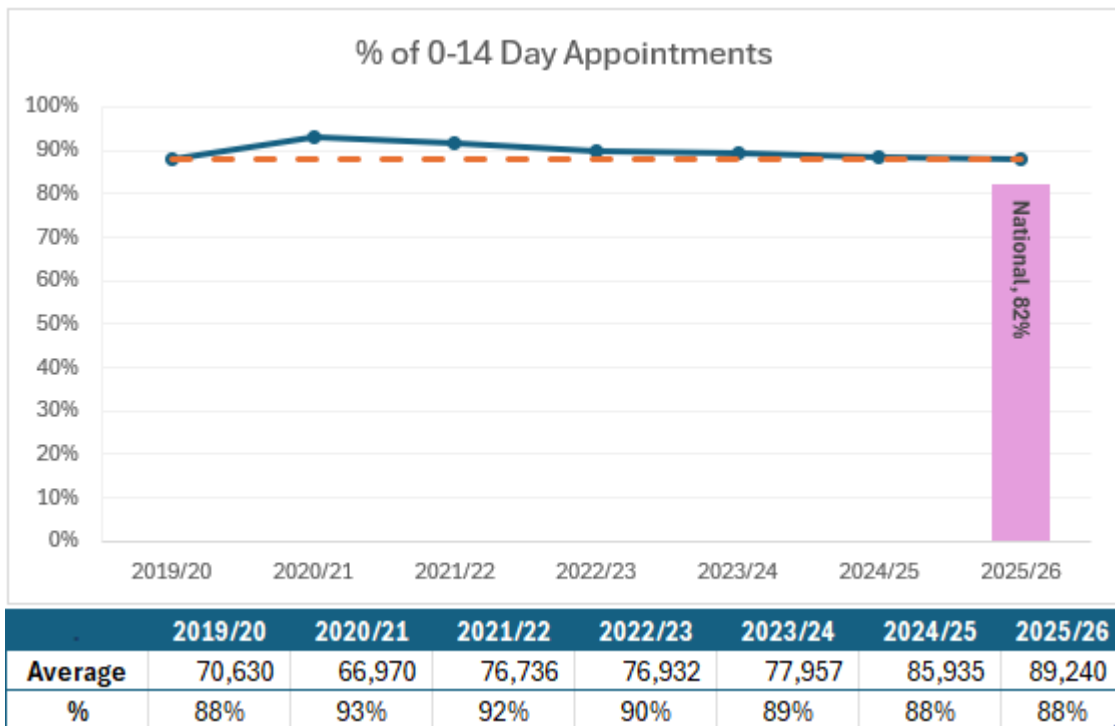
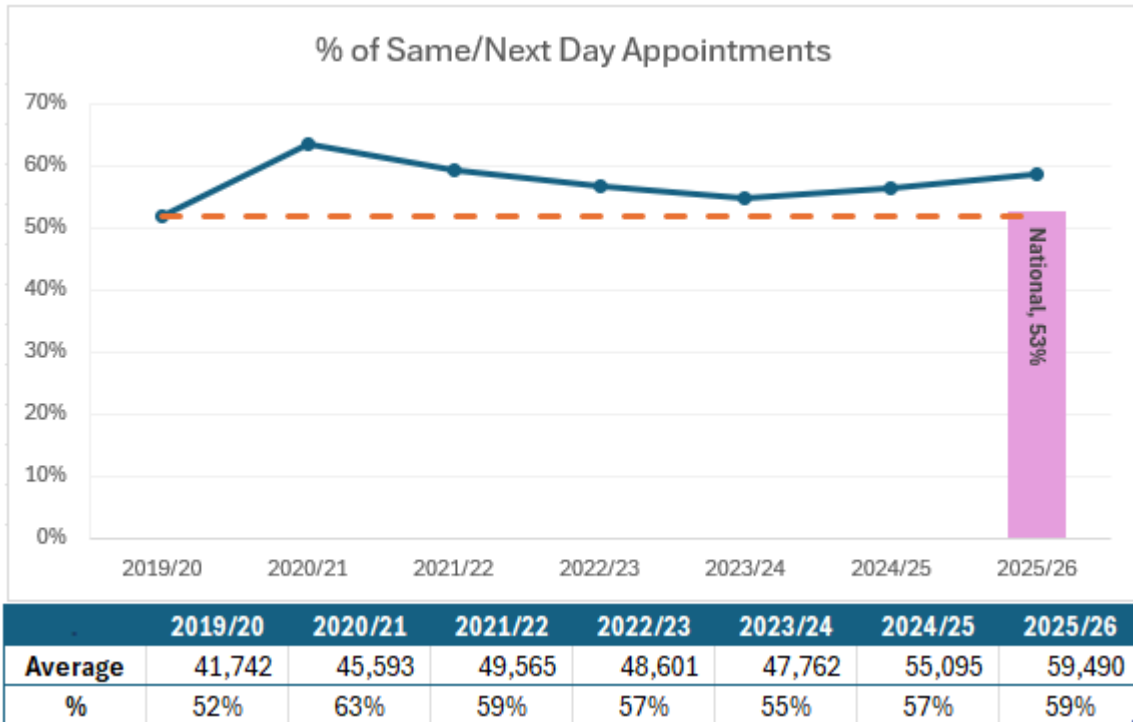
The following data has been released regarding the 'GP access' outcome since the last HWB performance report (November 2025):

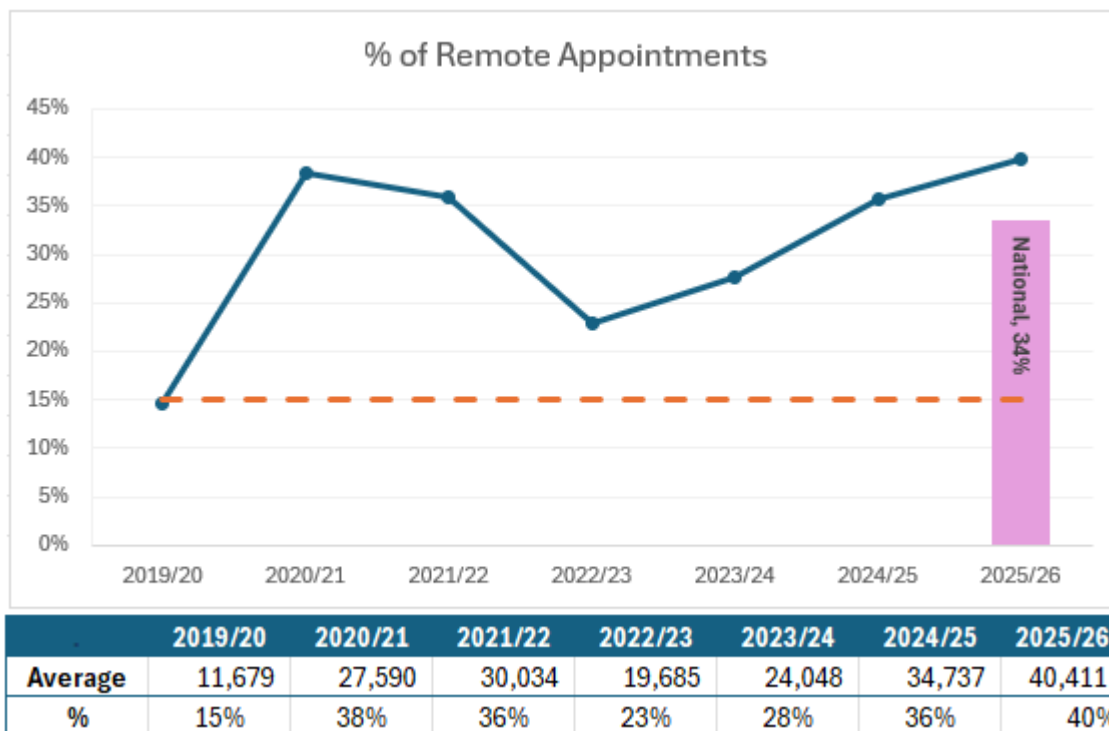


- The 1,000 per capita rate in 2025/26 for national comparison was 467 per 1,000 patients (nationally 496 per 1,000)



Health & Wellbeing Strategy Performance Report

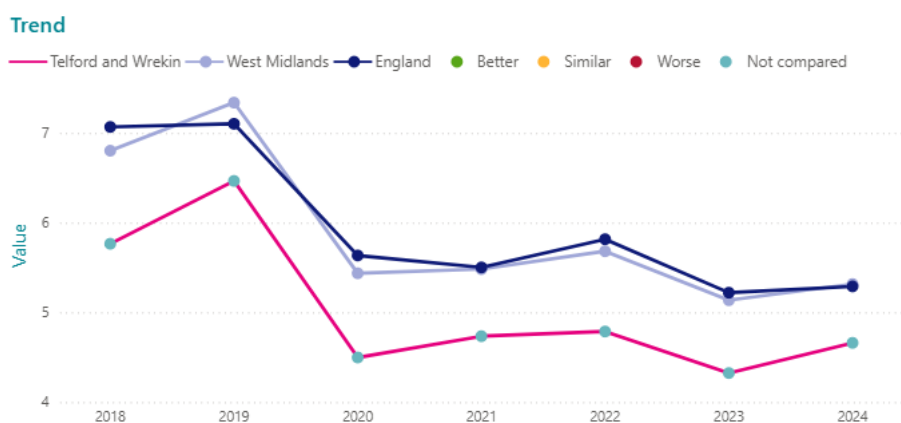




4.11 Green and sustainable borough

The following data has been released regarding the 'green and sustainable borough' outcome since the last HWB performance report (November 2025):

Air pollution: estimated fraction of mortality attributable to particulate air pollution



- The fraction of mortality attributable to particulate air pollution in Telford and Wrekin was 4.7% in 2024, 0.6 percentage points less than England (5.3). Mortality attributable to air pollution remains consistently below the England average.
- A newly measure shows that 84% of households in the borough have access to green or blue space within a 15-minute walk, higher than the England average of 78%.

5.0 Alternative Options

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

6.0 Key Risks

- 6.1 There are no key risks identified

7.0 Council Priorities

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

8.0 Financial Implications

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

9.0 Legal and HR Implications

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

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

10.0 Ward Implications

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

11.0 Health, Social and Economic Implications

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

12.0 Equality and Diversity Implications

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

13.0 Climate Change and Environmental Implications

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

14.0 Background Papers

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

15.0 Appendices

None

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Director	09/06/2026	10/06/2026	HO
Legal	08/06/2026	09/06/2026	DTW/SH
Finance	08/06/2026	09/06/2026	RP/TD

Enclosure No: 07

Report to:	ICB Boards in Common							
Date:	30 th April 2026							
Title:	Creating the System Architecture to Accelerate Delivery of Neighbourhood Models of Care							
Presenting Officer:	Phil Smith Chief Officer System Development and Integration							
Author(s):	Claire Parker, Emma Pyrah and Nicola Harkness							
Document Type:		Action Required (select):						
Report	<input type="checkbox"/>	Business Plan	<input type="checkbox"/>	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input checked="" type="checkbox"/>	
Strategy	<input checked="" type="checkbox"/>	Policy	<input type="checkbox"/>	Assurance (S)	<input type="checkbox"/>	Approval (A)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	(please describe)		Ratification (R)	<input type="checkbox"/>	(check as necessary)		
Is the decision within SOFD powers & limits					Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Any potential / actual Conflict of Interest?					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Not applicable								
Any financial impacts: ICB or ICS?					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>There are no specific financial impact in relation to this paper but there will be a need to deliver the model through medium term financial planning, 'left shift' funding, capital and digital funding.</i>								
Any impacts on ICB Undertakings?					Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>If Y, are those signed off by and date:</i>					<i>E.g. Chief Finance Office, dd-mmm-yyyy</i>			
Appendices:	None							

(1) Purpose of the Paper:

To seek Board endorsement of the development of a single, integrated system vision and delivery approach for neighbourhood health. This is the next step in setting out the delivery environment to support the 5-year Strategic Commissioning Plan agreed at the March ICB Boards in Common and will form part of the response to NHS England's requirement for a system-wide strategic commissioning narrative by 15 May 2026.

The paper sets out:

- A high-level operating model for roles and functions of Place and Neighbourhoods
- Strengthened governance and system leadership
- A proposal for a phased approach to delegation (2026–2029)
- Priority actions for the next 12 months

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Presented for Board discussion on 30 th April – recognising component elements on neighbourhood models of care have been presented at the Boards at various times.	
<i>Expand as necessary if the report went to multiple meetings</i>	

(3) Implications:	
Legal / Regulatory	<i>Set out in the NHS 10 Year Plan for Health</i>
CQC / Patient Safety	<i>None identified specifically within this paper</i>
Financial (CFO-assured)	<i>None identified specifically within this paper</i>
Sustainability	<i>n/a</i>
Workforce / Training	<i>Neighbourhood health is about working together differently to make optimal use of shared available resources. This will need to be defined in a workforce model and plan that articulates the future activity shift from hospital and community that fully takes account of population health needs and requirements, joint training and staff rotation across services and productive integrated working with a supply training and education plan to support delivery</i>
Equality & Diversity	<i>n/a</i>
Due Regard: Inequalities	<i>This model of care is designed to address inequalities including health and wider determinants of health where applicable and based on population health data.</i>
Due Regard: wider effect	<i>This model of care is designed to improve health and wider determinants to increase employment, access to education and improve wider socio-economic benefits.</i>

(4) Statutory Dependencies & Impact Assessments:									
	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off				
DPIA	Yes	No	N/A	Click or tap here to enter text.	<i>Reported to IG Committee:</i> Click or tap to enter a date.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			EIA	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	QIA	Yes	No	N/A	E.g. per QIA Policy, that it doesn't impact quality of services Click or tap here to enter text.	<i>SRO sign-off, outcome & date of completion:</i> Click or tap here to enter text.
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

Has there been Public / Patient Involvement?	Yes	No	N/A	<i>Click or tap here to enter text.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

(5) Integration with SBAF (for NHS SSOT) / Strategic Risks (SR, for NHS STW)					
SBAF1	Responsive Patient Care - Elective	<input checked="" type="checkbox"/>	SBAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>
SBAF2	Responsive Patient Care - UEC	<input checked="" type="checkbox"/>	SBAF6	Sustainable Finances	<input checked="" type="checkbox"/>
SBAF3	Transforming Community Services	<input checked="" type="checkbox"/>	SBAF7	Improving Productivity	<input checked="" type="checkbox"/>
SBAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	SBAF8	Sustainable Workforce	<input checked="" type="checkbox"/>
SR1	Strategic Collaboration & Partnership	<input checked="" type="checkbox"/>	SR4	ICS Workforce (retention/wellbeing)	<input checked="" type="checkbox"/>
SR2a	ICB & System Financial Balance	<input type="checkbox"/>	SR5	Digital & Data Systems / Strategy	<input checked="" type="checkbox"/>
SR2b	ICB & System RRL / CRL Plans	<input type="checkbox"/>	SR6	ICS Strategic Response (e.g. EPRR)	<input type="checkbox"/>
SR3	Reducing Health Inequalities	<input checked="" type="checkbox"/>	SR7	ICS Socio-Economic Development	<input checked="" type="checkbox"/>
			SR8	Patient & Public Involvement	<input checked="" type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:
<p>To seek both Boards endorsement of the development of a single, integrated system vision and delivery approach for neighbourhood health, as the next step in delivering the ICB's approved 5-year strategic commissioning plan and responding to NHS England's requirement for a system-wide strategic commissioning narrative by 15 May 2026.</p> <p>Whilst we recognise the considerable progress that has been made to date, including involvement in the National Neighbourhood Implementation Programme (Shropshire), there is a need to have a clearly defined strategy and vision which is aligned across the geography of the Cluster ICB.</p> <p>This model of delivery should focus on true integration, working together differently, and sustainability for our providers so we can plan for delivery of improved outcomes for our populations. population will only be delivered through sustainable, integrated partnerships between NHS, Local Authority and Voluntary, Community, and Social Enterprise (VCSE) sectors.</p> <p>This paper sets out:</p> <ul style="list-style-type: none"> • Roles and functions of Place and Neighbourhoods • Strengthened governance and system leadership • A proposal for a phased approach to delegation (2026–2029) • Priority actions for the next 12 months

(7) Recommendations to Board:
<p>The Board are asked to:</p> <p>Endorse the next steps:</p>

Strategy

- Executive creation of a single system vision-mapping (May 2026)
- Establishment of Place Boards in SSoT – first meetings to take place (May 2026)
- System engagement (May–June 2026)
- Agree priority focus areas for year 1 (May 2026)
- Governance and footprint agreement (June 2026)
- Roadmap development (July 2026)
- Support the prompt development of a process to enable ‘left shift’ funding allocations and phased delegation to Place.
- System CEO development programme for strategic leadership (Sept 26 – Sept 27)

Leadership and sponsorship

- Provide visible leadership and sponsorship to the agenda
- Support the programme team to act to convene partners

Commitment to delivery

- Commit to delivery of identified actions and priorities
- Engage with processes to ensure alignment the development of new proposals and major investment decisions until alignment is achieved, such as estates and digital infrastructure.

Creating the System Architecture to Accelerate Delivery of Neighbourhood Models of Care

2.1 Introduction and Purpose

The purpose of this paper is to advise the Boards on all the strands of neighbourhood health at a national and local level. It then seeks both Boards endorsement of the development of a single, integrated system vision and delivery approach for neighbourhood health, as the next step in delivering the ICB's approved 5-year Strategic Commissioning Plan. The paper also sets out the ICB response to the recently published Neighbourhood Health Framework, including NHS England's requirement for a system-wide strategic commissioning narrative by 15th May 2026.

This paper sets out:

- A high-level delivery operating model for Place and Neighbourhoods
- Strengthened governance and system leadership
- A proposal for a phased approach to delegation from the ICB of authority and responsibility (2026–2029)
- Strengthened governance and leadership at all levels
- Priority actions for the next 12 months

2.2 Background

The NHS 10 Year Plan establishes a clear direction of travel for health and care systems, signalling a shift away from hospital-centred models towards a Neighbourhood Health Service designed around individuals, families and communities. This vision requires the replacement of a 'hospital by default' approach with a preventative, community-anchored model where care is delivered digitally, where appropriate, provided at home, whenever possible, accessed through neighbourhood health centres, when needed, and delivered in hospital settings only when clinically necessary.

The National Neighbourhood Health Framework, published in March 2026, reinforces this ambition and provides a platform for neighbourhood health as the default organising principle for NHS care. National guidance is explicit that neighbourhood health is not a discrete programme but a whole-system transformation. It requires systems to rewire commissioning, governance and delivery arrangements so that neighbourhoods are empowered to plan and deliver integrated, population-focused care. This includes a strong emphasis on prevention and early intervention, integrated neighbourhood teams, aligned governance structures and measurable population health and wellbeing improvement.

Integrated Care Boards are expected to set strategic intent, outcomes and enabling architecture, while devolving increasing responsibility and autonomy for delivery solutions to Place and Neighbourhoods.

Following both Boards approval of the 5-Year Strategic Commissioning Plan in March 2026, NHS England has requested each system to submit a single, aligned narrative by 15 May 2026 describing how partners will:

- Develop strategic commissioning capability
- Deliver neighbourhood health models
- Align financial flows and incentives
- Work collectively to remove barriers to delivery

A series of national publications were issued in March 2026, notably The Neighbourhood Health Framework and Population Health Delivery Models which set out clear expectations to organise services around defined populations, delivering proactive, preventative and integrated care.

Locally, whilst progress is being made and we are not starting this work from a zero base:

- There is no single, shared system vision or roadmap for neighbourhoods across the cluster
- Leadership and accountability for delivery is not clearly defined
- There is the potential for duplication and inconsistency due to delivery decisions often being made before strategy is finalised
- There is a risk of fragmented use of the ICB 2026/27 left shift neighbourhood funding aligned to local interpretation of need

This paper sets out to translate national policy, the ICB's 5-year Strategic Commissioning strategy, and the NHS England planning requirement into a single, coherent system delivery model which aligns to the ICB Operating Model. There is also an opportunity to agree the process to utilise the 'left shift' funding to maximise the opportunities for 26/27 and beyond, to deliver outcomes and impacts recurrently, that support the population and neighbourhoods across our cluster and are aligned to a single view of population need.

2.3.1 Our ambition

Within this national context, the Cluster ICBs as Strategic Commissioners are transitioning to a population-based, outcomes-driven commissioning model. This represents a significant shift in role, from managing individual services and contracts towards allocating resources based on population need, value and measurable impact. To deliver this effectively, Place and Neighbourhoods must be equipped not only with the authority to act, but also with the governance, leadership capacity and system support required to design, plan and implement optimal local models of care. Neighbourhood Health within our system must, therefore, be understood as a system-wide transformation rather than a single programme.

This is not a one-way delegation or passing of responsibility though from the ICB. It will require LA partners to bring their budgets into this space and to work differently to help flatten the demand curve and it will require providers to operate more collaboratively and to take a leadership role in the new models of care.

A wide range of existing community focussed developments already contribute to the Neighbourhood Health agenda: including the hospital transformation programme; the National Neighbourhood Health Improvement Programme (NNHIP) in Shropshire; our developing integrated neighbourhood teams; long-term condition transformation programmes; urgent and emergency care improvement; cancer and elective reform; women's health; access to primary

care and local authority-led community and prevention initiatives and the enabling digital, estates and workforce programmes. The publication of the national framework provides the opportunity and imperative to bring this activity together within a single, coherent delivery architecture, reducing duplication, improving alignment and accelerating impact.

Our ambition therefore is to establish a Neighbourhood Health Service that:

- Shifts care from hospital to community and home-based settings
- Embeds prevention and early intervention
- Is designed around populations and communities
- Improves outcomes and reduces inequalities

Neighbourhoods will become the default model for delivering care, consistent with national policy. It is important that we are accurate and precise in our use of language and that we do not conflate the place work and the neighbourhood work. We risk confusion if we use them interchangeably.

2.3.2 Alignment to National Policy and Delivery Models

In our systems, neighbourhoods will become the primary delivery units for integrated, population-focused care. Defined around natural communities and designed to bring together general practice, community pharmacy and dentistry, community health services, mental health services, acute providers, local authority social care and public health teams, and the voluntary, community, faith and social enterprise sector and where appropriate, urgent care, diagnostics and outpatients to collectively work together differently to achieve shared population outcome improvements.

While Primary Care Network boundaries are often a sensible starting point for neighbourhood geography, national guidance allows and expects local flexibility. In parts of our cluster, this will mean reviewing neighbourhood footprints to ensure they align with natural communities, local governance arrangements and operational viability.

Primary Care Networks have been pivotal in developing the Integrated Neighbourhood Team model which are at different levels of maturity and which in the main have been delivered using existing resources and contractual arrangements. There is a recognition that General Practice, Primary Care Networks and wider primary care services such as community pharmacy, optometry and dental services have a fundamental role within neighbourhood service delivery and will be critical to the further design of services based on population need.

Neighbourhoods are expected to improve routine access to care, provide proactive and anticipatory support for people with complex needs, strengthen prevention and early intervention, and offer safe and effective alternatives to hospital admission.

Whilst individual neighbourhoods are the primary focus, there will also be a need, in some circumstances, particularly where specialist input or larger scale models would make optimal use of the available resources, to develop delivery models that will operate across multiple neighbourhoods or localities. This pragmatic approach will ensure that neighbourhood health improves outcomes and sustainability of services and providers and return on investment.

This proposed approach aligns with national policy and guidance by:

- Establishing neighbourhoods as the primary delivery model, delivered through integrated neighbourhood teams
- Strengthening Place-based infrastructure, governance and planning and Health & Wellbeing Board leadership
- Delivering the three core priorities of neighbourhood health:
 - Improved access to routine care
 - Proactive care for populations with complex needs
 - Alternatives to hospital care
- Supporting the development of population health delivery models, with providers working collaboratively across neighbourhood and Place footprints
- Learning from existing models supported by primary care including PCN's and further testing and escalating where impacts are beneficial.
- Enabling the evolution of provider roles, including multi-neighbourhood and integrated delivery models using different neighbourhood contractual models
- Implementing a phased approach to the delegation of authority and responsibility to Place and neighbourhoods (2026–2029) aligned to national expectations

2.3.3 Proposed operating model, Governance and System Leadership (Definition of Roles)

The ICB acts as the strategic commissioner and system steward, setting system-wide priorities and outcomes, designing commissioning, contractual and financial architecture, removing barriers to integration and ensuring delivery of national requirements whilst laying the foundations for more fundamental reform.

At the same time, the ICB has a stewardship role in convening partners, aligning activity and creating the conditions in which neighbourhoods can succeed.

Health and Wellbeing Boards provide democratic accountability, setting population outcomes informed by Joint Strategic Needs Assessments and through collective leadership the development of Neighbourhood Health Plans.

Place-based Partnerships, operating as sub-committees of the ICB, currently in Shropshire, Telford and Wrekin, translate system strategy and Health and Wellbeing Board priorities into local delivery, provide oversight and assurance, and manage delegated resources. In Staffordshire and Stoke on Trent, some of this work is currently managed through the Joint Commissioning Boards but not specifically in relation to neighbourhood models of care.

We will continue to establish and build on Neighbourhood leadership and infrastructure arrangements, within a clear system architecture:

- **ICB (Strategic Commissioner)**-Sets strategy, outcomes and financial framework for health, including future delegation of budgets; retains statutory accountability.
- **Health & Wellbeing Boards**-Sets population outcomes and priorities, approves the Neighbourhood Health Plan for 2027/28.

- **Place-Based Partnerships**, operate as formal delegated subcommittees of the ICB Boards, with defined authority for local health and wellbeing planning, prioritisation, funding allocation and oversight of delivery. Over time delegated budgets from both the ICB and LA's will need to be brought into this space to be used as levers to drive a fundamentally different approach of delivery.
- **Providers (NHS and partners)**- Play a central role in collectively designing and delivering neighbourhood health, working collaboratively across organisational boundaries to deliver integrated, population-focused care.
This includes evolving towards new population health delivery models, where providers:
 - Organise services around defined populations and neighbourhood footprints
 - Work as part of integrated neighbourhood teams
 - Take increasing responsibility for outcomes, quality and resource use
 - Collaborate across organisations to deliver care at scale, where necessary
 - Learn from primary care, community care, social care and VCSE services where neighbourhood services already exist or are being tested.
- **Neighbourhoods**- Act as the primary delivery mechanism, bringing together services to design and deliver integrated care for their populations.

Place-based Partnerships, operating as sub-committees of the ICB, currently mobilised in Shropshire, Telford and Wrekin, translate system strategy and Health and Wellbeing Board priorities into local delivery, provide oversight and assurance, and manage delegated resources. In Staffordshire and Stoke on Trent, some of this work is currently managed through the Joint Commissioning Boards but not specifically in relation to neighbourhood models of care, therefore an early priority is to establish Place Boards. There will be a need to revisit the two place Boards in STW to ensure that they are fit for purpose and established to deliver this shift in emphasis and approach.

Providers, both NHS and non-NHS, are expected to collaborate across organisational boundaries in the interests of local populations. Neighbourhood leadership teams will act as the delivery engine, coordinating planning, decision-making and the integrated delivery on the ground.

- Single system governance and accountability
- Place Boards as delegated subcommittees of the ICB

The ICB will retain statutory accountability, with Place responsible for delivery within a clearly defined scheme of delegation.

2.3.5. Phased delegation (2026–2029)

It is proposed that delegation of responsibility and resources to Place is recommended to progress through three phases, subject to further development, between 2026 and 2029. This will require LA commitment and agreement as much as it will require ICB agreement and commitment.

Phase 1 focuses on mobilisation and foundation setting, enabling neighbourhoods to have a key role in determining the use of designated ICB 'left-shift' funding while the ICB retains allocation decisions and assurance.

Phase 2 introduces shadow delegation arrangements and early outcomes-based contracting that will have clear LA budgets identified alongside NHS budgets, Phase 3 moves towards delegation for both Health and LA and accountability for agreed outcomes.

This staged approach reflects national guidance and recognises variation in neighbourhood and place maturity. It provides the ICB Board with assurance that autonomy will increase in a controlled and transparent manner, aligned to capability, governance and delivery readiness, while maintaining system integrity and collective accountability.

A **phased approach** will manage risk and build capability:

- **Phase 1 (2026/27): Mobilise**
Foundation setting; Limited delegation; ICB retains funding decisions
- **Phase 2 (2027/28): Develop**
Shadow delegation to Place of both LA and ICB budgets
- **Phase 3 (2028/29): Embed**
Full delegation aligned to outcomes

Progression will be based on clear readiness criteria that will need to be developed and agreed in line with the phasing and informed by national guidance/neighbourhood maturity criteria.

2.3.6 Delivering this change

To respond to national requirements and enable successful delivery, we will develop and implement:

- A single system vision for neighbourhood health, collectively developed and agreed by all partners
- A single delivery roadmap, aligned to the national neighbourhood framework
- Strengthened infrastructure with clear governance and accountability across all partners

Supported by a targeted OD programme to build leadership, alignment and delivery capability.

2.3.7 Priorities for the next 12 months (2026/27)

The next 12 months represent a critical transition from neighbourhood development to neighbourhood delivery.

During this period, the system will focus on agreeing and refreshing neighbourhood footprints, where required, establishing the required infrastructure with consistent governance arrangements at Place and Neighbourhood level, and equally importantly aligning existing neighbourhood and community transformation programmes into a single delivery roadmap, this includes aligning to our clinical priorities and those priorities identified through the Health and Wellbeing Board Strategies and the Integrated Care Strategies. This will provide greater clarity of priorities and accountability.

The phased approach to delegation could commence in 2026/27, with the partial devolvement of decision-making and removal of duplication.

The focus for 2026/27 is to continue to establish the foundations for neighbourhood health while delivering tangible improvements in system performance, particularly in urgent and emergency care.

Summary priorities for 2026/27:

- Agree and embed a system-wide neighbourhood vision and roadmap
- Align existing neighbourhood and community development programmes into a single portfolio and integrated road map of work, driven by a shared view of population need
- Establish and strengthen Place and Neighbourhood governance arrangements
- Confirm neighbourhood footprints aligned to natural communities
- Develop approach to delegation
- Launch a process for allocation of the 26/27 neighbourhood left shift funding and the development of Neighbourhood Health and Wellbeing Improvement Plans
- Strengthen provider collaboration and population health delivery models
- Ensure learning from existing test and pilot projects is evaluated and rolled out at scale where there are beneficial impacts and outcomes.

Supporting infrastructure and investment

- **OD/Shared Strategic Vision:** Neighbourhood health will only work as a joint endeavour between the NHS and local authorities, alongside wider partners. This requires a truly collaborative effort between all partners and different ways of working together outside of organisational boundaries. Learning from national exemplars show that systems need to invest deliberately in relationships and trust building before expecting integrated delivery, including co-design and whole system shift.
- **Neighbourhood Health and Wellbeing Improvement Plans:** The ICB has ring fenced neighbourhood left shift funding for 2026/27. This is the first additional uncommitted investment available for investment in neighbourhood developments and is intended as a catalyst for future movement of resources in the system to deliver the 10 Year Plan. It is proposed that this opportunity is used to take the next step in the phased approach to delegation this year. All systems are required to have a Population Health Improvement Plan, this funding provides the opportunity to channel the investment at a more granular level through local collectively developed Neighbourhood Health and Wellbeing Improvement Plans. This would involve identification of priorities for funding at neighbourhood level, whilst the ICB specifies the priority outcomes and retains decision making on the allocation/approval of that funding. This change would move away from historic fair share/equal share allocation of funding towards needs and impact-based solutions giving greater local influence and accountability for how care is designed and delivered. The opportunity also exists to utilise other partner monies in this manner.

- **Estates/Capital:** Develop and submit neighbourhood capital estate proposals, working with partners to support neighbourhood health infrastructure and integrated care delivery, in particular plans for Neighbourhood Health Centres (in line with national policy)
- **Digital:** There is an urgent requirement that the system is able to describe the plan and roadmap to deliver the supporting neighbourhood digital model as this is currently a limiting factor to progress.
- **Workforce:** Neighbourhood workforce strategy and delivery plan covering distributed leadership capability across neighbourhood teams, ensuring skills and tools are in place for staff to safely work across organisational boundaries, multi-professional working with clearly defined roles and shared accountability, a shared vision across workforce leaders to inform future expansion plans
- **Community Engagement:** Building on what is already in place, community engagement needs to become continuous not episodic. Proactive listening to and working with patients, people and communities so that neighbourhood developments are informed by what is right for the local population and informed by what frontline staff say needs to change
- **VCSFE:** needs to be enabled to be an equal sustainable system partner with the necessary associated infrastructure, not just a delivery arm.

These priorities reflect the foundational requirements of the Neighbourhood Health Framework for 2026/27 and will form the basis of the NHSE submission in May 2026.

Population priorities for 2026/27:

Whilst the focus for 2026/27 is to establish the foundations for neighbourhood health, it is important that we are delivering tangible improvements for our population.

Priority areas will guide planning, investment and delivery. This will include targeted local activities linked to a shared view of target cohorts, centred around:

- Frail older people
- Long term condition management (focus on Cardiovascular, renal and metabolic conditions including diabetes)
- Children and young people
- Mental Health

With the intention of:

- Developing proactive care models for high-risk cohorts to reduce avoidable admissions and positively impact the UEC pathway
- Strengthening community-based alternatives to hospital care
- Improving discharge pathways and system flow
- Supporting overall delivery of the UEC Improvement Plan

2.3.8 Key risks and mitigations

Risk: Delegating funding too quickly

Mitigated through phased delegation, retained ICB control in Year 1, and clear readiness criteria

Risk: Lack of clarity in provider roles

Mitigated through defined expectations, provider collaboration and aligned incentives.

Risk: Local Government Reform in the Staffordshire and Stoke-on-Trent area resulting in stasis

Mitigated through commitment from the 2 LA's to this agenda and adopting an approach that enables the work to iterate and evolve once the outcome is better understood re the future of the LA footprints.

2.4 Conclusion

Neighbourhood health represents a long-term, system re-architecture of how health and care services are planned, commissioned and delivered. While significant progress has already been made, the next 12 months are pivotal in establishing the governance, delegation and system alignment required to realise this ambition at scale.

This paper provides the Board with clarity on direction of travel and seeks discussion and support for the proposed operating model, phased delegation framework and implementation approach to ensure that financial flows, estates and digital expenditure align to the vision for the system architecture and the delivery of the Strategic Commissioning 5-year plan.

What is also clear is that we need to learn and develop this work by doing. There is a need for clarity and an overarching strategic framework as set out in this paper. However, this is as much urgency for us to mobilise this work now at pace and shift beyond the planning phase. We have an opportunity over the next 3 months to generate some traction and early delivery on this before we get into the winter pressures period. Partners are asked for their commitment to this and for their leadership in driving this agenda forwards.

Next steps:

- Executive vision-mapping (May 2026)
- Establishment of Place Boards in SSoT – first meetings to take place (May 2026)
- System leadership engagement (May–June 2026)
- Place and Neighbourhood governance and footprint agreement (June 2026)
- Roadmap development and alignment (July 2026)
- Process for allocation of the ICB neighbourhood left shift funding (May 2026)
- NHSE submission (15th May 2026)
- System CEO development programme for strategic leadership (Sept 26 – Sept 27)

Phil Smith

Chief Officer: System Development and Integration

April 2026

This page is intentionally left blank



Safer Telford and Wrekin Partnership Board Annual Report

April 2025 - March 2026

Contents

Introduction from the Chair	3
Who is the Safer Telford and Wrekin Partnership Board and what does it do?	4
Telford and Wrekin the place	6
Safer Telford and Wrekin Priority 1	7
Safer Telford and Wrekin Priority 2	9
Safer Telford and Wrekin Priority 3	12
Safer Telford and Wrekin Priority 4	17
Safer Telford and Wrekin Priority 5	19
Domestic Homicide Reviews Panel (DHR's)	22
Alcohol and Drug Local Partnership Board (TWADP)	24
Telford and Wrekin Health & Wellbeing Board Strategy	25
Thank you	26

Introduction from the Chair

Hello

I am pleased to report that crime continues to decline across the Telford & Wrekin, even as the local population grows. Notable reductions include a seven percent decrease in violence resulting in injury, a twelve percent decrease in burglary, and a sixteen percent reduction in vehicle related crime.

Although levels of domestic abuse have remained stable, there has been a sixty nine percent increase in applications made under Clare’s Law (Domestic Violence Disclosure Scheme). This reflects stronger early intervention activity and provides improved safeguarding for those at risk.

Community concerns regarding road safety have been addressed through the establishment of a dedicated task group focused on reducing deaths and serious injuries. This work has contributed to significant reductions in people killed or seriously injured during 2025, including no fatalities.

The Safer Stronger model is now fully embedded across Telford, enabling coordinated action on local priorities, whilst targeted partnership operations continue to disrupt and reduce offending among individuals who pose the highest risk of harm. This has shown to be effective in reducing Serious and organised crime, with fewer organised crime groups identified as operating in Telford & Wrekin than in previous years.

This progress has been supported by a strengthened partnership approach, refreshed ‘Prevent, Pursue, Protect and Prepare’ planning, an invigorated Serious and Organised Crime Joint Action Group, and improved Multi Agency Targeted Enforcement Strategy coordination. I would like to thank all partnership agencies for their support, and I look forward to continuing our collaborative work to make Telford & Wrekin a safer place.

Edward Hancox

**Superintendent Edward Hancox, West Mercia Police
Chair of Safer Telford and Wrekin Partnership**

Who is the Safer Telford and Wrekin Partnership Board and what does it do?

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

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

*Indicates organisations that are Responsible Authorities

In line with the new strategy a priority action plan has been created to monitor the progress of each priority on a quarterly basis.

In addition to this the Partnership continued to monitor crime patterns and trends to identify issues that require a partnership response.

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

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

Strategy

The refreshed Safer Telford and Wrekin Partnership strategy was implemented in September 2024 with the following priorities:

The priorities are:

Priority 1: tackling Child Exploitation and Child Sexual Exploitation

Priority 2: reducing the harm and impact of Domestic Abuse

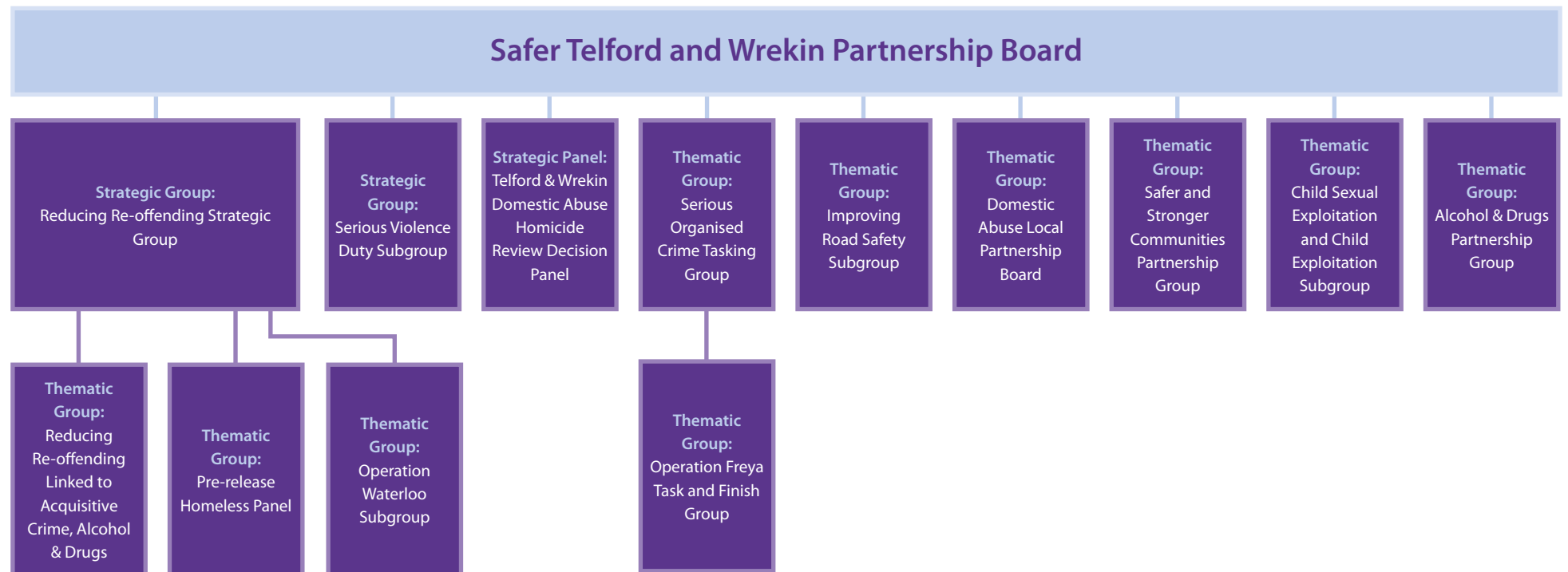
Priority 3: addressing crime and antisocial behaviour in high harm areas

Priority 4: addressing serious youth violence

Priority 5: reducing deaths and serious injury on our roads

The Board is chaired by the West Mercia Police Superintendent appointed by the five statutory partners with the objective of providing challenge and scrutiny. As part of our arrangements for external challenge, the Chair presents the Board's annual report to the Health & Wellbeing Board.

To drive delivery of its objectives, the Board has a series of sub-groups and Boards as set out below



Telford and Wrekin the place

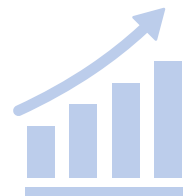
The borough which the board serves is a place of contrasts. Central to the borough is the New Town of Telford which was commissioned in 1968 and grew rapidly around existing communities including Wellington, Oakengates, Dawley and Madeley. Along the banks of the River Severn is Ironbridge, the birthplace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

In 2024 the population of the borough was estimated to be 195,952 people. A quarter (48,833 people) were aged 0 to 19. Between 2014 and 2024, the borough’s overall population increased by 25,500 people – an increase of 15% - making it the fastest growing upper tier local authority in the West Midlands. As the population grows it is becoming more diverse and ageing, between 2014 and 2024, the number of people aged 65+ grew by 28% which is more than twice the regional rate of 13%.

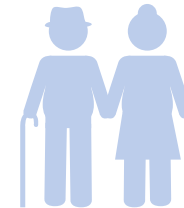
Page 78



195,952
POPULATION



15%
POPULATION INCREASE
FROM 2013 TO 2023



28%
AGED 65+ POPULATION
INCREASE

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

Whilst at face value the borough is prosperous and thriving, the Index of Multiple Deprivation shows that there are 15 neighbourhoods (13%) in the borough which are ranked amongst the 10% most deprived in England. This impacts on the life experience of these residents in terms of poorer outcomes with regards to health, education employment and housing, such challenges have undoubtedly increased because of the current cost of living crisis.

Crime and anti-social behaviour

In 2025/26 there were 13,044 crimes recorded in the borough. This represented a decrease of 6.6% compared with 2024/25, with 1,212 less crimes recorded than in 2024/25 (total 14,256). Over the same period, there were 2,907 incidents of anti-social behaviour reported to the Police. This was an increase of 14.9% from 2024/25, with 197 more incidents reported (total 2,710). Reports of anti-social behaviour reported to the Council increased by 28.3% between 2024/25 and 2025/26. In 2025/26 there were 1,079 reports of anti-social behaviour received by the Council, 180 reports more than in 2024/25.

Safer Telford and Wrekin Priority 1 – tackling Child Sexual Exploitation and Child Exploitation (CSE/CE) CSE/CE Subgroup

Child exploitation in all its forms remains a key priority for the Safeguarding Children Board. The Child Sexual Exploitation (CSE) and Child Exploitation (CE) Priority Subgroup consists of key statutory partners, charities, and services working to identify, support and educate young people, as well as disrupt and prosecute perpetrators. The Subgroup’s strategy focuses on strengthening professional understanding of contextual safeguarding and embedding these approaches across the wider workforce.

What have we achieved in the last 12 months?

CATE Consultation Expansion (2025–2026)

Throughout 2025–2026, significant promotional activity has taken place to expand the CATE consultation offer. This process enables professionals to bring any concern, however small, to the CATE team, supporting them to explore potential exploitation indicators and ensuring that the level of intervention is proportionate to the risks identified. This offer is open to all professionals working with young people across Telford and Wrekin.

Testing New Processes and Workforce Awareness

A central workstream of the Subgroup involves testing the implementation of new processes and monitoring practitioner awareness of exploitation. The Subgroup has overseen MAFCA activity in the following area:

- A focus on compliance with local CATE and CE consultation procedures, ensuring that exploitation indicators result in timely consultation, proportionate referral and consistent safeguarding responses—particularly for children with:
 - SEND-related vulnerabilities
 - Reduced visibility due to Elective Home Education (EHE)
 - Experience of being in care

Private Taxi and Hotel Professional Education

The Subgroup continues to oversee ongoing projects assessing the response and reporting practices of taxi firms and hotel professionals. Local partners have delivered initiatives to understand how these sectors respond when encountering young people who may be vulnerable or at risk of exploitation.

Where learning needs have been identified, a multi agency training response has been implemented to strengthen awareness and improve safeguarding practices.

This included promotional and educational activities aimed at raising awareness among both young people and the staff and volunteers who support them.

Alignment with Latest Government Guidance

Finally, in line with the most recent Government direction relating to the Families First Programme, the Subgroup and wider partners working with young people in the exploitation space have reviewed all relevant policies, practices and pathways to ensure full alignment with current national guidance.

Events

CSE awareness fortnight – as part of annual awareness arrangements, the local partnership delivered a two week exploitation awareness programme around National Child Exploitation Awareness Day.



Safer Telford and Wrekin Priority 2 – Reducing the harm and impact of Domestic Abuse

Domestic Abuse Local Partnership Board (DALP)

From April 2025 to March 2026, the Domestic Abuse Local Partnership (DALP) worked together to keep victims safer, improve services, and raise awareness across Telford and Wrekin.

Partners from the Council, Police, health services, schools, Women’s Aid, Cranstoun and others made strong progress despite funding pressures and big changes happening nationally.

This year also focused on shaping the new Domestic Abuse & Violence Against Women and Girls (VAWG) Strategy (2026-2028).

The DALP board meets quarterly and between April 2025 and March 2026 the partnership board has undertaken the following activities:

1 Prevention – Stopping abuse before it happens

What we did:

- Reached thousands of residents through **White Ribbon** and **16 Days of Action** events, school sessions, college activities and community stalls.
- Ran a high impact **social media campaign** on healthy relationships, Clare’s Law and trauma bonds.
- Delivered education programmes in schools, with sessions on consent, healthy relationships, online harm and teen abuse.
- Helped over 2,500 young people take part in workshops about misogyny, stereotypes and respect.
- Promoted **Clare’s Law**, helping more people access information about a partner’s history.

2 Partnerships – Working better together

What we did:

- Created the new **combined Domestic Abuse & VAWG Strategy** for 2026–2028 with strong partner and community input.
- Strengthened links with the **Community Safety Partnership** to avoid duplication and share learning.
- Set up the **Safeguarding Domestic Abuse Sub Group**, bringing together children’s services, Family Hubs and others to look at local need.
- Improved the Domestic Abuse Forum, including more focus on lived experience.
- Worked more closely with schools through the **Education Safeguarding Partnership** on Operation Encompass and DA education.

3 Provision – Delivering the right support

What we did:

- Responded to high levels of contact for help, with quicker waiting times for children and young people.
- Continued to provide strong specialist support through Cranstoun and Women’s Aid.
- Expanded the **target hardening programme**, helping victims feel safer at home through extra security measures (e.g. locks, lighting).
- Completed a **Safe Accommodation Needs Assessment**, increasing the number of safe accommodation units, including accessible homes.
- Prepared for the new **DA service contract (2026)**, involving people with lived experience in the process

4 Pursuing and protection – Holding perpetrators to account and keeping people safe

What we did:

- Saw a **69% increase in Clare’s Law applications** and higher disclosure rates, helped by campaigns and Police focus.
- Improved **MARAC** processes, including better oversight, equality monitoring and consistent attendance.
- Continued to use new safety tech such as **TecSAFE apps and National Monitoring Alarms** for high risk victims.
- Strengthened learning from **Domestic Homicide Reviews**, including improving the “voice of the child” and setting up a new oversight panel.
- Planned a **suicide prevention session** for September 2026 to learn from review findings and better support victims.

Summary

In 2025–26, DALP partners made strong progress in prevention, protection, partnership working and service delivery.

Despite funding challenges and system changes, the Partnership stayed focused on:

- keeping victims and families safe;
- reaching more people early;
- improving the way services work together;
- strengthening local data and learning; and
- preparing for the next three year strategy

DALP enters 2026/27 with clearer priorities, stronger collaboration and a firm foundation for delivering the new DA and VAWG Strategy.

Data

DA data 1 April 2025 – 31 March 2026. There has been a 2.6% increase in crimes recorded with a DA marker

Events

White Ribbon and 16 Days Campaign

Community events across hospitals, colleges, schools, extra care housing and town centre locations reached large numbers of residents, including 2,000 people at Telford College.

Funding

Sanctuary (£4,000) – Sanctuary received 135 service referrals. 128 of the referrals engaged with the service and left the service with a positive outcome. Security equipment was installed into 128 dwellings over the 12 month period.

Target Hardening (£5,000 Serious Violence Duty Funding) – Residential security items purchased have assisted in target hardening 26 properties. This has been completed at point of service delivery, with the purpose to secure a property and safeguard vulnerable victims. Additional safeguarding is often required in the form of safe rooms that is advised on and security items used to achieve this. The service provided is tailored and specialist support to victims of serious violence. Target hardening is often further enhanced with other safeguarding covert tactics such as police alarms and forensic products.

Case study: Young female victim seriously assaulted in her bedroom in the family home by her Uncle. DOCO visit completed, detailed crime risk assessment undertaken at the property. Target hardening assisted in securing relevant areas in the property. Safe room discussed and security items deployed. Personal Safety discussed when outside of the family home, and personal safety app information provided alongside a personal alarm. Items deployed, howsarlock, hasp/staple/padlock, door brace/wedge, panic alarm, sash jammers.

Case study: Female seriously assaulted/non-fatal strangulation by ex-partner who is due to be released from a 3yr custodial sentence. Female has relocated due to risk. Security tactics deployed at time of crime risk assessment to improve the current security at the property. Items deployed, video doorbell, external lighting to improve lines of surveillance, window and door alarms, panic alarm. Police alarm and covert forensic tactics to be reviewed at time of prison release.

Safer Telford and Wrekin Priority 3 – Addressing crime and antisocial behaviour in high harm areas

What have we achieved in the last 12 months?

The over the last 12 months the CSP have:

- Implemented Operation Waterloo to work collaboratively with partners to increase the number of drug users into treatment.
- Created a new IOM dashboard to look at the IOM cohort in detail to try and engage them with the drug and alcohol services.
- Worked collaboratively with partners to reduce the number of antisocial behaviour crimes recorded.
- Introduced a buddy tagging system (Operation Emberglass) to a cohort of offenders with community behaviour orders which will feed into the reducing re-offending linked to acquisitive crime, alcohol and drugs strategic group.
- Responded to the keeping town centres safe in summer and winter. This has continued as business as usual.
- A partnership evaluation meeting took place on 19 January to evaluate and monitor progress for ASB in Madeley and Oakengates. Both areas have seen a significant improvement however we are still seeing isolated incidents of rough sleeping and begging in Oakengates and Madeley. The ongoing actions will be monitored through the local neighbourhood action plans with a focus on the police following up on drug supply, ongoing support for individuals and the continuation of the comms strategy in both areas.
- The Building Safer and Stronger communities programme continues to work in partnership with local businesses and communities that impact on health and wellbeing offering various programmes of engagement and building on services already in place.

- Since September we have invested improving private sector Housing & Environment, we have inspected 900+ properties in areas like Sutton Hill and Brookside; addressed issues in Hollinswood through landlord/tenant engagement and multi-agency work.
- Tackled fly tipping: 48% reduction in some areas; 1,200 investigations, 186 warnings, 130 notices, 40 fines.
- Telford & Wrekin Watch: Community tool launched in 2022; 38 appeals in 2024 viewed 76,000+ times, leading to successful prosecutions.
- Continued partnership with 14 Town/Parish Councils via Community Action Teams for local enforcement.

Data

Between 1 April 2025 – 31 March 2026. There were 2,907 instances of anti-social behaviour reported to the Police – an increase of 14.9% (378 more than 2024/25) – and 1,059 reported to the Council - an increase of 28.3% (238 more). There were 1,673 shoplifting offences recorded which was a decrease of 3.1% (53 less). This has been addressed through the new task and finish group.

Reducing Re-offending Strategic Group and Reducing Re-offending Linked to Acquisitive Crime, Alcohol and Drugs Task and Finish Group

The Reducing Re Offending (RRO) Linked to Acquisitive Crime, Alcohol and Drugs group brings together key partners to target and support individuals whose offending is driven by substance misuse, vulnerability, and repeat criminal behaviour.

Between **April 2025 and March 2026**, seven formal meetings took place, providing a clear view of the borough's most prolific shoplifters, operational pressures, diversion opportunities, and partnership performance.

The group met bi-monthly until January 2026 when Operation Emberglass was introduced and to support the operation it was agreed for the meeting to be moved to monthly.

The tasking group has undertaken the following activities:

- Escalation of outstanding warrants by WMP
- Undertaken a deep dive of five nominals to gain better understanding of their support
- Integrated a STaRS worker presence at Malinsgate Police station
- Reintroduced drug testing on arrest which will continue until Q3 of 2026/27
- A significant development for the year, Op Emberglass was introduced as a new tagging supported intervention tool for prolific offenders. Key points included:
 - Tagging can be added to CBOs or licence conditions for **6-12 months**.
 - There are three live tags with a further three tags that will be activated as and when required.

- Police attending pre release homeless panels to identify suitable individuals early.
- Improved operational cooperation between CSP, Police, and STaRS.
- Maintained continuous review of the highest harm offenders.
- Initiated evidence driven case analysis.

The 2025/26 year represented a transitional period for the RRO link to acquisitive crime, alcohol and drug task and finish group. Significant progress was made with the commitment to understanding prolific offender behaviour in more depth.

Partnership relationships strengthened noticeably across the year, and the group has positioned itself well for a more structured, evidence driven approach in 2026/27.

Building Safer, Stronger Communities Partnership Board and Local Neighbourhood Groups

The Building Safer, Stronger programme was launched in April 2021. The focus was to target small pockets of the borough working in partnership with the Police & Crime Commissioner, West Mercia Police and teams from across the Council and wider partners, using data, intelligence and community collaboration to tackle crime, fly tipping, anti-social behaviour to protect those most at risk of being exploited to co-develop solutions to local concerns.

Six priority themes were established.

- Education and Skills
- Environmental
- Crime & ASB Housing standards
- Community resilience
- Crime Reduction
- Health inequalities

Building Safer & Stronger Communities Programme

- The programme received a further **two years of funding**, bringing total investment since 2021 to **£6 million**.
- Funding continues to support:
 - Youth engagement activity
 - Environmental improvements
 - Community safety interventions
 - Projects addressing exploitation and vulnerability

Local Projects Making a Difference

- **Urban Games:** Over 5,000 children and young people took part in free activity sessions in 2025, with similar numbers expected in 2025.
- **Making a Change:** Young people again received grants of up to £2,000 to deliver their own community improvement projects.
- **Crucial Crew** celebrated its **30th anniversary**, involving over 3,000 Year 6 pupils in safety education.

Hotspot Policing

- Telford took part in the national Hotspot Policing Programme.
- Over **5,500 patrols** took place across priority areas with **95% compliance** on required standards.
- Early data shows decreases in ASB in hotspot areas, supported by more visible policing and stronger partnership action.

Fly tipping

- Number of reports has decreased in last 12 months by 8.28% (25/26 vs 24/25).
- Investigated 5,330 fly tips (between 1 April 2025 – 30 March 2026).
- Issued 248 warning letters.
- 11 Fixed Penalty Notices (specifically for Fly Tipping).
- Telford and Wrekin Watch, community engagement and awareness tool allows members of the public to support the council with the identification of offenders.
- 11 Community Action Teams (CAT) working with in partnership with Town and Parish Councils which enables a local focus on priorities via a local area enforcement action plan.

Tackling Health Inequalities, the programme has supported:

- Low impact community activity Chair such as Yoga Walking football/hockey
- Tackle isolation and loneliness through Knit & Natter clubs, tea, toast & talk, and coffee mornings.
- Models for Heroes, supporting our Veterans.
- Worked with the community to create Community Gardens
- Volunteering opportunities such as Street Champions and CCTV monitoring

Pre-release and accommodation task and finish group

The purpose of pre-release and accommodation task and finish group is to have operational oversight, establishing best practice and ensuring effective partnership working is taking place to manage accommodation of individuals being released from prison The task and finish group meets monthly and between April 2025 and March 2026 the tasking group has undertaken the following activities:

- Increased healthcare-to-local-authority information sharing, including fit note access
- Improvement of late or missing DTRs
- Raised National issues identified regarding female prisoner release data, leading to absence from pre release lists

Recall Policy Reform

- **28 day Fixed Term Recalls** for SDS 12–48 month sentences introduced mid 2025.
- **FTR48 changes** implemented from 2 September 2025 in national tranches (14 day recalls for under 12 month offenders).

Future Priorities (Entering 2026)

- Full reconciliation of national pre release lists and local datasets.
- Improving COM compliance with DTR deadlines.
- Addressing CAS2/CAS3 capacity shortages.
- Ensuring consistent Housing representation at meetings.
- Continued monitoring of recall changes and their community impact.

Serious Organised Crime Tasking Group

The purpose of serious organised crime tasking group is to address serious organised crime within the borough.

The serious organised crime tasking group meets monthly and between April 2025 and March 2026 the tasking group has undertaken the following activities:

- Reduction in the number of mapped OCGs following successful criminal justice outcomes and intelligence led reviews.

- Significant drug and cash seizures, driven by proactive operations across all quarters.
- Ten Type 1 County Lines closures, directly dismantling high harm drug supply routes.
- Identification of a newly mapped Urban Street Gang (USG) influencing youth criminality and violence in South Telford.
- Expansion of work into emerging risks, including early stage criminal networks forming around younger, more transient offenders.
- Strengthened safeguarding through a devolved NRM panel, enabling faster identification of exploited children.

Urban Street Gang (USG)

- A new USG was mapped during 2025, heavily linked to:
 - Youth exploitation
 - Glamourisation of drug culture
 - Drill music and social media fuelled postcode rivalry
- Early partnership action—including relocating vulnerable young people—disrupted exploitation pathways and mitigated immediate risk

Pursue

- High profile arrests and major cash/drug seizures throughout 2025.
- Ten County Lines dismantled.
- Reduction of mapped OCG nominals enabling more precise targeting.

Prevent

- SNTs now leading much of the local Prevent and Prepare activity.
- Work expanded into emerging criminal groups to stop escalation into full OCG operations.
- Early intervention around youth drug culture and MDMA re emergence.

Protect

- Devolved NRM panel accelerating safeguarding decisions for exploited children.
- Multi agency tenancy actions and closure powers used to disrupt safe houses and drug locations.
- Community Protection Notices used to disrupt cannabis grow facilitation.

Prepare

- Expanded cross agency understanding of SOC through improved governance and profile led planning.
- SOCJAG developing new processes to strengthen community confidence and contribute to resilience building.

Areas of Focus for 2026/27

- Implement a SOC based approach to child exploitation, targeting peer on peer offending linked to drug distribution.
- Deepen intelligence around the new Urban Street Gang's wider network.
- Strengthen Prevent and Prepare as strategic priorities.
- Maintain pressure on OCG members awaiting Crown Court sentencing to prevent regrouping or new operating models.
- Accelerate partnership activity to counter youth drug trends (MDMA).
- Enhance real time partnership response to summer period transitional risk, when exploitation and recruitment patterns traditionally increase.

Operation Waterloo Subgroup

The purpose of the Operation Waterloo subgroup is to increase the number of drug users into treatment.

The Operation Waterloo subgroup was embedded in March 2026 and meets Quarterly. The tasking group has undertaken the following activities:

- Held the first meeting and agreed the terms of reference
- Partners have updated the list of nominals and the top 10 were discussed.
- Has sent text to over 200 potential customers of drugs lines to offer support into StaRS treatment.

Funding

- **Telford Street Pastors (£7,100)** – Telford Street Pastors have patrolled 50 nights across the financial year, this is a total of 1,207 hours. Support team volunteers have provided 319 hours of support. During these patrols the teams have engaged with 1625 people. The team have kept 23 vulnerable people safe and diffused 6 situations so that agitated or aggressive people did not commit violence or end up being arrested. The team have handed out flip flops, lollipops, provided first aid, vomit bowls, bottles of water and foil blankets.
- **CCTV Systems in Taxis (£18,417)** – A total of 26 units have been purchased in 2025/26. The key outcome measures are to reduce and mitigate risks to both passengers and drivers by using CCTV as a deterrent, as well as to provide evidential support where required. Our future plans include promoting the CCTV initiative across the trade to encourage wider uptake. The Department for Transport (DfT) is also considering national standards for taxis and private hire vehicles, including whether CCTV should become a mandatory requirement across the country.

Safer Telford and Wrekin Priority 4 – Addressing serious youth violence

What have we achieved in the last 12 months?

Across April 2025 – March 2026, the partnership delivered significant progress under the Serious Violence Duty. Despite challenges around funding and data, Telford and Wrekin partners strengthened multi agency oversight, enhanced support for vulnerable young people, improved responses to domestic abuse, and expanded local community safety activity linked to serious violence reduction. The partnership remains committed to evidence-led, preventative, multi agency approaches to reduce serious violence across Telford and Wrekin.

There were 246 crimes recorded with a serious youth marker between April 2025-March 2026.

Serious Violence Duty Sub Group

The purpose of SVD subgroup is to address preventing people from becoming involved in serious violence in the area and reducing instances of serious violence in the area.

The SVD subgroup meets bi-monthly and between April 2025 and March 2026 the subgroup has undertaken the following activities:

- Added A and E data to the CSP dashboard along with additional tabs for serious violence and serious youth violence.
- Delivered a target hardening approach for low to medium risk victims of domestic abuse.
- Implemented a Youth Worker with the Education service to provide intensive support to permanently excluded and suspended young people (11–16).

Operation Freya Task and Finish Group

The purpose of Operation Freya task and finish group is to address serious violence crime within the borough.

Throughout 2025 and into early 2026, the operation evolved significantly – strengthening data quality, refining membership, and shifting its frequency and scope, while maintaining strong cross agency engagement across policing, children’s services, public health, probation, and CSP structures.

There was a pause in the meetings from October-December 2025 due to new focused deterrence data being implemented, this pause demonstrated a commitment to evidence based decision making.

Due to the change in data, it was agreed for this meeting to be moved to a quarterly basis in line with the data which shows a more intelligence led cyclical model.

Analysts will continue refining datasets, including outcomes for those receiving treatment and updates from STaRS and IOM deep dives.

Effective collaboration between Police, Probation, STaRS, Youth Justice, social care, housing, and public health.

Operation Freya sits as a critical bridge between reducing re offending, safeguarding, and vulnerability intervention.

Telford remains the **only CSP in West Mercia** running such a model.

Funding

- **ARID data (£3,900)** – Linxs consultancy provide monthly monitoring returns which we produce for the hospital to show the quality of the data provided and benchmark progress. The system process has changed with the move to clinician input rather than receptionists, and a modified extraction methodology. All assaults are now captured, with none able to bypass inputting as long as an assault has been acknowledged or presumed. They continue to have a very positive relationship with clinical staff at the hospital, and have a monthly dialogue with them about data quality. The relationship is so positive that, when there are areas for improvement, the hospital work with them to provide additional learning and training for clinical staff. The programme continues to routinely provide assault-related data for around 100 cases per month across Shrewsbury and Telford – this is vital intelligence which would otherwise not be received, as the vast majority will never be reported to the Police. Assault locations vary dramatically, including the home, public places, licensed premises and (increasingly) educational establishments.

Safer Telford and Wrekin Priority 5 – Reducing deaths and serious injury on our roads

What we achieved in the last 12 months?

The purpose of Road Safety board is to develop and address issues within the borough of Telford and Wrekin by working in partnership through enforcement, engineering and education to reduce the number of deaths and serious injuries on our roads within Telford and Wrekin.

Between April 2025 and March 2026, the Telford & Wrekin Community Safety Partnership (CSP) continued to prioritise the reduction of deaths and serious injuries (KSI) on local roads. Across the year, the partnership strengthened data driven approaches, increased enforcement on high harm routes, and expanded education programmes for key risk groups including young drivers, mature drivers, and motorcyclists.

- KSI numbers in Telford and Wrekin remain comparatively low; however, emerging risks – including motorcycle collisions, anti social driving behaviour, car meets, and dangerous driving – required proactive action.

Anti Social Road Use (Car Meets, Street Racing)

- Summer 2025 saw substantial increases in car meet activity, some involving illegal racing
- WMP adopted new tactics, working with West Midlands Police
- Traffic restrictions added in some areas with Local Authority support
- No KSIs linked to this behaviour locally, but national evidence indicates high risk
- Further increases expected from Spring 2026

Operation Mantle (Updated Jan 2026)

- Targeted response to car meets
- Improved intelligence-sharing and proactive enforcement
- Planned comms strategy to respond to expected seasonal increases

Winter Enforcement: Op Limit (Dec 2025)

- 72 arrests across Telford and Wrekin:
- 19 alcohol
- 43 drugs
- 3 drunk in charge
- 7 unfit through drink/drugs
- Created a tab on the CSP dashboard to identify road collisions and any hotspot areas
- Delivered lowest KSI casualty figures in five years
- Strengthened multi-agency approach, especially data sharing
- Expanded education programmes for young and mature drivers
- Targeted motorcycle risk through THINK BIKE and tailored programmes
- High enforcement activity across Fatal Four and high-harm routes
- Tackled unregulated car meets through Op Mantle and cross-force tactics
- Allocated full PCC funding to high-impact community programmes
- Strategically reviewed major roads including A442, A518, and A41

A continued focus on young drivers, mature drivers, vulnerable road users, and high harm routes will be essential to sustaining and improving these outcomes.

Funding

- **BikeSafe (£5000)** – The purpose and aim of the project was to fund the BikeSafe is a national police run motorcycle initiative, aimed at working with motorcycle riders in a relaxed environment to raise awareness of the importance and value of progressing on to accredited post-test training. BikeSafe workshops involve an observed ride with a police graded motorcyclist or approved BikeSafe observer. With some local variation, BikeSafe workshops aim to cover: rider attitude, systematic methods, collision causation, cornering, positioning, overtaking, observation, braking, hazard perception and use of gears. A range of quality assurance activities were undertaken during and following the most recent BikeSafe workshop to ensure the continued delivery of a safe, professional and high quality service.

All participant comments, compliments and any potential concerns were captured through post course follow up emails. The overwhelmingly positive comments received – highlighting the professionalism, approachability and clear instruction provided by the police motorcyclists and observers were reviewed and shared with the team to reinforce good practice and maintain consistency of delivery. Any constructive suggestions raised by previous participants (such as requests for clearer pre course joining instructions) have been incorporated into subsequent workshop planning to improve the participant experience.

The BikeSafe programme continues to operate under nationally recognised standards delivered by trained, accredited police motorcyclists and trained civilian observers. The BikeSafe team remain compliant with internal West Mercia Police training requirements and maintain up to date qualifications aligned with national BikeSafe guidance. Oversight is provided by a co-

ordinating officer who ensures content delivery, safety procedures and observational ride practices adhere to the recognised framework.



Continuous improvement is embedded within the service. Debriefs are held after every workshop to review what worked well and identify any emerging trends or areas for refinement. Feedback from both riders and observers is used to adapt course content, as is merging trends within road traffic collisions and frequent causation factors, which ensures consistency in safety messaging, and address any identified gaps in rider understanding. Attendance data and engagement levels are monitored across sessions to assess accessibility and identify locations or rider groups who may

benefit from targeted promotion. This cyclical review process ensures the initiative remains effective, relevant, and responsive to the needs of local motorcyclists.

- **IAM Roadsmart Mature Driver Course (£4,000)** – This project was to fund the Mature Driver Review project to provide drivers aged 65+ living in Telford & Wrekin with a subsidised practical refresher course to have their skills reviewed by an independent Approved Driving Instructor (ADI). Through the nationally available IAM RoadSmart ‘Mature Driver Review’ course, mature drivers can undertake a 1-hour session in their own vehicle and on roads that are familiar to them. The course aimed to increase confidence on the roads, keep their driving skills sharp and give an honest, unbiased review of their driving with guidance on how to continue driving safely for years to come. The grant was used to subsidise the course for mature drivers in the Telford & Wrekin area, making it available at £20 for the 1-hour session instead of the full price of £85 (a subsidy of £65 per person). £3965 funding provided a subsidy for 61 courses. Reducing the amount of people killed or seriously injured on our roads remains a key priority for the force and mature drivers are a key focus of our KSI reduction strategy, building on the success of the Mature Driver Awareness Sessions introduced across West Mercia in 2024 alongside our partners. This project also supports the PCC’s Safer Communities Plan – delivering safer roads through collaborative working with partners, reducing the number of people killed or seriously injured on the roads through education and using a data-led approach to reducing harm on the roads.

- **Be Bright Be Seen (£1,000)** – Be Bright Be Seen is the force’s annual campaign, targeting vulnerable road users (ie pedestrians, cyclists and horse riders) with visibility messages. The funding for this initiative has enabled the purchase of the following items:

- 250 x mini LED bike light sets
- 300 x hi-vis flashing armbands
- 300 x hi-vis magnetic bag clips

These items have been provided to Roads Policing officers within the OPU Team to share with vulnerable road users – particularly cyclists, pedestrians, runners and horse riders – as a way of enabling engagement with them and opening up a conversation about their visibility and safety on the roads.

Domestic Homicide Reviews Panel (DHR's)

The **Domestic Homicide Review (DHR) Decision Panel** seeks to ensure that the processes in Telford and Wrekin to determine when a case meets the DHR criteria and the ensuing actions necessary to complete the review meet the standards within the Home Office Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2016 (referred to as the statutory guidance)¹. The Domestic Homicide Review Decision Panel is responsible for making a recommendation to the Chair of the Community Safety Partnership about whether a DHR should be commissioned or not.

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

As stated whilst the governance of the Domestic Homicide Review process rests with the Community Safety Partnership we think that this important work needs to be referenced in our annual report given the obvious degree of cross over between the two groups and the mutual way the Safeguarding Adult Board works with the Domestic Abuse Local Partnership Board. We have also focused on ensuring there is a better understanding of the circumstances in which people go on to complete suicide after experiencing domestic abuse. Work has taken place to share insights from important research in this area and this will remain an area of endeavour in 2025-26².

Jason's DHR – published October 2025

Jason was a 37 year old man whose life was marked by early loss, mental health struggles, and unstable relationships. After returning to Liverpool in his early twenties to care for his grandmother, the deaths of his grandparents and periods of unemployment had a lasting impact on his wellbeing and contributed to alcohol and drug misuse. Throughout adulthood, Jason experienced repeated difficulties in intimate relationships, often becoming intensely attached and struggling to cope when relationships ended. This led to patterns of harassment, coercive control, and domestic abuse, including a conviction in 2010. Although he sometimes presented to services with anxiety, depression, and sleep problems, he denied suicidal thoughts and did not receive consistent support.



In the months before his death, Jason's behaviour escalated following the breakdown of brief relationships. He made repeated contact with police as both an alleged perpetrator and complainant, but often disengaged. As domestic abuse was known to have featured within his previous and recent relationships, this knowledge triggered the statutory requirement for a Domestic Abuse Related Death Review to take place.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf

² Domestic Homicides and Suspected Victim Suicides 2022-2023 Report [https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/#:-:text=Key%20findings%20from%20the%20report,31%20adult%20family%20homicides%20\(AFH\)](https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/#:-:text=Key%20findings%20from%20the%20report,31%20adult%20family%20homicides%20(AFH))

The review identified the following recommendations (both local and national):

- **Clinical Guidance on Routine Enquiry on Domestic Abuse Where Indicators are Present in Relevant Health Conditions:** The Home Office to consider liaising with the Department of Health and Social Care and NICE to ensure that there is consistency across all clinical guidance for routine enquiry into domestic abuse for relevant health conditions which are evidence-based indicators of potential domestic abuse, such as those for depression and anxiety specifically.
- **Primary Care Response to Domestic Abuse:** Telford and Wrekin Public Health Team with the ICB, through the Primary Care Networks (PCNs) and GP Safeguarding Leads, to provide assurance to the Domestic Abuse Local Partnership Board that the domestic abuse pathway for primary care, which includes the PCN social prescribers, is effective in identifying and responding to domestic abuse in primary care.
- **Suicide Prevention & Domestic Abuse Perpetrators:** Telford and Wrekin Suicide Prevention Action Group, coordinated by the Public Health Team, to ensure that domestic abuse perpetrators, as well as domestic abuse victims, feature within their suicide prevention strategy.
- **Real Time Suspected Suicide Surveillance and Domestic Abuse (Local):** Telford and Wrekin Public Health to liaise with the Coroner and encourage local sign up with the Real Time Suspected Surveillance System.
- **Real Time Suspected Suicide Surveillance and Domestic Abuse (National):** Home Office to liaise with the chief coroner in respect of guidance to coroners to ensure that all coroners are part of Real Time Suspected Surveillance System.

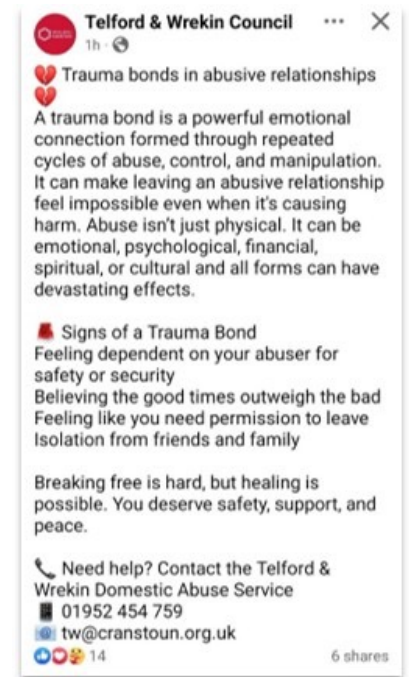
- **Suicide Bereavement Service:** West Mercia Police and Telford Mind to work together to strengthen links and develop a referral route which will ensure that bereaved families are systematically offered signposting to specialist support services following police attendance at a sudden death.
- **Home Office Leaflets:** The Home Office to consider adding to their suite of leaflets for families and friends, leaflets specifically concerning domestic abuse related suicides.
- **Suicide Prevention Specialists on Review Panels:** Safer Telford and Wrekin to ensure that a suicide prevention specialist sits on all future Domestic Abuse Related Death Reviews involving suicide in their area.

[Click here](#) to access the full report.

[Click here](#) to access the learning briefing.

A Domestic Homicide Oversight Panel is in place to monitor delivery and improvement against these, and all recommendations coming from DHR's.

During April 2025 and March 2026 the DHR Decision Making Panel sadly received one referral for consideration with agreement that it needed to progress to a full review which will be led by an independent reviewer who will review the cases to identify learning for all partners involved. When this review is completed the learning will be shared on the Safer Telford and Wrekin website: [Safer Telford](#)



Alcohol and Drug Local Partnership Board (TWADP)

The purpose of TWADP is to develop strategic responses to address the misuse of alcohol and other drugs. The alcohol and drug local partnership board meets quarterly and between April 2025 and March 2026 the partnership board has undertaken the following activities:

- Continued oversight of the implementation of a local Alcohol and drugs Strategy with prevention, harm reduction, treatment and recovery support as the priorities.
- Developed a strategic outcomes dashboard to monitor progress
- Steered a local alcohol and drugs forum to bring together local stakeholders to develop and annual action plan to implement the new strategy.
- Increased the number of new people commencing structured alcohol treatment
- Continued to commission additional organisational development support to further develop Telford's three Recovery Community Organisations
- Established incident response plans for incidents involving synthetic opioids and other novel or contaminated drugs posing serious health risks
- Overseen an ongoing increase in the proportion of prison leavers requiring drug treatment who commence treatment in the community from 50.72% in 2022/23, to 78.31% currently (above the 75% national ambition).

Telford and Wrekin Health & Wellbeing Board Strategy

The Health & Wellbeing Strategy takes a broad approach incorporating priorities on the wider determinants of health, alongside lifestyle factors, better support for our most vulnerable children, young people and adults and the development of integrated neighbourhood healthcare.

Strategy quarterly progress

- Strong thematic links across health priorities were noted.
- More targeted work underway with underserved communities and those experiencing homelessness.
- Progress in CVD prevention and community blood pressure programmes.
- Rollout of the **Connect to Work** programme supported by DWP and NHS.
- TWIPP Accelerator Group established to drive delivery.
- Targeted work with underserved groups continued.
- Grant funding secured for projects including **Get Yourself Active**.
- Strengthened neighbourhood-level working.
- Sport England selected the area for its Place Expansion Programme.
- Reduced early death rates in people with mental health conditions.
- Declines in self-harm among young people.
- Increase in early cancer diagnosis.

Page 97



A heartfelt thank you to...

The hundreds of dedicated professionals throughout the borough who have consistently supported the partnership, their colleagues, and the residents of Telford and Wrekin to help build a safer, stronger community.

To find out more about the Safer Telford and Wrekin Partnership and access resources please visit [Safer Telford](#)





Safeguarding Adults Board Annual Report

Page 99

April 2025 - March 2026

Safe, Empowered, Together



Agenda Item 10

Contents

Introduction from the Chair	3
Who makes up the Telford & Wrekin Safeguarding Adults Board and what does it do?	4
Telford and Wrekin – the place	6
What have we achieved in the last 12 months against our priorities?	7
Safeguarding Adult Reviews (SAR's) and Domestic Homicide Reviews (DHR's)	11
Training and development	14
Quality and performance	15
Partner engagement	16
A heartfelt thank you to...	16

Introduction from the Chair



Hello

This is the last Annual Report for me as Independent Chair of the Safeguarding Adults Board. I will be leaving at the end of March 2026, but I am very proud of the work the Board has achieved in the last twelve months, and since I took on the role in 2024.

To provide some context, The Care Act 2014 says that we must have a Safeguarding Adults Board (SAB), to help safeguard people who have care and support needs from abuse and prevent harm happening to them. My role as Independent Chair has been to ensure that happens; that the appropriate agencies provide adequate assurance, take the right action and where they don't, hold them to account.

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

We published our Strategy in March 2025, which outlined our future priorities. However, we always intended it to be a living strategy; monitored and amended, as circumstances and people's needs changed. Therefore this year, where we were satisfied with the action being taken by agencies, we have consolidated some of our original priorities and placed more emphasis on others, for example self-neglect, which has sadly become a theme locally and nationally. We still believe in the importance of good communication with our communities in Telford and Wrekin and while some good progress has been

made, we know this is something we need to work much harder on, especially the diverse groups who do not naturally engage with the work we do. We are pleased there has been some progress in sharing, understanding, and using the data each member of TWSP holds.

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

Where we identified areas for learning and action, we shared that learning with the people working across Telford and Wrekin Partnership to ensure the people of Telford and Wrekin remain free and safe from harm.

Legally the SAB has three core duties::

- develop and publish a strategic plan setting out our objectives, how we will meet them and how the board members and our partner agencies will contribute;
- ensure Safeguarding Adult Reviews take place for any cases which meet the criteria; and
- publish an annual report like this one, which details how we have fulfilled our statutory obligations.

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

Sue Howard

Independent Chair of Telford and Wrekin Safeguarding Partnership

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

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

Membership of the Board is drawn from:

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

The Board has agreed its core focus as:

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

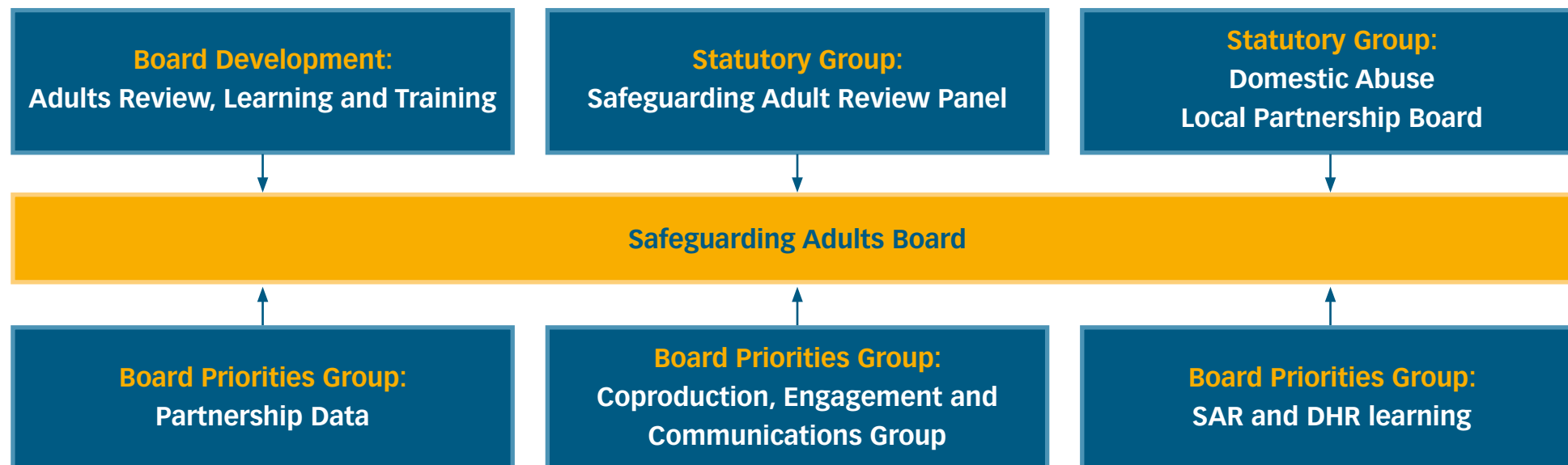


How the Board does things is as important as what it does. To shape how it delivers its role, the Board has adopted the following principles and values::

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

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

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



Telford and Wrekin – the place

Telford and Wrekin is a Borough of contrasts. At its heart is Telford, a New Town created in 1968 that has grown around long established communities such as Wellington, Oakengates, Dawley and Madeley. Along the River Severn sits Ironbridge, the birthplace of the Industrial Revolution and now a UNESCO World Heritage Site. Beyond the main town is a wide rural area, which makes up more than two thirds of the Borough.

Our changing population – Telford and Wrekin continues to grow quickly. Between mid 2021 and mid 2022, the population increased by just over **3,000 people (1.6%)**, making it one of the fastest growing areas in England and Wales, with a **5.4% rise** between 2021 and 2024 [[telford-live.com](https://www.telford-live.com)]. The Borough's **older population is increasing particularly quickly**, growing faster than the national average. Between 2011 and 2021, Telford and Wrekin saw one of the largest rises in older residents in the country [[telford.gov.uk](https://www.telford.gov.uk)].

Why this matters for safeguarding – As more residents grow older, we are seeing changes in the types and complexity of safeguarding concerns. These include:

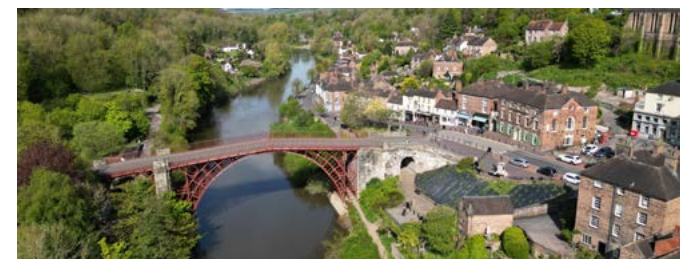
Growing age related risks

- Self neglect
- Financial scams or exploitation
- Dementia and other conditions affecting memory and decision making
- Abuse or neglect involving carers

More need for joined up support – People may require help from several services at the same time, including:

- Health services (especially for frailty, falls and dementia)
- Housing support
- Emergency services

More complex safeguarding enquiries - Older adults may face multiple overlapping challenges, such as physical health needs, mental health difficulties, loneliness and barriers to accessing care. Together, these can make safeguarding concerns more complicated and require stronger partnership working.



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

As a SAB we identified that the following workstreams would form the basis of our priorities:

- **Priority One:** Understand better the levels of exploitation amongst our communities and ensure the right action is taken.
- **Priority Two:** Understand better the levels of intra familial abuse of older people in our community and ensure the right action is taken.
- **Priority Three:** Understand better the levels of self-neglect in our communities and ensure the right action is taken.
- **Priority Four:** Improve the experience of people needing to transition between the services in our community.
- **Priority Five:** Reduce the time it takes to complete a s.42 (safeguarding) enquiry – *this was achieved in the previous financial year with ongoing monitoring of timescales taking place within the Adults Review, Learning and Training subgroup.*
- **Priority Six:** Improve the way we work with and listen to people representative of all our communities to ensure our work is fully inclusive and reflective of their views and experiences
- **Priority Seven:** Ensure we are using data to its full potential to inform our decisions and target support.
- **Priority Eight:** Learn from local and national Safeguarding Adults Reviews to inform local actions and ensure lessons are learnt the first time

Page 105

An essential objective of this report is to demonstrate the impact of the Board and the multi-agency safeguarding arrangements that it has put in place. The following part of the report takes a look at the work and activities which have taken place to address these priorities and ensure safeguarding continues to strengthen.

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



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

The SAB has identified the action needed to recognise and respond to the risk of self-neglect. Self-neglect can include the following¹:

- lack of self-care to an extent that it threatens personal health and safety;
- neglecting to care for one's personal hygiene, health or surroundings;
- inability to avoid harm as a result of self-neglect;
- failure to seek help or access services to meet health and social care needs;
- inability or unwillingness to manage one's personal affairs.

¹ Social Care Institute for Excellence 2024. <https://www.scie.org.uk/self-neglect/at-a-glance/>

The SAB have recognised that this is both a local and national issue. A National review has identified that across the country 60% of all Safeguarding Adult Reviews have involved self-neglect² and as such the SAB has created a priority group to address this trend locally. The group has met on four occasions since its creation in September with its focus being to address the following key factors from the national learning:

- home conditions not quantified, or deterioration understood;
- person's views or desired outcomes not featured;
- executive function not considered;
- lifestyle/unwise decision reason for lack of assessments;
- significance of medical conditions not understood;
- alcohol and drug use not deemed to be self-neglect;
- self-neglect not seen as a care and support eligible need;
- lack of awareness about Section 11 of the Care Act;
- need to grade level of self-neglect.

Membership of the group consists of ICB (who acts as chair for the group), principle social worker, safeguarding strategic lead and safeguarding team manager and representation from the independent sector via Partners in Care who have brought key subject matter expertise. The learning from the 2nd National SAR analysis highlighted the need for local processes and guidance to be in place and this is actively being addressed within Telford, based on sharing best practice and resources from elsewhere in creating comprehensive guidance that provides a manual to meet all the above points. The group have also considered the self-neglect themed SARs following the deaths of two men who had complex problems which reinforces the importance of this work. These have yet to be published so updates will be provided in next years annual report

² [Second National SAR Analysis](#)

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

This priority has been the golden thread running through all aspects of our work this year. We have continued work on the new Communication and Engagement strategy with support from lived experience and neurodiversity groups. The strategy will detail how we will communicate and consult with all communities across Telford throughout the year and an action plan to achieve this consistently is currently being formulated. We look forward to publishing this new document in the near future.

We have developed new QR stickers to allow feedback to be shared from safeguarding lived experience clients.

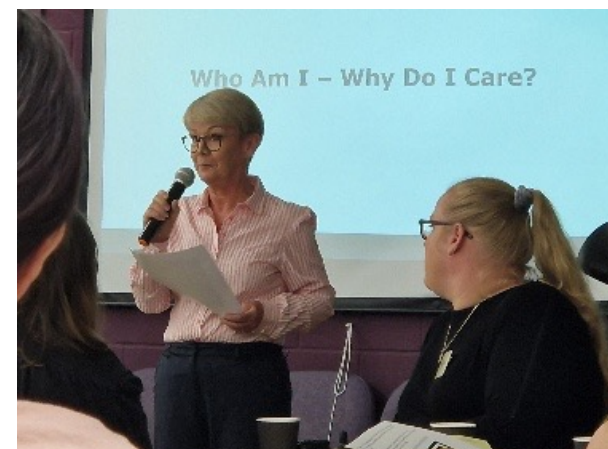
A new safeguarding animation was launched on the TWSP website which covers the topics of neglect, exploitation and domestic abuse in a short easy to understand manner, the animation can be viewed here

[LLR Safeguarding.](#)

A key event which took place this year was the Coproduction conference, which was attended by multiple members of the SAB, including the independent chair, who also delivered a presentation.

We continued to grow our support for the annual Safeguarding Adults Week campaign through a week long timetable of learning events for safeguarding workers including a face-to-face drop in day at the town centre. This resulted in 52 direct engagements with members of the public, including direct interventions with people requiring mental health support. Arriva buses kindly displayed our safeguarding poster in their bus fleet during November to help spread safeguarding resources and support throughout communities.

Finally, the Telford and Wrekin Safeguarding Partnership website is currently being revamped to make it easier to navigate and locate information for both professionals and members of the public. This is being done in partnership with the Making It Real Board to include input from lived experience and neurodiverse user groups to ensure content is accessible to all.



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

The Board's data subgroup has improved how information is collected and shared so that we can better understand safeguarding concerns across Telford & Wrekin. This year, we introduced a new set of data specifically focused on Safeguarding Adults Reviews. This helps us identify important themes and patterns, so we can target learning and awareness where it is most needed. A similar approach is now being developed for Domestic Homicide Reviews.

We are also working on making our data easier to understand by improving how it is visually presented, helping it tell a clearer story about people's real experiences.

At the same time, we recognise that numbers alone do not give the full picture. The data subgroup will therefore be looking at how we can include more personal, qualitative information and compare our findings with other Safeguarding Adults Boards nationally, to help us keep learning and improving.



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

The Safeguarding Adult Review subgroup and the Adult Review, Learning and Training (ARLT) subgroup work closely together to promote how we ensure the lessons from case reviews do make a difference. Telford and Shropshire has now launched a new reflective learning toolkit which allows practitioners time and space to reflect on the individual cases and discuss how this has changed practice. This toolkit will enable the SAB to understand how learning is implemented, from the work of the SAR Panel, within partner agencies.

All local review themes and trends from across Safeguarding Adults Reviews, Domestic Homicide Reviews and Childrens Safeguarding Practice Reviews are captured in a thematic spreadsheet. This ensures that where learning is identified from one Board which can be useful to another Board it is shared at the earliest opportunity and ensures that key learning can be brought together to avoid duplication and ensure common areas of concern are addressed.

The SAB also takes a proactive approach when it comes to national emerging themes and trends by utilising learning and developments from SAR's in other areas. Regular attendance at national meetings allows for the free flow of information to take place and best practice to be shared, an example of this is current work taking place to adapt guidance around bariatric care and support.

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

The purpose of the **SAR Panel** is to meet the statutory requirements of the Care Act 2014, the Local Safeguarding Adult Board³ has a responsibility to conduct Safeguarding Adult Reviews (SARs). This Sub-group has delegated authority to undertake this activity to promote a culture of continuous learning and improvement across the organisations by using learning from case reviews to drive improvements in practice and is made up of representatives from Adults Social Care, the Integrated Care Board (ICB), Shropshire and Telford Hospitals Trust (SaTH), Shropshire Community Health Trust (SCHT), Midlands Partnership Foundation NHS Trust (MPFT) and West Mercia Police.

³ This is now known locally as Telford and Wrekin Safeguarding Partnership

We have not received any SAR referrals this year, however, have continued work on the previous reviews resulting in the publication of the three SAR's detailed below.

Lou's SAR – published June 2025

This case review considered the death of a 40-year-old person who resided within supported accommodation. They received full-time care due to having disabilities and underlying health conditions including severe epilepsy which was eased with the use of a Vagus Nerve Stimulation (VNS). The following recommendations were made following the independent review:

- Assurance should be sought around procedures reinforcing the need for a single multi agency plan to be developed in complex cases. If single agency reviews have taken place these should be shared with other agencies involved with the person. This should be audited regularly to ensure this is happening.
- Assurance should be sought that the outcomes and recommendations from Section 42 enquiries are being shared at the earliest opportunity with all relevant organisations, including care providers.
- Social Care should ensure that all guidance and templates address the issue of suitability of the care plan, taking into account identified risks such as fire or medical emergency.
- The CQC and Social Care should use the findings of this review for future quality assurance of Home farm trusts provision Telford.
- The assistive technology team should ensure clarity on roles and responsibilities of provision and maintenance of the equipment in cases where the care providers have their own technical support team, along with ensuring there is a contingency plan in place in case of equipment failure.



- Assurance should be sought that all care providers and community based professionals are aware of the ‘acid test’ in relation to DoL’s criteria and the process to follow for identified cases.
- Telford and Wrekin Safeguarding Partnership should remind care providers and agencies not to initiate any investigation following a death where there is police involvement.

[Click here](#) to access the full report.

[Click here](#) to access the learning briefing.

Violet’s SAR – published January 2026

This case review considered the death of Violet, a 75-year-old woman, in May 2024. She lived in a Wrekin Housing Group bungalow with her son, supported by her daughter and a care package delivered by an external agency (2 calls daily). Violet attended a day centre and enjoyed social activities. Her health conditions included reduced mobility, right-side weakness from strokes, and ulcerated legs. She used a wheelchair and required support for personal care. Violet died in hospital on 15 May 2024 following admission with sepsis and pneumonia. The following recommendations were made following the independent review:

- All agencies to ensure staff have an increased awareness of the role of the MDT and ensure staff make relevant referrals that meet the safeguarding threshold.
- All agencies involved to ensure all staff are aware of escalation policies in their own agencies and utilise appropriately and also be aware that local authorities have their own escalation processes, should practitioners not agree with a decision that has been made.

[Click here](#) to access the full report.

[Click here](#) to access the learning briefing.



Patricia's SAR – published February 2026

This case review considered the death of Patricia, a 74-year-old woman who died in February 2024. Patricia was born in 1949 in South Africa. Her daughter Christine identified that Patricia had been in this country since 2016 and had been bedbound since 2020 due to multiple complex health conditions meaning she had full care and support needs in respect of personal care. The Review was commissioned because there was reasonable cause for concern about how agencies worked together to safeguard Patricia. Patricia's report highlights complex challenges of health, care, self-neglect, family responsibility, immigration status, and system response. The following recommendations were made following the independent review:

- All agencies to place a greater emphasis on professional curiosity. To revise the current face to face training programme updated training package to raise awareness about the value of exploring home circumstances/relationships further.
- All agencies to ensure staff have an increased awareness of the role of the MDT and ensure staff make relevant referrals that meet the safeguarding threshold.
- All agencies to ensure staff have easy access to information and assessment tools (such as self-neglect toolkit) this is vital as part of the ongoing support given to staff within all agencies working with adults at risk, to help them maintain their professional knowledge and understanding of complex safeguarding issues and where to go to get the help.
- The Home Office to consider a review of information that is available to health and care professionals and families when applying for and being granted an ancestry visa. (The panel also recommended an easy read version).



[Click here](#) to access the full report.

[Click here](#) to access the learning briefing.

A Safeguarding Adults Review Panel is in place to monitor delivery and improvement against these, and all recommendations coming from SAR's.

Members of the SAB offer their deepest sympathy to the families who have lost loved ones and we thank them for their bravery in contributing to the reviews and helping us make improvements.

Training and development

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

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

We have continued to work with the Council comms team in highlighting key messages through social media. This year we have created a number of social media post around domestic abuse (as part of the White Ribbon campaign) and also daily posts through Safeguarding Adults Week.

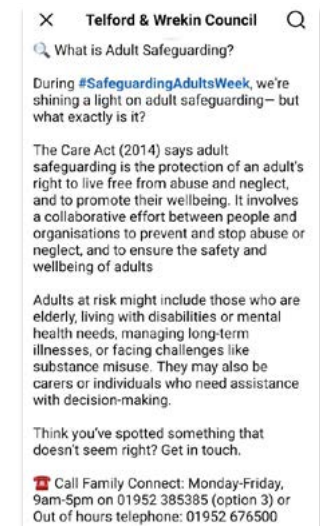
The following bespoke [‘lunch and learn’ sessions](#) have taken place between April 2025 and March 2026 in collaboration with our partners and has allowed **over 149** professionals access to courses, seminars and learning material to develop their practice and expertise even further, to help protect the residents of Telford and Wrekin:

- [Understanding vulnerability in adults and spotting the signs of exploitation](#)
- [Modern Slavery Awareness](#)
- [Alcohol and drug services in Shropshire and Telford](#)
- [Adult Safeguarding – Prevention](#)

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

- [Online Safety](#)
- [SAR Library and the Second National SAR Analysis Key Messages](#)
- [Trauma Informed Practice](#)
- [Professional Curiosity Learning Briefing](#)
- [Information sharing](#)
- [Non-fatal strangulation](#)
- [Gaining Access](#)

A new online SAR awareness package has been created and is available to staff across all agencies in Telford and Wrekin. A similar package is being designed in relation to Domestic Homicide Reviews. These online awareness packages will help prepare staff to be involved in any reviews and reinforce and assure those involved that any review process is not about apportioning blame but is to focus on learning and positive change.



Quality and performance

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

The ARLT subgroup is made up of representatives from Adults Social Care, the Integrated Care Board (ICB), Shropshire and Telford Hospitals Trust (SaTH), Shropshire Community Health Trust (SCHT), Midlands Partnership Foundation NHS Trust (MPFT), Healthwatch, Partners in Care and West Mercia Police. The group meets quarterly and between April 2025 and March 2026 the subgroup has undertaken the following activities:

- Contributed to multiple online and in person events to mark Safeguarding Adults Week, including a town centre drop in for members of the public and professionals to seek advice.
- Completed all actions identified as part of the Care Act audit for 2023-2025 and undertaken a further audit for 2025-2027.
- Completed all actions identified as part of the ARLT Terms of Reference refresh and audit.
- Completed all actions identified within the ARLT Peer Review analysis work undertaken in 2024-2025.
- Undertaken a review of the Quality Assurance Framework and Standards. The purpose of this document provides assurance that safeguarding arrangements are effective in protecting adults from abuse and neglect. It acts as the mechanism for the SAB to hold partner agencies accountable for their safeguarding responsibilities and aligns safeguarding practice with the Care Act 2014 and Making Safeguarding Personal (MSP) principles. It ensures safeguarding practice is consistently monitored, evaluated, and improved across all agencies and supports a culture of continuous learning and improvement in safeguarding work.
- Undertaken a benchmarking exercise of Telford data using NHS data to understand themes and trends and identify any areas where we are outliers.

Another key area for both the SAR group and the Adult Review, Learning and Training is to ensure that the SAB supports front line teams in embedding the learning from case reviews. Nationally there is evidence from statutory case reviews of the repetition of some learning that suggests we need to improve how as a system we get messages to front line teams to reduce the need to repeat learning. Self-neglect would feature highly in that category.

The subgroup have developed and started to use a new template to promote whole team exploration of SAR recommendations which sets out evidence of how Teams have engaged with and applied the learning through a structured approach by going through five questions asking the team to think about the learning, then ask themselves could this happen hear before agreeing as a team how they can put some changes in place. Progress will be reviewed in next year's annual report.

Partner engagement

The Safeguarding Adults Board held four scheduled meetings during the year. These quarterly meetings are planned a year in advance to give partners as much notice as possible and support strong attendance. In addition, the Board held five extraordinary meetings. These are convened when urgent or emerging safeguarding issues need to be discussed, or when the Board must receive and agree the recommendations from Safeguarding Adults Reviews (SARs). Because extraordinary meetings are arranged at shorter notice, they can occasionally overlap with other safeguarding commitments across the partnership. When this happened, partners often provided written comments or updates beforehand so their views could still inform discussions and decision-making.

All quarterly meetings were quorate, ensuring the Board had the required representation to make decisions appropriately. It is also important to note that physical attendance alone does not reflect partners' overall involvement. Many continued to contribute actively between meetings, supporting the Board's work throughout the year.

Page 114

A heartfelt thank you to...

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

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

