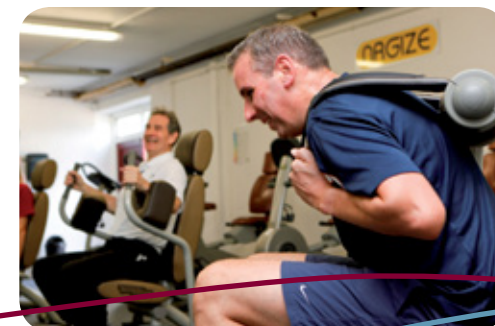
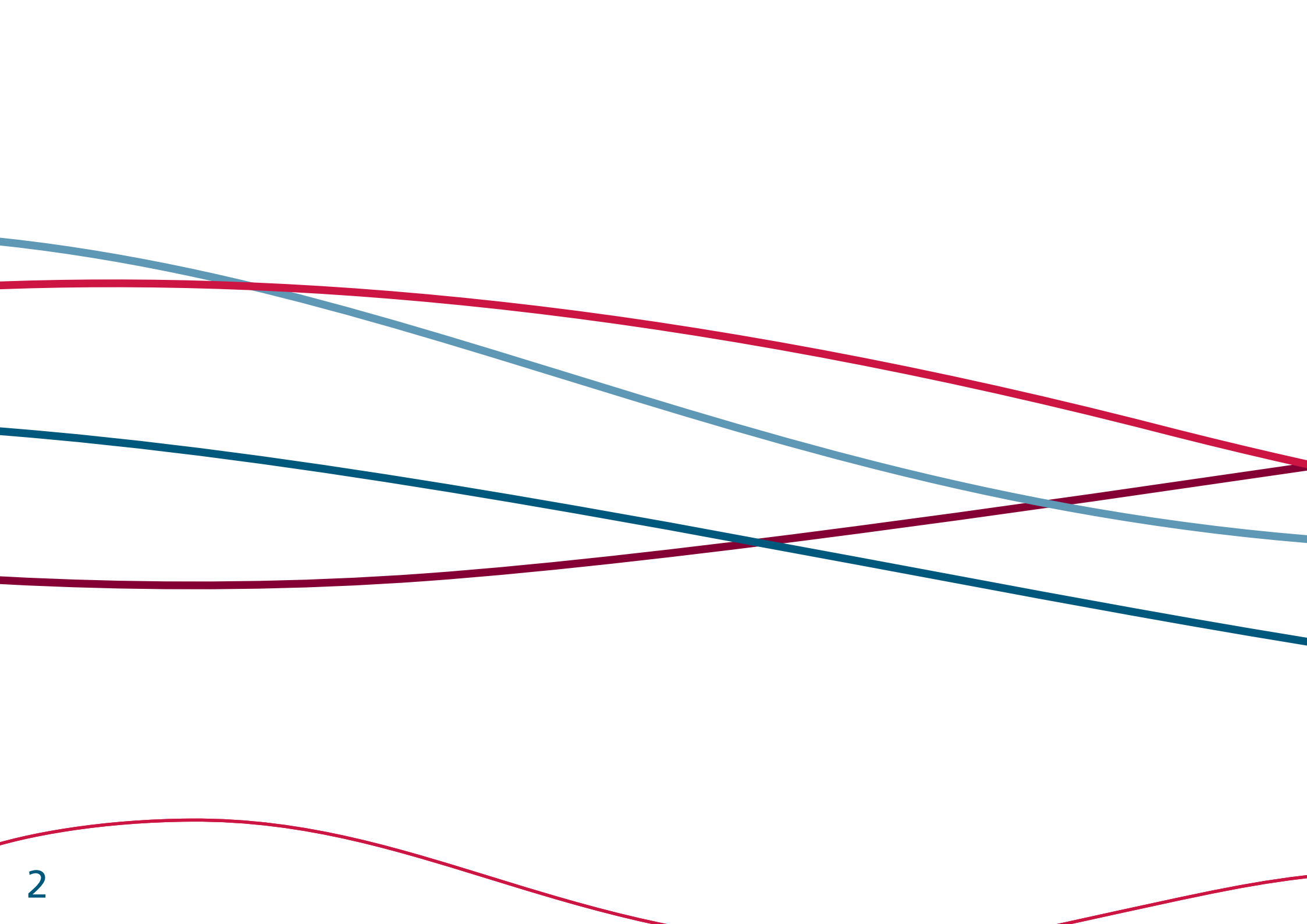


2014

The Annual Public Health Report

for Telford and Wrekin





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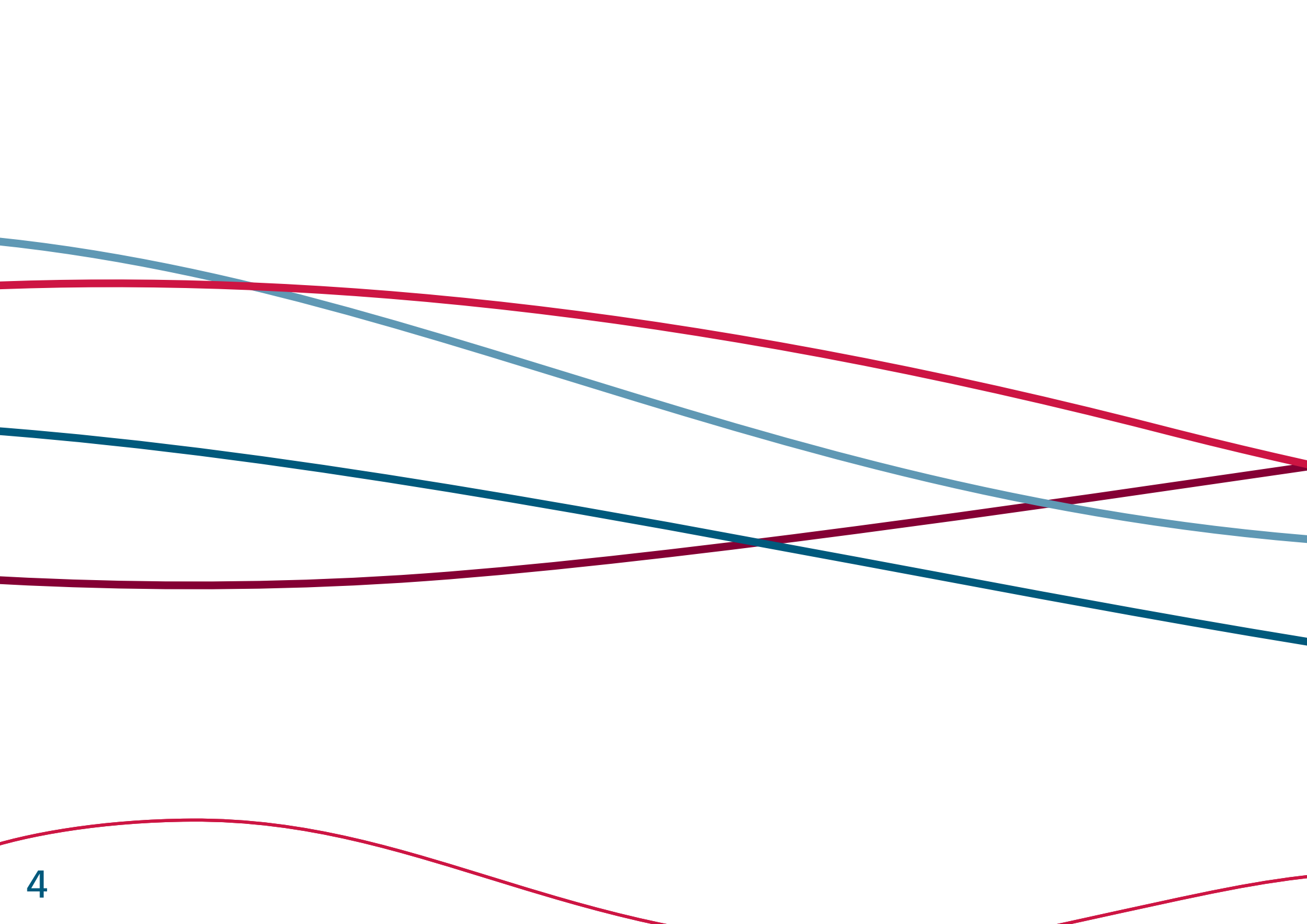
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Foreword



This is my first year as Director of Public Health in Telford & Wrekin and my first as a Director of Public Health working in a local authority. Moving Public Health to local government gives us a real opportunity to address the issues that can make the

biggest difference to tackling health inequalities. This opportunity is there because we are working alongside our colleagues who shape: the towns and buildings we shop, live, work and spend our leisure time in; who ensure the education of our children; who help us find work and support us in times of need. These are the things that make a real difference to how long and how well we live and, for this reason, have been supported by funding from the Public Health grant to deliver improvements in Public Health outcomes for our communities.

There is a real opportunity for the Council to make sure each decision and every contact counts in terms of improving wellbeing in the Borough. I am looking forward to working across the council and with wider public services, voluntary and community groups and the business sector to realise it!

Reflecting on this past year, I have enjoyed my working life in the council which I know is important for my own personal resilience and something I would want for as many as possible. Good work for all is essential for our wellbeing. I have met some inspiring local people - whether they are recovering from addiction and are proudly volunteering to support others in their journey or a Head of a local school who, with her staff, parents and grand parents, are inspiring a real sense of community and connectedness within her school. Giving and connectedness with others supports all our wellbeing.

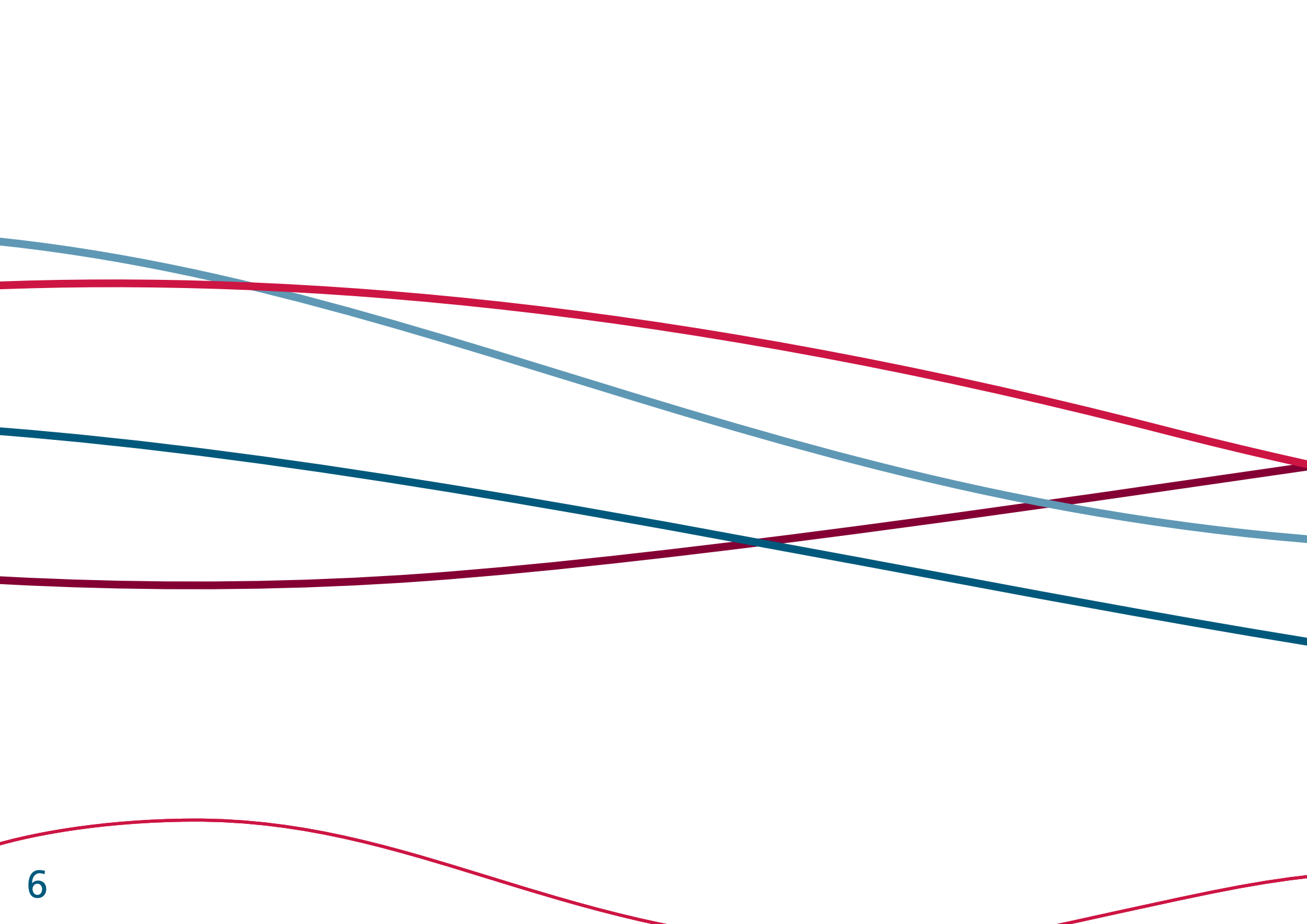
Being new to working within a council I have learnt so much from my colleagues and other officers. I was delighted to take on a new responsibility for the Public Protection and Civil Resilience functions and have learnt through those teams how valuable their day to day work can be in protecting residents and supporting businesses. Keeping learning whether at work or at home builds our resilience. I have benefitted from having a small committed Public Health team who I could see right from when I started are really positive and enthusiastic about what they are trying to achieve. We all got to know each other in the early days by talking, sharing lunch and having a great winter walk in the Town

Park just before Christmas and lastly – again in the park - I felt a real buzz and connectedness with so many Telford residents at the T-Live events in August. Keeping active and noticing, particularly the small things in life, does make a difference to our mental wellbeing. We can all promote these Five Way to Wellbeing (Connect, Be active, Take Notice, Keep Learning and Give...) in our working and personal lives. Be inspired by local people's stories and visit our Five Ways Telford blog at <http://fivewaystelford.wordpress.com/>

I am delighted to have produced this first Annual Public Health Report and would like to thank my team and all the officers from across the council who have contributed. We do have some real challenges in terms of wellbeing within the borough but we must build upon our strengths – as a growing, active and green town - to take ambitious steps to improve our wellbeing now and in the future.

Liz Noakes

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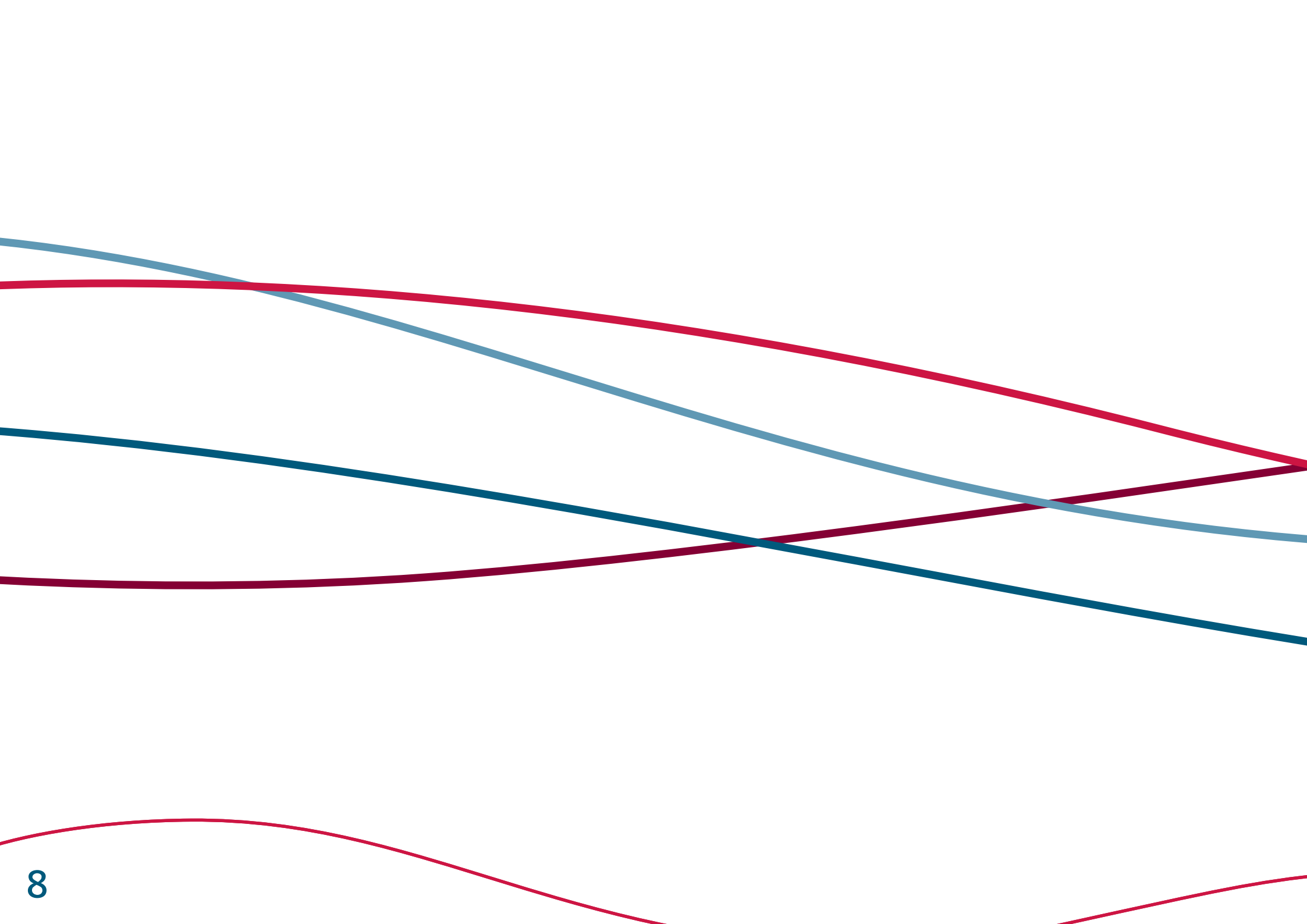
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A big thank you to all the people who told us their stories for the case studies.



Review of last years recommendations

My predecessor Dr Catherine Woodward made 12 recommendations in her 2012/13 annual public health report. Since then the public health team has further embedded into the Council, working closely with NHS Telford and Wrekin Clinical Commissioning Group and other strategic partners, such as the West Mercia Police and Shropshire Fire & Rescue Service. Progress made towards delivering these recommendations with our partners during the past year is outlined below.

- The Telford and Wrekin Tobacco Control Commissioning Partnership should review its current strategy and action plan, to identify further opportunities to reduce smoking prevalence (including amongst pregnant women) in Telford and Wrekin, following migration of the public health function into the Council

Completed: The Telford and Wrekin Tobacco Control Partnership reviewed local tobacco activities against the gold standard CLeaR framework in October 2013 and this exercise was revisited in October 2014. The key actions undertaken since the migration of the public health function into the Council include: the Health & Wellbeing Board commitment to the

Local Tobacco Control Declaration, including the Council agreement to not support or endorse e-cigarettes until they are licensed and regulated and establishment of a new service to support and advise pregnant women who smoke in September 2013

- As part of the vision that every child and young person will have a healthy lifestyle, the Children, Young People and Families Board should review and agree its position on working in partnership with schools, to ensure that health issues remain a priority and to support the delivery priorities of the Telford & Wrekin Health and Wellbeing Strategy

Partially completed: Working in partnership with schools has been identified as a priority by the Early Help Partnership Board. Work is underway to consult with staff and pupils in schools to audit current provision and share best practice. A proposal is being developed, based on a review of the evidence-base and engagement work with schools. The proposal will be piloted with schools from January 2015. The proposal will enhance existing provision; set out to address gaps and will

include the provision of training, peer support and resources.

- The Children, Young People and Families Board should monitor the impact of the Telford and Wrekin Child Unintentional Injury Strategy, including through analyses of local trends

On-going: Outcome measures for unintentional injury are routinely reported within the Children, Young People and Families Board Boards performance monitoring framework. The Unintentional Injury Steering Group will review the current strategy in early 2015 to audit progress against the action plan and the impact on outcomes to inform our priorities for 2015/16 onwards.

- In its role as the commissioner of maternity services for the local population and in partnership with lead clinicians, the Clinical Commissioning Group should agree and specify the system of fetal growth monitoring at the Shrewsbury and Telford Hospitals NHS Trust, including the quality assurance of this system. Progress should be reported to the Health and Wellbeing Board, as part of the Clinical Commissioning Group's regular updates to the Board

Partially completed: GROW training (which includes assessment of risk factors, standardised fundal height measurement, plotting on customised charts, and evidence based referral pathways and protocols based on the Royal College of Obstetricians and Gynaecologist guidelines) has been delivered to 169 midwives and 12 obstetricians. However, a comprehensive system for routine fetal growth monitoring is not yet in place.

- As part of its performance framework, the Health and Wellbeing Board should agree a set of metrics with which it will track the local impact of the economic situation (including benefit changes) on health and wellbeing, including health inequalities.

Partially completed: A refreshed Population Profile, due for publication in early 2015, will examine the impact of various aspects of the economic situation in the Borough, providing trend analyses over time. A comprehensive

demand analyses project is being undertaken to model service use and understand the impact of changing patterns of demand. The Index of Multiple Deprivation data is also due for national release in 2015. This intelligence work will be presented to the Health and Wellbeing Board during 2015.

- Recognising that some of these actions are already in place, Health and Wellbeing Board should agree its programme of evidence-based interventions to minimise the impact of the economic situation on local health and wellbeing, including on health inequalities.

Due for completion in 2015: The intelligence work described above will be used to agree a set of evidence-based interventions aimed at minimising the impact of the economic situation on health and wellbeing and associated as part of the development of the Living Well programme.

- The Health and Wellbeing Board should ensure that the Telford and Wrekin Alcohol Misuse Strategy and its associated action plan is reviewed by lead officers from relevant partner organisations, with an updated strategy presented for approval to the Board during 2013.

Completed: The Health & Wellbeing Board approved the updated Drug & Alcohol Strategy for Telford & Wrekin in March 2014. The strategy was developed in collaboration with stakeholders from the Drug and Alcohol

Action Team (DAAT) and Community Safety Partnership Boards, including service users and volunteers from Telford After Care Team (TACT). The strategy was shaped by local intelligence on need and performance, best practice guidance and views and experiences of service users.

- The Health and Wellbeing Board should receive a report from Public Health England, by no later than September 2013, on plans to further improve 'flu immunisation rates in all target groups in Telford and Wrekin during the 2013/14 'flu season'

Completed: The Health & Wellbeing Board received a detailed report on plans to improve seasonal 'flu immunisation from Shropshire and Staffordshire Screening and Immunisation Team in December 2013. During the 2013/14 season uptake was maintained in people aged 65 years and over and there were improvements in uptake across all other at risk groups, including those with chronic health conditions and pregnant women in comparison to 2012/13

Introduction

Councils have a proud history of improving population health. Many council functions were first formed as a reaction to the health problems of rapid industrialisation and urban poverty in the Victorian times and they have always been important to our health. Sewage, housing, public parks and libraries were all seen as public health interventions in the 19th century. The transfer of Public Health to local government in April 2013 is a real opportunity to renew Telford & Wrekin Council's responsibility for Public Health and identify the new big hitters that will create resilient, healthy and thriving communities in the 21st century. Some of the wellbeing issues are the same, such as inequalities, some have changed such as addiction and some are new such as the rise in obesity, but the need to address the root causes of poor wellbeing at scale has not changed.

The root causes that shape people's health: the context and the circumstances of their lives, such as jobs, housing, schools, where we live and the quality of our social and family lives are influenced by us, as communities, and by how councils and other public services deliver their core roles and functions. People who connect and support each

other are less isolated, are often powerful catalysts for changing lives and improving wellbeing, and are usually less reliant on formal support services. Many of the lifestyle problems we face, such as obesity or physical inactivity, are complex. They are not amenable to change through one single intervention. It will take different types of action, across different sectors, to make a difference. The cumulative effects these problems can have throughout people's lives also give importance to intervening early to stack the odds in favour of health from the start.

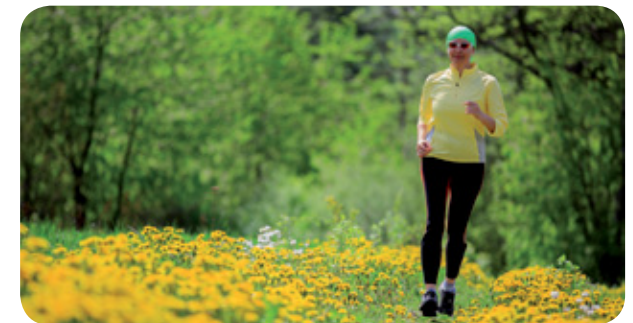
Local authorities can take action across many of the areas that impact directly on people's health and indirectly on their lifestyles, from planning to housing. For this reason, this Report focuses on these wider determinants of health and some of these core functions.

A Living Well Board has been established to realise the collective potential of communities, partners and the council in Telford & Wrekin to promote health and wellbeing and reduce health inequalities. The group which, reports to the Health & Wellbeing Board, will coordinate and

maximise collective action to promote positive wellbeing, healthy lifestyles and tackle the root causes of poor health, such as housing and employment.

The overall approach adopted in this report is to:

- Describe a range of local actions being undertaken to address the wider determinants of health
- Highlight the potential impact on improving wellbeing
- Give information on the relevant Public Health Outcomes indicators and our local performance
- Make recommendations for further actions to support the development of the Living Well programme



Recommendations

- 1 The Early Help Partnership, which reports to the Children Young People & Families Board, should work with schools to develop a schools-based programme to improve emotional health and wellbeing of children and young people.
- 2 The Council should be an exemplar employer for promoting and supporting improvements in employee health and wellbeing, using an evidence-based and innovative approach.
- 3 The Living Well Board, in collaboration with employers, should develop a workplace wellbeing offer within the Telford Bondholders Scheme.



- 4 The Council should work with wider partners to ensure that the universal offer for physical activity and also the targeted work to address health inequalities provides opportunities comprehensively across the life course.
- 5 The Public Health team should work with the Development, Business & Employment team to develop specific policies which support the creation of healthy environments, for example, controlling the number of new fast food outlets within local centres and near schools, in the Shaping Places Development Strategy.
- 6 The Council, partners and communities recognise the valuable contribution volunteering can make to volunteers themselves and to others and support the development of more volunteering opportunities.
- 7 The Council, partners and communities use the '5 Ways Telford' social media blog to cascade 'people like us' stories to inspire others to take simple steps to feel well, be more positive and get more from life.
- 8 In order to fully realise the opportunities for Making Every Contact Count it is recommended that:
 - The Council develop and roll out Health & Wellbeing Making Every Contact Count training for front-line council services, who have received Public Health grant funding, to ensure our workforce feels confident in using brief advice to raise lifestyle and wellbeing issues with customers and;
 - The NHS Telford and Wrekin Clinical Commissioning Group support collaborative work on Making Every Contact Count across the Local Health Economy, for example through use of the NHS standard contract to specify MECC training and delivery requirements for providers.



Chapter One: The best start in life

Healthy infants, schools and pupils

1.1 Why is it important?

What happens to children before they are born and in the early years of life strongly influences their health and opportunities later in life¹. Giving children the best start in life is crucial to reducing health inequalities, as the foundation for all the aspects of human development - physical, emotional and intellectual, are laid in the early years². There is clear evidence that children's early experiences, particularly in the first three years of life, impact on outcomes in later life, across a range of areas, from health and social behaviour to employment and educational attainment.

Local Authorities have an important role in commissioning and delivering early years services, beyond the statutory duties to children and young people³. Councils have a leadership role in ensuring a shared ambition is in place for children, in addition to their key role in the commissioning of early years provision, across a range of issues from nursery places to children's centres and from October 2015 this will include health visiting and family nurse partnership services.

Education is not just about attainment of qualifications and should also enable children to develop their personalities, talents and abilities, to build resilience, self-esteem and to live a full and satisfying life².

Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school.

Did you know?

- No matter the economy of the country, investment in early years of a child is more cost-effective and better for the individual child than remedial action in later life⁴
- Evidence shows that spending on children early in their lives is more effective in improving their long term outcomes than investments later in life²

- Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol⁵
- Evidence from many countries confirms that there is a strong correlation between educational attainment, life expectancy and self-reported health, within and across generations. School is also an important setting for forming or changing health behaviours³
- Smoking during pregnancy can cause a range of serious health problems for babies, including lower birth weight and an increased risk of sudden infant death syndrome, while newborn babies exposed to second-hand smoke are at increased risk of infections such as asthma and meningitis

Key local facts and figures

- Levels of smoking in pregnancy are persistently high, 22.4% of mothers (circa 470 women) continued to smoke at delivery in 2013/14, compared to 12.0% nationally
- The rate of babies born with a low birth weight in 2012 was similar to the national average rate (2.8%)
- The rates of breastfeeding at birth (67.4%) and at 6-8 weeks (33.9%) remained significantly worse than the national averages in 2013/14 (73.9% and 47.2% respectively)
- The rates of immunisation in preschool children are significantly better than the England average for all vaccinations at one year, two years and five years old
- School readiness performance in Reception year (4-5 year olds) improved in 2013/14 with:
 - 59% of Reception pupils overall achieving a good level of development, which was better than in 2012/13 (45.1%) and is now similar to the the national average of 60%
 - 48% of Reception pupils with free school meal status achieving a good level of development, which was better than in 2012/13 (30.6%) and is now above the national average of 45%
- School readiness performance year 1 (5-6 year olds) in 2013/14:
 - 77.4% of Year 1 pupils achieved the expected level in the phonics screening check, an impressive increase on the 2012/13 figure of 67%
- 68.7% of Year 1 pupils with free school meal status achieved the expected level in the phonics screening check, again a good improvement on the 2012/13 figure of 54.7%
- The rate of pupil absence in 2012/13, 4.97% was significantly better than the national average figure of 5.26%
- Teenage pregnancy rates have declined significantly in the past three years, however, the under 18 conception rate in 2012 (36.8 per 1,000 females aged 15-17 years) remained statistically significantly worse than the national average for England (27.7 per 1,000)
- There were 123 conceptions amongst under 18 year olds in 2012, 38% chose to terminate their pregnancy which is significantly lower than the England average (49.1%)
- Almost a quarter (24.2%) of Reception year children (aged 4-5 years) are classified as overweight or obese, this is similar to the national average of 22.2%
- Over a third (35.0%) of Year 6 children (aged 10-11 years) are classified as overweight or obese, this is similar to the national average of 33.3%
- In 2012/13 there were 169 admissions to hospital as a result of self-harm amongst young people, the rate of young people aged 10 to 24 years admitted to hospital was worse than national England average

1.2 What is happening in Telford and Wrekin?

Our local Early Help Strategy sets out how the Council will work with wider partners to improve outcomes for children, young people, families and carers in Telford and Wrekin. It sets out our collective ambition to improve health & wellbeing, attainment and prospects of children and young people in the Borough. Our Early Help approach has a strong focus on prevention with a vision that supports more community self-help and self-sufficiency including volunteering.

The following are a few selected examples of programmes focussed on improving wellbeing outcomes for children and young people. Many different teams and organisations are supporting the delivery of these programmes and many include volunteers.



Improving health and wellbeing in families

- Healthy Start is a voucher scheme intended for families on low income for money off fruit, vegetables, milk, infant formula milk and the provision of free vitamins. Our Early Help workforce including midwives, health visitors and early intervention practitioners provide families with information, advice and support to access the scheme. Work has continued with the NHS Telford and Wrekin Clinical Commissioning Group to ensure families can access free vitamins from all pharmacies in the borough.
- Reducing levels of smoking in pregnancy continues to be a local challenge and is one of the top priorities for the Borough's Health and Wellbeing Board. Developed by experts and delivered by specially trained and highly experienced professionals, the Quit 51 Stop Smoking Service provides advice, support and encouragement to all pregnant women wanting support to stop smoking. Locally there are a number of initiatives to try to encourage women that smoke during pregnancy to quit including: all women who smoke are directed to Quit 51 by midwifery at the time of booking; provision of 1 to 1 and group support to women to reduce harm to their baby during pregnancy; delivery of quit smoking sessions at the hospital during consultant led clinics; the offer of Nicotine Replacement Therapy (NRT) at no cost such as patches, gum and lozenges; and access to information leaflets on the effects of smoking to them and their unborn baby.

Case Study Smoking in Pregnancy

Sarah Reeves came to the new Quit 51 smoking in pregnancy service in November 2013 for support to quit smoking. She was finding it difficult to walk her youngest children to school in the mornings and was keen to make changes. Not only was Sarah finding being out of breath difficult, but she also knew her children disapproved of her smoking. Sarah mentioned e-cigarettes in the first week of her trying to quit, but after discussing the fact that they were not regulated she decided to use the Nicotine Replacement Therapy. Within the first week of starting the stop smoking programme Sarah changed her home to a smoke free zone.

Christmas was the first real challenge she had to experience as she knew she would have family and friends who smoked visiting. Sarah coped really well, having consulted with the stop smoking advisor beforehand, she remained on a higher strength nicotine patch until the festive period was over. Sarah reported feeling really empowered and was managing her quit attempt successfully with continued regular support and advice from the Quit 51 advisor.

Feeling comfortable with her progress and in consultation with the adviser Sarah reduced the strength of her nicotine patches and really began to feel like a non smoker. Reports from midwives that her pregnancy was progressing well, and that her baby was a good healthy size was a real

incentive for Sarah to continue to stay quit. She stuck to her commitment to not taking a single puff on a cigarette.

As the weeks passed Sarah was surprised that her sense of taste and smell improved, their home was a smoke free zone, and the children were all really happy with her for quitting. Visits to the midwives were very encouraging as they were pleased with Sarah and her progress. The baby's growth progressed well and both mum and baby remained in good health throughout the pregnancy.

Sarah gave birth in early June to a beautiful baby girl who weighed 7lbs 8oz. To date it was the best birth weight she had delivered with a record delivery of 25 minutes long - dispelling the myth that big babies are hard to deliver. Mother and baby continue to do very well and Sarah continues to be quit, considering herself now as a non-smoker. www.quit51.co.uk



- Investment in breastfeeding support services has continued. Local provision is delivered by a well trained and experienced multi-disciplinary team of midwives, health visitors, early intervention practitioners, breastfeeding support facilitators and peer support volunteers and includes: support in hospital to breastfeed, the Telford and Wrekin Breastfeeding Encouragement and Support Team (BEST); a helpline providing information about breastfeeding issues, groups and services within the local area; community based Breastfeeding Support Groups and home visits. Work has continued to provide targeted support in those areas of the Borough where breastfeeding rates are particularly low.
- The Healthy Mums programme provides support to pregnant ladies who have a BMI over 30. They are referred by their midwife, professional or can self refer to the programme. One to one support is provided during phase 1 (ante-natal) and then post-natal up until their baby is 6 months old (phase 2). Support is given on a monthly basis to make changes to improve the mother's health and the health of the baby and includes support to minimise weight gain during pregnancy and support to lose weight post-natally. Advice and support also includes breastfeeding and weaning.



Case Study Healthy Mum's Programme

A client from Wellington started the Healthy Mum's programme during phase 2. She self referred to the programme having seen a leaflet in her local area.

On the Healthy Mums programme, the advisor aims to provide practical knowledge regarding small changes that can be made to help maintain weight during pregnancy and lose weight after birth. This can include information such as portion sizes, the Eatwell Plate and recommended physical activity levels. Her comments on the service were "you work really well with clients to help them achieve a healthier lifestyle and give great support".

At the beginning of the programme, she was asked "on a scale of one to ten, where would you put yourself in terms of overall healthy lifestyle?" She stated she felt she was at a three however would ultimately like to be at a seven. Six months later, following completion of the programme, when asked again, she scored herself at a six. When asked to sum up what lifestyle changes she had made since being on the programme to achieve this increase, she stated "I am now aware of what a healthy lifestyle is. I drink a lot more water rather than soft drinks, I exercise more and have since joined a gym and I am aware of my portion sizes when I have my meals".

Her first recorded weight was 102.55kg (16st 2lb); 6 months later she now weighs 95.7kg (15st 0lb). Overall, she has lost 1st 2lb and achieved a 6.67% overall weight loss.

- The HENRY programme supports families who have a child under 5 years old. The aim of the programme is to give guidance to parents on how to give their child a healthy start, how to develop parenting skills, and advice on healthy eating and exercise. The Let's Get Healthy with HENRY programme is for eight weeks and can be accessed via a professional or self referral. A volunteer programme also runs within Telford and Wrekin and this is funded via HENRY and the Big Lottery. The Parent Champions project provides an excellent opportunity to offer training to parent volunteers to offer support for families on the programme, and assist with recruitment and maintenance of behavioural changes at the end of the programme.
- Lets cook together! is a project to engage parents and children to cook healthy meals. Children and families are taught about healthy eating, essential cookery skills, basic food hygiene and how to cook on a budget. The overall message is to promote cooking as a fun activity that can be enjoyed with all the family. The project is delivered within schools and from community venues across the Borough.

- From September 2014, all children in Reception, year 1 and year 2 in state-funded schools in England are eligible for a cooked school lunch at no cost to the parent. It includes infant pupils in maintained infant and primary schools, free schools, academies, and schools for pupils with special educational needs and pupil referral units. This is a government initiative called Universal Infant Free School Meals (UIFSM) and is aimed at improving academic attainment for infant children and to help families save money. In addition work is underway to support local schools to achieve the local Healthier Catering Commitment.



Improving attainment, particularly school readiness

- The Early Years Foundation Stage (EYFS) sets standards for learning, development and care of children from birth to 5 years old. All schools and Ofsted registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes. The local authority employ a team of dedicated Early Years and Childcare Consultants to work specifically with our local early years providers to ensure our local provision is high quality and meets the requirements of the Early Years Foundation Stage Statutory Framework. The team also work closely with Children and Locality Family Services to deliver Play Together Groups supporting parents to think creatively to promote learning and development through play with the aim of raising the Early Years Foundation Score.
- There are currently a number of national initiatives under way to help local authorities better tailor their early years support to the needs of the most disadvantaged children and their families. Initiatives include free early education places for some children. In Telford and Wrekin, 97% of three and four year olds access their free entitlement of 15 hours a week. Uptake amongst two year olds remains low. Addressing this challenge is a priority for our Early Help Partnership.

- The Telford and Wrekin School Improvement Service aims to secure sustainable school improvement through raised aspirations and high levels of achievement for the whole community. The team includes specialist advisors working across many disciplines to provide support for: assessment, the curriculum, teaching and learning, early years, creativity and outdoor learning, equalities and diversity, leadership, support for newly qualified teachers and special educational needs and inclusion. Support in the early years and learning outdoors have been highlighted by our local partners and parents through our Early Help Consultation as being particularly important to improving outcomes for our children and young people.



1.3 What has been achieved?

- A recent visit from Public Health England highlighted our local Healthy Start pathway for the promotion and distribution of vouchers and vitamins as an example of best practice within the region. Uptake of the scheme by eligible families remains high at 81%; higher than the England average
- Our stop smoking services have supported 98 pregnant women to successfully quit smoking – in 2013/14 the highest ever recorded. Partners have worked collaboratively and taken action to improve data recording, monitoring and information sharing to ensure timely support is provided by the service
- Working collaboratively with the Shropshire Community Health NHS Trust, the Public Health team led the transfer of the Healthy Families Team and service from the NHS to the Council. The team are now part of the councils Children and Family Locality Service which has resulted in a more integrated approach to providing support to families with children who are overweight or obese
- 54 professionals completed HENRY core training and a further 24 have been trained to deliver Let's Get Healthy with HENRY courses. Nine programmes were delivered to parents during 2013/14. We continue to receive excellent feedback from parents about the programme and Telford and Wrekin continues

to have the best rate of retention for parents attending HENRY courses in comparison to the rest of the country.

"I have really enjoyed HENRY. The children have enjoyed the crèche. Going to miss coming. Great team of facilitators"

"I have loved coming to HENRY course. It has been fantastic. I have learnt so much and I will be sure to recommend the HENRY course to all my friends"

- The Shropshire Community Health NHS Trust School Nursing Team were winners of the School Nurse Awards category at the Nursing Standard Nurse Awards supported by the Department of Health for greatly improving and introducing asthma management guidelines to all schools across Shropshire, Telford and Wrekin

- Overall, educational achievement continues to improve and is now comparable to the national picture. For 2013/14 of particular note is the significant and important improvement in the Early Years Foundation Stage achievement rate from 45.0% in 2012/13 to 58.3% in 2013/14. This is a 25.6% improvement from 2012/13 and brings us to within 2%-points of the provisional national average (60.4%). Key Stage 1 achievement rate (Reading, Writing and Maths) have improved and are either the same as, or higher, than the national averages (2013/14). Key Stage 2 has also seen an improvement from 74.0% in 2012/13 to 78.0% in 2013/14 (an increase of 5.4%) and is now the same as the provisional national average (78%).
- During the spring and summer school terms 1500 children and parents took part in the Let's Cook Together project.
- 39 Primary Schools have achieved the Healthy Catering Commitment



"Our children have loved it! Chris and Niki have been so enthusiastic all day which has really helped to engage all the children they have worked with. It is so important for our children because many of them have such limited opportunities to cook at home."

**Richard Thorpe,
Headteacher, Grange Park
Primary School**

"The Cooking Bus was a big hit at Dothill. The children absolutely loved it! They have all taken the recipe home to try, they enjoyed it so much. Niki and Chris were both fantastic with the children and had them engaged and excited."

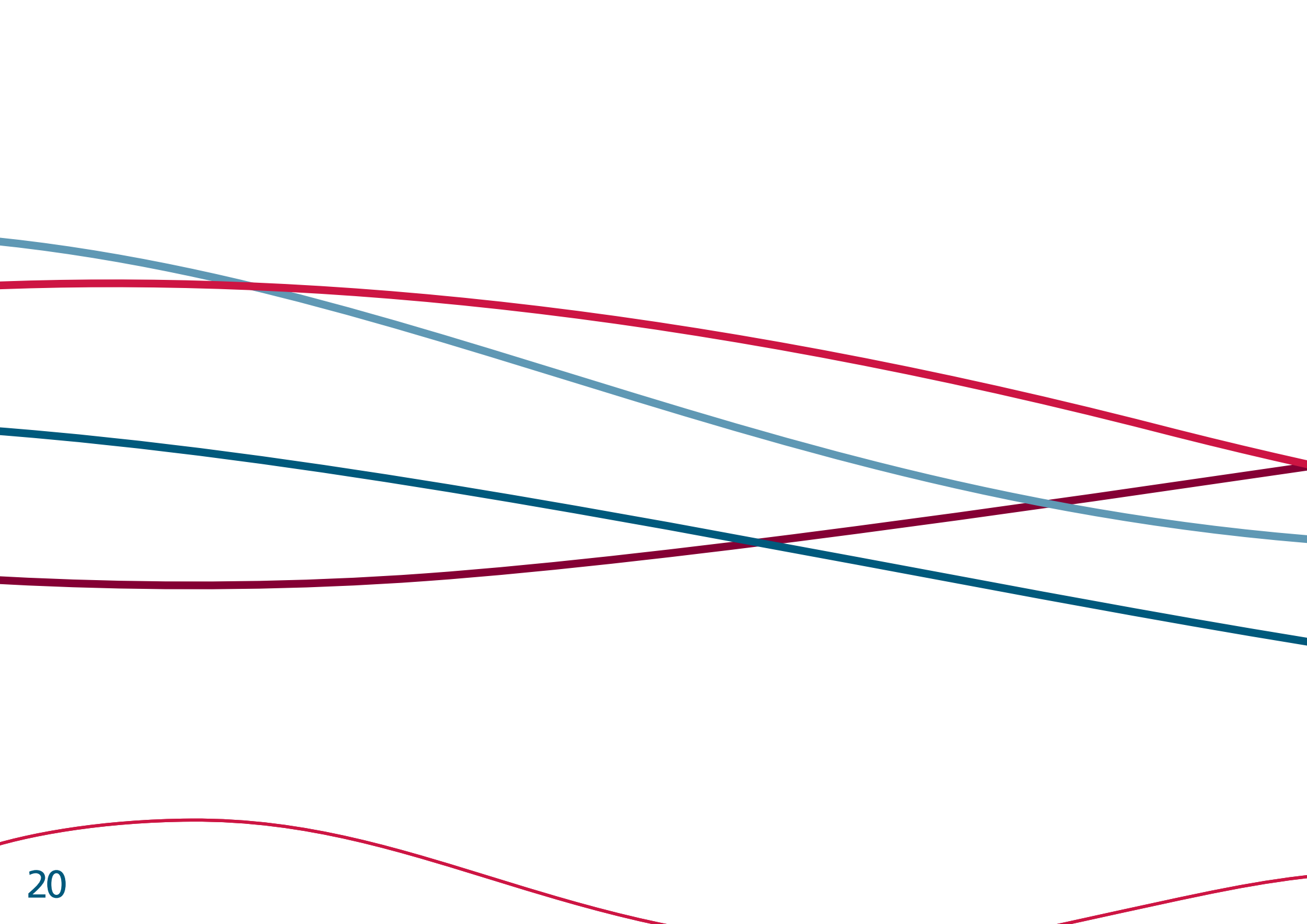
**Peter Rao,
Pastoral Manager,
Dothill Primary School**

Recommendations

Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Children, young people, parents and professionals told us this was important and a need that required some focussed action in the Borough.

It is recommended that:

The Early Help Partnership, which reports to the Children Young People & Families Board, should work with schools to develop a schools based programme to improve emotional health and wellbeing of children and young people.



Chapter Two: Helping people find jobs and stay in work

2.1 Why is it important?

There is a close and complex relationship between employment and health. Being without work is rarely good for health, but while 'good work' is linked to positive health outcomes, jobs that are insecure, low paid and that fail to protect employee from stress and danger can make people physically and mentally unwell. Unemployed people incur a range of elevated health risks, including limiting long-term illness, mental illness and cardiovascular disease, much higher use of medication and worse prognosis and recovery rates². Adverse working conditions can expose individuals to a range of health hazards and these jobs tend to be available in lower-status occupations.

Getting people into "good employment" is a protective factor for an individual's health. Good jobs need to be sustainable and feel secure, offer a minimum level of quality, protect employees from adverse working conditions, come with a living wage, opportunities for development and allow a good work-life balance².

Healthy and motivated workers are more likely to 'go the extra mile', give good customer service, take fewer sick days and provide commitment and creativity. Workplace health programmes, aimed at ensuring a healthy workforce can lead to reduced sickness absence, lower staff turnover and boost productivity, which is good for employers, workers and the wider economy^{6, 7, 8, 9}.

Did you know?

- Young people not in education, employment or training (NEET) for a substantial period are less likely to find work later in life and are more likely to experience poor long-term health
- Unemployment increases the risk of fatal or non-fatal cardiovascular disease and events, and increases all-cause mortality by between 1.5 and 2.5 times
- Stress at work is associated with a 50% excess risk of coronary heart disease, and there is consistent evidence that high job demand, low control and effort-reward imbalance are risk factors for mental and physical health problems

- Around 1.8 million people in the UK report suffering from an illness they believe was caused or made worse by work with 80% of new cases being musculoskeletal disorders or related to stress, depression or anxiety³

Key local facts and figures

- The Borough's unemployment rate for July 2013 to June 2014 was 6.7%, placing Telford and Wrekin below the regional rate (7.5%) and below the national rate (6.8%). This is the first time the Borough has fallen below the national rate since the year ending March 2009
- Youth unemployment stands at 20.9% in the 12 months to June 2014. Whilst this remains above the regional (20.5%) and the national rate (18.4%) the estimated number of unemployed 16-24 year olds (2700) is 27% less than a year previously (3,700)

- In terms of sickness absence, during 2010-12:
 - 1.9% of working days were lost due to sickness absence, which was worse than the national average of 1.6%
 - 3.5% of employees reported having at least one day off in the previous week, which was significantly worse than the national average of 2.5%
- In 2012, the gap between people with a long-term health condition and the overall employment rate was 11% points. For those people with a learning disability the gap to the overall employment rate was 67.7% points in 2013/14



2.2 What is happening in Telford & Wrekin?

The Council recognises the importance of sustainable employment on the health of individuals in the Borough. The Job Box^a offers a comprehensive package of support to help all residents and the council's workforce. Job Box includes a range of activities to support local people of all ages to find employment, including:

- **Job Junctions** - drop in sessions for employment support and guidance on local courses and training opportunities
- **Job Box Mentors** - one to one support to unemployed young people to assist them into employment
- **The National Careers Service** - confidential and impartial advice to adults on learning, training and work opportunities

Employment and training support programmes start with services to schools including: information advice and guidance, identifying and working with young people at risk of being not in employment, education or training (NEET) and a service delivering work experience expertise to schools and employers. Young people leaving school at 16 who are NEET are assigned to a member of staff to provide additional support for them. The Team also provide additional support

^a Find out more about about The Job Box at www.telfordjobbox.co.uk

to young people having issues in the transition from secondary to further education.

The Council is a sub-contractor delivering National Careers Service advice and guidance to all residents over the age of 18 years. A new team of Job Box Mentors now replicates the 1:2:1 support given to those who are NEETs to a wider age range of 20-24 year olds, given the significant unemployment issues for this age group.

All residents seeking employment and training support have access to a range of Job Box Job Junctions delivered across the Borough, delivering drop-in support and IT access. Community learning courses are delivered by the council, including: confidence building, healthy eating, cooking on a budget, parenting skills and active retirement courses as well as a number based on getting employment in local companies with vacancies. Family Learning has proved a successful way of engaging parents to support their children and develop their own skills, introducing visits to libraries for example. Impact measures from these courses show an excellent impact on an individual's wellbeing.

The Council's own workforce is supported by these services in times of restructure or redundancy as are apprentices who are coming to the end of their Apprenticeship contracts. The Education and Employment Advisory Support team work closely with employers to improve: employment success for residents with physical, mental health and

learning difficulties enabling them to find training and employment to suit their abilities and help the employer accommodate their needs.

Case Study Job Junctions

Job Junctions provide drop in sessions for information, advice and guidance on local courses and training, and employment support. This includes supporting people in developing their CVs, searching for jobs, and learning interview techniques. Job Junctions are held in a range of venues around Telford & Wrekin.

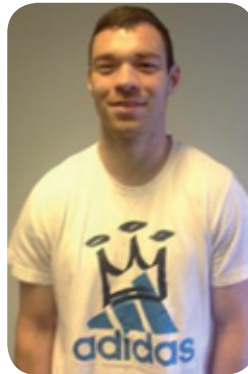


Kamaljit came to Dawley JJ in April for support with her CV and to set up a Universal Job match Account. Initially she was anxious and concerned as she had been relying on the support of her family, not claimed any benefits for some time and although reluctant she had no choice to do so.

Kamaljit had worked in the family taxi business as a driver in the past and felt she would like to pursue similar work but had no idea how to go about it. We searched online using job sites and

looked at job profiles, matching these with her skills and also completed a CV for her. By the end of the first session Kamaljit had compiled her CV and created a Universal Jobmatch account. In her words “the Job Junction was a God send”.

Over the next three weeks Kamaljit was supported to complete application forms, personal profiles and brush up on her interview skills. Kamaljit had a successful interview with National Express for the position of a Bus Driver and has been offered employment. We contacted Kamaljit to congratulate her on her success, she was over the moon and could hardly contain her excitement over securing employment.



Lee came to the Job Junction at Sutton Hill in 2013. He wanted to make a new start and set an example for his children by finding work. Lee had several qualifications and together with staff at the Job Junction, he was able to use these along with his transferable skills to compile a professional CV.

Lee spent his time outside of the Job Junctions writing and delivering speculative letters to a range of prospective employers. He was successful in getting a job at a restaurant in Madeley.

“The Job Junctions gave me the confidence I needed in my job search and helped me to recognise the skills I already had. I get a real buzz from being at work and engaging with people.”

Lee



2.3 What has been achieved?

Jobs Fair 2014



Over 4,000 people attended the first Partnership for Jobs event held at the International Centre, Telford

on 27 March 2014. There were over 100 exhibitors, including: 78 employers, 17 training providers and various Telford & Wrekin Council stands offering support to job seekers. Over a third, 37% of those attending were aged between 18 and 24 years old. Employers represented all major sectors, including: engineering, construction, hospitality, care and administration. A total of 171 job vacancies were advertised on the day and 40%, 69 of the vacancies, were filled as a direct result of the Jobs Fair.

Three new Southwater businesses Zizzi, Nandos and Cineworld also attended the event to raise their profile and showcase their up coming recruitment opportunities. As a direct result our Job Box Mentors attended recruitment days with these businesses to provide support and assistance to job seekers. The Job Box Mentors support has been greatly received by these businesses and a number of people have secured employment as a result of our support. Feedback from all who attended the Job Fair

was incredibly positive, with: 94% of exhibitors reporting that they would consider attending a similar event in future and 72% of job seekers stating that they were either very satisfied or satisfied with the event. The feedback from attendees is being used to improve the success of future Jobs Fairs, including: increasing the size of the venue, creating “Careers Zones” registration of vacancies, revising the seminar programme to improve engagement and targeting of specific groups with high unemployment levels.

The Job Box



One of the pledges of the Council's Youth Unemployment Programme has been to increase the number of Job Junctions, based on the success

of the approach. This pledge was made to ensure that all residents have easy access to the service. Job Junctions were re-launched under the “Job Box” brand to raise the profile and improve attendance in March 2014. ‘Job Box’ is the Council's one-stop-shop for information and support on vacancies, training and employment within the Borough. The number of Job Junctions has now increased from 8 to 15 with new Job Junctions launched at: The Carpenter Centre in Overdale, The Hub in Newport, the Watling Centre in Arleston, St Georges & Priorslee Parish Centre and Castle Farm Community Centre in Hadley.

Additional funding has been secured from the following Town & Parish Council's to support Job Junctions in their area: Great Dawley Parish, St Georges and Priorslee Parish, Madeley Town Council (Sutton Hill and Woodside) and Brookside & Stirchley Parish.

Attendance at Job Junctions has increased impressively, with 3,405 attendances by the end of June 2014, compared to a total of 3,188 during the whole of 2013. It is hoped that if attendance continues at this level then circa 7,000 people will have attended a Job Junction by the end of 2014. Since January 2014, 135 people have been supported into employment, training or voluntary work and many of these have commented on how this has improved their feeling of well being.

Recommendations

Being in employment is good for health but equally a healthy workforce is good for employers, workers and the wider economy.

It is recommended that:

The Council should be an exemplar employer for promoting and supporting improvements in employee health and wellbeing, using an evidence based and innovative approach.

The Living Well Board, in collaboration with employers, should develop a workplace wellbeing offer within the Telford Bondholders Scheme.

Chapter Three: Being active

Access to green and open spaces, active travel and the role of leisure services

3.1 Why is it important?

Access to green and open spaces, leisure and recreational facilities and active travel opportunities impact directly and indirectly on people's physical and emotional mental health^{3, 11, 12, 13}.

Local authorities are also responsible for drawing up and implementing local transport plans. Research has shown that the major barriers for active travel are concerns for safety; the practicalities of walking and cycling such as storage, clothing and logistics of transporting bags and children etc¹⁴. In order to get people walking or cycling more, roads need to be safer, and a more pleasant environment³. More than half of all serious and fatal injuries to pedestrians occur on roads with a 30mph speed limit and those who live in the most deprived areas have a 50% greater risk of dying on the road (Kings Fund, 2013).

Local authorities have a major role promoting and delivering increased participation in sport and physical activity¹⁵.

Key local facts and figures

- Utilisation of outdoor space for exercise and health reasons - an estimated 25.1% of survey respondents report taking a visit to the natural environment for health or exercise purposes, which is better than the national average of 17.1%
- It is estimated that 70.2% of adults carry excess weight and are either overweight or obese, which is significantly worse than the national average estimate of 63.8%
- Sport England survey respondents in 2013 reported the following in terms of physical activity levels:
 - 48% classify themselves as physically active, which is significantly worse than the national average of 55.6%
 - 33.9% classify themselves as physically inactive which is significantly worse than the national average of 28.9%



3.2 What is happening in Telford & Wrekin?

Green and Open Spaces

Access to green space is a core theme of the Council's Shaping Places Development Strategy. This provides the opportunity to refresh and strengthen our sport, recreation, play and open spaces planning policies protecting and ensuring future provision.

The Council has formally protected three open spaces, Town Park Arena, Stirchley Playfields and Malinslee Playfields, by registering them through the National Fields in Trust programme. The Council also works with partners such as Parish Council's and the Shropshire Wildlife Trust to establish new Local Nature Reserves.

The Council proactively works with local communities and groups with regard to the planning, development and management of green spaces. Officers have provided advice and support to local community groups such as the Brookside Improvement Group who have

identified through the Neighbourhood Plan, a project to develop a community garden as part of the regeneration programme.

The Council supports, facilitates and engages multiple partners such as 'friends of' groups which are groups of volunteers who promote and preserve and improve their parks and open spaces for the local community. The Parks and Open spaces team provide administrative and leadership support to Greenshoots, a group of NGOs whose aims are to work together encouraging more people to benefit from the outdoors, improving open spaces, awareness and health.

The Council has worked with private and voluntary sector organisations to deliver new physical activity opportunities within the Town Park such as the weekly Parkrun, the High Ropes Course, organised cycle rides and training and establishing a new ladies rounders league.

Did you know?

- Living in close proximity and easy access to areas of green space - such as parks, woodland and other open spaces - has been associated with a decrease in health complaints, blood pressure and cholesterol, improved mental health and reduced stress levels, perceived better general health and the ability to face problems²

Active Travel

The Road Safety & Sustainable Transport Services for Businesses booklet^b has been widely distributed and provides information for businesses to support and promote sustainable travel. It publicises: Carshare Shropshire and Telford, Cycle to Work schemes, Driving to Work and Wheels 2 Work.

After successfully bidding for funding from the national Local Sustainable Travel Fund, improvements to cycle network facilities have been made to enable cyclists to travel more freely. For example, diversion of National Cycle Network route 55 utilising a disused railway line to form a car free route through to Stafford from Newport. The continuation of the route, some off-road, will provide a more accessible route to Telford Town Centre by bicycle. Along with Silkin Way and Ironbridge Way improvement schemes, active travel within the Borough has been enhanced.

The Council is currently working with (and part funding) the Travel Plan Coordinator for Shrewsbury & Telford Hospitals NHS Trust, to introduce a new travel plan with a package of sustainable travel initiatives to reduce single car occupancy. A number of sustainable travel roadshows and events have taken place at Princess Royal Hospital and the Royal Shrewsbury Hospital promoting sustainable travel, with more to come over the next 12 months.

Telford & Wrekin Council Travel Plan Coordinator is responsible for the Council's own travel plan, as well as providing advice, guidance and information to schools, developers and businesses on producing and maintaining a travel plan. Many new developments are required to produce a travel plan for their site detailing how they will reduce single occupancy car use and increase sustainable travel.

Cycle events such as Bike Week / Cycle to Work Day (4 Sept) are organised to promote cycling. Some of these are organised in partnership with local businesses and the local active Telford Bicycle Users Group^b (TBUG).

Projects to increase safety and support walking and cycling have been implemented around schools within the borough. Notable schemes include variable 20mph zones, crossing facilities and improved cycle storage to encourage car free travel, for example at Woodlands Primary School.

New residential developments, such as the 3,800 housing development in Lawley, are designed in accordance with Manual for Streets to provide low vehicle speed environments for improved safety and to additionally promote walking and cycling, local facilities such as schools, shops, and community centres, are being constructed at the heart of these developments.

^b Find out more about about Telford Bicycle Users Group at cycling@telford.gov.uk

Did you know?

- An estimated 2% of trips in the UK are made by bicycle compared to 10% in Germany, 19% in Denmark and 26% in the Netherlands¹⁶
- Nearly a quarter of car journeys in Great Britain are less than two miles (Welsh Government, 2014) and 55% of car trips in three English towns were found to be under 5km (3 miles)¹⁷

Leisure Services

By 2016 the Council will have refurbished or replaced all of its nine leisure centres, ensuring that the facilities encourage and enable participation. Accessibility to new and enhanced school sports facilities has been secured through the Co-Operative Learning Communities programme and will provide additional local physical activity opportunities.

The Council has developed a Community Asset Transfer Policy to facilitate the transfer of ownership of some playing pitches and facilities to local sports clubs to enable them to develop, grow and secure future funding.

Work was carried out in partnership with Energize STW to prioritize National Governing Bodies of different sports in Telford. The purpose was to enable the Council to work more closely with

the National Governing Bodies to ensure that investment in Telford & Wrekin is maximised and a joint approach to increasing participation.

The priority sports identified were athletics, badminton, basketball, boxing, cricket, cycling, football, swimming, tennis and table tennis. As a result of this work there have been a number of achievements. For example, work with Badminton England has led to investment in the new sports hall at Abraham Darby Sports and Leisure Centre which has become a Performance Centre for badminton. The Council has also collaborated with Badminton England to increase ways of playing across all levels of abilities through innovative programmes such as Battle Badminton, No Strings Badminton, Essentials and Smash Up. In 2013, the Community Badminton Network was set up with local voluntary sports clubs and other key partners such as colleges.

Leisure Services deliver a range of targeted interventions to encourage participation and help address health inequalities. Examples include, Health Trainers, Tackle Your Health and the Fit 4 Life Referral Scheme. The Council also retains a Leisure Concessions Policy providing free or discounted access to facilities and offers free swimming for residents under 16s.

Leisure Services have invested in specialist training and equipment to support disabled users and residents with health conditions to become more physically active. Examples include the

'I Can Too' disability sports programme and specialist support for cardiac rehabilitation, cancer rehabilitation, obesity & diabetes and mental health. The service provides 21 supervised sessions per week and receives approximately 200 referrals per year. The I Can Too programme has been providing Physical Activity Opportunities for Disabled Children and respite for their carers for over four years.

The Council's Annual Active Lifestyle Awards celebrate and showcase sport and physical activity participation across the Borough recognising participation and contributions at all levels.

Did you know?

- Participating in sporting activities results in increased attendance and attainment in schools and also strengthen social networks and community identity¹⁸
- Physical activity, including sport, is linked to reduced risk of over twenty illnesses including cardiovascular disease and some cancers, depression, anxiety, psychological distress¹⁸

3.3 What has been achieved?

- The regeneration of the Town Park, through the five year 'Parks for People' funding programme, an initiative between the Heritage Lottery Fund and Big Lottery that started in January 2011, is bringing significant physical improvements to the park (including to pedestrian and cycle routes) to improve access to the park, and together with ongoing improvements to park events, activities, training and volunteering opportunities, and enhanced management and maintenance, the attractiveness of the park as a health and leisure destination is significantly increasing.
- Through the Parks 4 People Programme the Council has enhanced the Telford Town Park infrastructure, including the creation of dedicated 'Nature' and 'History' walking trails and improved cycle and walkways encouraging physical activity, enhanced recreational opportunities and healthy travel routes to employment and the Town Centre. Other improvements include the 12 hole adventure golf course, water play facility, sensory garden and inclusive play area. All of which enhance the attraction and range of physical activity and recreational opportunities within the Town Park.
- Over 300 employees have participated in the Telford & Wrekin Council Cycle to Work Scheme since it began 2011. This salary sacrifice scheme allows employees to purchase a bike for commuting to work. The scheme is also promoted to local businesses.

Adult cycle coaching has also taken place for colleges, businesses and private individuals.

- Bikeability Cycle Training has been delivered and since 2009 almost 4000 school children have been trained through this cycle training programme.
- Pedestrian training, 'Park and Stride' and 'Walking Bus' programmes assist with safer and active travel for school pupils. In excess of 200 pupils daily walk to school on a successful walking bus at one school.
- Various events have taken place, some in partnership with local businesses, to promote cycling. Notable events are 'Tour de Telford', 'Breeze' & 'Family Rides', Town Park & school based road shows and 'Cycle to Work' day.
- Tennis provides a good example of how the Council is trying to stimulate interest by developing a cohesive approach to our facilities and development programmes, including the parks and open spaces. The opening of Telford Tennis Centre has been a great catalyst for increasing participation in physical activity. In 2013/14 the Tennis Centre alone attracted over 75,000 community visits. There has also been complementary investment into the freely accessible community tennis facilities at Hartshill, Bowring and Dawley Parks, including resurfacing and floodlighting (Hartshill and Bowring), providing facilities for Telford Community Tennis Club and the wider community. An extensive community coaching

programme is provided through First Point who deliver sessions within the parks and also the Tennis Centre. It is hoped that such an approach will encourage new and lifelong participation within the sport.

- An example of a targeted programme is 'Tackle your Health,' which aims to raise awareness of health issues, improve the wellbeing of men aged 30-74 and get 'hard to reach,' inactive men, living or working in Telford, back into sport and physical activity. Participants have an initial 1:1 health check and receive support/advice on ways to get active and lead healthier lifestyles. To date 273 health checks and 3833 activity attendances have been undertaken. Improvements made by clients include increased activity, weight loss, better diet, reduced smoking and reduced blood pressure levels.



Case Study **Tackle Your Health**



Trevor Bridgewater (aged 56)

Why did you join Tackle Your Health?

I decided to join Tackle Your Health for a few reasons. The main one was to lose weight because of the pain in my hips and back and I felt if I lost some weight it would help with reducing the pain because if I was lighter it would be kinder on my joints. I also wanted to have help and support to educate myself to be able to live a healthier lifestyle. Also after having a heart attack a few years ago I was advised by my doctor to lose weight but I have had problems in trying to lose any and to keep it off.

How did you join Tackle Your Health?

I found out about Tackle Your Health while attending a match at AFC Telford United. I was

approached by Tackle Your Health staff about the Drop a Shirt size campaign and was definitely interested. I left my name and number and was then contacted the following week to attend my first appointment.

What have you achieved since joining Tackle Your Health?

I have lost 8kg since I've started which I'm really pleased with. I've now learned to eat sensibly by reducing my portion size but still eating normally and eat at regular times which is something that I never used to do. I have cut out the unnecessary snacks that I used to eat after my main meals and late at night. The one thing that has surprised me is how easy the weight has come off by just making a few simple changes. I've always tried to lose weight before cutting out the things I like and trying not eat much so I always felt hungry. I now understand why this doesn't work. I have also won myself a Telford United shirt because I've lost over 5% of my body weight which I never thought I'd do!

Would you recommend 'Tackle your Health' to other men? And Why?

I would recommend Tackle Your Health to anyone as it has helped me so much. I know I would never of lost the weight on my own.

Maintaining change and future progress with/ without Tackle Your Health?

I now feel confident that I can still keep losing the weight to get to my goal of under 13 stone with the help of Tackle Your Health. I'm also sure that

I will be able to keep the weight off and maintain this weight as I have learned how to eat sensibly and only to eat what I actually need and not just what I want! The support I have received from Chris has really helped because he gave me simple, clear goals and I found them easy to achieve. Having a regular appointment with him to weigh myself really gave me something to focus on as well and it really did help.



Case Study Walking Bus

A key element of the 'Low Carbon Life Skills' of the Local Sustainable Transport Fund Component Bid is to further develop a change of travel culture in Telford and Wrekin away from the dominance of the car and towards sustainable travel options. The walking bus scheme in Telford and Wrekin has been developed to encourage and promote sustainable travel choices in young people that has the potential to influence travel behaviour into adulthood. Walking buses help tackle congestion, reduce carbon emissions and improve pupils' health and safety.

Many of the Borough's schools are located within residential areas, yet around a fifth of pupils who live within a mile of their school travel there by car. A number of concerns have arisen about the detrimental effect that car travel can have on a child's development; these include the failure to develop pedestrian skills, higher carbon emissions within the school zone and the risk to children's health caused by a lack of regular exercise.

A key local priority is the encouragement of healthy and positive lifestyles; the walking bus initiative plays a key role in delivering this priority. Children who lead healthy lifestyles are more likely to carry this forward into adulthood. The walking bus scheme also links in well with other 'Low Carbon Life Skills' initiatives such as pedestrian training and the 'Safer Routes to School' projects. Children are significant users of sustainable travel networks and ensuring they have

the skills and the confidence to travel by low carbon modes will help create safer and less congested environments outside schools. Older pupils who are passengers on the Walking Bus may also have been involved with pedestrian training programmes. Combining such schemes has proved successful when establishing a walking bus.

A risk assessment is carried out to determine the suitability of a walking bus route, in some instances route improvements are carried out. Training is arranged for every walking bus volunteer and everyone who walks on one of the buses is required to wear a high-visibility vest.

All high-visibility equipment, including passenger waistcoats, adult waistcoats, adult winter coats and adult umbrella are provided by Telford & Wrekin Council; these are currently purchased using funding secured through the Government's Local Sustainable Transport Fund (LSTF).

Telford & Wrekin Council offers advice, guidance and support to schools wishing to establish a walking bus. On launch, a promotional assembly takes place and to ensure success and sustainability ongoing support is available. Incentive materials, again purchased using the LSTF funding, are available and are used to increase up take.

- Twelve schools have successful walking buses
- Approximately 265 children in Telford and Wrekin regularly walk to school on a walking bus
- There are approximately 64 adult walking bus conductors, the vast majority of these are parent volunteers.



Recommendation

Levels of excess weight and physical inactivity are high within the borough. It is recognised that the physical infrastructure of the borough is an influence on people's ability to take everyday exercise and make healthier choices.

It is recommended that:

The Council should work with wider partners to ensure that the universal offer for physical activity and also the targeted work to address health inequalities provides opportunities comprehensively across the life course.

The Public Health team should work with the Development, Business and Employment team to develop specific policies which support the creation of healthy environments, for example, controlling the number of new fast food outlets within local centres and near schools, in the Shaping Places Development Strategy.

Chapter Four: Strong communities, wellbeing and resilience

4.1 Why is it important?

Most people's individual wellbeing is influenced by the community in which they live. People live in their communities as individuals and as part of their families, connecting with friends and often travelling outside their local areas to work, study or socialise. Geographic communities are fluid with people moving and settling sometimes often, so a level of change is inevitable. It is important that people feel healthy and safe, are able to participate in their community and can access support and services in the neighbourhood. Residents' sense of wellbeing is influenced by the interaction with their immediate environment, which in turn influences the characteristics of their neighbourhood¹⁹.

There is a growing recognition that although community needs in disadvantaged areas are complex and inter-related, developing community 'assets' can significantly improve health and strengthen resilience to health problems in these communities³. Social capital is the pattern and intensity of networks between people and the shared values those networks develop, with greater interactions comes a greater sense of community spirit.

Definitions of social capital vary, but the main aspects include citizenship, 'neighbourliness', social networks and civic participation²⁰.

People who report higher levels of wellbeing tend to be more involved in social and civic life, are more likely to behave in environmentally responsible ways, have better family and social relationships at home and are more productive at work. The Five Ways to Wellbeing is a set of messages aimed at improving mental wellbeing. They were developed by the New Economics Foundation as a result of the Foresight Report on Mental Capital and Wellbeing. These messages include: Connect, Be Active, Take Notice, Keep Learning and Give.

Did you know?

- Low levels of social integration, and loneliness, significantly increases mortality.
- Communities with less community or social capital differ from stronger communities in many ways² for example:
 - There is less volunteering in neighbourhoods that are perceived to be less safe, and less socialising and less trust in others.
 - In many communities facing multiple deprivation, stress, isolation and depression are all too common.
 - Residents of busy streets have less than one quarter the number of local friends than those living on similar streets with little traffic.
 - The most powerful sources of stress are low status and lacking social networks, particularly for parents with young children.

Five ways
to wellbeing

Connect...

Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Five ways
to wellbeing

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

Five ways
to wellbeing

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Five ways
to wellbeing

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Five ways
to wellbeing

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Key local Facts and Figures

- 39.9% of adult social care users felt they had as much social contact as they would like in 2012/13, compared to the national average of 43.2%
- 44% of adult carers felt they had as much social contact as they would like in 2012/13, which is better than the national average of 41.3%
- In terms of self reported wellbeing in 2012/13:
 - 4.7% of survey respondents reported feeling their life is less worthwhile
 - 11.9% of survey respondents reported feel less happy yesterday
 - 20.1% of survey respondents reported feeling more anxious than yesterday
- Rate of domestic abuse incidents reported to the police in 2012/13, 15.9 per 1,000 population was lower than the national average of 18.8 per 1,000

Source: Reproduced from the New Economics Foundation publication under the Creative Commons license:
<http://www.neweconomics.org/publications/entry/five-ways-to-well-being-postcards>

4.2 What is happening in Telford and Wrekin?

Volunteering

The active involvement of residents is key to delivering the Co-operative Council vision. Volunteering is an important strand of active involvement and it is supported by the Council through a number of different routes, including commissioning voluntary sector organisations, supported by volunteers to deliver a number of services. The Council also directly benefits from a number of volunteering schemes based within council services, such as: libraries, environmental services and within our children and family locality services. Some of these have already been referred to in this report. It is recognised that volunteering brings benefits to both the individuals who volunteer in relation to building confidence, developing skills and building social networks and also to the organisation supported by volunteers.

The Council's volunteer policy and handbook were updated in 2012 and the volunteering programme is now developing further to ensure there is Council-wide model for volunteering which will ensure that we have a consistent approach to the recruitment, coordination and supervision of volunteers. As part of this work a 'toolkit' is being developed to enable a wider number of our services to harness the resources of local volunteers. The Council will also look at innovative ways to recognise the

contribution volunteers make to their communities. There has been an increase in the number of residents who want to volunteer and with this approach the Council will be in a position to respond to this increasing demand, whilst providing a quality volunteering opportunity.

Telford & Wrekin is one of seven local authorities taking part in the national Cities of Service pilot project which has supported the development of two new volunteering schemes. The Let's Grow scheme, funded through the Public Health Grant, involves volunteers supporting residents in our six most deprived communities to grow, cook and eat more fruit and vegetables. An evaluation framework is being put in place to capture the benefits of the project to both the volunteers and the recipients in terms of their improved health and wellbeing. Learning from these two projects will be used to develop two further volunteering projects to support our priority outcomes within Adult and Children's Services.

Social Regeneration Target Areas

The Council is also developing a programme of social regeneration across six 'Target Areas', identified due to the inequalities in outcomes within these communities compared to the rest of the Borough. This programme is taking an 'asset-based' approach through community capacity building and the involvement of local people to celebrate their communities and develop new solutions to longstanding issues. Local

Engagement Boards have been established in these six areas to help to empower local people be more involved in making decisions for their local area. These groups involve residents, members of the public, voluntary and private sector organisations working together to improve outcomes within their communities.

Ward Cooperative Funds

During 2014/15 Public Health Grant funding has been used to sponsor the delivery of the Ward Cooperative Fund and to promote the Five Ways to Wellbeing programme. This fund involves local Ward Members allocating £2,000 each to projects and groups within their Ward. The aim is to support projects contributing to the Five Ways to Wellbeing, with successful stories from individuals being promoted through Five Ways Telford.

Five Ways Telford

The Five Ways Telford blog is based upon stories of people living in Telford and Wrekin and how well they feel having taken some of the positive 'Five Ways to Wellbeing'. Some of these stories have been included in this report but there are many more on Five Ways Telford.

<http://fivewaystelford.wordpress.com/>

4.3 What has been achieved?

Brookside Improvement Group

Brookside estate was identified as one of the Council's Co-operative pilot areas three years ago and the area has undergone a programme of physical and social regeneration. The Council has invested in the refurbishment of the local community centre and put forward Brookside to receive funding through the Lottery's Big Local programme.

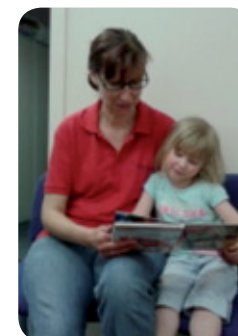
Brookside Improvement Group (BIG) is a group of residents who came together to improve their local area. This group have been integral to the regeneration of Brookside and are taking a lead in developing the management of the £1m lottery funding that will come into the area over during the next eight years. The group has developed considerably over the past few years, with support through the Community Organisers programme and community development staff from within Telford and Wrekin Council. Members of the group have been supported to develop a Community Interest Company (CIC), which has been involved in developing a number of projects including 'Telford Bikes' and the 'Take 5 Cafe'.

Prior to the community centre being closed for refurbishment volunteers, with the support of a paid member of staff employed through the CIC, ran the cafe within the community centre. This helped to develop the skills and confidence of the

volunteers whilst encouraging more local people to access the community centre and the range of services and courses delivered from the centre. Residents have been involved in planning the redevelopment of the community centre which will involve the local youth facility being co-located into the centre. Discussions are currently underway with the CIC about them taking over the refurbished cafe when the centre re-opens in early 2015. The learning from the Brookside pilot has been used to develop our approach to social regeneration within the other five target areas within the Borough.



Case Study Becoming a volunteer HENRY Parent Champion



I joined a HENRY course because I was unsure how to apply healthy eating principles to my children. Breast feeding worked to its own schedule and portion size - I just followed baby's cues. But after that I really didn't know how to feed my children healthily.

Making sense of all the advertising and advice you are given as a parent was a nightmare. Any help was welcome. I needed some sound guidance rather than just my instinct to feel confident that I was doing the right thing. I also wanted more unbiased information to help resolve differences of opinion - in particular with excessive portion sizes given by the kids' grandparents. I learnt so much! It was exactly what I needed and more.

In particular I learned to treat healthy snacks as a valid part of daily food intake and not as a stop gap or treat. I learnt about portion size and decided to start using smaller plates at home. Not using food as a reward or for bargaining, was quite tricky to begin with, but was ultimately a really beneficial change for us all. The parenting aspects

of the course really hit home too – family rewards, sticker charts, lots of praise, descriptive guidance and so on. Having these all presented in a clear way, with practical examples and group discussion gave me confidence in these ideas, some of which I was beginning to use at home already.

I have seen so many positive changes in my life! Mealtimes are more peaceful and civilized. I sit with the children at the table and we all have dinner together. The small plates suit the children better. There seems to be less food waste and they are eating to their appetite, rather than over-riding it. I realised that I was deeply rooted in the ‘finish your dinner’ mentality. It’s the same for snacking between meals which I always thought was bad – but actually is healthy with the right foods. I would also always end up eating sweets just because they were available. I realized these habits around food were actually not the healthiest thing for me, and I certainly didn’t want that for my children. I now know how to prevent my children developing these habits. I also avoid processed foods much more now than I did before.

The children’s behaviour has improved a lot. We listen more, and keep our calm. Using guided choices rather than clash of opinions has helped our children understand why a certain action is needed. I’m now able to challenge my parents on how they feed my children – I’ve definitely noticed that they ask me my opinion and second-guess my judgement less than before.

I’m now supporting other families with young children as a HENRY Parent Champion. I am running a playgroup jointly with another Mum who also completed the HENRY course. The group already promotes healthy eating and positive parenting through the activities provided encouraging parents to be positive healthy role models. We plan to have a monthly HENRY activity within the group and we’re publicising local events including HENRY courses and organized walks.

I’m so glad to have got involved with HENRY. In addition to the lifestyle information, I have made new friends and am enjoying the experience and challenge of volunteering. When my youngest starts school, I know that I will have the confidence to get back into work after seven years of being a full-time mum. I’m not sure I would have done without HENRY.

Recommendation

It is recommended that:

The Council, partners and communities recognise the valuable contribution volunteering can make to volunteers themselves and to others and support the development of more volunteering opportunities.

The Council, partners and communities use the ‘5 Ways Telford’ social media blog to cascade ‘people like us’ stories to inspire others to take simple steps to feel well, be more positive and get more from life.

Chapter Five: Public Health Outcomes Framework

The National PHOF Overarching Vision:

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measure 1: Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life.

Outcome measure 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

The RAG rating in the following tables is based on the statistical significance comparison between Telford and Wrekin and the national average for England as calculated and presented by Public Health England (PHE) in the PHOF release November 2014. Indicators without RAG ratings are those where PHE have not applied statistical comparisons. www.phoutcomes.info

Key to RAG rating

RED:

Telford & Wrekin position statistically significantly worse than the England average

AMBER:

Telford & Wrekin position statistically significantly similar to the England average

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Overarching health Indicators				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
0.1i	Healthy life expectancy at birth (Male)	60.0	63.4	2010 - 12
0.1i	Healthy life expectancy at birth (Female)	58.7	64.1	2010 - 12
0.1ii	Life Expectancy at birth (Male)	77.9	79.2	2010 - 12
0.1ii	Life Expectancy at birth (Female)	81.6	83.0	2010 - 12
0.1ii	Life Expectancy at 65 (Male)	17.7	18.6	2010 - 12
0.1ii	Life Expectancy at 65 (Female)	20.2	21.1	2010 - 12
0.2iii	Slope index of inequality in life expectancy at birth within English LAs (provisional) (Male)	6.7	-	2010 - 12
0.2iii	Slope index of inequality in life expectancy at birth within English LAs (provisional) (Female)	2.5	-	2010 - 12
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Male)	-1.3	0	2010 - 12
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole (Female)	-1.4	0	2010 - 12

Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.01i	Percentage of all dependent children under 20 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs)	24.1	20.1	2011
1.01ii	Children in poverty	25.1	20.6	2011
1.02i	School Readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children ^c	45.1	51.7	2012/13
1.02i	School Readiness: All children achieving a good level of development at the end of reception as a percentage of all eligible children by free school meal status ^c	30.6	36.2	2012/13
1.02ii	School Readiness: Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils ^c	67.0	69.1	2012/13
1.02ii	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check ^c	54.7	55.8	2012/13
1.03	Pupil absence	4.97	5.26	2012/13
1.04	First time entrants to the youth justice system	498	441	2013
1.05	16-18 year olds not in education employment or training	8.8	5.3	2013
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	63.9	73.5	2012/13
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Male)	61.0	73.2	2012/13
1.06i	Adults with a learning disability who live in stable and appropriate accommodation (Female)	68.2	74.0	2012/13
1.06ii	% of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support.	76.0	58.5	2012/13
1.06ii	% of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support (Male)	73.5	57.3	2012/13
1.06ii	% of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support (Female)	78.5	59.8	2012/13
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate	11.0	7.1	2012
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	67.7	65.1	2013/14

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^c NB 2013/14 data for School Readiness are reported on page 14 of this report, these figures were not updated in the PHOF release of 4 November 2014

Wider Determinants of Health <i>continued</i>				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.08iii	The percentage point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64)	58.6	62.3	2012/13
1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week	3.5	2.5	2010 - 12
1.09ii	Sickness absence - The percent of working days lost due to sickness absence	1.9	1.6	2010 - 12
1.10	Killed and seriously injured casualties on England's roads	22.7	39.7	2011 - 13
1.11	Rate of domestic abuse incidents reported to the police, per 1,000 population	15.9	18.8	2012/13
1.12i	Age-standardised rate of emergency hospital admissions for violence per 100,000 population	39.3	57.6	2010/11 - 12/13
1.12ii	Violent crime (including sexual violence) - violence offences	10.4	11.1	2013/14
1.12iii	Rate of sexual offences based on police recorded crime data per 1,000 population	1.3	1.0	2013/14
1.13i	The percentage of offenders who re-offend from a rolling 12 month cohort	24.4	26.9	2011
1.13ii	The average number of re-offences committed per offender from a rolling 12 month cohort	0.65	0.8	2011
1.14i	The percentage of the population affected by noise - Number of complaints about noise	5.1	7.5	2012/13
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	0.8	5.2	2011
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	2.0	8.0	2011
1.15i	Statutory homelessness - homelessness acceptances	1.8	2.3	2013/14
1.15ii	Statutory homelessness - households in temporary accommodation	0.8	2.6	2013/14
1.16	Utilisation of outdoor space for exercise/health reasons	25.1	17.1	Mar 2013 - Feb 2014
1.17	Fuel Poverty	11.0	10.4	2012
1.18i	Loneliness and isolation in adult social care users	39.9	43.2	2012/13
1.18ii	Loneliness and isolation in adult carers	44	41.3	2012/13

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Health Improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.01	Percentage of all live births at term with low birth weight	2.8	2.8	2012
2.02i	Breastfeeding initiation	67.4	73.9	2013/14
2.02ii	Breastfeeding prevalence at 6-8 weeks	33.9	47.2	2013/14
2.03	Smoking at time of delivery (% of maternities)	22.4	12.0	2013/14
2.04	Teenage conception rate	36.8	27.7	2012
2.04	Teenage conceptions (under 16)	8.4	5.6	2012
2.06i	Percentage of children aged 4-5 classified as overweight or obese	24.2	22.2	2012/13
2.06ii	Percentage of children aged 10-11 classified as overweight or obese	35.0	33.3	2012/13
2.07i	Rate of emergency admissions caused by unintentional and deliberate injuries in children aged 0-14 years	113.8	103.8	2012/13
2.07i	Rate of emergency admissions caused by unintentional and deliberate injuries in children aged 0-4 years	146.5	134.7	2012/13
2.07ii	Rate of emergency admissions caused by unintentional and deliberate injuries in young people aged 15-24 years	140.2	130.7	2012/13
2.08	Emotional well-being of looked after children	14.1	14.0	2012/13
2.12	Excess weight in adults	70.2	63.8	2012
2.13i	Percentage of physically active and inactive adults - active adults	48.1	55.6	2013
2.13ii	Percentage of active and inactive adults - inactive adults	33.9	28.9	2013
2.14	Smoking prevalence (adults)	21.0	18.4	2013
2.14	Smoking prevalence (Adults - Routine and Manual workers)	28.2	29.7	2012
2.15i	Successful completion of drug treatment - opiate	8.2	7.8	2013
2.15ii	Successful completion of drug treatment - non opiate	42.0	37.7	2013
2.16	People entering prison with substance dependence issues who are previously not known to community treatment	42.2	46.9	2012/13

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Health Improvement <i>continued</i>				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.17	Recorded diabetes	6.3	6.0	2012/13
2.18	Alcohol related admissions to hospital (Persons)	633	637	2012/13
2.18	Alcohol related admissions to hospital (Male)	804	829	2012/13
2.18	Alcohol related admissions to hospital (Female)	477	465	2012/13
2.19	Cancer diagnosis at early stage (Experimental Statistics)	*	41.6	2012
2.20i	Cancer screening coverage - breast cancer	79.8	75.9	2014
2.20ii	Cancer screening coverage - cervical cancer	73.9	74.2	2014
2.21vii	Access to non-cancer screening programmes - diabetic retinopathy	85.0	79.1	2012/13
2.22iii	Cumulative % of eligible population aged 40-74 offered an NHS Health Check in 5yr period	21.4	18.5	2013/14
2.22iv	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in 5yr period	38.7	49.0	2013/14
2.22v	Cumulative % of eligible population aged 40-74 who received an NHS Health Check in 5yr period	8.3	9.0	2013/14
2.23i	Percentage of respondents less satisfied with life	-	5.8	2012/13
2.23ii	Percentage of respondents feeling their life is less worthwhile	4.7	4.4	2012/13
2.23iii	Percentage of respondents feeling less happy yesterday	11.9	10.4	2012/13
2.23iv	Percentage of respondents feeling more anxious yesterday	20.1	21.0	2012/13
2.24i	Injuries due to falls in people aged 65 and over (persons)	1489	2011	2012/13
2.24i	Injuries due to falls in people aged 65 and over (males)	1129	1602	2012/13
2.24i	Injuries due to falls in people aged 65 and over (females)	1849	2420	2012/13
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79	732	975	2012/13
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+	3686	5015	2012/13

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Health Protection				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.01	Fraction of mortality attributable to particulate air pollution	4.4	5.1	2012
3.02i	Chlamydia diagnoses (15-24 year olds)	2438	2092	2011
3.02ii	Chlamydia diagnoses (15-24 year olds) - CTAD (females)	2477	2634	2013
3.02ii	Chlamydia diagnoses (15-24 year olds) - CTAD (males)	1008	1387	2013
3.02ii	Chlamydia diagnoses (15-24 year olds) - CTAD (persons)	1719	2016	2013
3.03i	Hepatitis B (12 Months)	-	-	2012/13
3.03i	Hepatitis B (24 Months)	-	-	2012/13
3.03iii	Dtap/IPV/Hib vaccination (12 Months)	97.9	94.7	2012/13
3.03iii	Dtap/IPV/Hib vaccination (24 Months)	97.7	96.3	2012/13
3.03iv	MenC vaccination coverage	97.2	93.9	2012/13
3.03v	PCV vaccination coverage	97.3	94.4	2012/13
3.03vi	Hib/MenC booster vaccination coverage (2 years)	95.8	92.7	2012/13
3.03vi	Hib/MenC booster vaccination coverage (5 years)	96.6	91.5	2012/13
3.03vii	PCV booster vaccination coverage	96.0	92.5	2012/13
3.03viii	MMR vaccination coverage (2 years)	96.3	92.3	2012/13
3.03ix	MMR vaccination coverage one dose (5 years)	97.0	93.9	2012/13
3.03x	MMR vaccination coverage two doses (5 years)	94.9	87.7	2012/13
3.03xii	HPV vaccination coverage	91.3	86.1	2012/13
3.03xiii	PPV vaccination coverage	66.5	69.1	2012/13
3.03xiv	Flu vaccination coverage (over 65s)	73.5	73.4	2012/13
3.03xv	Flu vaccination coverage (at risk individuals)	55.3	51.3	2012/13
3.04	People presenting with HIV at a late stage of infection	42.9	48.3	2010 – 12
3.05ii	Incidence of TB	6	15.1	2010 – 12
3.06	Public sector organisations with a board approved sustainable development management plan	50.0	41.6	2013/14

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Healthcare and Premature Mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.01	Infant mortality	5.5	4.1	2010 – 12
4.02	Tooth decay in children aged 5	0.76	0.94	2011/12
4.03	Mortality rate from causes considered preventable - Persons	202.3	183.9	2011 - 13
4.03	Mortality rate from causes considered preventable – Males	261.2	233.1	2011 - 13
4.03	Mortality rate from causes considered preventable – Females	147.3	138.0	2011 - 13
4.04i	U-75 mortality rate from all cardiovascular disease - Persons	87.4	78.2	2011 - 13
4.04i	U-75 mortality rate from all cardiovascular disease – Males	121.3	109.5	2011 - 13
4.04i	U-75 mortality rate from all cardiovascular disease - Females	55.1	48.6	2011 - 13
4.04ii	U-75 mortality rate from all cardiovascular disease considered preventable - Persons	55.4	50.9	2011 - 13
4.04ii	U-75 mortality rate from all cardiovascular disease considered preventable – Males	87.8	76.7	2011 - 13
4.04ii	U-75 mortality rate from all cardiovascular disease considered preventable – Females	24.5	26.5	2011 - 13
4.05i	U-75 mortality rate from cancer - Persons	163.9	144.4	2011 - 13
4.05i	U-75 mortality rate from cancer - Males	176.0	160.9	2011 - 13
4.05i	U-75 mortality rate from cancer – Females	152.7	129.2	2011 - 13
4.05ii	U-75 mortality rate from cancer considered preventable - Persons	94.8	83.8	2011 - 13
4.05ii	U-75 mortality rate from cancer considered preventable – Males	102.7	91.3	2011 - 13
4.05ii	U-75 mortality rate from cancer considered preventable - Females	87.7	76.9	2011 - 13
4.06i	U-75 mortality rate from liver disease - Persons	23.0	17.9	2011 - 13
4.06i	U-75 mortality rate from liver disease – Males	29.8	23.6	2011 - 13
4.06i	U-75 mortality rate from liver disease - Females	16.7	12.5	2011 - 13
4.06ii	U-75 mortality rate from liver disease considered preventable - Persons	20.7	15.7	2011 - 13
4.06ii	U-75 mortality rate from liver disease considered preventable - Males	28.3	21.1	2011 - 13

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Healthcare and Premature Mortality <i>continued</i>				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.06ii	U-75 mortality rate from liver disease considered preventable - Females	13.4	10.5	2011 - 13
4.07i	U-75 mortality rate from respiratory disease - Persons	36.1	33.2	2011 - 13
4.07i	U-75 mortality rate from respiratory disease – Males	40.9	39.1	2011 - 13
4.07i	U-75 mortality rate from respiratory disease - Females	31.4	27.6	2011 - 13
4.07ii	U-75 mortality rate from respiratory disease considered preventable - Persons	21.3	17.9	2011 - 13
4.07ii	U-75 mortality rate from respiratory disease considered preventable - Males	23.6	20.4	2011 - 13
4.07ii	U-75 mortality rate from respiratory disease considered preventable - Females	19.2	15.5	2011 - 13
4.08	Mortality rate from communicable diseases - Persons	62.7	62.2	2011 - 13
4.08	Mortality rate from communicable diseases – Males	77.8	72.1	2011 - 13
4.08	Mortality rate from communicable diseases – Females	56.6	56.2	2011 - 13
4.09	Excess under 75 mortality in adults with serious mental illness	398.2	337.4	2011/12
4.10	Suicide rate - Persons	10.2	8.8	2011-13
4.10	Suicide rate - Males	15.3	13.8	2011 - 13
4.10	Suicide rate - Females	-	4.0	2011 - 13
4.11	Emergency readmissions within 30 days of discharge from hospital (persons)	11.5	11.8	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital (males)	11.6	12.1	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital (females)	11.3	11.5	2011/12
4.12i	Preventable sight loss - age related macular degeneration (AMD)	78.6	104.4	2012/13
4.12ii	Preventable sight loss - glaucoma	9.8	12.5	2012/13
4.12iii	Preventable sight loss - diabetic eye disease	6.3	3.5	2012/13
4.12iv	Preventable sight loss - sight loss certifications	37.6	42.3	2012/13
4.13	Average health status score for adults aged 65 and over	0.667	0.726	2012/13

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Healthcare and Premature Mortality <i>continued</i>				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.14i	Hip fractures in people aged 65 and over	671.0	568.1	2012/13
4.14ii	Hip fractures in people aged 65 and over - aged 65-79	273.3	237.3	2012/13
4.14iii	Hip fractures in people aged 65 and over - aged 80+	1824	1528	2012/13
4.15i	Excess Winter Deaths Index (single year, all ages)	8.8	16.1	8/2011 - 7/2012
4.15ii	Excess Winter Deaths Index (single year, age 85+)	11.6	22.9	8/2011 - 7/2012
4.15iii	Excess Winter Deaths Index (three years aggregated, all ages)	15.4	16.5	8/2009-7/2012
4.15iv	Excess Winter Deaths Index (three years aggregated, age 85+)	17.4	22.6	8/2009-7/2012

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References

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