

Telford and Wrekin
**Annual Public
Health Report**

2018

EXCESS WEIGHT AND OBESITY IN TELFORD & WREKIN



Telford & Wrekin
COUNCIL

FOREWORD



Obesity is often described as an epidemic. Two in three adults in the UK are overweight and the impact on individuals and society is significant. In Telford & Wrekin there are a higher proportion of overweight children than the national average. We have had some success in reducing the proportion of reception year children who are overweight, but the strides we made in the late 2000s need to be better maintained. Whilst the number of adults who are overweight is similar to the national average this makes up a significant proportion of our adult population, and the rate of maternal obesity is slowly rising.

Evidence shows that the triggers that increase our risk of obesity start from day one of a baby's life and because managing weight for many is seen as difficult it can often be a lifetime struggle.

Excess weight and obesity has been a priority for many years and remains a priority for the Telford & Wrekin Health and Wellbeing Board. Whilst the council with its partners and communities has continued to invest time and resources into tackling this public health issue we have yet to make significant changes to population levels of obesity. This is why I have chosen excess weight and obesity as the topic for my 2018 Annual Public Health Report.

This report looks at some of the issues and highlights some of the evidence about what works along with highlighting some of the excellent work already happening locally by the council, its partners and within our communities.

I was keen to understand the views of children and young people on tackling this issue and my thanks goes to Healthwatch and their volunteers for their support to do this.

The scale of the problem requires a joined up approach across all partners and requires individuals to take much more responsibility for making improvements to their own lifestyle. We need to be far more innovative in our approach considering how we can make improvements to our environment; make improvements to our own behaviour as organisations; as well as encouraging behavior change at a community, family and individual level.

Our communities are home to fantastic volunteers who engage in a whole range of projects in schools, businesses and community centres. Last year's report showcased what the council, working with partners, was already doing to encourage more resilient communities and I used my report as an opportunity to showcase some of the fantastic work that is being led by our

partners, the voluntary sector and volunteers. I am delighted to say that many of these projects continue and many new projects have been established since publishing my report. With this in mind we are very well placed to build on this great work and to really make a difference to reducing excess weight and obesity in Telford and Wrekin.

I am delighted to have produced this Annual Public Health Report and would like to thank all those involved in producing it – I hope the stories we have captured encourage others to make improvements to their own lifestyle or if you are an organisation reading this report that you consider your own role and contribution to reducing excess weight and obesity in Telford and Wrekin. We will only make a difference when everyone plays their role and contributes. I look forward to working with you all over the next 12 months to see what impact we can collectively have.

Liz Noakes

Statutory Director of Public Health
Telford & Wrekin Council

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Core team and volunteers

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Chairperson Shropshire and Telford United Women's Association

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Consultant in Public Health

CEO Age UK Shropshire Telford and Wrekin

Head of Commissioning Mental Health and Learning Disabilities

Senior Health Improvement Practitioner

Manager Silver Threads Hall

Road Safety Officer

CASE STUDIES:

FIT AND FED PROJECT

LES POINTER

PUBLIC HEALTH MIDWIVES

THE DAILY MILE

Sutton Hill Hub and Street Kings

Local resident

Telford & Wrekin Council

Halesfield Nursery

SECTION 1

INFLUENCES ON EXCESS WEIGHT AND OBESITY

SECTION 1

INFLUENCES ON EXCESS WEIGHT AND OBESITY

Reducing obesity is a complex problem and there is no single solution. The evidence is clear – we need a whole system preventative approach that recognises the influence of ‘place’ (where we live, work and play), as well as individual behaviours and choices.

Many people still find it difficult to eat healthily – whilst this is partly a consequence of an individual’s decision about what to eat the availability of calorie rich food now makes it harder for individuals. An increasing number of people are eating meals outside of the home – these meals tend to be associated with larger portion sizes and higher quantities of sugar, fat and salt. Societal changes have designed physical activity out of our lives and people are becoming increasingly less active. Fewer people have manual jobs and advances in technology now dominate our home and working lives. Technology allows us to shop, stay in touch and be entertained without ever having to leave the sofa.

Many people do not recognise being overweight or obese as society’s understanding of what is a healthy body size and shape has shifted as more people become overweight or obese. The media has contributed to people having a distorted image of obesity as they will often use pictures of extremely obese people when illustrating stories about the dangers of being overweight or obese. Therefore, efforts to tackle obesity are likely to be hampered by a lack of recognition of what a healthy weight looks like.



In Telford and Wrekin we are well placed to deliver a whole systems approach – we have already achieved great success tackling other complex issues where the council has worked collaboratively with private business, the voluntary sector and directly with communities and individuals.

The next step is to consider how we can use the strong foundation we already have to tackle the obesity epidemic and make Telford and Wrekin a healthy community; a good place to grow up and grow old and one which supports healthy behaviours.

A borough where active healthy lifestyles are made easy through good design of our towns; good access to local services and facilities; green open space; safe places for active play and food growing; and is accessible by walking, cycling and public transport. A borough where the ‘healthy choice’ is the easiest; is affordable and the most convenient.

SECTION 2

THE CONSEQUENCES AND THE COSTS OF OBESITY

THE CONSEQUENCES AND THE COSTS OF OBESITY

Obesity has significant consequences for children's physical and mental health.

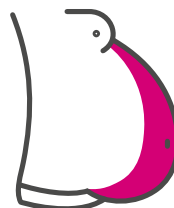


EMOTIONAL AND BEHAVIOURAL

- stigmatisation
- bullying
- low self-esteem



SCHOOL ABSENCE



- increased risk of becoming overweight adults
- risk of ill-health and premature mortality in adult life

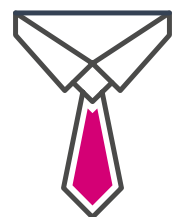


- high cholesterol
- high blood pressure
- pre-diabetes
- bone and joint problems
- breathing difficulties

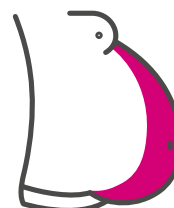
It is estimated that obesity contributes to 30,000 deaths a year and shortens life expectancy, preventing many people from reaching retirement.



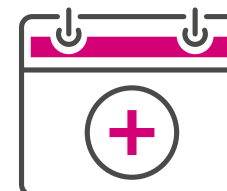
- discrimination and stigmatisation



- less likely to be in employment



- obesity reduces life expectancy by an average of 3 years
- severe obesity reduces it by 8-10 years



- increased risk of hospitalisation

SECTION 2 The consequences and the costs of obesity

Obesity also increases the risk of developing a whole range of diseases. Obese people are:

- 3 times more likely to develop colon cancer
- 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes¹

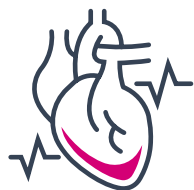
These health effects mount a significant burden on NHS resources. In 2014-15, NHS England spent £6.1 billion on overweight and obesity-related ill-health, which is greater than the amount spent on the police, the fire service and the judicial system combined. This is projected to increase to £9.7 billion by 2050, with wider costs to society in terms of loss of workforce and reduced economic development costing just under £50 billion.

There are also links between obesity and social care need. Obese adults may have physical difficulties which inhibit daily living. This will have resource implications for social care services including: housing adaptations; specialist care; an increase in care time; and provision of appropriate transport to meet the increasing health and care needs.

¹ Gov.uk, Health Matters: Obesity and the Food Environment. 31st March 2017. Available from <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>



Obesity costs
wider society
£27 billion



The NHS in England spent
an estimated
£6.1 billion
on overweight and obesity
related ill-health in 2014/15



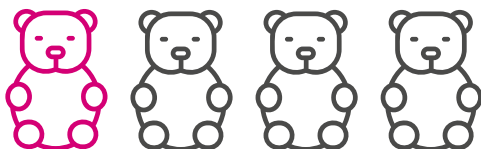
We spend more each year on the
treatment of obesity and diabetes
than we do on the **police,
fire service and judicial
system combined**

SECTION 3

SO HOW BIG A PROBLEM IS THIS FOR TELFORD & WREKIN?

SECTION 3

SO HOW BIG A PROBLEM IS THIS FOR TELFORD & WREKIN?



1 IN 4 CHILDREN AGED 4-5 YEARS OLD WERE OVERWEIGHT OR OBESE

510 children aged 4-5 in Telford and Wrekin are overweight or obese //

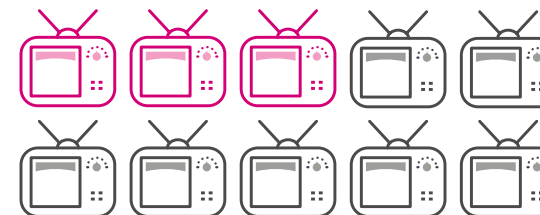
Worse than the England average



2 IN 3 ADULTS WERE OVERWEIGHT OR OBESE

87,000 adults in Telford and Wrekin are overweight or obese //

Similar to the England average



3 IN 10 ADULTS WERE DOING LESS THAN 30 MINUTES OF MODERATE INTENSITY EXERCISE PER WEEK (CATEGORISED AS PHYSICALLY INACTIVE)

39,700 (of the 59,400) were categorised as physically inactive //

Worse than the England average



1 IN 3 CHILDREN AGED 10-11 YEARS OLD WERE OVERWEIGHT OR OBESE

670 children aged 10-11 in Telford and Wrekin are overweight or obese //

Similar to the England average



6 IN 10 ADULTS WERE MEETING THE RECOMMENDED 150 MINUTES OF MODERATE INTENSITY EXERCISE PER WEEK

59,400 adults **were not** meeting the recommended 150 minutes of moderate intensity exercise per week //

Worse than the England average

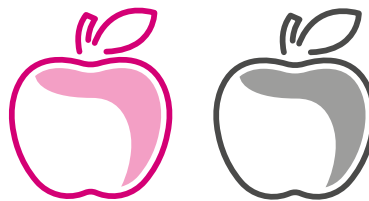
SECTION 3 So how big a problem is this for Telford & Wrekin?



6 IN 10 WOMEN GIVING BIRTH WERE OVERWEIGHT OR OBESE THIS RISES TO **7 IN 10** WOMEN WHO WERE AGED 35-44 AND **8 IN 10** WHO WERE FROM A BLACK ETHNIC BACKGROUND

1130 women in Telford and Wrekin giving birth in 2016/17 were overweight or obese //

Similar than the England average



1 IN 2 ADULTS IN TELFORD AND WREKIN WERE MEETING THE RECOMMENDED 5 PORTIONS OF FRUIT AND VEGETABLES PER DAY

62,100 adults in Telford and Wrekin **were not** meeting the recommended 5 portions of fruit and vegetables per day in 2016/17

SECTION 4 **NATIONAL CONTEXT**

SECTION 4

NATIONAL CONTEXT

In England people are living longer, but often in poorer health. We know that what people eat or whether they keep active are behaviours that have a big impact on their health. We are seeing increasing demand on health and social care and at a time when budgets are reducing.

Public Health England has a leadership role for reducing excess weight and obesity and in particular coordinating action that can only be achieved at a national level requiring action across several government departments.

The **National Childhood Obesity Plan (2016)** aims to reduce England's rate of childhood obesity within the next decade and includes actions which when delivered at scale are expected to have an impact at reducing obesity at a population level.

It is important that we get maximum local benefits from the policies and initiatives set out in the national plan and I include suggestions for how we might do this within my recommendations later in this report.



Key actions from the National Childhood Obesity Plan 2016

- Introducing a soft drinks industry levy
- Taking out 20% of sugar in products
- Supporting innovation to help businesses to make their products healthier
- Updating the nutrient profile model to reflect the latest government dietary guidelines to support limits on childrens exposure to adverts for less healthy food and drink products
- Making healthy options available in the public sector
- Continuing to provide support with the cost of healthy food for those who need it most
- Helping all children to enjoy an hour of physical activity everyday
- Improving the coordination of quality sport and physical activity programmes for schools
- Creating a new healthy rating scheme for primary schools
- Making school food healthier
- Clearer food labelling
- Supporting early years settings
- Harnessing the best new technology
- Enabling health professionals to support families

	Typical values	100ml contains	250ml contains	%GDA* adult
Energy	199kJ	47kcal	120kcal	6% 2000kcal
Protein	0.5g	1.3g	26.3g	29%
Carbohydrate	10.5g	26.3g	26.3g	90g
of which sugars	trace	trace	trace	70g
Fat	trace	trace	trace	
of which saturates	trace	trace	trace	
Fibre	trace	trace	trace	
Sodium	trace	trace	trace	
Salt equivalent	trace	trace	trace	

*Guideline daily amounts

Vitamins/Minerals 100ml contains 62.5mg (100% RDA)



SECTION 4 National context

Following on from the **Five Year Forward View** which sets out the prevention challenge, Public Health England is also leading a 'call to action' – **All Our Health**. The call to action is for all health and care professionals to maximize the relationships they have with individual people, families and communities to include prevention and health promotion into their daily practice. **All Our Health** is a resource that helps front line health and care professionals develop the role they can play, providing the information they need to make an impact. Taking action to reduce excess weight and obesity is a particular focus.

Sport England is a strategic partner of Public Health England. Their current Strategy: **Towards an Active Nation**, has a much stronger focus on tackling inactivity and children and young people and sets out an ambitious target to get half a million more people active by 2020. Sport England aim to achieve this through:

- Focusing more money and resources on tackling inactivity
- Investing more in children and young people from the age of five to build positive attitudes to sport and activity as the foundations of an active life
- Helping those who are active now to carry on, but at lower cost to the public purse over time
- Putting customers at the heart of what we do, responding to how they organise their lives and helping the sector to be more welcoming and inclusive
- Helping sport to keep pace with the digital expectations of customers

- Working nationally where it makes sense to do so but encouraging stronger local collaboration to deliver a more joined-up experience of sport and activity for all
- Working with a wider range of partners, including the private sector, using expertise as well as investment to help others align their resources
- Working with the sector to encourage innovation and share best practice, particularly through applying the principles and practical learning of behaviour change.

The Youth Sport Trust are a national charity working with government and policy makers to ensure the best possible delivery of PE and school sport. Their Strategy 2018-2022 **Believing in every child's future** commits to using the power of sport, PE and physical activity to tackle the decline in young people's wellbeing. Their focus between now and 2022 is to:

- Transform physical education by putting it at the centre of wellbeing and achievement in education
- Remove barriers to sport by ensuring youth sport is inclusive, accessible and fun
- Unlocking potential at every stage of a child's life, especially where they face inequality or disadvantage
- Empower activism by empowering young people through sport to become local activists, tackling the issues of their generation

The **National Planning Policy Framework** (Department for Communities and Local Government, 2012) can contribute to reducing excess weight and obesity through the plan-making and decision-making processes and considering opportunities for healthy lifestyles. For

example: planning for an environment that supports people of all ages in making healthy choices; promotes active travel and physical activity; promotes access to healthier food, high quality open spaces, green space and opportunities for play, sport and recreation.



SECTION 5

WHAT DO YOUNG PEOPLE THINK?

SECTION 5

WHAT DO YOUNG PEOPLE THINK?

We asked a mixed group of young people aged 8 to 23 to share their ideas around healthy eating and physical exercise.

A big thank you to Healthwatch and their team of Health Champions for facilitating the focus groups and interviews.

Thoughts about food

Young people in Telford and Wrekin are aware of health campaigns, with messages provided through parents, schools, and media and also in local organisations. Most young people that were interviewed were aware of the five-a-day guidelines and some even used the Eatwell Guide and nutrition labels:

We did the traffic light system for good, medium and bad foods? **Female, 9**

I use the coloured things on packets [to identify healthy foods]. **Female, 18**

[I learned it at] Brownies. We did a healthy eating thing at Tesco's. **Female, 9**

Breakfast clubs for younger children have provided extra support for families while encouraging healthy behaviours. For some children “breakfast is the most important meal of the day” Female, 9 and “even if I’m not that hungry I still have it” Female, 7 but for older children and young people who do not have access to breakfast clubs this was not as clear - “I sometimes skip it because of being late for the bus” Female, 12.

Our pledge

We will encourage and support schools to set up breakfast clubs.



Thoughts about School

Learning how to stay healthy is important for children and young people. For younger participants, school is where they do healthy activities and eat healthy foods:

At break time we have a fruit basket. **Female, 8**

We do food tasting and things. **Male, 7**

[Lunchtime Supervisors] do keep you healthy. They make healthy foods. We have a healthy eating policy. **Female, 10**

Yes, [teachers] make you do PE. **Female, 8**

[I learn what is healthy] at school. We do swimming, reading, bike-ability, football and sometimes painting. We have fruit at lunch and at break. **Female, 11**

As they get older it becomes, albeit briefly, a place to learn about being healthy:

We have lessons on how much is too much and how much is not enough, to learn about a balance. **Male, 13**

SECTION 5 What do young people think?

But for the older participants, school is less important. This might be due to changes in the curriculum or it may be that there is less focus on monitoring what they are doing:

*When you're in primary and secondary you're brought up knowing the basics [about being healthy] at school, but then it stops. So you have to go to Google. **Male, 17***

*There's no salad bar here but there is at the other school and if we had salad here then I would buy it, we can get cake and brownies here but the healthiest option is a pasta pot. **Female, 19***



In older groups, activities seem to be less available and the food they have access to in the cafeteria is no longer healthy and balanced. During exam years there may be

fewer PE classes and as school workload increases, it becomes more difficult to balance exercise alongside other pressures such as part-time jobs and socialising:

*Leading up to SATs... Some classes have two PE sessions a week, but we've only had one. **Female, 11***

*You just don't have time. You're going to college all week and then at the weekend I've got a job. There's so much to balance. **Female, 18***

*Money, time, and convenience influence what I eat. **Male, 19***

*I don't have the time to plan what I eat. **Female, 18***

The food available in schools can be healthy, as with the fruit at break times, but equally many children look forward to chips available on certain days of the week. Teachers also report restrictions due to budgets and the provision of sports facilities. Focus groups with young people revealed that some have individuals in their school or organisation who they viewed as custodians of 'being healthy'. These were usually teachers, teaching assistants, or group leaders, who were considered to be active and healthy and could therefore provide the information they needed. However most seek information from their peers.

Our pledge

We will take action to ensure children and young people know where to go for information about 'what's healthy'.

Thoughts about being active

Young people of all ages reported high levels of screen time: "I watch 4 hours television and have one hour on my laptop" Female, 10. Many young people are aware of healthy activities such as cycling and gymnastics but some take a much narrower view of physical activity as being contained in the gym, both because of the weather and the neighbourhood they live in:

*I don't mind walking when it's nice sunny weather but not in the rain and now with all the youth clubs closed there isn't enough activities indoors for us. **Female, 19***

*You have to be careful now as well because of all the crimes, it makes people afraid. My parents don't want me to go out after a certain time nowadays. **Female, 18***

*As I get older it gets sort of worse. **Female, 19***

*I used to go out until 11 playing but now my sibling has to be home way earlier. **Male, 17***

Older groups did have access to gyms, but these were associated with other challenges including cost. Although there are school gyms and off-peak or student prices, these are not always suitable for young people who must balance these with other considerations such as childcare and the types of exercise they want to do.

SECTION 5 What do young people think?

*Gym opening times are difficult. A lot of sessions are early evening, and I have a four year old so I can't go then. The charges are higher if you have flexible membership like access after 6pm. Off-peak is cheaper, but it's difficult for me to arrange to get there. **Female, 23***

Furthermore, those who already took part in activities like running found it easy to prioritise it, but they recognised that others may find it more difficult because many don't know what is available:

*I think [staying healthy] can be easy but not until you know what's out there, like me with the running club. **Male, 17***

*There isn't enough information about what we have access to. School needs to share that information with us. **Male, 17***

Our pledge

We will promote our leisure offer to children and young people to dispel the myths about cost and access. We will work with children and young people to consider how we might effectively communicate this.

Thoughts on parents and how they can support

It is clear that parents/guardians are integral for all ages of young people in staying healthy, although for many, their role is defined: discouraging screen time and putting a meal on the table. For those young people who still live at home, most eat at home and this gives parents some control over what they eat. This control reduces as children become older and make their own food choices, but parents can continue to act as positive role models and encourage healthy behaviours:

*My mum encourages me to do cross country. **Male, 12***

*I bike at weekends and after school with my dad. **Male, 9***

The high amount of screen-time that children have access to and the allure of takeaways (which are often recognised as favourite foods) can counteract the healthy messages received at home:

*Restaurants and takeaways. Or at home on a chill day. Or when I'm tired – I'm not the healthiest when I'm tired. I have crisps and chocolate. You can watch TV and eat junk when you're chilling, and have a nice relaxing day. **Female, 11***

*I go into our junk drawer too much, so I try to go to the fridge and get fruit. **Male, 9***

We have to ask before we take junk food. I'm allowed one packet at school and one packet at home per day, max.

Female, 11

*We can have [takeaways] once every two weeks, mummy said. **Female, 12***

The availability of unhealthy options makes it difficult to motivate young people to make healthy choices, for example, many bring pack lunches to school except when chips were on offer. Access to high sugar drinks is also an issue:

*You have to be a certain age for energy drinks **Male, 11***

*I still get energy drinks from the shop. **Male, 10***

*I have fizzy pop once a week. **Male, 9***

*I have it once a day – is that bad? **Female, 11***

Our pledge

We will engage with parents and encourage our partners to do the same to promote and reinforce healthy lifestyle choices at home

Thoughts on the wider community

The role of doctors, dentists and other health workers varies: some young children will never talk to their doctor about being healthy but others receive well-rounded advice. Some report difficulty accessing health workers for advice and at age 19 (unless attending university) dentistry is no longer free, reducing access to this source of information and support.

Media and internet is clearly a significant influence on health messaging. Many children use online platforms which involves exposure to adverts for 'unhealthy' foods and diet pills. Increasing access to information leads to confusing messages about which sources of information to trust:

*I get information from the internet like the NHS website or from Dr Google. **Male, 17***

*If you use Google it will tell you the worst thing it could be. **Female, 19***

*Some of my friends seem to spend more time posting about the gym than actually exercising! There's pressure when you're on social media, it's all about image. **Female, 23***

While children today are more connected than ever before, it is difficult to navigate to the right information. Online directories of what's on offer may be helpful, but it is the way information is displayed that is really important.

A lot of young people use new technologies such as apps and smart watches to stay healthy, mainly through step counters. However the scope of the use of these is limited by cost:

*I've downloaded lots of apps. They claim to be free but to get the workouts that are beneficial, you have to pay. **Female, 23***

Body image is clearly influenced by media and some view "healthiness" as unattainable:

*What does being healthy mean? Being fit and skinny with abs of steel. Like those people in the photoshoots, they're healthy. **Male, 12***

*There's a lot around having the right body. I struggle with that. And fashion and images of fashion is a problem. Why don't they make things like crop-tops long, to give us a choice? It's all made for smaller people. **Female, 23***

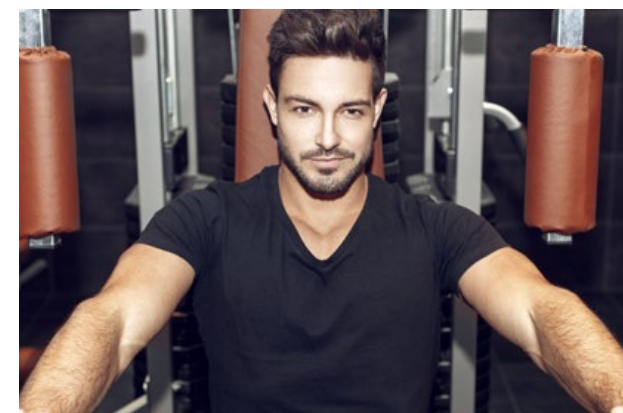
*They need to look at the reality of adverts, and how they make people feel. **Female, 15***

*My sister watches 'America's Next Top Model'. They describe people as plus size models who are still quite slim. They look normal. So what on earth am I?! **Female, 23***

This shows that media can negatively impact on body image, and young people must receive guidance on credible sources of health information.

Our pledge

We will ensure children and young people are aware of the free resources (including apps) that are available from Public Health England for Change4Life and Rise Above.



Thoughts on the inconvenience of healthy choices

Unhealthy foods are often cheaper, more accessible and tastier:

*There are choices, but you need willpower to make the right ones. **Female, 23***

*Eating healthy is more expensive and bread lasts a lot longer than a bag of lettuce. **Female, 19***

When I was in Amsterdam there were loads of sushi restaurants but all you have here are McDonalds.

Male, 17

*My problem when I started out on my own was that I didn't know how to cook or make things from scratch. And there's the cost. Fast food tends to be cheaper than healthy food. **Female, 21***

Yeah fresh food goes off, so most of our stuff comes out of the freezer. So we have more oven food than fresh.

Female, 15

Limited by cost and poor weather, young people also socialise in cafes and fast food restaurants where unhealthy foods are on offer. This sets up a link between fast food and hanging out with friends. Other places where young people can engage in healthy activities are limited even further by their association with discomfort. Often young people want to do things like ice skating, swimming or going to the skate park but feel intimidated by older children, fear of being "stared at" or how they

will look in a swimming costume. However many are able to articulate what they do want, and female-only classes or classes for certain age groups are a popular request. Finally, cost is an important barrier and for this reason many are keen for pay-as-you-go gym schemes, discounted classes and cheaper healthy food alternatives.

Attitudes to obesity

Findings from the 2015 British Social Attitudes survey In 2015 Public Health England (PHE) commissioned four sets of questions on NatCen's British Social Attitudes survey (BSA). They were designed to measure public attitudes to alcohol, obesity, dementia and mental wellbeing.

- Widespread recognition that obesity is bad for health yet many people fail to appreciate the full range of the risks it poses
- People are not necessarily good at spotting obesity in themselves or in others
- Being overweight is something that many (and especially men) are inclined to tolerate
- Most regard obesity as an individual medical problem
- General perception that prejudice against obese people is highly prevalent in terms of employment prospects
- People are generally supportive of collective action designed to reduce obesity, especially action targeted at food manufacturers

SECTION 6 **WHAT WORKS?**

SECTION 6

WHAT WORKS?

Adopt and promote Public Health England campaigns

- ✓ Start4Life
- ✓ Change4Life
- ✓ One You

Tackle the obesogenic environment

- ✓ Support healthier food and drink choices
- ✓ Increase physical activity opportunities
- ✓ Reduce sedentary behaviour
- ✓ Reduce access and consumption of energy dense food and drinks (particularly those containing high levels of trans-fat, saturated fat, salt and sugar)
- ✓ Use of planning policies to reduce the concentration and clustering of hot food takeaways and restricting permission for hot food takeaways within close proximity to schools

Early years and school settings

- ✓ Sport, physical activity and play in school and early years settings
- ✓ Introducing the daily mile
- ✓ Parenting programmes that include healthy eating and physical activity advice and support

- ✓ Approaches that engage parents to promote and reinforce healthy lifestyle choices at home
- ✓ Health Visitor, school nurse and children centre support
- ✓ School travel plans
- ✓ PHSE and curriculum time on healthy eating and physical activity
- ✓ Promotion and uptake of Healthy Start vouchers
- ✓ Providing advice and training in childcare settings to increase the skills and knowledge staff need to provide healthier meals.
- ✓ Provision of breakfast clubs
- ✓ School meals and healthy packed lunches
- ✓ Community and school cooking sessions
- ✓ Community and school gardening programmes
- ✓ Emotional health and wellbeing programmes – focussing on prevention and self esteem

Increase access to healthy food

- ✓ procurement of healthier food and drink options within public settings - this can be achieved through: increasing uptake of Government Buying Standards for Food and Catering Services (GBSF) and going beyond these standards to adopt PHE's healthier catering guidance and supporting tools.

Brief advice and making every contact count

- ✓ Health care professionals talking to their patients about the importance of a healthy diet and physical activity in helping to prevent obesity along with signposting people to community programmes.

Active travel

- ✓ Develop active travel plans with supporting local activities to increase the number of people walking and cycling as part of everyday living
- ✓ Create environments that make walking and cycling an attractive and easy option for people
- ✓ Restriction of car and motorised traffic to make space for and increase the attractiveness of active travel.
- ✓ Introduce areas with slower vehicle speeds providing increased opportunities for walking and cycling

Co-produce solutions with communities

- ✓ Public health teams should use community engagement and capacity-building methods to identify networks of local people, champions and advocates who have the potential to co-produce action on obesity as part of an integrated health and wellbeing plan (led by community involvement and public health teams)

Promote active communities

- ✓ Preserve green spaces - the more attractive parks and urban green spaces become, the more people are likely to use them for physical activity, as well as to benefit their mental health and wellbeing
- ✓ Provision of outdoor play in natural settings
- ✓ Public spaces designed with children in mind will be safer, more accessible and appealing for the rest of the community.
- ✓ Encouraging use of space for community food-growing projects
- ✓ Encouraging incidental physical activity through street play as an alternative to relying on parents to take children somewhere or schools to provide adequate amounts of unstructured play time.

Access to support

- ✓ Provision of support services that are based on local needs and known to be effective as outlined in existing NICE guidance
- ✓ Provision that is universally available to all and targeted support for higher risk groups
- ✓ 'top-down' approaches such as planning cycle routes and food procurement specifications
- ✓ 'bottom-up' approaches such as running activities in local parks and breastfeeding peer support
- ✓ interventions that are known to be effective as outlined in existing NICE guidance

- ✓ Access to evidence based weight management services
- ✓ CCGs and LAs working together with providers to enable access into appropriate community and clinical obesity services for individuals suffering with mental health illness and/or with learning disabilities.

Involving business and social enterprise in local action to reduce obesity

- ✓ Adopt the Workplace Wellbeing Charter – this can help employers to target physical activity programmes at their staff most effectively
- ✓ Supporting and encouraging employees (and employee's families) to adopt a healthy diet
- ✓ Developing and implementing active travel plans to encourage walking and cycling
- ✓ Ensuring the range and content of the food and drinks they sell does not create an incentive to overeat and gives people the opportunity to eat healthily
- ✓ Consider wider social interests such as actively supporting wider community initiatives on health and wellbeing and reducing excess weight and obesity

SECTION 7

WHAT ARE WE ALREADY DOING? WHAT WE PLAN TO DO RECOMMENDATIONS

SECTION 7

WHAT ARE WE ALREADY DOING? WHAT WE PLAN TO DO RECOMMENDATIONS

Adopt and promote Public Health England campaigns

WHAT ARE WE ALREADY DOING?

Through our Healthy Telford twitter and blog we share local stories, news, ideas and best practice. We are able to share reliable, simple health information and to raise the profile of the support available to residents to support them to make improvements to their own lifestyle. This platform also allows us to easily communicate national campaign information from Public Health England.



WE PLAN TO:

- Implement the nationally recognised 'One You' and 'Change 4 Life' Campaigns to raise awareness of the action individuals and families can take to make improvements to their lifestyle
- Support development of a Community Directory of activities and support

WE RECOMMEND:

- All partners sign up to the Campaign Resource Centre (Public Health England) and maximise local use of the available promotional material within their setting. For more information <https://campaignresources.phe.gov.uk/resources>
- All partners follow @HealthyTF and the [Healthy Telford blog](#) to share local stories of their own good practice and promote local programmes that support people to achieve and maintain a healthy weight

Baby and Toddler

[Healthy Start Scheme](#) 
[Start4Life](#) 

Children and Families

[Join Change4Life](#) 
[Food facts](#) 
[Your child's weight](#) 
[Get your family moving](#) 
[Download the Food Scanner App](#) 

Adults

BECAUSE THERE'S ONLY ONE YOU

It's never too late to improve your health. Making small lifestyle changes such as eating well, drinking less alcohol, quitting smoking or being more active can double your chances of being healthy at 70 and beyond.

Take part in a free online health quiz, called 'How Are You', to identify where you can make small changes.

You can take the quiz [here](#) and view the [One You](#) website [here](#).

SECTION 7 What are we already doing? What we plan to do and Recommendations

The 'calorie creep'

Public Health England's new 400-600-600 campaign aims to help adults manage the 'calorie creep' that sees two thirds of adults in England overweight or obese. The new campaign provides adults with a simple tip to help them make healthier choices while out and about – aim for 400-600-600. That's around 400 calories for breakfast, 600 for lunch and 600 for dinner, plus a couple of healthier snacks and drinks in-between.

Some of the nation's biggest food companies - including Greggs, McDonald's, Starbucks and Subway will provide a range of options to help shoppers find 400 and 600 calorie meals. This will make healthier choices easier for their millions of customers across the UK.

[One You - Eat Better](#) 

Calories in alcohol

Did you know a standard glass of wine can contain as many calories as a piece of chocolate, and a pint of lager has about the same calorie count as a packet of crisps?



The average wine drinker in England takes in around 2,000kcal from alcohol every month.



Drinking 5 pints of lager a week adds up to 44,200kcal over a year, equivalent to eating 221 doughnuts.

Exercise... made easy

Did you know that walking briskly for just 10 continuous minutes counts as exercise?

[One You - Active 10 Campaign](#) 

[Download the One You Apps](#) 



Active 10

Tracks your walking and shows you when to increase your pace to benefit your health.



Days Off

A simple and easy way to track the days you drink alcohol and the days you don't.



Couch to 5K

Designed to get you off the couch and running in just 9 weeks.



Easy Meals

Search healthy recipes by meal time and create shopping lists.



NHS Smokefree

Our Smokefree app can help you stop smoking by providing daily support and motivation.



Tackle the obesogenic environment

WHAT ARE WE ALREADY DOING?

The Local Plan seeks to improve health and wellbeing through the provision and quality of its housing, community green space, transport, social, cultural and health infrastructure. The plan includes the Green Guarantee - the Council's commitment to protect over 150 green spaces within Council ownership from development. The Green Guarantee reflects the Council's commitment to the provision of locally accessible green spaces and to meeting the needs of local communities, so that green space can be enjoyed by all. The Local Plan also provides some criteria which enables the Council to resist over concentrations of hot food takeaways.

WE PLAN TO:

Work with planning to create an environment that supports an active and healthy lifestyle by default. Specific actions include:

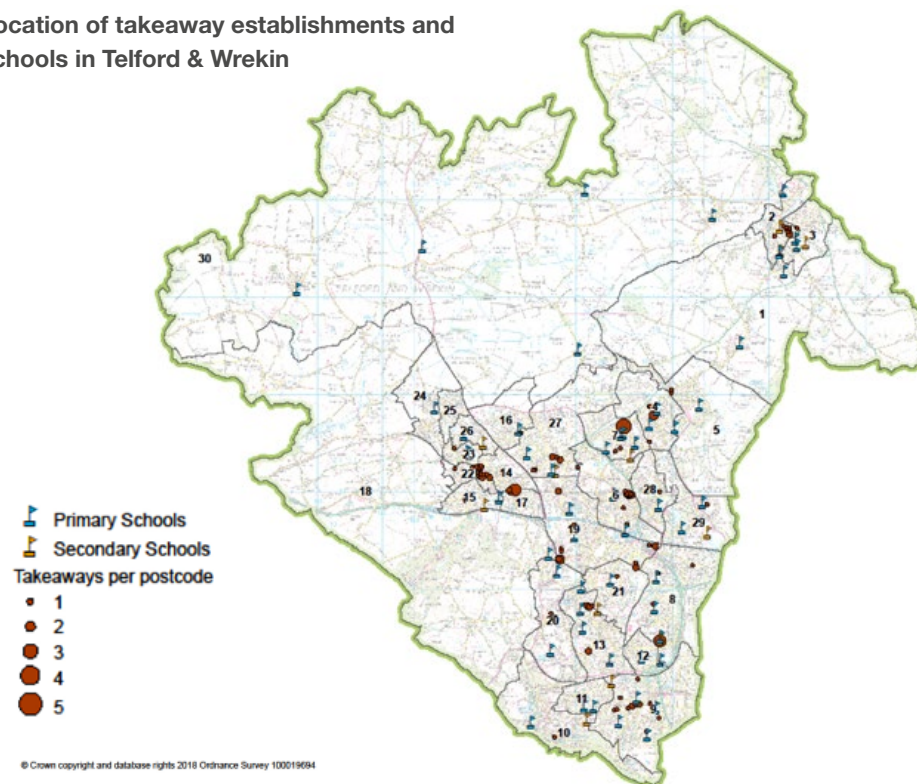
- Promotion of health within the Design Supplementary Planning Document utilising Active Design guidance (by Sport England and Public Health England), which sets out 10 principles that promote activity and healthier and stronger communities through the way towns and cities are designed and built.
- Provide health and wellbeing data to inform and support Town & Parish Council Neighbourhood Plans
- Maximise opportunities to promote physical activity, health and social engagement in estates regeneration or new developments including access to active travel opportunities and open spaces

- Link directly with community groups and organisations to identify opportunities to develop their capacity to create 'health promoting places' and sustainable opportunities for people to be physically active

WE RECOMMEND:

- Town & Parish Councils are encouraged to lead by example and implement Neighbourhood Plans that embed health as a key component supporting their community.

Location of takeaway establishments and schools in Telford & Wrekin



Density of fast food outlets in England

In 2017 Public Health England published the density of fast food outlets in England. In this analysis 'fast food' refers to food that is available quickly, therefore it covers a range of outlets that include, but are not limited to, burger bars, kebab and chip shops and sandwich shops. The density of fast food outlets in local authorities varied across England with ranges from 26 to 232 per 100,000 population.

England rate per 100,000 population	96.5
Telford & Wrekin rate per 100,000 population	89.2

Key to Wards:

1. Church Aston & Lilleshall
2. Newport North & West
3. Newport South & East
4. Donnington
5. Muxton
6. Oakengates & Ketley Bank
7. Wrockwardine Wood & Trench
8. The Nedge
9. Madeley & Sutton Hill
10. Ironbridge Gorge
11. Woodside
12. Brookside
13. Dawley & Aqueduct
14. College
15. Ercall
16. Apley Castle
17. Arleston
18. Wrockwardine
19. Ketley & Overdale
20. Horsehay & Lightmoor
21. Malinslee & Dawley Bank
22. Haygate
23. Park
24. Admaston & Bratton
25. Shawburch
26. Dothill
27. Hadley & Leegomery
28. St Georges
29. Priorslee
30. Edgmond & Ercall Magna

SECTION 7 What are we already doing? What we plan to do and Recommendations

The changing position 2016 – 2018

The main increases for takeaway establishments have been Hadley & Leegomery, Ketley & Overdale (which covers the town centre and much of the Lawley development) and Madeley & Sutton Hill.

Note: The figures do not include McDonald's, KFC or most of the Greggs outlets – these are categorised as restaurants/cafes.



Ward	2016	2018	Change
Apley Castle	1	0	-1
Arleston	5	7	2
Brookside	0	1	1
College	5	3	-2
Dawley & Aqueduct	6	8	2
Donnington	4	5	1
Ercall	1	1	0
Hadley & Leegomery	3	9	6
Haygate	17	16	-1
Horsehay & Lightmoor	2	2	0
Ironbridge Gorge	2	1	-1
Ketley & Overdale	12	16	4
Madeley & Sutton Hill	12	15	3
Malinslee & Dawley Bank	1	1	0
Muxton	2	2	0
Newport North & West	13	11	-2
Newport South & East	1	1	0
Oakengates & Ketley Bank	20	15	-5
Park	0	1	1
Priorslee	1	1	0
St Georges	3	1	-2
The Nedge	5	7	2
Woodside	1	0	-1
Wrockwardine Wood & Trench	10	8	-2
Total	127	132	5

Early Years and school settings

WHAT ARE WE ALREADY DOING?

Telford & Wrekin Council provide support for Early Years settings through the **'Eat Better Start Better'** initiative. Every setting is offered one free visit per year which incorporates physical activity and healthy eating advice and practitioners have had the opportunity to attend **'Early Movers'** training which supports them to incorporate physical activity into their daily programme.



During 2017, Telford & Wrekin Council schools catering was awarded the **Food for Life Served Here Award** (The Soil Association) for its work on providing healthier menus.

HENRY (Health, Exercise and Nutrition for the Really Young)

provides a wide range of support for families through workshops, resources and online help. The programme supports parents to gain the confidence, knowledge and skills they need to help the whole family adopt a healthier, happier lifestyle and to give their children a great start in life. Our HENRY Programme is delivered from nursery and community settings across the borough.



Several schools in Telford and Wrekin are developing their own projects, including:

- Pizza Project at St Matthews School (parent and children's allotment at the school and cookery lessons)
- Donnington Junior School Community Garden and Healthy Eating Project (led by parents, supported by the Health Champions Programme and funded by Veolia).

Change for Life Clubs

The Telford & Wrekin School Sports Partnership operates a unique, nationally recognised programme that is instrumental in developing sport and physical education opportunities for young people across the borough. The partnership has implemented the Government's Change 4 Life Sports Clubs Programme which encourages less active children to take part in more physical activity and to engage in school.



Stepping Out is a pedestrian awareness scheme for 7-9 year olds offered by the council's Road Safety Team. The scheme includes teacher-led classroom work, a practise walk near to school and an observed walk in which children walk the same route independently under close supervision. The Road Safety Team also work with primary schools to coordinate and deliver **Bikeability** training to year 6 pupils.

WE PLAN TO:

- Share National Child Measurement Programme information with schools to help them understand levels of excess weight and obesity in their school and we will advise schools on how they can take a 'whole school' approach to improving the health and wellbeing of children and young people in their care (including approaches to engage parents)
- Work with Early Years and nursery settings to support implementation of the Eat Better Start Better initiative
- Partner with Food For Life to support four schools in the Hadley Castle locality to achieve their bronze award for healthy living
- Partner with Education to advise schools on maximising local use of the funding available from the Soft Drinks Industry Levy ('Sugar tax') to support healthy eating and physical activity initiatives (including provision of Breakfast Clubs)
- Partner with our School Catering Service to promote the awareness of the entitlement for free school meals and increase uptake – the Catering Service will resource a 'Free School Meals Co-ordinator' to support this work
- Partner with Energize Shropshire Telford & Wrekin to provide leadership and support to schools to develop school provision including initiatives related to the Government childhood obesity strategy.
- Work with the Youth Sport Trust (YST), Early Years & Educational settings to mobilise the Youth Sport Trust initiatives "Healthy Movers and Active 30:30"
- Encourage more schools to join the Travel Telford School Network

SECTION 7 What are we already doing? What we plan to do and Recommendations

For more information contact:

Mandy Sznober

Health Improvement Practitioner (Child & Family settings)

Email: mandy.sznober@telford.gov.uk

WE RECOMMEND:

- Active promotion of breastfeeding by health professionals working with children and families and the provision of on-going support to maintain breastfeeding for at least 6 months
- Early Years, childcare settings and schools in Telford and Wrekin register with and implement the 'Daily Mile' initiative or the 'Fit for Life' initiative for children and young people aged 11 plus. 4,200 plus schools across the UK now taking part! For more information: <https://thedailymile.co.uk>



Click image to watch video
The 'Daily Mile'

- Staff take the opportunity to talk to children and families where 'weight' is a concern – in particular those children who have been identified as overweight or obese through the national child

measurement programme (accessing support from the school nursing team if required)

- Settings take a whole nursery / school approach to childhood obesity prevention to include healthy eating alongside the promotion of physical activity.
- Settings promote and take action to increase the uptake of free school meals and healthy lunch boxes
- Settings maximise the use of the Change 4 Life resources to raise awareness

Explore the free digital resources for teachers to download for primary school classes from Change4Life, and be inspired by the Rise Above lesson plans for secondary schools.

<https://campaignresources.phe.gov.uk/schools/>

Increase access to healthy food

WHAT ARE WE ALREADY DOING?

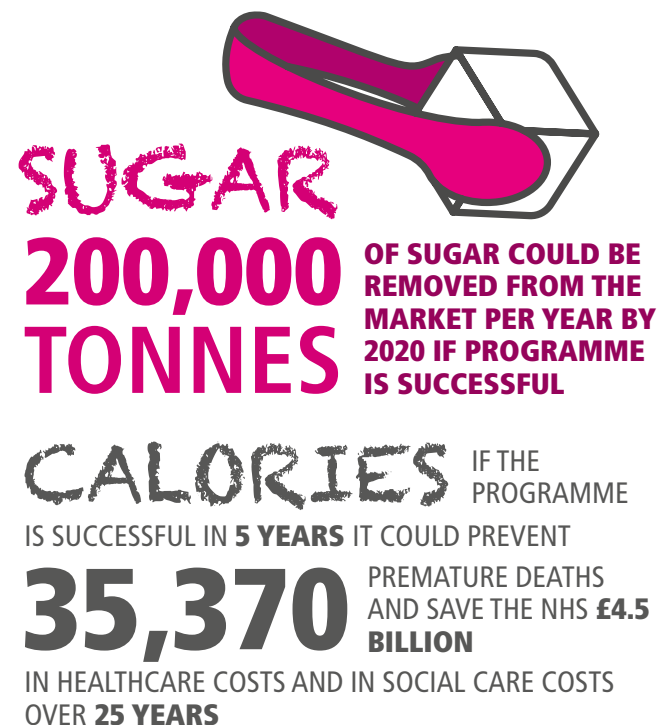
Telford & Wrekin Council Commercial Services has implemented a 'Healthier Vending Policy' to provide healthy food and drink options across all council owned leisure centres. The policy promotes a reduction in access to snacks, confectionary and drinks that are high in sugar and encourages smaller portion sizes.

The Health Improvement Team has supported delivery of Silver Threads - Little Cook, Big Cook, Healthy Eating & Cooking courses in Donnington. Sessions have been running for families to provide knowledge and taster session to families which have included: Basic Cooking sessions, cooking on a budget, sugar quiz, food groups and portion sizes.

Let's not forget!

On 22 May 2018, PHE published a report on the progress the food industry has made on the sugar reduction programme. This is part of the government's wider commitment to tackling childhood obesity. The programme challenges the food industry to reduce 20% of the sugar in its products by 2020, with an initial 5% reduction in the first year.

SUCCESS OF THE PROGRAMME

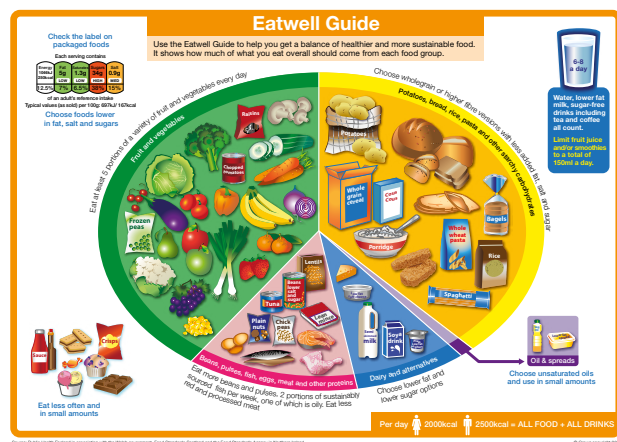


SECTION 7 What are we already doing? What we plan to do and Recommendations

This is largely focussed on the big players in the food industry and many will be operating in Telford and Wrekin – we should take this opportunity to consider what further action we can take to maximise the impact that this programme can have locally.

WE PLAN TO:

- Work with smaller food outlets and businesses to raise awareness and support implementation of the PHE toolkit, 'Strategies for encouraging healthier "out of home" food provision' and PHE's healthier catering guidance
- Continue to work with communities to provide advice and guidance on healthy eating through the **Eatwell Guide** and support them to put on their own interventions using local people's knowledge and skills.



- Work with community organisations (with facilities) to increase awareness of Healthy Eating

WE RECOMMEND:

- Smaller food outlets such as: takeaways, restaurants, bakers, sandwich and coffee shops, mobile traders, market stalls, corner shops, leisure centres, children's centres and private nurseries take action to further increase the opportunities for communities to access healthier food whilst out and about in their local community. This could include reducing the portion size of products or shifting consumers purchasing towards lower sugar alternatives. For more information: 'Strategies for encouraging healthier "out of home" food provision', **Healthier catering guidance**
- Local communities encourage and establish more community food-growing and sharing projects

Are you already doing great work in this area?

Do you have skills, knowledge, networks or facilities and are interested in healthy eating and cooking and can contribute a little time to helping others learn more?

If 'yes' we would really like to hear from you. Please contact Rachel Threadgold to share your story rachel.threadgold@telford.gov.uk

Let's not forget!

Research shows a clear link between the food and drink adverts children see and their food choices and how much they eat. Existing rules do not protect children from seeing adverts for food and drink products high in fat, sugar and salt (HFSS) during the TV programmes they watch most. The rules still allow HFSS adverts to be shown during family viewing time when the number of children watching TV is at its highest.

The Obesity Health Alliance commissioned the University of Liverpool to analyse the adverts shown during some of the TV shows popular with children in February 2017 to examine how many HFSS adverts children are exposed to during the programmes they watch most.

Key findings

- In the worst case example, children were **bombarded with nine HFSS adverts** in just a 30 minute period.
- Adverts for **fruit and vegetables** made up **just over 1%** of food and drink adverts shown during family viewing time.
- Adverts for **fast food and takeaways** appeared **more than twice as often** as any other type of food and drink adverts – largely due to their tactic of sponsoring popular family shows.

Limits on children's exposure to adverts for less healthy food and drink products is listed as an action in the National Childhood Obesity Plan

WE PLAN TO:

- Take action to protect our children from adverts that we know can influence their food preferences, choices, and consumption.
- We will do this by formally writing to government to show our support to extend existing regulations to restrict HFSS advertising to children through introducing a 9pm watershed. We will also support action that prevents companies or brands that are very closely associated with HFSS products sponsoring prime time family TV shows.

Brief advice and Making Every Contact Count

Did you know?

1 in 4 patients would be more active if advised by a healthcare professional.

As many as 72% of GPs nationally do not speak about the benefits of physical activity to patients.

WHAT ARE WE ALREADY DOING?

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations. 600 frontline staff from council services and the voluntary sector have already completed our MECC Training Programme.

WE PLAN TO:

- Establish a rolling programme for delivery of MECC training for front-line health and social care professionals
- Provide information to teams so they are clear on where they can refer and signpost people to for support
- Partner with Public Health England and the Physical Activity Clinical Champion Programme to integrate physical activity into clinical practice
- Partner with general practice, adult social care and the voluntary sector to establish a local social prescribing programme

WE RECOMMEND:

- Managers and leaders promote a team culture where staff understand the importance of talking to their patients about weight
- Practitioners working directly with people in health and social care settings are supported to attend MECC training and are aware of action they can take and where to signpost for support

For more information contact:

Stephanie Egleston

Senior Health Improvement Practitioner

Email: stephanie.egleston@telford.gov.uk

Active travel

WHAT ARE WE ALREADY DOING?

The Cycling and Walking Strategy sets out a plan to encourage residents to walk and cycle by increasing access to maps and routes, introducing better signage and encouraging and enabling innovative solutions such as locker facilities in town and a “reuse or recycle a bike” scheme to provide universal access to bicycles.

Telford & Wrekin Bike Users Group, (known as TBUG), represents the interests of the everyday cyclist; those who cycle to college or work; or for leisure or sport. The group meets every 3 months providing opportunities to express cyclists’ opinions, to raise any concerns and aspirations about cycling in the borough.

The Road Safety Team run a number of exciting cycling activities such as Learn to Ride: Supporting children to learn skills and techniques to help them improve balance and co-ordination and 1:1 Cycle Training to re-introduce people back into cycling.

We also have many groups that provide opportunities for people of all ages to have a go and continue to walk, cycle and run.



SECTION 7 What are we already doing? What we plan to do and Recommendations

WE PLAN TO:

- Work with schools to develop and promote active travel; active travel training and to improve safety outside the school – this will be supported by the council investing £600,000 in developing safer school routes
- Promote walking and cycling apps and incentivise people to participate in Walk to Work and Bike to Work days.
- Work with agencies across sport, health and transport to promote the wide range of benefits of active travel and walking and cycling for leisure.
- Support communities to set up bike share/cycle hire and maintenance schemes
- Explore how we can work with local partners to establish 'affordability schemes' to help people purchase bikes
- Partner with local businesses to support the development of Active Travel Plans for their employees alongside supporting local activities to increase the number of people walking and cycling

WE RECOMMEND:

- Organisations develop active travel plans with supporting local activities to increase the number of people walking and cycling as part of everyday living
- Organisations identify an active travel champion within their work place and promote schemes such as cycle to work schemes
- Join groups and networks such as the Bike User Group to support and continue to improve environments that make walking and cycling an attractive and easy option for people

- Organisations work with schools and other community based groups to promote road safety and sustainable travel

For more information contact:

Sian Skelton
Senior Road Safety Officer
Email: sian.skelton@telford.gov.uk

Co-produce solutions with communities

WHAT ARE WE ALREADY DOING?

Our communities are a hive of activity, with many projects promoting healthy eating and physical exercise coordinated by volunteers. Here are just a few examples of the truly inspiring projects our community organisations and volunteers take on:

- Barclays Gardens Orchard (regenerating an ancient orchard to develop a sensory garden, led by Donnington Partnership and Donnington and Muxton Parishes)
- Dawley Town Hall (garden tool hire club to encourage people to grow fruit and vegetables at home).
- Brookside Community Fridge at Brookside Community Centre (providing free food donated by local businesses and supermarkets to combat food waste and encourage healthier eating. This is managed by Brookside Big Local with support from Stirchley and Brookside Parish Council)

Fit and Fed Project

Delivered locally for the first time last summer by Sutton Hill Hub and Street Kings, the Fit and Fed Project is a nutrition and exercise programme that provides activities for children from low-income families during the summer holidays. Families are encouraged to help with meal preparation while learning about preparing healthy foods on a budget. A number of fun physical activities are provided, such as Bubble football, BMX and street dance.



 [Click image to watch video](#)
Fit and Fed Project

WE PLAN TO:

Work with our local communities to co-produce 'health and wellbeing plans' with a focus on reducing excess weight and obesity. Can you help? Would you like to be involved in local discussions to develop the plan?

For more information contact:

Hadley Castle Locality
Mandy Sznober
Health Improvement Practitioner
Email: mandy.sznober@telford.gov.uk

SECTION 7 What are we already doing? What we plan to do and Recommendations

Lakeside South
Marvyn Joseph
Health Improvement Practitioner
Email: marvyn.joseph@telford.gov.uk

The Wrekin
John Cocker
Health Improvement Practitioner
Email: john.cocker@telford.gov.uk

Promote active communities

WHAT ARE WE ALREADY DOING?

Working with National Governing Bodies of Sport (NGB's) to re-introduce people to activity. Our work with England Netball to deliver Back to Netball and Walking Netball initiatives has been a particular success.

We support local groups to apply for funding to deliver their own community based physical activity programmes – a recent success includes Donnington Partnership who have secured a £10,000 Awards for All Grant from the Big Lottery to deliver Tai Chi, Yoga and women's fitness sessions in Donnington.

Telford Town Park was last year voted the UK's Best Park in the Fields in Trust awards and is a fantastic asset used by many for walking and being active. As part of the town's 50th birthday celebrations a new 50 mile walking route has been created by council teams, key partners and a team of fantastic volunteers. The Telford T50 Trail connects existing footpaths and rights of way taking in many of the borough's green open spaces

The route's website www.telfordt5050miletrail.org.uk has downloadable route maps, information and breaks the trail into seven bite-sized four to 10 mile stages. Volunteers have put up 700 Telford 50 Trail signs marking the 50 mile route clockwise around the borough.

WE PLAN TO:

- Work with neighbourhoods and parent champions to develop 'Street Play' initiatives to encourage children and families to regularly play actively and independently in front of or near their own front door, contributing to a healthy lifestyle.
- Work with community organisations to build community capacity to ensure physical activity is available locally as part of the social prescribing programme.
- Increase awareness and use of parks, recreational areas and green space to improve physical activity and mental wellbeing.
- Partner with Energize Shropshire Telford and Wrekin to support local delivery of their strategic plan with a focus on: Independence in later life; Actively Ageing Well; Building Active Families; and using sport to Stabilise Young Lives.

WE RECOMMEND:

- Parents and carers get together to encourage games and activity on their doorstep for children through national initiatives such as street play.
- Community hubs and voluntary sector organisations consider how they can create opportunities for local residents to be active – this might include new activities or making adjustments to existing community programmes.

- Community hubs and voluntary sector organisations partner with the council to identify Community Champions who with some training and support could lead local activity programmes.

For more information contact

Marvyn Joseph
Health Improvement Practitioner
Email: marvyn.joseph@telford.gov.uk

Access to support

WHAT ARE WE ALREADY DOING?

Public Health Midwifery Service and Health Visiting

Our Public Health Midwifery Service supports mothers-to-be to improve their health with a focus on quitting smoking during pregnancy, **weight management before, during and after pregnancy, breastfeeding** and immunisations and vaccinations. The service works closely with our Health Visiting team who are passionate about promoting healthy lifestyles. They work with families to give pre-school-age children the best possible start in life.



 [Click image to watch video](#)
Public Health Midwives

SECTION 7 What are we already doing? What we plan to do and Recommendations

Healthy Mum's

Delivered by the council's Healthy Lifestyle service, the healthy mums programme supports pregnant ladies to manage their weight during pregnancy. Clients are referred by their midwife, professional or may self-refer into the programme.

Healthy Lifestyle Service

Everyday Healthy Lifestyle Advisors are changing people's lives in the Telford community by supporting people to develop a personalised plan to achieve their healthy lifestyle goals – this could be nutrition, weight management, emotional health and wellbeing, physical activity, alcohol consumption and support to quit smoking. The service is provided from Southwater One and includes outreach support in local community venues including GP surgeries, Community Centres, Libraries, Pharmacies, Leisure Centres and work places. Katie Baker started as a Healthy Lifestyle Advisor and now manages the team. Katie talks about what they do, why she loves her job and how she is making a difference



It's not about you, it's about helping them (by Katie Baker)

For more information contact

Healthy Lifestyles Service

Telephone: 01952 382582

Email: healthylifestyles@telford.gov.uk

Les, a local resident, shares his story of how he lost 6 stone through taking part in walking football and eating healthy



 [Click image to watch video](https://healthytelford.wordpress.com/2018/04/16/walking-football-healthy-eating-lose-6-stone/)
Walking Football

<https://healthytelford.wordpress.com/2018/04/16/walking-football-healthy-eating-lose-6-stone/>

A leisure offer to be proud of

Telford & Wrekin Leisure Services includes a large and diverse portfolio of eleven facilities that attract over 2 million community visits per year. The facilities incorporate traditional wet/dry centres, an 18 hole golf course, dry ski slope, tennis centre and ice rink.

The service provides a range of activities including: 140 group exercise classes per week; swimming lessons for 3000 children per week; instructor led gym sessions for 11 to 15 year olds and the successful Kids4£1 holiday

activity programme subsidised by RICOH UK Products Limited.

www.telfordandwrekinleisure.co.uk

Walking for Health Telford & Wrekin is

a volunteer led and managed scheme, providing free walks, guided by trained leaders to encourage local people to improve their levels of fitness. The scheme is particularly aimed at those people who are at risk of developing ill health due to their lack of exercise. There are a number of walks across Telford, enabling people to have reasonably close access to one of the walks. The number of walkers taking part each week is well over 200.

<https://walkingforhealthtelfordandwrekin.org.uk>



Parkrun

Part of a national initiative, Telford Parkrun is supported by over 350 runners every week and is now one of the largest park runs in the West Midlands. Parkrun is a national event but the core team of volunteers at Telford makes the event truly special. Telford parkrun has inspired many people to enjoy running and even join running clubs. The team of volunteers also run a Junior Parkrun for children and young people.

<http://www.parkrun.org.uk/telford/>

<http://www.parkrun.org.uk/telford-juniors/>

Friends of Telford Town Park

Friends of Telford Town Park organise many activities which promote, conserve and protect Telford Town Park. They have launched a new, free programme called 'Friends 4 Health' to help patients recover from physical & mental illnesses, supporting them to achieve a healthy lifestyle through conservation and gardening in Telford Town Park. <http://friendsoftelfordtownpark.org/friends-4-health-programme/>

Cycling

The Telford & Wrekin Council Road Safety Team run a number of exciting cycling activities. The activities offer people of all ages the opportunity to take part in a range of cycling activities and rides, whilst having fun and making new friends. Activities include Learn to Ride Schemes, Town Park Discovery Rides, 1:1 cycling and provide information about local cycling and walking routes. www.telford.gov.uk/info/20257/cycling/1090/cycling_activities or www.telford.gov.uk/info/20257/cycling/479/cycling_routes

There are also a range of cycling groups organised by community volunteers, a great example being **Newport Shropshire Cycling Club**. Whether you wish to ride socially, or have aspirations to race, the club welcomes everyone. Over the years the club has reached out to local schools, promoted a series of events and races and also organise specific women only cycling sessions through the **Breeze Programme**. <https://healthytelford.wordpress.com/2018/02/14/telford-women-making-cycling-breeze/>

WE PLAN TO:

- Partner with local running clubs to organise and promote a programme of 'mass participation' events and using initiatives such as Couch to 5k and the Run Leaders programme to attract new people to running.
- Review the current Healthy Families Programme to develop effective weight management support for children and families building on the success of the existing Healthy Lifestyle Service.
- Develop referral pathways between the Healthy Lifestyle Service and services providing support to vulnerable groups who are at risk of becoming obese – including substance misuse services to reduce possible weight gain for service users whilst in recovery; adults with physical and learning disabilities and adults accessing support from mental health services.
- Recognising the link between weight and mental wellbeing – all children accessing weight management support will be provided with information about BEAM (a local emotional health and wellbeing drop in).



Involving business and social enterprise in local action to reduce obesity

WHAT ARE WE ALREADY DOING?

The Work Well with Nature Programme is delivered by the Shropshire Wildlife Trust and funded by Telford and Wrekin Council. It offers employers programmes to help proactively improve the health and wellbeing of their employees, reduce absence, and support return to work plans achieved through practical nature-based outdoor activities.

Work Well with Nature assists employees living and/or working in the Telford and Wrekin area. Employee engagement activities include: practical conservation activities; conservation projects at local and national nature reserves; community group activities across Telford such as the creation of gardens at local schools or sheltered housing; practical activities such as meadow and woodland management.

www.shropshirewildlifetrust.org.uk/work-well-nature

Several workplaces have followed the Work Well model, which takes a strategic, proactive approach to health and wellbeing. NHS Telford & Wrekin CCG is a prime example, winning the Energize award in the Active Workplace category. Since beginning in October 2016, the Workplace Wellbeing group at Telford & Wrekin CCG has organised a comprehensive list of activities from mindfulness courses to yoga and cycling clubs.

SECTION 7 What are we already doing? What we plan to do and Recommendations

They also introduced novel ideas such as Walking Meetings and Active Advent, a calendar with different exercises each day leading up to Christmas. Any business can make small changes to improve workplace wellbeing. www.workwelltelford.co.uk

WE PLAN TO

- Further develop the WorkWell Telford network by engaging with more local businesses to develop local case studies that demonstrate easy and practical ways that encourage employees to live and lead an active healthy lifestyle leading to a happier, healthier, productive workforce
- Partner with local employers to promote the Physical activity, healthy eating and healthier weight toolkit to support weight management in the workplace <https://wellbeing.bitc.org.uk/all-resources/toolkits/physical-activity-healthy-eating-and-healthier-weight-toolkit-employers>

WE RECOMMEND:

- Employers identify a Workplace Champion to work with local partners to take action on reducing obesity
- Signing up to the Campaign Resource Centre (Public Health England) and maximise local use of the available promotional material within their workplace. For more information: <https://campaignresources.phe.gov.uk/resources>
- Local businesses who are doing great work in this area partner with interested companies to share their learning and top tips acting as a peer mentor

- Local businesses implement the Daily Mile Initiative and consider how they can encourage employees to be more active as part of their working day

Are you a local business with a workplace health and wellbeing programme that is achieving results – would you have time to share your story and top tips with other businesses? If yes - please contact

Rachel Threadgold

Email: rachel.threadgold@telford.gov.uk

SECTION 8

REVIEW OF LAST YEARS RECOMMENDATIONS

SECTION 8

REVIEW OF LAST YEARS RECOMMENDATIONS

Review of 2017 recommendations

RECOMMENDATION 1

Health & Wellbeing partner organisations in Telford & Wrekin should consider how community-centred approaches, which build on individual and community assets, become an integral part of our action plans and work programmes put in place to deliver the aspirations of the health and wellbeing strategy.

Progress:

Community centred approaches have become integral to our neighbourhood working programme and our overall approach to developing resilient communities. Reports of progress summarising the work are routinely reported the Health and Wellbeing Board.

RECOMMENDATION 2

Local commissioners of health improvement and preventative services in the CCG and Council should consider the use of community-centred approaches more systematically through their commissioning frameworks, using best practice evidence to: strengthen communities, build the volunteer workforce as agents of change and co-design local services.

Progress:

Community centred approaches are integral to the councils neighbourhood working programme which is led jointly with the CCG. Health Improvement Practitioners are working with key partners and communities to develop locality health and wellbeing plans. Local plans are based on the framework and focus initially on our top three priorities: mental health and wellbeing, obesity and reducing social isolation and loneliness.

RECOMMENDATION 3

Health & Wellbeing partners and Community Voluntary Services organisations in Telford & Wrekin should collectively celebrate and support formal and informal volunteering, through a variety of ways, such as: providing organisational support, commissioning services, awarding grants, offering training and raising awareness through marketing and publicity.

Progress:

The council has appointed a Volunteer Coordinator – this post has been instrumental in developing our approach to working with and supporting volunteers. Guides and resources have been developed and made available through the council website providing a useful reference to help organisations develop the way they manage volunteers from finding volunteers to retaining them. The council has several programmes that promote volunteering opportunities within the community. These

are also advertised on our Volunteer Telford website.

www.telford.gov.uk/info/20345/volunteering_in_telford_and_wrekin

Telford and Wrekin Council has awarded a number of grants to support communities to celebrate Telford's 50th birthday. In addition to grants the Council's Community Participation Team has facilitated a number of capacity building workshops, including three full day workshops on successful bid writing, two workshops on Health and Safety Training for managers of community buildings, an eight week Level 2 Award in Youth Work and arranged workshops with Local Big Lottery Funding Officers to support the VCSE sector in applying to their funds.

RECOMMENDATION 4

Health & Wellbeing partners in Telford & Wrekin, should work collectively with local Community Voluntary Sector organisations to ensure a Borough-wide evaluation programme is developed for our local community-centred approaches in order to determine their impact. This evaluation should aim to share local learning with others and contribute to the national body of best practice evidence.

SECTION 8 Review of last year's recommendations

Progress:

The council is working with Telford & Wrekin CCG, the Strategy Unit and local partners to develop the evaluation programme. This is due for completion by late summer and will provide our evaluation framework for future reports to the Health and Wellbeing Board for neighbourhood working and developing resilient communities through community centred approaches.

RECOMMENDATION 5

Commissioners of health and wellbeing services in Telford & Wrekin, as part of their duty to reduce inequalities in health, should proactively engage people at risk of social isolation in the design and delivery of solutions to narrow inequities.

Progress:

Work continues to develop projects to reduce social isolation. Examples of projects include Health Champions and Feed the Birds in partnership with the Shropshire Wildlife Trust.

In October we will be hosting a local conference to raise awareness of the issue, the evidence and the action we can collectively take to reduce social isolation and loneliness. The conference will set out to raise awareness and showcase local projects and services that are available; create a networking opportunity for local people who are interested in this issue; create a learning opportunity through workshops and discussion; build a network of Social Isolation & Loneliness Champions; and to launch a capacity building fund for Social Isolation and Loneliness Projects.

RECOMMENDATION 6

As part of the neighbourhood working approach an organisational development programme should be put in place so Health & Wellbeing partners in Telford & Wrekin are able to up skill the local workforce to confidently and effectively deliver person- and community-centred approaches.

Progress:

Some progress has been made, largely in the area of Adult Social Care. The National Development Team for Inclusion (NDTi) are leading on a programme called Community Led Support involving a number of local authorities and health and social care partnerships – person and community centred approaches is fundamental to this and we are lucky to be one of the selected local authorities benefiting from this programme of support. A number of training days have already taken place for our workforce. Further work is required with key partners and the voluntary sector.

SECTION 9

PUBLIC HEALTH OUTCOMES FRAMEWORK

SECTION 9

PUBLIC HEALTH OUTCOMES FRAMEWORK

WITH RESPECT TO THE WIDER DETERMINANTS WHICH IMPACT ON HEALTH

- Levels of child poverty and low income families have reduced slightly, but remain worse than average
- School readiness indicators for reception children have improved, but there has been deterioration for year 1 children
- First time entrants into the youth justice system have fallen
- Social isolation indicators for adults supported by social services, including carers have improved.

Summary of key changes to the health of people in Telford & Wrekin

Once again, since the last annual public health report, there have been some notable improvements on certain indicators which measure the health of our population, and some areas which remain a challenge.

Below is an overview of changes, the tables on the following pages show the Telford & Wrekin position on key Public Health Outcomes Framework Indicators.

FOR LIFE EXPECTANCY AND MORTALITY RATES

There have been improvements in the life expectancy rates for men and women, although the local figures for both men and women remain significantly worse than the England average. In addition, the inequalities gap in life expectancy, associated with deprivation, has not narrowed.

However, mortality rates have fallen for several causes of death, and the following rates are no longer significantly worse than the England average:

- Infant mortality, under 1 year
- Mortality from all causes of death considered preventable

- Early mortality, under 75 years from liver disease
- Early mortality, under 75 years from respiratory disease

Hip fractures in older people, which contribute to mortality rates, have worsened and rates are now significantly worse than the England average, specifically amongst women aged 80 years and over.

IN TERMS OF HEALTH IMPROVEMENT

- Smoking in pregnancy rates increased in 2016/17, but the latest position shows an improvement.
- For those with excess weight, the rates in:
 - 4-5 year olds has fallen slightly and also decreased in 10-11 year olds becoming no longer significantly worse than average
 - Adults has fallen, however the level of adults who are estimated to be inactive has risen
- Substance misuse treatment rates have improved for those with alcohol problems and are now significantly better than the England average. However, drug treatment rates have not improved.
- Teenage pregnancy rates continue to fall, and are no longer significantly worse than the England average, for the first time rates were published in 1998.

PHOF Summary

DOMAIN 0 – OVERARCHING DETERMINANTS OF HEALTH

There are a total of 8 indicators with benchmarked local data reported in this domain.

The Telford and Wrekin position is similar to the England average for 1 of the 8 indicators and worse for 7.

Since the 2017 Annual Public Health Report, 1 indicator in this domain has had an improvement in RAG rating compared to the England average.

Indicators with improving RAG rating:

- Male Healthy life expectancy at birth – this has improved from worse than the England average (red) to similar (amber).

DOMAIN 1 – WIDER DETERMINANTS OF HEALTH

There are 42 indicators with benchmarked local data reported in this domain.

The Telford and Wrekin position is significantly better than the England average for 5 indicators, similar for 26 and worse for 11.

Since the 2017 Annual Public Health Report, 1 indicator in this domain has had an improvement in RAG rating compared to the England average and 3 have worsened.

Indicators with improving RAG rating:

- First time entrants to the youth justice system – this has improved from worse than the England average (red) to similar (amber).

Indicators with worsening RAG rating:

- School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (persons, female, male) – these have worsened from better than the England average (green) to similar (amber)

DOMAIN 2 – HEALTH IMPROVEMENT

There are 55 indicators with benchmarked local data reported in this domain.

The Telford and Wrekin position is significantly better than the England average for 19 of the indicators, similar for 23 and worse for 13.

Since the 2017 Annual Public Health Report, 6 indicators in this domain have had an improvement in RAG rating compared to the England average and 3 have worsened.

Indicators with improving RAG rating:

- Under 18 conceptions – this has improved from worse than the England average (red) to similar (amber).
- Percentage of adults (aged 18+) classified as overweight or obese – this has improved from worse than the England average (red) to similar (amber).

- Child excess weight in 10-11 year olds – this has improved from worse than the England average (red) to similar (amber).
- Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) – this has improved from similar to the England average (amber) to better (green)
- Average number of portions of fruit consumed daily (adults) – this has improved from worse than the England average (red) to similar (amber).
- Abdominal Aortic Aneurysm Screening – Coverage (male) – this improved from similar to the England average (amber) to better (green).

Indicators with worsening RAG rating:

- Percentage of physically active adults – this has worsened from similar to the England average (amber) to worse (red).
- Percentage of physically inactive adults – this has worsened from similar to the England average (amber) to worse (red).
- Successful completion of drug treatment - non-opiate users – this has worsened from better than the England average (green) to similar (amber).

DOMAIN 3 – HEALTH PROTECTION

There are 20 indicators with benchmarked local data reported in this domain.

The Telford and Wrekin position is significantly better than the England average for 15 of the indicators, similar for 2 and worse for 3.

Since the 2017 Annual Public Health Report, 1 indicator in this domain has had an improvement in RAG rating compared to the England average and 0 have worsened.

Indicators with improving RAG rating:

- Chlamydia detection rate (15-24 year olds) – this has improved from similar to the England average (amber) to better (green).

DOMAIN 4 – HEALTHCARE AND PREMATURE MORTALITY

There are 64 indicators with benchmarked local data reported in this domain.

The Telford and Wrekin position is significantly similar to the England average for 54 of the indicators and worse for 10.

Since the 2017 Annual Public Health Report, 9 indicators in this domain have had an improvement in RAG rating compared to the England average and 7 have worsened.

Indicators with improving RAG rating:

- Infant mortality – this has improved from worse than the England average (red) to similar (amber).
- Mortality rate from causes considered preventable (persons) – this has improved from worse than the England average (red) to similar (amber).
- Under 75 mortality rate from liver disease (persons) – this has improved from worse than the England average (red) to similar (amber).
- Under 75 mortality rate from liver disease considered preventable (persons, female) – these have improved from worse than the England average (red) to similar

(amber).

- Under 75 mortality rate from respiratory disease (persons, female) – these have improved from worse than the England average (red) to similar (amber).
- Under 75 mortality rate from respiratory disease considered preventable (persons) – this has improved from worse than the England average (red) to similar (amber).
- Health related quality of life for older people – this has improved from worse than the England average (red) to similar (amber).

Indicators with worsening RAG rating:

- Proportion of five year old children free from dental decay – this has worsened from similar to the England average (amber) to worse (red).
- Mortality rate from a range of specified communicable diseases, including influenza (persons) – this has worsened from better than the England average (green) to similar (amber).
- Preventable sight loss - sight loss certifications – this has worsened from better than the England average (green) to similar (amber).
- Hip fractures in people aged 65 and over (persons, female) – these have worsened from similar to the England average (amber) to worse (red).
- Hip fractures in people aged 65 and over - aged 80+ (persons, female) – these have worsened from similar to the England average (amber) to worse (red).

Summary of benchmarked indicators

Domain 0: Overarching Determinants of Health has the greatest proportion of indicators where the Telford and Wrekin position is worse than the England average with 88% of benchmarked indicators rated worse (red). This is fewer than the 2017 report where 100% of indicators were rated worse.

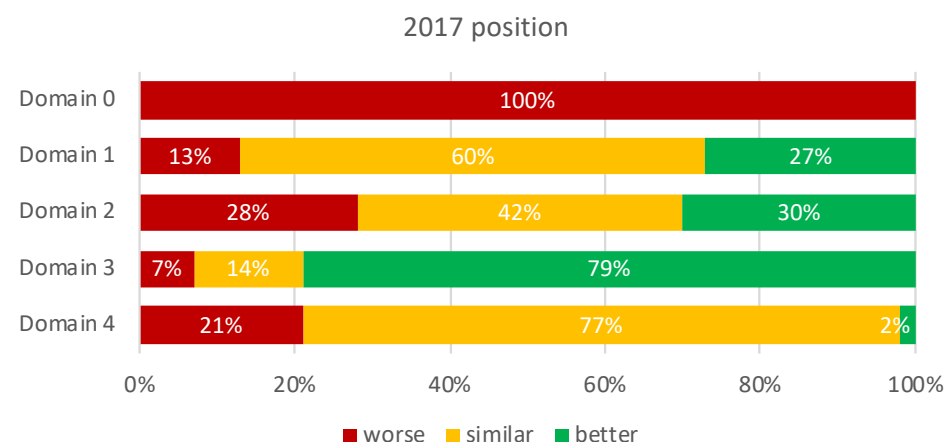
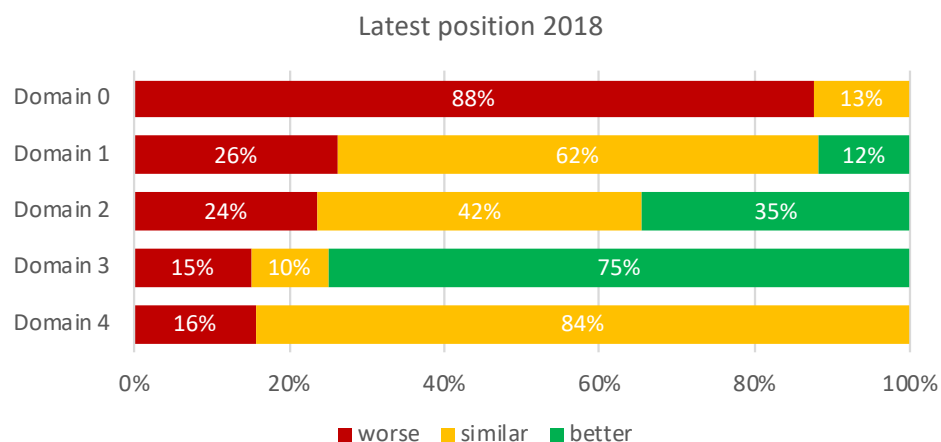
Domain 1: Wider Determinants of Health has seen the greatest increase in the proportion of indicators rated worse (red) from the 2017 report. The proportion has doubled from 13% in 2017 to 26% whilst the proportion of indicators rated better (green) has halved. This is largely due to the RAG rating of adults with learning disability and adults in contact with secondary mental health services indicators that were not benchmarked in the 2017 report.

Domain 2: Health Improvement is the area where there has been the greatest number of indicators improving RAG rating from similar (amber) to better (green). This is reflected in the overall proportion of indicators rated better (green) which has increased from 30% in the 2017 report to 35%.

Domain 3: Health Protection is the area where Telford and Wrekin has the highest proportion of comparable indicators that are better than the England average, with 75% of benchmarked indicators rated better (green). This is fewer than the 2017 report where 79% of indicators were rated better.

SECTION 9 Public Health Outcomes Framework

Domain 4: Healthcare and Premature Mortality is the area where the Telford and Wrekin position is closest to the England average, with 84% of benchmarked indicators rated similar (amber) compared with 16% worse. This is an improvement from the 2017 report where 77% of indicators were rated similar and 21% worse.



SECTION 9 Public Health Outcomes Framework

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

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

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

DOMAIN 0 - Overarching Determinants of Health

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
0.1i	Healthy life expectancy at birth	Female	60.7	63.9	2014-16
0.1i	Healthy life expectancy at birth	Male	62.0	63.3	2014-16
0.1ii	Life expectancy at 65	Female	20.3	21.1	2014-16
0.1ii	Life expectancy at 65	Male	18.1	18.8	2014-16
0.1ii	Life expectancy at birth	Female	82.4	83.1	2014-16
0.1ii	Life expectancy at birth	Male	78.6	79.5	2014-16
0.2iii	Inequality in life expectancy at birth LA	Female	5.1	0.0	2014-16
0.2iii	Inequality in life expectancy at birth LA	Male	8.7	0.0	2014-16
0.2iv	Gap in life expectancy at birth (local authority and England)	Female	-0.8	0.0	2014-16
0.2iv	Gap in life expectancy at birth (local authority and England)	Male	-0.9	0.0	2014-16
0.2vi	Inequality in healthy life expectancy at birth LA	Female	12.1	0.0	2009-13
0.2vi	Inequality in healthy life expectancy at birth LA	Male	11.8	0.0	2009-13

DOMAIN 1 - Wider Determinants of Health

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.01i	Children in low income families (all dependent children under 20)	Persons	19.9	16.6	2015
1.01ii	Children in low income families (under 16s)	Persons	20.4	16.8	2015
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception	Persons	69.7	70.7	2016/17
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception	Female	76.6	77.7	2016/17
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception	Male	63.2	64.0	2016/17
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Persons	53.3	56.0	2016/17
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Female	58.9	64.4	2016/17
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Male	47.6	48.1	2016/17

SECTION 9 Public Health Outcomes Framework

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DOMAIN 1 - Wider Determinants of Health					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	Persons	82.4	81.1	2016/17
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	Female	86.8	84.8	2016/17
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	Male	78.0	77.6	2016/17
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	Persons	70.2	68.4	2016/17
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	Female	76.1	73.9	2016/17
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	Male	64.6	63.2	2016/17
1.03	Pupil absence	Persons	4.5	4.7	2016/17
1.04	First time entrants to the youth justice system	Persons	301.4	292.5	2017
1.05	16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method	Persons	9.2	6.0	2016
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	Persons	43.4	76.2	2016/17
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	Female	43.8	76.8	2016/17
1.06i	Adults with a learning disability who live in stable and appropriate accommodation	Male	43.0	75.8	2016/17
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Persons	35.0	54.0	2016/17
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Female	35.0	56.0	2016/17
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Male	35.0	53.0	2016/17
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate	Persons	23.0	29.4	2016/17
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	Persons	73.8	68.7	2016/17
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	Female	68.7	64.5	2016/17
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate	Male	78.7	73.3	2016/17

SECTION 9 Public Health Outcomes Framework

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DOMAIN 1 - Wider Determinants of Health					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Persons	66.8	67.4	2016/17
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Female	59.9	60.5	2016/17
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Male	71.6	73.5	2016/17
1.08iv	Percentage of people aged 16-64 in employment	Persons	74.8	74.4	2016/17
1.08iv	Percentage of people aged 16-64 in employment	Female	69.9	69.5	2016/17
1.08iv	Percentage of people aged 16-64 in employment	Male	79.6	79.5	2016/17
1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	2.9	2.1	2014-16
1.09ii	Sickness absence - the percentage of working days lost due to sickness absence	Persons	1.3	1.2	2014-16
1.10	Killed and seriously injured (KSI) casualties on England's roads	Persons	24.5	39.7	2014-16
1.11	Domestic abuse-related incidents and crimes - current method	Persons	23.5	22.5	2016/17
1.12i	Violent crime (including sexual violence) - hospital admissions for violence	Persons	28.8	42.9	2014/15-16/17
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population	Persons	31.2	20.0	2016/17
1.12ii	Violent crime (including sexual violence) - rate of offences per 1,000 population	Persons	3.6	1.9	2016/17
1.13i	Re-offending levels - percentage of offenders who re-offend	Persons	25.5	25.4	2014
1.13ii	Re-offending levels - average number of re-offences per offender	Persons	0.8	0.8	2014
1.13iii	First time offenders	Persons	184.8	166.4	2017
1.14i	The rate of complaints about noise	Persons	4.1	6.3	2015/16
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	Persons	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	Persons	2.0	8.0	2011
1.15i	Statutory homelessness - Eligible homeless people not in priority need	Persons	Value suppressed	0.8	2016/17
1.15ii	Statutory homelessness - households in temporary accommodation	Persons	0.5	3.3	2016/17

SECTION 9 Public Health Outcomes Framework

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DOMAIN 1 - Wider Determinants of Health

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
1.16	Utilisation of outdoor space for exercise/health reasons	Persons	14.5	17.9	Mar2015-Feb2016
1.17	Fuel poverty	Persons	11.7	11.0	2015
1.18i	Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	46.1	45.4	2016/17
1.18ii	Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	37.3	35.5	2016/17

DOMAIN 2 - Health Improvement

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
2.01	Low birth weight of term babies	Persons	3.2	2.8	2016
2.02i	Breastfeeding initiation	Female	71.0	74.5	2016/17
2.02ii	Breastfeeding prevalence at 6-8 weeks after birth - current method	Persons	Data not available	44.4	2016/17
2.03	Smoking status at time of delivery - current method	Female	21.1	10.7	2016/17
2.04	Under 18 conceptions	Female	19.5	18.8	2016
2.04	Under 18 conceptions: conceptions in those aged under 16	Female	2.6	3.0	2016
2.05ii	Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	Persons	96.5	89.4	2016/17
2.06i	Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	Persons	24.8	22.6	2016/17
2.06ii	Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds	Persons	34.5	34.2	2016/17
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	128.3	101.5	2016/17
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	169.0	126.3	2016/17
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	112.5	129.2	2016/17
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	Persons	14.6	14.1	2016/17
2.08ii	Percentage of children where there is a cause for concern	Persons	42.5	38.1	2016/17
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)	Persons	6.0	8.2	2014/15
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)	Persons	4.1	5.5	2014/15
2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)	Persons	1.9	2.7	2014/15

SECTION 9 Public Health Outcomes Framework

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

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

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

DOMAIN 2 - Health Improvement					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
2.10ii	Emergency Hospital Admissions for Intentional Self-Harm	Persons	174.3	185.3	2016/17
2.11i	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	54.8	57.4	2016/17
2.11ii	Average number of portions of fruit consumed daily (adults)	Persons	2.5	2.6	2016/17
2.11iii	Average number of portions of vegetables consumed daily (adults)	Persons	2.8	2.7	2016/17
2.11iv	Proportion of the population meeting the recommended "5-a-day" at age 15	Persons	49.7	52.4	2014/15
2.11v	Average number of portions of fruit consumed daily at age 15 (WAY survey)	Persons	2.2	2.4	2014/15
2.11vi	Average number of portions of vegetables consumed daily at age 15 (WAY survey)	Persons	2.3	2.4	2014/15
2.12	Percentage of adults (aged 18+) classified as overweight or obese	Persons	65.6	61.3	2016/17
2.13i	Percentage of physically active adults	Persons	55.4	66.0	2016/17
2.13ii	Percentage of physically inactive adults	Persons	30.3	22.2	2016/17
2.14	Smoking Prevalence in adults - current smokers (APS)	Persons	16.5	14.9	2017
2.14	Smoking Prevalence in adults in routine and manual occupations – current smokers (APS)	Persons	25.9	25.9	2017
2.15i	Successful completion of drug treatment - opiate users	Persons	5.2	6.7	2016
2.15ii	Successful completion of drug treatment - non-opiate users	Persons	35.7	37.1	2016
2.15iii	Successful completion of alcohol treatment	Persons	49.0	38.7	2016
2.15iv	Deaths from drug misuse	Persons	3.7	4.3	2015-17
2.16	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Persons	34.0	30.3	2016/17
2.17	Estimated diabetes diagnosis rate	Persons	84.5	77.1	2017
2.18	Admission episodes for alcohol-related conditions - narrow definition	Persons	672.9	636.4	2016/17
2.18	Admission episodes for alcohol-related conditions - narrow definition	Female	479.8	473.2	2016/17
2.18	Admission episodes for alcohol-related conditions - narrow definition	Male	883.7	818.4	2016/17
2.19	Cancer diagnosed at early stage (experimental statistics)	Persons	48.4	52.6	2016
2.20i	Cancer screening coverage - breast cancer	Female	79.7	75.4	2017
2.20ii	Cancer screening coverage - cervical cancer	Female	73.5	72.0	2017
2.20iii	Cancer screening coverage - bowel cancer	Persons	58.1	58.8	2017

SECTION 9 Public Health Outcomes Framework

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DOMAIN 2 - Health Improvement

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
2.20iv	Abdominal Aortic Aneurysm Screening - Coverage	Male	85.1	80.9	2016/17
2.20xi	Newborn Blood Spot Screening - Coverage	Persons	Data not available	96.5	2016/17
2.20xii	Newborn Hearing Screening - Coverage	Persons	Data not available	98.4	2016/17
2.22iii	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	Persons	72.0	90.9	2013/14-17/18
2.22iv	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Persons	44.1	48.7	2013/14-17/18
2.22v	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	Persons	31.7	44.3	2013/14-17/18
2.23i	Self-reported wellbeing - people with a low satisfaction score	Persons	4.9	4.5	2016/17
2.23ii	Self-reported wellbeing - people with a low worthwhile score	Persons	Value suppressed	3.6	2016/17
2.23iii	Self-reported wellbeing - people with a low happiness score	Persons	8.4	8.5	2016/17
2.23iv	Self-reported wellbeing - people with a high anxiety score	Persons	19.8	19.9	2016/17
2.24i	Emergency hospital admissions due to falls in people aged 65 and over	Persons	1284.2	2113.8	2016/17
2.24i	Emergency hospital admissions due to falls in people aged 65 and over	Female	1511.8	2395.6	2016/17
2.24i	Emergency hospital admissions due to falls in people aged 65 and over	Male	927.9	1714.9	2016/17
2.24ii	Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	Persons	612.0	993.3	2016/17
2.24ii	Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	Female	711.8	1152.5	2016/17
2.24ii	Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	Male	501.6	813.8	2016/17
2.24iii	Emergency hospital admissions due to falls in people aged 65 and over - aged 80+	Persons	3233.4	5363.2	2016/17
2.24iii	Emergency hospital admissions due to falls in people aged 65 and over - aged 80+	Female	3831.6	6000.9	2016/17
2.24iii	Emergency hospital admissions due to falls in people aged 65 and over - aged 80+	Male	2164.2	4328.4	2016/17

DOMAIN 3 - Health Protection

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
3.01	Fraction of mortality attributable to particulate air pollution	Persons	4.5	5.3	2016
3.02	Chlamydia detection rate (15-24 year olds)	Persons	2187.8	1881.9	2017

SECTION 9 Public Health Outcomes Framework

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DOMAIN 3 - Health Protection					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
3.02	Chlamydia detection rate (15-24 year olds)	Female	3197.2	2501.8	2017
3.02	Chlamydia detection rate (15-24 year olds)	Male	1221.4	1263.6	2017
3.03i	Population vaccination coverage - Hepatitis B (1 year old)	Persons	100.0	0.0	2016/17
3.03i	Population vaccination coverage - Hepatitis B (2 years old)	Persons	71.4	0.0	2016/17
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	96.4	93.4	2016/17
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	97.2	95.1	2016/17
3.03iv	Population vaccination coverage - MenC	Persons	97.1	0.0	2015/16
3.03v	Population vaccination coverage - PCV	Persons	96.4	93.5	2016/17
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	95.0	91.5	2016/17
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years old)	Persons	96.5	92.6	2016/17
3.03vii	Population vaccination coverage - PCV booster	Persons	95.2	91.5	2016/17
3.03viii	Population vaccination coverage - MMR for one dose (2 years old)	Persons	95.1	91.6	2016/17
3.03ix	Population vaccination coverage - MMR for one dose (5 years old)	Persons	97.7	95.0	2016/17
3.03x	Population vaccination coverage - MMR for two doses (5 years old)	Persons	92.5	87.6	2016/17
3.03xii	Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	Female	91.4	87.2	2016/17
3.03xiii	Population vaccination coverage - PPV	Persons	66.6	69.8	2016/17
3.03xiv	Population vaccination coverage - Flu (aged 65+)	Persons	71.8	72.6	2017/18
3.03xv	Population vaccination coverage - Flu (at risk individuals)	Persons	49.7	48.9	2017/18
3.03xvii	Population vaccination coverage - Shingles vaccination coverage (70 years old)	Persons	37.9	48.3	2016/17
3.03xviii	Population vaccination coverage Flu (2-3 years old) - current method	Persons	46.0	43.5	2017/18
3.04	HIV late diagnosis	Persons	39.3	40.1	2014-16
3.05ii	Incidence of TB	Persons	3.7	10.9	2014-16
3.06	NHS organisations with a board approved sustainable development management plan	Not applicable	60.0	66.2	2015/16
3.08	Adjusted antibiotic prescribing in primary care by the NHS	Persons	0.9	1.0	2017

SECTION 9 Public Health Outcomes Framework

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DOMAIN 4 - Healthcare and Premature Mortality

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
4.01	Infant mortality	Persons	5.3	3.9	2014-16
4.02	Proportion of five year old children free from dental decay	Persons	70.9	76.7	2016/17
4.03	Mortality rate from causes considered preventable	Persons	193.7	182.8	2014-16
4.03	Mortality rate from causes considered preventable	Female	143.3	138.5	2014-16
4.03	Mortality rate from causes considered preventable	Male	247.3	230.4	2014-16
4.04i	Under 75 mortality rate from all cardiovascular diseases	Persons	78.8	73.5	2014-16
4.04i	Under 75 mortality rate from all cardiovascular diseases	Female	47.8	45.8	2014-16
4.04i	Under 75 mortality rate from all cardiovascular diseases	Male	111.2	102.7	2014-16
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	Persons	49.0	46.7	2014-16
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	Female	24.5	24.3	2014-16
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable	Male	74.7	70.4	2014-16
4.05i	Under 75 mortality rate from cancer	Persons	149.4	136.8	2014-16
4.05i	Under 75 mortality rate from cancer	Female	122.1	122.6	2014-16
4.05i	Under 75 mortality rate from cancer	Male	178.3	152.1	2014-16
4.05ii	Under 75 mortality rate from cancer considered preventable	Persons	86.7	79.4	2014-16
4.05ii	Under 75 mortality rate from cancer considered preventable	Female	74.2	73.4	2014-16
4.05ii	Under 75 mortality rate from cancer considered preventable	Male	100.1	85.9	2014-16
4.06i	Under 75 mortality rate from liver disease	Persons	21.4	18.3	2014-16
4.06i	Under 75 mortality rate from liver disease	Female	17.4	12.8	2014-16
4.06i	Under 75 mortality rate from liver disease	Male	25.6	23.9	2014-16
4.06ii	Under 75 mortality rate from liver disease considered preventable	Persons	19.6	16.1	2014-16
4.06ii	Under 75 mortality rate from liver disease considered preventable	Female	15.1	10.9	2014-16
4.06ii	Under 75 mortality rate from liver disease considered preventable	Male	24.2	21.5	2014-16
4.07i	Under 75 mortality rate from respiratory disease	Persons	37.3	33.8	2014-16
4.07i	Under 75 mortality rate from respiratory disease	Female	32.4	28.7	2014-16
4.07i	Under 75 mortality rate from respiratory disease	Male	42.2	39.2	2014-16

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DOMAIN 4 - Healthcare and Premature Mortality

Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	Persons	21.5	18.6	2014-16
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	Female	19.0	16.5	2014-16
4.07ii	Under 75 mortality rate from respiratory disease considered preventable	Male	24.2	20.8	2014-16
4.08	Mortality rate from a range of specified communicable diseases, including influenza	Persons	9.5	10.7	2014-16
4.08	Mortality rate from a range of specified communicable diseases, including influenza	Female	8.2	9.9	2014-16
4.08	Mortality rate from a range of specified communicable diseases, including influenza	Male	11.6	11.6	2014-16
4.09i	Excess under 75 mortality rate in adults with serious mental illness	Persons	553.7	370.0	2014/15
4.09ii	Proportion of adults in the population in contact with secondary mental health services	Persons	5.9	5.4	2014/15
4.10	Suicide rate	Persons	9.9	9.9	2014-16
4.10	Suicide rate	Female	5.8	4.8	2014-16
4.10	Suicide rate	Male	13.9	15.3	2014-16
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	Female	11.3	11.5	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital	Male	11.6	12.1	2011/12
4.12i	Preventable sight loss - age related macular degeneration (AMD)	Persons	111.2	111.3	2016/17
4.12ii	Preventable sight loss - glaucoma	Persons	9.4	13.1	2016/17
4.12iii	Preventable sight loss - diabetic eye disease	Persons	Value suppressed	3.1	2016/17
4.12iv	Preventable sight loss - sight loss certifications	Persons	41.6	42.4	2016/17
4.13	Health related quality of life for older people	Persons	0.7	0.7	2016/17
4.14i	Hip fractures in people aged 65 and over	Persons	718.3	575.0	2016/17
4.14i	Hip fractures in people aged 65 and over	Female	862.9	693.2	2016/17
4.14i	Hip fractures in people aged 65 and over	Male	486.6	407.9	2016/17
4.14ii	Hip fractures in people aged 65 and over - aged 65-79	Persons	257.1	240.6	2016/17
4.14ii	Hip fractures in people aged 65 and over - aged 65-79	Female	288.5	306.3	2016/17
4.14ii	Hip fractures in people aged 65 and over - aged 65-79	Male	Value suppressed	166.3	2016/17
4.14iii	Hip fractures in people aged 65 and over - aged 80+	Persons	2056.0	1544.5	2016/17

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DOMAIN 4 - Healthcare and Premature Mortality					
Ref.	Indicator	Gender	Telford and Wrekin	England	Time period
4.14iii	Hip fractures in people aged 65 and over - aged 80+	Female	2528.7	1815.2	2016/17
4.14iii	Hip fractures in people aged 65 and over - aged 80+	Male	1254.7	1108.4	2016/17
4.15i	Excess winter deaths index (single year, all ages)	Persons	18.6	15.1	Aug2015-Jul2016
4.15i	Excess winter deaths index (single year, all ages)	Female	21.5	16.2	Aug2015-Jul2016
4.15i	Excess winter deaths index (single year, all ages)	Male	15.7	13.9	Aug2015-Jul2016
4.15ii	Excess winter deaths index (single year, age 85+)	Persons	30.8	17.7	Aug2015-Jul2016
4.15ii	Excess winter deaths index (single year, age 85+)	Female	35.6	17.8	Aug2015-Jul2016
4.15ii	Excess winter deaths index (single year, age 85+)	Male	23.5	17.5	Aug2015-Jul2016
4.15iii	Excess winter deaths index (3 years, all ages)	Persons	19.8	17.9	Aug2013-Jul2016
4.15iii	Excess winter deaths index (3 years, all ages)	Female	12.9	20.2	Aug2013-Jul2016
4.15iii	Excess winter deaths index (3 years, all ages)	Male	27.0	15.4	Aug2013-Jul2016
4.15iv	Excess winter deaths index (3 years, age 85+)	Persons	26.5	24.6	Aug2013-Jul2016
4.15iv	Excess winter deaths index (3 years, age 85+)	Female	24.1	25.3	Aug2013-Jul2016
4.15iv	Excess winter deaths index (3 years, age 85+)	Male	30.4	23.3	Aug2013-Jul2016
4.16	Estimated dementia diagnosis rate (aged 65+)	Persons	62.7	67.5	2018

SECTION 9 Public Health Outcomes Framework

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

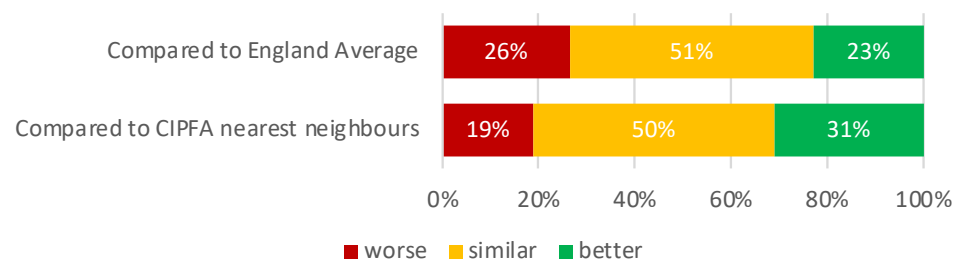
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COMPARISON WITH CIPFA STATISTICAL NEIGHBOURS

The Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbour model allows more meaningful comparisons to be made between areas with similar socio-economic characteristics¹.

Compared with the England average, 23% of Telford and Wrekin's Public Health Outcomes Framework (PHOF) indicators are rated better (green), 51% similar (yellow) and 26% worse (red).

Telford and Wrekin indicators by RAG rating



¹ www.cipfa.org/services/cipfastats/nearest-neighbour-model