



Telford & Wrekin
COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH AND WELLBEING BOARD

Date **Wednesday, 9 December 2015** Time **2.00pm**
Venue **Room G3/G4, Ground Floor, Addenbrooke House, Telford TF3 4NT**

Enquiries Regarding this Agenda:

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Committee Membership:

Cllr R A Overton (Chairman)	Cabinet Member – Housing, Public Health & Protection
Dr M Innes (Vice-Chairman)	Chair, Telford & Wrekin CCG
Cllr K T Blundell	Lib Dem / Independent Group
Cllr E A Clare	Cabinet Member – Leisure Services & Culture
J Chaplin	Healthwatch
Cllr A R H England	Cabinet Member – Adult Social Care
D Evans	Chief Operating Officer, Telford & Wrekin CCG
D Harrison	Non-Executive Director, Telford & Wrekin CCG
L Johnston	Director for Children's Services, TWC
L Noakes	Director of Public Health, TWC
Cllr J M Seymour	Conservative Group
P Taylor	Interim Director: Health, Wellbeing & Care TWC
J Tozer	Community Safety Partnership
Cllr P R Watling	Cabinet Member – Children, Young People & Families
R Woods	NHS England (North Midlands – Shropshire & Staffordshire)

AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes**
4. **Public Speaking**

To confirm the minutes of the meeting of the Health and Wellbeing Board held on 9 September 2015.

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Strategic

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| 5. | Health and Wellbeing Board Strategy Refresh - Update
To receive report from Jo Winborn/Jon Power | Appendix B | 13 |
| 6. | Update on the Wellbeing & Prevention Strategy
To receive report from Laura Thorogood and Rachel Foster | Appendix C | 25 |
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To receive report from Anna Hammond and Clive Jones | Appendix D | 80 |
| 8. | Community Safety Partnership Update
To receive report from Paul Fenn, Helen Onions and Bhavna Taank | Appendix E | 94 |
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To receive report from Dave Evans | Appendix F | 105 |

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| 10. | Pharmaceutical Needs Assessment 2015/16 - 2017/18 - Review of Provision in South Telford Update
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Future Meeting Dates:

Wednesday, 9 March 2016

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 9th September 2015 at 2.00pm in Meeting Room G3, Ground Floor, Addenbrooke House, Ironmasters Way, Telford TF3 4NT.

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), Cllr A England (Telford and Wrekin Council), Cllr E Clare (Telford and Wrekin Council), Cllr K Blundell (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), L Noakes (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), R Wood (NHS England), G Stewart (on behalf of J Chaplin, Healthwatch Telford and Wrekin) and L Johnston (Telford and Wrekin Council).

Also Present: J Tiernan (Carers Commissioning Officer), L Langham (Chair, Carers' Partnership Board), C Jones (Assistant Director: Family, Cohesion & Commissioning), L Mills (Service Delivery Manager Health Improvement), C Harland (Public Health Commissioner), H Onions (Consultant in Public Health), S Norwood (Public Health Commissioner), A Hammond (Deputy Executive, Telford & Wrekin CCG), K Ballinger (Manager of Healthwatch), H Didlock (Telford & Wrekin Commissioning Specialist Children & Young People), F Sutherland (Telford & Wrekin CCG Head of Commissioning Mental Health), M Barker (Assistant Director: Planning Specialist), V Maher (Planning Policy Team Leader) and G Ashford (Principal Planning Officer).

Officers: M Cumberbatch (Legal Services Manager) J Power (Delivery & Planning Manager) and J Clarke (Democratic Services Officer).

HWB-10 MINUTES

RESOLVED – that the Minutes of the meeting of the Health and Wellbeing Board held on 10th June 2015 be confirmed and signed by the Chair.

HWB-11 APOLOGIES FOR ABSENCE

J Chaplin (Healthwatch Telford and Wrekin), J Tozer (Community Safety Partnership), D Harrison (Clinical Commissioning Group), Cllr P Watling (Telford and Wrekin Council) and D Evans (Clinical Commissioning Group).

HWB-12 DECLARATIONS OF INTEREST

None

HWB-13 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-14 PRIORITY UPDATE: IMPROVE ADULT AND CHILDREN CARERS HEALTH AND WELLBEING

J Tiernan and L Langham presented a report regarding the progress being made with the HWBB priority to improve adult and children carers' health and wellbeing.

In order to drive forward the agenda a set of 8 outcomes had been drawn up within the Carers Strategy which were:

- Information Advice and Support
- Planning for the Future
- Promoting well being
- Time for yourself
- Meeting diverse needs
- A life outside caring
- Feeling financially safe and secure
- Having your say

These outcomes looked to deliver an all age service within the carers centre to support all aspects of carers needs. A carers learning hub had been set up and this offered a good range of services and was care compliant. A self-assessment form had been written by carers for carers and this was due to go live next month.

A Memorandum of Understanding – No Wrong Doors, which was a national agreement, was currently being localised within the Adult and Children and Family directorates and they were confident that this would be accepted.

The emergency response service for 72 hour care was currently out to tender.

With regard to the promotion of wellbeing, carers could access services which included workshops, pamper sessions and cookery courses.

Carers' educational wellbeing was commissioned by buying "off the shelf" workshops in relation to sessions such as dementia, stress and work life balance.

Advice and guidance was also given to carers with regard to a life outside caring and carers were given help to access employment in order to gain financial stability.

Members of the Board welcomed the report. A discussion took place including:

- Carer numbers and what could be done to access the carers who were currently under the radar
- Local Practice Model being rolled out
- GP involvement
- Carers champions
- Individual payments to carers and the Care Act Formula (at Appendix 1 to the report)
- Carers Assessment
- Audit of carers
- Awareness raising with employees and organisations
- People not recognising themselves as carers
- The importance of carers on the health and wellbeing economy

Following the discussion it was

RESOLVED – that

- a) the progress and achievements since the last Board report in June 2013 be noted and acknowledged;**
- b) the strategic priorities and associated action plans be supported;**

- c) **the significant and financial contribution family carers brought to the social and health economy be recognised and supported;**
- d) **the authority's continued progress in working towards Care Act compliance and collaborative practices and co-production with carers of all ages, in particular young carers and those in transition to adulthood, be noted.**

HWB-15 LIVING WELL PRIORITY UPDATE

L Mills and C Harland presented a report on the priority of Living Well.

The focus of the Board's work was to co-ordinate and maximise collective action to promote positive wellbeing, healthy lifestyles and root causes of poor health such as housing and employment.

Five work programme areas had been identified as the focus for the Living Well Board:

- Public mental wellbeing
- Information, advice and signposting
- Workplace health and wellbeing
- Making Every Contact Count (MECC) Health and Wellbeing
- Healthy environments

The Partnership Board was still fairly new and the programmes were still in the planning phase. Staff training, tools and resources would gather pace and momentum as it moved into the second phase of its implementation.

Public mental wellbeing was described as people feeling good, functioning well and having a positive experience of life. A 'Telford 5 Ways' campaign had been developed which would encourage residents to:

- Connect
- Be active
- Take Notice
- Keep Learning
- Give

and it was hoped to embed this campaign into the work of the front line services within the Council. The resource pack was also available to Partners such as Age UK, Green Gym and Shropshire Wildlife Trust.

The Council had also been training front line staff to 'Make Every Contact Count' (MECC) which enabled them to provide brief advice about health to members of the public. To date 275 staff had been trained and this was expected to rise to 600 throughout the year via the online training facility. It was hoped that MECC would be used as a whole cascade approach and that the knowledge would be shared with partners such as Wrekin Housing Trust and The Job Box.

A discussion took place regarding embedding the training and improving health across the Council. The Fire Service, outside of this meeting, had indicated an interest in joining up the training and signposting to the relevant services. It was felt that this service was an "easy win" for a wide range of non-health staff.

Following the discussion it was:

RESOLVED – that the progress across the five work programme priorities of the Living Well Board be endorsed.

HWB-16 SMOKE FREE AMBITION

H Onions and S Norwood presented a report on the Smoke Free Ambition.

Although smoking had declined, it still remained the single biggest cause of preventable early death and illness. It caused reduced life expectancy, ill health and inequalities resulting in a considerable impact on the public purse.

Telford & Wrekin Smoke Free Network were leading the local approach to smoke free using 'Smoking Still Kills' as a policy framework.

There remained work to be done in order to ensure that the two local NHS Trusts were completely smoke free and this needed a universally shared systematic approach to support the implementation of smoke free health and social care premises in both Telford & Wrekin and Shropshire.

The use of e-cigarettes was on the increase and national research indicated that quitters who used a combined method of e-cigarettes with local stop smoking services were achieving exceptionally high rates of success. There was still uncertainty surrounding the long-term impact of these products and the potential cost implications for the Council needed to be more clearly understood.

Colleagues from the Smoke Free Network aspired to introduce a local voluntary scheme for smoke free playgrounds and play areas. This would go out to public consultation with local residents and workers and this would gather information regarding the understanding and support for the scheme.

A discussion took place including:

- New smoking legislation in cars
- Smoke free NHS Sites including buildings and grounds
- Smoke free play areas
- Consultation
- Interpretation of the impact of E-cigarettes
- Differences between vaping and smoking
- The decline in the number of smokers seeking support from stop smoking services

It was suggested that the timescale for the smoke free ambition for the two local NHS Trusts was tightened up and the date of the end of 2016 put forward. An amendment to the recommendation was proposed and seconded.

Following the discussion it was:

RESOLVED – that:

- a) **the Boards of Shrewsbury and Telford NHS Hospitals Trust and Shropshire Community Health Services NHS Trust review their smoking policies and work towards becoming totally smoke free as soon as is practicably possible and that delegated authority was given to the Chairman of the Health and Wellbeing Board to act as signatory to the written request with a aim to be smoke free by the end of 2016;**
- b) **all Local Authority and all NHS-funded organisations across Telford & Wrekin and Shropshire sign up to the NHS Tobacco Control Declaration and that delegated authority be given to the Chairman of the Health and Wellbeing Board to act as signatory to the written request;**
- c) **support was given in principle, subject to public consultation, the development of a local voluntary scheme for smoke free play areas in Telford & Wrekin; and**
- d) **to report back to the Health and Wellbeing Board on progress.**

HWB-17 MENTAL HEALTH AND WELLBEING – COMMISSIONING UPDATE

P Taylor informed the Board by way of a declaration that he was responsible for providing and commissioning the mental health and wellbeing services for the Council. It was noted, in any event, that the report was for endorsement only and no other decision was required. No objection to P Taylor remaining in the meeting was received. It was agreed that he would remain in the meeting.

C Jones and A Hammond gave a presentation with regard to the report which updated members on the progress to date on the review of spending on mental health within Telford & Wrekin and gave further information on the development of the mental health strategy.

In order to develop a coherent strategy, the review had been split into three distinct stages:

Stage 1 was almost complete and the total spend was £18.2m

Stage 2 would focus on the model of care that would meet the needs of the population and would draw on best practice which would put Telford on the map. Engagement would be undertaken with the voluntary and community sector as well as larger providers.

Stage 3 – It was intended that this stage would begin in December 2015 with a “bed Base” workshop to be held on 1st December. Service specification was to be revised and be signed off and incorporated into contracts and a robust action plan would need to be in place in 2016.

A discussion took place which included:

- Joint approach and joint commissioning
- IAPT (Improved Access to Psychological Therapies)
- The Council’s Scrutiny Report regarding Castle Lodge
- Running stages concurrently and working in parallel
- Mental health services for adults (not including older people)
- Transition arrangements for children into adulthood
- Older people (not dementia related support) ie psychiatric conditions
- Holistic model for people with mental health conditions and physical conditions

Following the discussion it was

RESOLVED – that the approach outlined in the report be endorsed.

HWB-18 MENTAL HEALTH CRISIS CONCORDAT BRIEFING

F Sutherland and H Didlock gave a presentation regarding the report on the Mental Health Crisis Care Concordat Briefing which included a brief summary of the national objectives regarding the mental health crisis care and the local response and local implementation.

The national agreement aimed to have multi-agencies working together to support people who were in a mental health crisis and to provide a quality of service across Shropshire and Telford and Wrekin for everyone no matter where they were or who they were.

An action plan of 5 key areas had been drawn up:

- Commissioning to allow earlier interventions and responsive crisis services
- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well preventing future crisis

A copy of the action plan could be found at Appendix 1 to the report.

Achievements included:

- Out of hours access to records for children and young people
- CAMHS worker based in acute hospital
- Commissioning plan and joint services
- Zero children and young people detained in Police cells under s136 during the last year
- Tender exercise for information, advice and advocacy (TAAA)
- Helpline and Co-ordination Hub

The next steps were for the Strategic Group to update the actions plan on a monthly basis and reflect the CQC recommendations for the service development and for the commissioners for health and social care to review expenditure on mental health with a view to developing a new all-age mental health strategy, to include crisis provision and prevention for people with mental health issues.

A discussion took place including:

- Develop strategy to encourage working together
- Out of hours crisis within the strategy
- Mental health and substance misuse
- Preventative action
- Helpline – success rates, economies of scale and breakdown of calls within Shropshire and Telford
- Tier 4 beds
- Involvement of Community Safety Partnership

The Board thanked all of the officers for their efforts involved with this piece of work which was high on the national agenda and had to be signed off quickly.

Following the discussion it was:

RESOLVED – that:

- a) **commitment to the Crisis Care Concordat and the local declaration by all agencies be noted; and**
- b) **the contents of the report and support for the ongoing development of the Crisis Care Concordat be noted.**

HWB-19 PRIMARY CARE COMMISSIONING INTENTIONS

M Innes presented the report on the Primary Care Commissioning Intentions on behalf of Nicky Wilde who was unable to attend the meeting.

Primary care was the gateway to health services and played a pivotal role in co-ordinating a patient's journey towards improved health and wellbeing.

The CCG was one of 63 to be awarded delegated authority for primary care commissioning from April 2015 which allowed the CCG to make decisions on provisions such as:

- commissioning, procurement and management of Primary Medical Services contracts
- enhanced services
- local incentive schemes
- establishment of new GP Practices
- commissioning of urgent care for out of area registered patients
- management of poorly performing GP practices and decisions and liaison with the CQC
- discretionary payments

The Primary Care Commissioning Strategy set out 8 areas of commitment which were:

- Engagement, empowerment and involvement
- Sustainable multi-disciplinary and seamless care pathways
- Patient centred high quality and safe care
- Care closer to home – admission avoidance
- Improved access for urgent and routine care
- Reduced bureaucracy – Time to improve outcomes
- Reduction in variation in care outcomes
- Indicative Budget

A discussion took place including:

- Consultation
- The joining of practices
- Local Plan
- The reduction of variations between practices
- DATIX system
- Locally based commissioning which understood local need

RESOLVED – that

a) any conflicting issues with the wider Health and Social Care Plans be highlighted in due course; and

b) the contents of the report be noted.

HWB-20 COMMUNITY FIT UPDATE

M Innes presented a report on Community Fit.

The Future Fit programme had signed off a proposal to support the initial phase of the community fit work plan. Phase one comprised of a work programme to understand and quantify the consequences to a wider health and social care economy of the proposed 'Future Fit' hospital reconfiguration.

The Clinical Model placed activity into the community in the future in order to deliver best practice and, although this had not yet been fully quantified, it was expected that 30% of services would go out into the community.

A second piece of work had been undertaken on 'Future Fit Two' which was now called "Community Fit". Phase 1 would involve looking at NHS community mental health and social services. Data would be collected and presented back to stakeholders in order to quantify what this would mean for services. The original timescale was for this to be undertaken by November 2015, but due to some challenges with regard to accessing data and data sharing there had been a delay and it was now expected that this work would be undertaken by February 2016. This was a powerful piece of work and the outcomes, together with a complete set of data, would be presented back to the Board in March 2016.

A discussion took place including:

- How the information would be used for the Telford approach
- Tools required to help better understand the model
- The work being undertaken to bring Community Fit together

RESOLVED – that the report be noted.

HWB-21 HEALTHWATCH TELFORD AND WREKIN ANNUAL REPORT

K Ballinger presented the Healthwatch Telford and Wrekin Annual Report. Healthwatch Telford and Wrekin continued to be closely involved with NHS Future Fit and the Better Care Agenda and had recently begun to look at patient experience of services delivered at home. Healthwatch now had 6 patient representatives who would be in attendance at the next meeting to represent the view of Telford and Wrekin.

From the 1st October 2015 Healthwatch Telford and Wrekin would become a limited company, which had involved a lot of work with the Council to ensure a smooth transition to the new working model. Statutory functions would take place to a lesser extent and they would be able to generate income in order to get the best service for Telford and Wrekin. There would be a continued level of support with regards to the pharmaceutical needs assessment and possible equity issues in South Telford. Healthwatch would also be able to take on commissioned work which would raise awareness of Healthwatch at the same time. It was felt that the public and patients were not as involved with the decision making process as they should be.

The Council now had a feedback Centre which took feedback on any health and social care services. This was an opportunity to increase information about the services which was an essential part of the work of Telford and Wrekin Council and there might also be an opportunity to sell the feedback to providers. This may also be a way of introducing to the public Healthwatch Telford and Wrekin as a brand.

A discussion took place including:

- The funding, commissioning and budget of Healthwatch
- Building a national reputation

The Board welcomed the changes to Healthwatch Telford and Wrekin Limited and thanked everyone concerned for their support through the process

RESOLVED – that the contents of the report be received and noted.

HWB- 22 TELFORD AND WREKIN – LOCAL PLAN

M Barker, V Maher and G Ashford presented a report on the Telford and Wrekin Local Plan.

The Local Plan would set out how and where development would take place and guide future planning decisions up to 2031 and affirmed the Council's commitment to protecting and enhancing the Borough's community green spaces, natural environment and heritage. It set out detailed planning policies used to determine planning applications. The Local Plan had to accord with the Government's National Planning Policy Framework (NPPF) and help to plan for an effective health service to meet the needs of local residents in the places and at the times required.

A presentation was given to Members highlighting the key messages from the Local Plan.

A discussion then took place including:

- Health hubs and supporting community based services
- Allocations of land
- Solar Panels
- Renewable/sustainable energy
- Integrated community services
- High streets dominated by unhealthy food options
- Health Centres/GP surgeries on the high street
- Social Connectivity
- Obesity in children
- Fitness through fun
- Hot food suppliers near to schools

The Chair asked the Board to feed back their suggestions to the Local Plan Team using the following link www.telford.gov.uk/localplan.

Following the discussion it was:

RESOLVED – that

- a) **the Board encourage local partners to take part in the Local Plan consultation to assist in achieving the best possible health outcomes for the population of the Borough; and**
- b) **the report, the Local Plan and the issues raised relating to Health and Wellbeing be noted.**

The meeting ended at 5.01pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9th DECEMBER 2015

HEALTH & WELLBEING BOARD STRATEGY REFRESH - UPDATE

**REPORT OF: LIZ NOAKES: ASSISTANT DIRECTOR HEALTH, WELL-
BEING AND PUBLIC PROTECTION**

SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The purpose of the Health & Wellbeing Board (HWBB) is to bring together key partner organisations to improve the health and wellbeing of the Borough's population. The mechanism for identifying the health and wellbeing priorities for the Borough and ensuring delivery of them is the Health & Wellbeing Board Strategy. The Board received a report back in June 2015 on proposals for updating the strategy. This paper provides a further update on the development of the strategy.

2. RECOMMENDATIONS

That the Board approve the:-

- attached draft strategy for consultation;
- outline consultation process at Section 1.3;
- focus of the consultation as outlined at Section 1.3;
- timetable for the approval of the strategy.

3. IMPACT OF ACTION

The attached document is a draft strategy based on information and discussions at the Board development session held on 15th September 2015 and 12th November 2015 at which Board members considered our key priorities for the coming three years.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	No	However, this report sets out a draft

		proposal for new priorities and a draft strategy document for consultation as well as a proposed process for finalising the strategy document.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>This report proposes priorities for the Board covering the period 16/17 – 18/19 which take account of the Council and CCG’s key priorities as well as future challenges/priorities for the Board and its key partners/stakeholders.</p> <p>The views of Cabinet and CCG Governance Board and Executive Team will be sought as part of the consultation process.</p>
	Will the proposals impact on specific groups of people?	
	No	<p>The Strategy is an all age strategy. The proposed priorities will be consulted upon as per Section 1.3 of the attached in order to better inform the Boards delivery programme. The draft strategy highlights what the Board would want to see change as a result of the strategy but more specific performance measures will be developed as part of the next stages of the strategy development.</p> <p>The strategy and proposed priorities will come to the HWBB in March 2016 for final approval taking account of comments received as part of the consultation process and comments received as part of the ‘Are you Healthy, Safe and Independent?’ consultation undertaken in September 2015.</p>
TARGET COMPLETION/DELIVERY DATE	A draft strategy is attached for approval by the Board as a draft for further consultation. A further final version (taking account of comments received as part of the consultation process) will come back to the Board on 9 th March 2016 for final approval in readiness for next financial year.	
FINANCIAL/VALUE FOR	Yes	The cost of consultation and

MONEY IMPACT		<p>subsequent work programmes will be met from existing resources.</p> <p>The full financial implications of the final HWBB strategy 2016-2019 will be detailed for consideration within a further report on this matter as part of the final approval process at the Board in March 2016.</p>
LEGAL ISSUES	Yes	<p>The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the work proposed in this report and the officer recommendations will assist the HWBB in meeting its legal obligations.</p> <p>This type of integrated working is also part of the HWBB's terms of reference in particular at paragraphs 1, 3, 7,8,11 and 15.</p> <p>When looking at any proposed changes to strategy and/or commissioning decisions consideration will need to be given to appropriate consultation and whether equalities impact assessment(s) will be required as part of the decision-making process. Officers will need to continue to keep these considerations under review and update the HWBB where appropriate.</p>
EQUALITY & DIVERSITY	No	No specific impact - any impacts associated with the final strategy and delivery plan will be outlined in the covering report in March 2016.
IMPACT ON SPECIFIC WARDS	No	None.
PATIENTS & PUBLIC ENGAGEMENT	Yes	The outcomes from the Council's recent 'Are you healthy, safe and independent?' consultation is incorporated into the attached strategy. Further analysis of responses will be undertaken to inform development of the work programmes supporting the strategy where relevant.

OTHER IMPACTS, RISKS & OPPORTUNITIES	No	None.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Background

The current HWB Strategy was developed and launched in 2012/13 for the period 2013/14 to 2015/16. The strategy is now due for review in order to launch a new strategy in April 2016.

The purpose of the strategy is to identify the priorities against which the Board will drive delivery. It is the responsibility of the Board to establish sound joint commissioning arrangements aligned with the priorities of the Board.

A report was received by the Board in June 2015 setting out a proposed process for updating the strategy. This report provides an update on progress since June towards developing and finalising the strategy document as well as highlighting next steps.

1.2 Board Priorities

A Board development session was held in September 2015 to consider key priorities for the coming three years. Board members agreed the following vision for the HWBB which aligns with the vision of partner agencies represented on the Board:-

“Together we will work to enable people in Telford & Wrekin to enjoy healthier, happier and longer lives”.

The following principles were agreed by the Board and used as the criteria for selecting priorities:-

- Aligns to the new HWB Vision.
- Affects a significant number of people or costs the system significant resources.
- Intelligence suggests our outcomes are poor and/or going in the wrong direction.
- Finding solutions needs a mobilisation of the whole system (from communities to providers)
- HWBB is uniquely placed to drive change.

The following three priorities were identified from discussions and common themes raised by Board members at the development session and are reflected in the attached draft strategy:-

- **Encourage healthier lifestyles**
- **Improve mental wellbeing**
- **Strengthen our communities and community based support**

1.3 Next Steps

1.3.1 Public Consultation

To support the delivery of the strategy a two phase approach to consultation has been agreed:-

- Phase 1 -A public consultation survey ‘Are you healthy, safe and independent?’ (the ‘Be Happy survey’) delivered by the Community Participation Team aimed to open up a conversation with the community to find out from people what helps them and what difficulties they have in keeping healthy, safe and independent. Feedback from this survey has been incorporated into the attached draft strategy and demonstrates that the priorities identified by the Board are consistent with the themes raised by members of the public.
- Phase 2 - Moving forward, now that we have a draft strategy, it is proposed that further consultation is undertaken during early 2016 seeking views on the strategy and its delivery.

1.3.2 Stakeholder Consultation

It is proposed that a focus workshop is held in early 2016 for all of our key providers in order to ensure that the priorities align to their plans and strategies but also consult with them in terms of how they could contribute to the delivery of the strategy.

The draft strategy will also be sent to Board members for onward circulation as well as to key stakeholders (including other partnership boards) seeking comment.

1.3.3 Strategy Development

The attached draft strategy sets out the rationale for selecting each of the priorities as well as highlighting what we would want to see change as a result. It is however recognised that further development is needed in relation to the following aspects of the document:-

- ***What we will deliver*** – Consultation will help to develop the work programmes which will underpin delivery of the strategy. CATPS will help to inform the work programme for each priority area.

- **Understanding delivery** – Following consultation and approval of the strategy, the Board will need to agree and where necessary develop a performance framework for each of the priority areas to ensure that we are able to monitor and demonstrate progress against each one.

1.3.4 Final Draft Strategy

Following consultation, the Strategy will be reviewed and updated as necessary.

The Strategy will be approved by the Board in March 2016 in readiness for publication on the HWBB website by 1st April 2016.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

No further impact assessment information.

3. PREVIOUS MINUTES

- HWB Strategy Development and JSNA presented on 23rd January 2013
- HWB Strategy Development and JSNA (including sign off of final strategy) presented on 13th March 2013
- A progress update against the Health & Wellbeing Strategy priority 'asset mapping' process was presented to the Board on 13th May 2013.
- Joint Health and Wellbeing Strategy Performance and Partnership Framework presented on 17th July 2013 and 18th September 2013
- Joint Health and Wellbeing Board Strategy Performance presented 22nd January 2014
- Health and Wellbeing Board Strategy Refresh presented 10th June 2015

4. BACKGROUND PAPERS

None.

**Report prepared by Jo Winborn, Partnership & Planning Officer,
Telephone: 01952 380672**

TELFORD AND WREKIN HEALTH AND WELLBEING STRATEGY 2016-2019

Introduction

We recognise that health and wellbeing is crucial because it allows people to maximise their potential and enjoy a fulfilling life. A positive sense of wellbeing is vital for a prosperous and flourishing Telford and Wrekin.

This Strategy sets out our vision and approach to make this a reality for all.

Our case for change: why we need to do things differently

Everyone in the borough has a right to good health. There have been some improvements in the health and wellbeing of people in Telford and Wrekin in recent years. Early death rates from heart disease and stroke in particular have fallen.

This improvement has however not been seen in all groups and not impacted on the gap in life expectancy within the borough. Just over half of early deaths are preventable.

We must “step-up” to ensure that future generations are living healthier lives for longer.

Our population is forecast to grow from around 170,000 to 198,000 by 2031. As it grows, it will age and become more diverse. The percentage of people who are aged over 85 is set to increase by 130%. An ageing population means that there will be more people living with multiple long-term conditions.

We recognise that the way we are delivering treatment and care services can create new demand and dependency because we are not always improving outcomes that matter most to people. This needs to change and our approach needs to be more holistic, thinking about people’s physical, mental and social needs in the round.

The financial climate in which the Board functions continues to be difficult, with very real challenges and pressures which will impact on the health and care services which are delivered to our communities. In a situation where there is no new money and a need to make significant savings, we must continue to find ways to achieve better outcomes at less cost through the integration of services, particularly for those with complex needs.

The Board recognises that when people are connected and contributing to their communities, both communities and individuals are stronger and more resilient which leads to better outcomes. Better outcomes mean that public money goes further. We need to find ways to nurture the current strengths and capacity within our communities to improve their own and each others wellbeing.

Our vision

The Health & Wellbeing Board believes that we all want to enjoy happy and healthy lives, not just longer lives, regardless of whom we are or where we live. The vision for the Board is:

“Together we will work to enable people in Telford and Wrekin to enjoy healthier, happier and longer lives”

Our approach

The Health and Wellbeing Board brings together decision makers and commissioners to develop a shared approach to improving the health and wellbeing of the residents of Telford and Wrekin. The board provides a unique opportunity to collectively make the best use of resources to address these challenges.

Our approach is to focus on supporting and developing community assets and strengths (rather than deficits or needs). Harnessing the skills of local residents, the power of local organisations and groups is a means of turning a vicious cycle into a virtuous cycle and building resilience in individuals and communities. Core to this will be promoting the five ways to wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give.

As a Board we have said that together we will:

- empower people to take control of their own health
- support communities to grow, so that they can support people better
- create a place that enables people to make healthier choices
- adopt the principle that home is normal
- promote wellbeing and independence across all communities whatever their level of need
- work in a systemic way to manage demand away from high cost health and social care, promoting independence
- make good use of resources across the whole system
- use outcome based commissioning

Understanding what local people think

The Council has undertaken a public consultation asking “are you healthy, safe and independent?” Just short of 1,000 people responded.

- 74% of respondents say they feel “healthy and good” or “very healthy and good”.
- Of those, 74% of respondents have stated regular exercise and sport and a healthy diet help them to be “healthy”.
- A significant amount of people explained how walking, including walking the dog, was what they did the most of to stay healthy.

- “Volunteering” and “helping others” also featured in what helps people to be “healthy” and “feel good”.
- Thinking about the things that would help people to be healthy and feel good, social support ideas featured strongly including “befriending” and tackling “loneliness and isolation”
- Other respondents, however, didn’t think others could help or they had no suggestions on how to stay healthy, safe and independent.

Our priorities

As a Board we have selected three cross-cutting priorities where we want to make the fastest progress:

- **Encourage healthier lifestyles**
- **Improve mental wellbeing**
- **Strengthen our communities and community based support**

These cover key wellbeing issues affecting our local communities, where our outcomes are poor, the costs to the health and social care system are significant and a wide range of partners need to work together to deliver actions **with** communities to make a real difference.

Priority 1: Encourage healthier lifestyles

Why?

Leading healthier lifestyles has many benefits, such as helping to reduce the risk of preventable diseases and the impact of disabilities, as well as improving people’s quality of life and their mental wellbeing.

While levels of smoking still continue to fall, the numbers of adults and children who are overweight or obese are increasing and the majority of us do not take enough exercise. The levels of people who drink too much alcohol is also of concern.

A combination of unhealthy lifestyle choices has an even bigger effect. Middle aged people who smoke, drink too much, eat a poor diet and take too little exercise are four times more likely to die in their next decade compared to people leading healthier lifestyles.

What’s the local picture?

- The rate of smoking in the borough is falling. There are around 9,000 fewer adult smokers compared to 12 years ago and the rate of 11-15 year olds who smoke has fallen below 4%. However, 2 in 10 adults (around 27,000 people) in Telford and Wrekin still smoke and our rates of hospital admissions and early deaths under 75 years remain worse than average.

- The majority of adults, about 7 in 10 (around 94,000 people), are overweight or obese, with almost a third, 32% estimated to be obese (circa 42,000 people). Worryingly, the level of children aged 10-11 years who have an unhealthy weight has been steadily increasing and was 37% in 2013/14.
- Over a quarter, 26.2%, of people in the borough are 'higher or increasing risk' drinkers (around 34,000 people). Alcohol-related death rates and hospital admissions in men are worse than the national average.

What we will deliver

- Fewer people who smoke and drink too much
- More people having a healthy diet and taking enough exercise
- Halt the increase in overweight and obesity in children
- Reduce the number of people who die from preventable diseases and improve life expectancy, across the borough and closing the gap with national rates

Priority 2: Improve mental wellbeing

Why?

Good mental health is key to our physical health, relationships, how well we do at school and work. It is core to us all realising our potential.

Poor mental health though is all too common, affecting all age groups. In people aged 15-44 year olds mental health issues are the most common type of health problems and a leading cause of long term absence from work. It is estimated that 1 in 10 teenagers aged 15-16 years old experience mental health issues. People with serious mental illness have much poorer life expectancies, on average 15 years shorter than those without. Unhealthy lifestyles are strongly connected too, with higher levels of drinking and smoking amongst people with poor mental health.

What's the local picture?

- In the borough, common mental health disorders are higher than the national rate but rates for severe disorders are lower.
- Around 12.4% of adults in Telford and Wrekin have anxiety and depression (around 17,000 adults) similar to the national rate of 12.0%.
- Adults are more likely to report long-term mental health problems than the England average (5.7% against 4.5%)
- It is estimated that around 2,400 5-16 year olds (around 9.8%) have a mental health disorder in Telford and Wrekin.
- Child admission rates for mental health are similar to England levels, however admissions for young people for self-harm are higher than the England average.

What we will deliver

- More emotionally resilient children and young people
- Early identification of people at risk of poor mental health to ensure they have access to appropriate services and support
- Improve the Health related Quality of Life for people with a mental health condition
- Improvement in the physical health of those with mental illness
- Increase the feeling of wellbeing across the borough

Priority 3: Strengthen our communities and community based support

Why?

The number of people with long term conditions is increasing. This is in part due to our ageing population, but unhealthy lifestyles also play their role. People living in deprived communities tend to suffer long term conditions earlier in life than those people from more affluent communities. 15 of our neighbourhoods are in the 10% most deprived in England. The risk of suffering from a combination of mental health and physical conditions is also greater in our poorer communities. People with multiple long term conditions make a significant impact on the demand for health and social care.

Everyday, across all our communities, people support their neighbours, friends and family members where they have health and care needs. This often makes a significant, positive impact on people's health and wellbeing, including supporting them to retain their independence and reducing loneliness too.

To support this and improve outcomes, treatment and care should be more community based and focusing on a person's individual needs and supporting carers too. This will help strengthen our communities and so make best use of public money by reducing demand on high cost emergency or residential and nursing care.

What's the local picture?

- The "Be Healthy, Safe and Independent Survey" found that "being involved" was important to people having positive lives including volunteering in groups such as church, charities and community projects.
- Around 31,000 people in Telford and Wrekin (18.6%) report that they suffer from a long term health problem or disability, rising to 86% of people aged over 85.
- Around 175 people aged over 65 were permanently admitted to residential or nursing care in a year, a rate of 701.3 per 100,000 population which is slightly higher than the national rate of 668.8.

- Emergency hospital admissions for all conditions in the borough is 9,925 per 100,000 population, which is significantly worse than the England rate of 8,993. The number of actual admissions is 16,032.

What this will deliver

- Enable individuals to live more independently for longer with support from their own community and networks
- Support more individuals to feel less isolated
- Better and more positive outcomes for individuals
- Reduction in the number of people accessing acute hospital and being admitted to residential care homes
- Reduction in public sector future care costs, as communities become better placed to support themselves

How we will deliver our priorities

There is already much work in place to deliver these priorities, the Board will focus on ensuring that this work is **driven, joined-up**, and **effective** across the local health and social care economy. It is the role of the Board to **enable, influence** and to **engage** to drive these priorities.

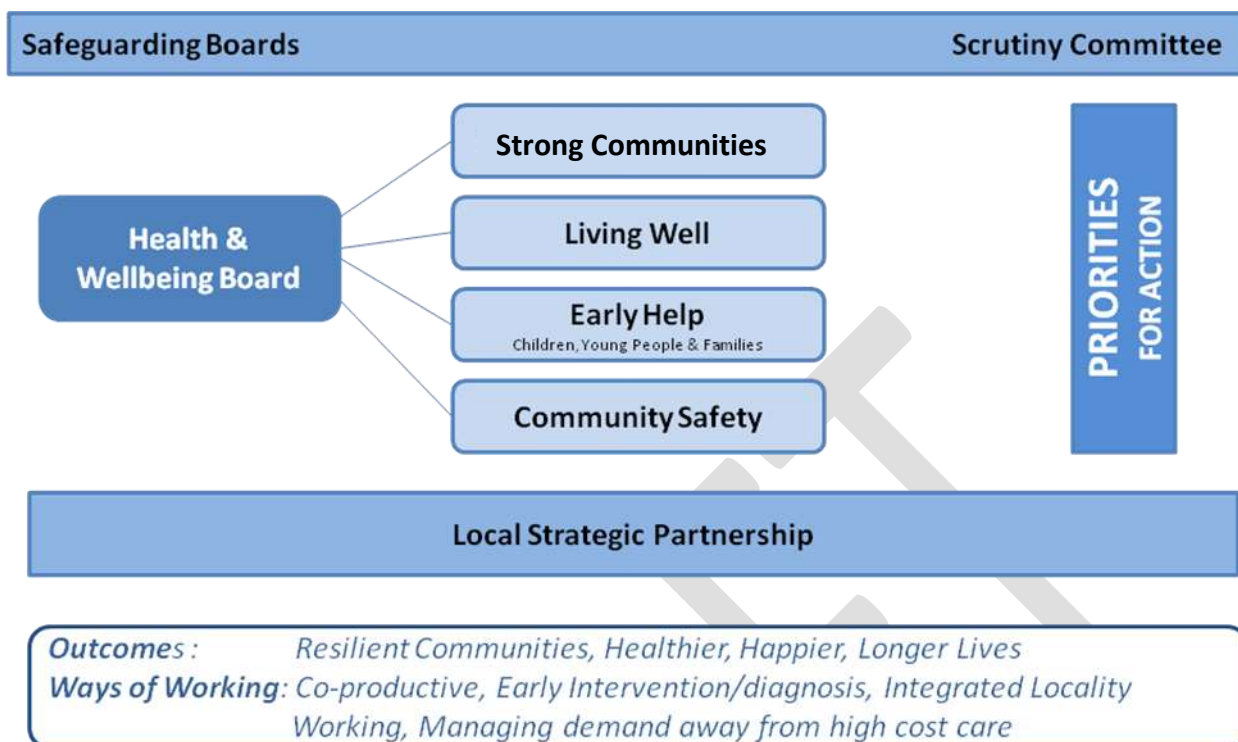
To achieve this join-up, for each priority, a high-level work programme will be established or identified (where already in existence) to ensure clear deliverables and outcomes for every year of the strategy. Central to the delivery of this are the Commissioning & Transformation Partnerships (see diagram below) which will own key aspects of this work and report to the Board on progress.

Underpinning this will be cross-cutting programmes that will under-pin them. These include:

- **Communication** – to deliver the change in outcome for each priority communication and awareness raising with communities is core, including reinforcing messages about healthy, positive lifestyles and letting people know what support is available in their own communities.
- **Business intelligence** – continuing to develop an understanding of demand on services and how effectively it is being met. Understanding this is critical as community based provision increases.
- **Making Every Contact Count** – developing our workforce to breakdown professional silo working within and across organisations.

Annual Board development sessions will provide an opportunity to review current priorities as well as flexibility to explore any new emerging priorities during the lifetime of this strategy.

Partnership Landscape



TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 9 DECEMBER 2015

UPDATE ON THE WELLBEING AND PREVENTION STRATEGY (WPS)

REPORT OF: CLIVE JONES (TELFORD & WREKIN COUNCIL) ASSISTANT DIRECTOR FAMILY, COHESION AND COMMISSIONING AND ANNA HAMMOND (CCG) DEPUTY EXECUTIVE COMMISSIONING & PLANNING (INTEGRATED CARE).

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND / CLLR PAUL WATLING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 The original intention of the Wellbeing and Prevention Strategy (“WPS”) was to set out the Borough of Telford & Wrekin’s (the Council) local approach to promoting wellbeing and independence of an individual under s1 of the Care Act 2014 (the “2014 Act”). However locally the Council has recognised the benefits of an all age approach to promoting wellbeing and prevention and as such the strategy has been extended to incorporate children and families as well as adults. This change of strategy will allow the Council to remove duplication from the system, apply similar principles across both services, and set out a more cohesive approach to transition from children’s into adult’s services.
- 1.2 More recently it was decided that the WPS should become a partnership document and as such the Deputy Executive Commissioning & Planning (Integrated Care) for the CCG has been drawn into discussions.
- 1.3 As the scope of the document has grown, the risk of overlap with other strategies, in particular the Health and Wellbeing Strategy (“HWBS”) has increased and consequently the likelihood that the WPS may lose its sense of purpose and worth. As such the distinction between the two strategies is set out as follows:
 - The revised HWBS will set out a reduced number of priorities which describes what it is that the Council and its partners want to achieve.
 - The delivery of the HWBS will be supported by work programmes setting out what needs to be done.
 - The WPS will become the how; a set of guiding principles that we will use to inform our action plans. They will translate into tangible activities that should be at the heart of our preventative approach to tackling the HWBS priorities.
- 1.4 A public survey ‘Are you healthy, safe and independent?’ (See Appendix 5) has been delivered by the Community Participation Team which aimed to open up a conversation with the community to find out from people what helps them and what difficulties they have in keeping healthy, safe and independent. The findings of the survey will be used to sense check our wellbeing and prevention principles to ensure that our approach can meet the needs and manage the expectations of people in the borough of Telford and Wrekin.

The findings of the survey will also help to inform Health and Wellbeing Strategy priorities, the Public Health Annual Report, the Safeguarding Adults Board Strategy and our Commissioning Strategies.

2. RECOMMENDATIONS

- 2.1 Board Members note the update and acknowledge progress since receipt of the last Board report on this priority.
- 2.2 Board Members provide feedback and comment on the principles and emerging themes from the 'Are you healthy, safe and independent?' consultation
- 2.3 Board Members commit to ensuring that the principles are embedded in the delivery of the new HWBB priorities.

3. IMPACT OF ACTION

By committing to using these principles to deliver the new HWBB priorities there is assurance that all action plans, service reviews, commissioning strategies, specifications, workforce development plans etc reflect a preventative approach. It will inform how resources are used to ensure that all services promote independence and thereby manage demand away from high cost services.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Supporting People to Live Independently
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Vulnerable Children and Adults Health and Wellbeing Children and Young People
	Will the proposals impact on specific groups of people?	
Yes	<p><u>Age and Disability:</u> The documents referred to within this report support the delivery of a fair system of social care where the resources that are offered, relate to the level of assessed needs that an individual may have.</p> <p><u>Deprivation:</u> Contributions towards the cost of care will clearly relate to an individuals ability to pay.</p> <p><u>All protected characteristics:</u> The policies which support the system of Adult Social Care will promote equality of opportunity and maintain parity in access to services, challenging inequalities where they exist.</p> <p>Wellbeing will be promoted through the development of universal services which provide something for everyone.</p>	
TARGET COMPLETION/DELIVERY DATE		

<p>FINANCIAL/VALUE FOR MONEY IMPACT</p>	<p>Yes</p>	<p>The principles of the wellbeing and prevention strategy should have the result of reducing the dependency on long term care. The reduction in demand and reducing the cost of long term care remains a key part of the plans to deliver Social Care Cost reductions in both Children’s and Adult’s services. The delivery of these savings targets are significant in the delivery of the Council’s budget strategy, and results from pressure on Council budgets arising from cuts in Government Grant over recent years.</p> <p>The Council is committed to meeting the requirements of the Care Act, and there is sufficient grant including that contained within the BCF for the Council to meet its 2015/16 expected commitments. The funding required ongoing for the delivery of these commitments will not be known until the Local Government settlement is announced later in 2015.</p> <p>The principles of the strategy are already embedded within the objectives and outcomes of the BCF and the Council and CCG have around £12.5m invested in the pooled fund. The recent procurement of a comprehensive Information and Advice service will also contribute to the service delivery objectives.</p> <p>Other Council services funded from within existing base budgets within Family and Children’s services also contribute to the delivery objectives.</p> <p>As the priorities of the HWBB are established the impact of changes to service delivery will be considered and evaluated and the financial consequences of changes will be reported in accordance with already established Governance frameworks to ascertain whether approvals are appropriate in the light of the development of future budget strategy.</p>
<p>LEGAL ISSUES</p>	<p>Yes</p>	<p>In accordance with section 196 of the Health and Social Care Act 2012 (the “2012 Act”), the functions of a local authority and its partner clinical commissioning group(s), under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 are to be exercised by the Health and Wellbeing Board, established by the local authority.</p> <p>Under the ‘2012 Act’, local authorities and clinical commissioning groups (CCG’s) have an equal and joint duty to prepare a Joint Strategic Needs Assessment (JSNA) and joint Health and Wellbeing Strategy (HWBS) for meeting the needs identified in JSNA, with the HWBS delivered via the Health and Wellbeing Board.</p> <p>In preparing a HWBS the flexibilities under section 75 National Health Service Act 2006 (as amended) (the ‘2006 Act’), such as pooled budgets, lead commissioning and integration of services should be considered ,to more effectively meet the needs identified in the JSNA. Health and Wellbeing Boards are under a duty to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated</p>

manner and provide such advice, assistance or other support as they think appropriate to encourage the making of arrangements under section 75 of the 2006 Act.

As defined at paragraph 1.3 of this report, the proposed Wellbeing Prevention Strategy (WPS) is to assist in providing a practical method of putting the HWBS into action and to widen its implementation to cater for children and families.

All strategies and statements to provisions relating to adult care and support and health will need to comply with the terms of the Care Act 2014 (“the 2014 Act”) which came into force on the 1st April 2015 if not, then the 2014 Act will supersede any parts of the strategies and statements and risk challenge.

Moreover, the work and policies described within the report are consistent with the duty in section 3 of the 2014 Act to promote the integration of care and support provision with NHS and other health-related provision. Further, duties to co-operate with other parties is contained within sections 6 and 7 of the 2014 Act.

The WPS with regard to provisions relating to adult care and support and health must give regard to the new statutory duty known as ‘the well-being principle’, at section 1 of the 2014 Act and Chapter 1 of the Care and Support Statutory guidance (“the guidance”) and also give regard to the duties regarding prevention in section 2 of the 2014 Act. This includes a duty which “involves actively seeking improvements”, in the stated aspects of well-being set out in the 2014 Act.

The Children Act 2004 , supported by relevant Regulations and Statutory Guidance ,sets out the duties of local authorities and their partner agencies to co-operate and work together when undertaking their respective statutory functions so as to improve the wellbeing of children and relevant young persons.

Wellbeing and prevention are key elements of the Outcomes Frameworks for Public Health, Adult Social Care and the NHS.

In terms of consultation and any targeting of services the Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010 (as amended), which states:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons

		<p>who share a relevant protected characteristic and persons who do not share it;</p> <p>(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p>
EQUALITY & DIVERSITY	Yes	As above
IMPACT ON SPECIFIC WARDS	Yes	Borough wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Care Act Consultation 2nd February to 15th March 2015 (online survey)</p> <p>Provider Workshops 26th February and 27th March 2015.</p> <p>Are you Healthy, Safe and Independent Survey September and October 2015</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	<p>The Wellbeing and Prevention principles are a medium to long term opportunity to manage demand away from high cost services in response to the current financial climate.</p> <p>The risk lies in the short term and how resources are shifted from those high cost services to support a preventative approach. This requires a collaborative and whole system approach that will be critical to reducing costs, improving outcomes and Care Act 2014 compliancy.</p> <p>A priority for the Better Care Fund is to increase and build community capacity and enhance and build more community services as an alternative to hospital provision. Failure to deliver these priorities is a risk to the preventative approach.</p> <p>The Adult Social Care Statement is a significant part of the whole system approach and if we don't deliver these commitments then there are risks to the sustainability of adult social care in Telford and Wrekin.</p>

PART B) – ADDITIONAL INFORMATION

2. BACKGROUND

- 2.1 We recognise that for some people and families the outcomes (See Appendix 1) that we are striving to achieve for our residents will be more challenging and as such they will require additional support. We hope that they may find this support from within their families and communities. However for those who are most vulnerable we must ensure that they receive the right help at the right time.
- 2.2 In the current and ongoing financial climate, with reducing levels of public service funding from the Government, past service arrangements are not financially sustainable. The focus must shift to managing down demand; preventing people from becoming dependent on high cost specialist services or preventing the need from developing in the first place.
- 2.3 The diagram in Appendix 2 and 3 sets out the continuum of need for adults and for children, young people and families. It then maps out the individual or family journey through the range of preventative services. There are some elements of prevention that are delivered to the whole population and make up our universal offer. Conversely some individuals and

families are at a higher risk of experiencing inequalities which may lead to poorer outcomes and as such require a more targeted approach to prevention dependent on the needs identified.

- 2.4 The Wellbeing and Prevention principles as set out in Appendix 4 define our approach which embeds wellbeing and promotes prevention; it becomes a mirror that we hold up to sense check our action plans, service reviews, commissioning strategies, specifications, workforce development plans etc. Furthermore it provides a conduit for taking a more cohesive approach where we know there are gaps.

3. CONSULTATION

3.1 Context

The Community Participation Team supported the Commissioning Team (Vulnerable People) with the planning, design and delivery of a consultation designed to open up a conversation to understand from local people what would prevent them from needing care and support services. The consultation centred around two key aspects of wellbeing and prevention: reducing the need for care and support in the first place by encouraging healthy and safe lifestyles and secondly, when social care needs do arise people need to be supported by family, friends and the community wherever possible.

In this way scarce health and social care resources can be directed to those that need it most, at the right time.

3.2 Questions

As a result of the brief, consultation questions were based on three aspects of people's lives:

- Being healthy and feeling good
- Being safe and secure
- Being in control of your own life

Within each of these areas, questions were developed relating to what people experience as helpful and what makes things difficult for individuals.

People were also asked to give their ideas on how their friends, family, neighbours and community groups might be able to help them achieve the best for themselves in each of these areas.

3.3 Approach

The questions were developed into a short survey. The survey was designed to be delivered individually or in small groups of service users by someone they had an established relationship with.

The survey was also appropriate for people to complete on their own, electronically via email or the website or in a paper copy.

For those individuals that were meeting with someone to complete their survey good practice principles were observed in a briefing sheet

For all response methods, details were given of where people could get support and advice from should the survey raise any issues for them.

All enquiries about the consultation were directed to the Community Participation Team who also received the completed paper responses.

Electronic survey responses were received by Delivery and Planning Team who undertook the analysis.

3.4 Marketing and targeting

3.4.1 The universal / general population. Recognition was given that respondents were needed from people and organisations/ groups who had experience of health and social services. In addition feedback was needed from the general population as a whole – who may develop future needs. This was in recognition that they may develop future needs but also they may be the family/friend/community members on whom the wellbeing and prevention principles will depend.

The universal/general population was targeted in the following manner:

- Notification to every household in the July edition of Your Voice
- The Community Panel
- Social media campaign including Face book and Twitter
- Press releases/radio slots
- Promotion of the survey on the Council website and Mylife with direct link to survey
- Councillor engagement with constituents

3.4.2 Targeted groups/service user/carer groups. The Community Participation Team coordinated a programme of targeted surveying with key people and groups. Coordination involved meeting with Commissioners and the Public Health Team to develop an action plan of how to involve providers and advocates and voluntary organisations to access their key service user groups.

Partners of the Adult Safeguarding Board and the CCG were also recruited to distribute and ensure completion of the survey.

The Director of Health, Well being and Care requested all social care staff completed 5 surveys with service users and carers they had direct contact with.

3.4.3 In addition to staff helping us encourage service users and residents to complete the survey, we wanted to hear from staff in their own right as residents what their thoughts and ideas were. An internal communications campaign supported us to do this.

3.4.5 Target Intervention Areas. Given the established links between poor preventative health and areas of deprivation, we wanted to make sure we heard from people in those areas within the Borough that are known to have higher levels of deprivation.

We were supported in doing this by members of the wider Community Participation Team in the 6 targeted intervention areas. These colleagues approached local people in community centres and at residents' groups to get this information.

3.5 Analysis

The consultation was always viewed as a way of initially starting up a conversation with the community about a new approach which is at odds with the previous language used by the

Council. Therefore rather than offering up a tick box menu of options (which would have been easier to analyse) the questions were deliberately open ended to reflect the fact that the Council doesn't hold the key to wellbeing and prevention, local people do and we needed to draw out their thoughts and experiences.

As such there was no expectation that there would be definitive solutions but a series of emerging themes which would:

- Help to shape public facing messages about the role of the Council within the Borough
- Identify themes which require a more in depth conversation with local people
- Create a pool of local intelligence which can be viewed through different lenses of the Council (and its partners). For example work life balance is emerging as a potential barrier to building community capacity which perhaps requires the co-operation of local employers to provide appropriate working practices and policies.
- Sense check the principles which our desk top exercise have identified as key to promoting wellbeing and prevention.
- Help the Council and its partners translate vision and what it needs to achieve into tangible actions which are meaningful to local people.

There were 980 responses to the consultation which are available in full at the following link <http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Meeting/MTM1Mg%3d%3d> and the below summarises emerging themes:

3.5.1 Being healthy and feeling good:

74% responded to say they feel healthy and good or very healthy and very good. More males (79%) than females (72%) stated they felt healthy and good.

The things that people told us about what helps them to be healthy and feel good can be themed in the following ways:

- Exercise, diet, walking and hobbies 68%
- Self or others 48%
- Good work life balance 26%
- Practical support such as GP and health support/appointments, medicine, money or income and good weather 19%

Things that make it difficult to be healthy and feel good include:

- Disability and illness 29%
- Practical issues such as poor diet/over weight, money/cost, getting older, poor transport/, difficulties accessing health/medical appointments/facilities, loneliness/isolation, poor weather, lack of community groups, lack of sleep 27%
- Time issues such as lack of time in general, work commitments, caring responsibilities or a poor work life balance 20%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- No suggestions/ideas or no difficulties identified or they can't help 37%
- General help and support 17%
- Practical support such as help with chores, childcare, sharing of information and financial support 10%

- Social support such as do things together, keeping in touch, opportunities to socialise, help to get out more 10%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties or suggestions or they can't help or help not wanted 70%
- Social support and opportunities such as community or social groups, health hub and community fitness, befriending, sport and leisure and volunteering opportunities 29%
- Practical support such as chores, advice and support, transport and food banks 12%

3.5.2 Being safe and secure

90% responded to say they feel safe and secure or very safe and secure. Females (91%) feel safer than males (86%).

79% of those with a long-standing illness or disability told us they felt very safe and secure or safe and secure compared to 93% who do not have a long-standing illness or disability.

The things that people told us about what helps people to feel safe and secure can be themed in the following ways:

- Personal support such as family, strong community and neighbours, self, friends and colleagues, pets and carers 63%
- Practical support such as security systems, availability to emergency services, secure place of work, money or income, equipment or assistive technology 40%

Things that make it difficult to be safe and secure include:

- Practical issues such as lack of police presence or action, local environment (roads, lighting), lack of money or job security 17%
- Fear of others and crime and scams 14%
- Unsafe community or neighbourhoods 10%
- Disability and illness 9%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- Practical support such as general help and understanding, more police, home security, help with childcare and know who to contact in an emergency 15%
- Social support such as look out for each other, communication and be there to talk to 13%
- Community and voluntary groups such as good neighbours or neighbourhood watch, more community or voluntary groups 13%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions 43%
- Social and community support such as safe place schemes or groups, neighbourhood watch or community groups, advice and support and education groups, work together and communicate and increase community spirit, reduce isolation 28%
- Practical support such as better policing, improve or repair the local environment, help with transport 15%

3.5.3 Being in control of your own life

71% responded to say they were in control of their own life with a further 24% stating they had some control of their own life. 5% of respondents had little control or no control of their life.

96% of females stated they were in control or had some control of their lives compared to 92% of males.

Those who report they are in control or have some control seems to increase with age, rising from less than 50% for those aged under 25 years, up to 75% for those who are aged 65 and over.

Of those who report having a long-standing illness or disability 14% state they have little or no control compared with 2% for those who state they have no long-standing illness or disability.

When asked who or what helps you to be in control of your own life the themes can be grouped as follows:

- Personal support such as family, friends/colleagues, carers, strong community or neighbourhood 37%
- Self 34%
- Practical support such as money or income, transport, faith, GP and health support/appointments, equipment, personal alarm 24%
- Being independent 23%

Things that make it difficult to be in control of their own life include:

- No difficulties/suggestions 41%
- Practical issues such as lack of work life balance, lack of money, lack of or poor transport, lack of independence, being in education 22%
- Disability and illness 21%
- Others such as family, caring responsibilities, children, having carers, friends 9%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions, they can't 53%
- Social and emotional support such as family and friend support, just being there, listen and offer advice, better work life balance, better community groups, keeping in contact 30%
- Practical support such as help with shopping and transport, care support, financial support, help with education, police 10%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions, they can't 29%
- Practical support such as advice and education, support groups, transport, help with shopping and household chores, organise activities and hobby groups, financial support and advice, health or disability groups, help with childcare, independence and confidence support groups, police 19%

3.5.4 General Themes

One of the issues through all sections of the survey is long-standing illness or disability. This is the largest reason why people don't feel healthy, safe or in control of their life. The survey does not identify if the illness or disability is why people feel as they do or if the illness or disability prevents the person participating in activities which might help them feel healthy and good, safe and secure or more in control. Each of these two issues would need to be addressed differently and an emerging theme which we may need to explore further.

When asked how family, friends, neighbours, community or voluntary groups could help with difficulties of being healthy, safe and secure and in control of their own life, in the main respondents told us they had no difficulties, suggestions or ideas or didn't think they could help.

However, the findings also suggest that having personal support is a key theme to keeping people safe and secure and feeling in control of their own life.

A key number of respondents indicated 'time' as an issue in relation to difficulties in being healthy and feeling good, for example lack of time in general, and work commitments, caring responsibilities or a poor work life balance.

People have told us that they would value help with chores, shopping, gardening, housework and transport. Apart from these practical tasks people in general just want friends and family to listen more and give advice. Given the national and local promotion of the benefits of telecare, little mention has been made throughout the survey regarding assistive technology or equipment in general.

Responses indicate people do not really know what help is already available in the community. The suggestion being that community and voluntary groups are advertised more widely. Accessibility is another issue with the need for services to be available at times and places which suite more people, including evenings and weekends and services should be offered in local communities and not in locations which people can not get to.

4. Wellbeing and Prevention Principles and Commissioning

- 5.1 It is the intention that all commissioning strategies will be reviewed together with the CCG in the context of the principles, ensuring that commissioning intentions embed wellbeing and promote a preventative approach.

Having completed the Commissioning for Better Outcomes (University of Birmingham) self assessment, commissioners across the Council and the CCG will address any shortfalls in our approach via the following strands of work which will underpin our practice to ensure that commissioning is:

- Person Centred and outcomes focussed
- Inclusive
- Well lead
- Promotes a sustainable and diverse market place.

- 5.2 The intention would be that commissioners and senior leaders across the Council (Including Public Health) and the CCG seek to collectively address any shortfalls identified through the self assessment process with partners reporting progress up through the Strategic Commissioning Group.

6. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

N/A

7. PREVIOUS MINUTES

Health and Wellbeing Board May 2014
Health and Wellbeing Board 11th March 2015

8. BACKGROUND PAPERS

Telford and Wrekin Local Account 2013-2014
Adult Social Care Service Commitment 2015-2016
Telford and Wrekin Information and Advice Strategy
Are you healthy, safe and independent? Survey Results (Appendix 5)

Report prepared by:

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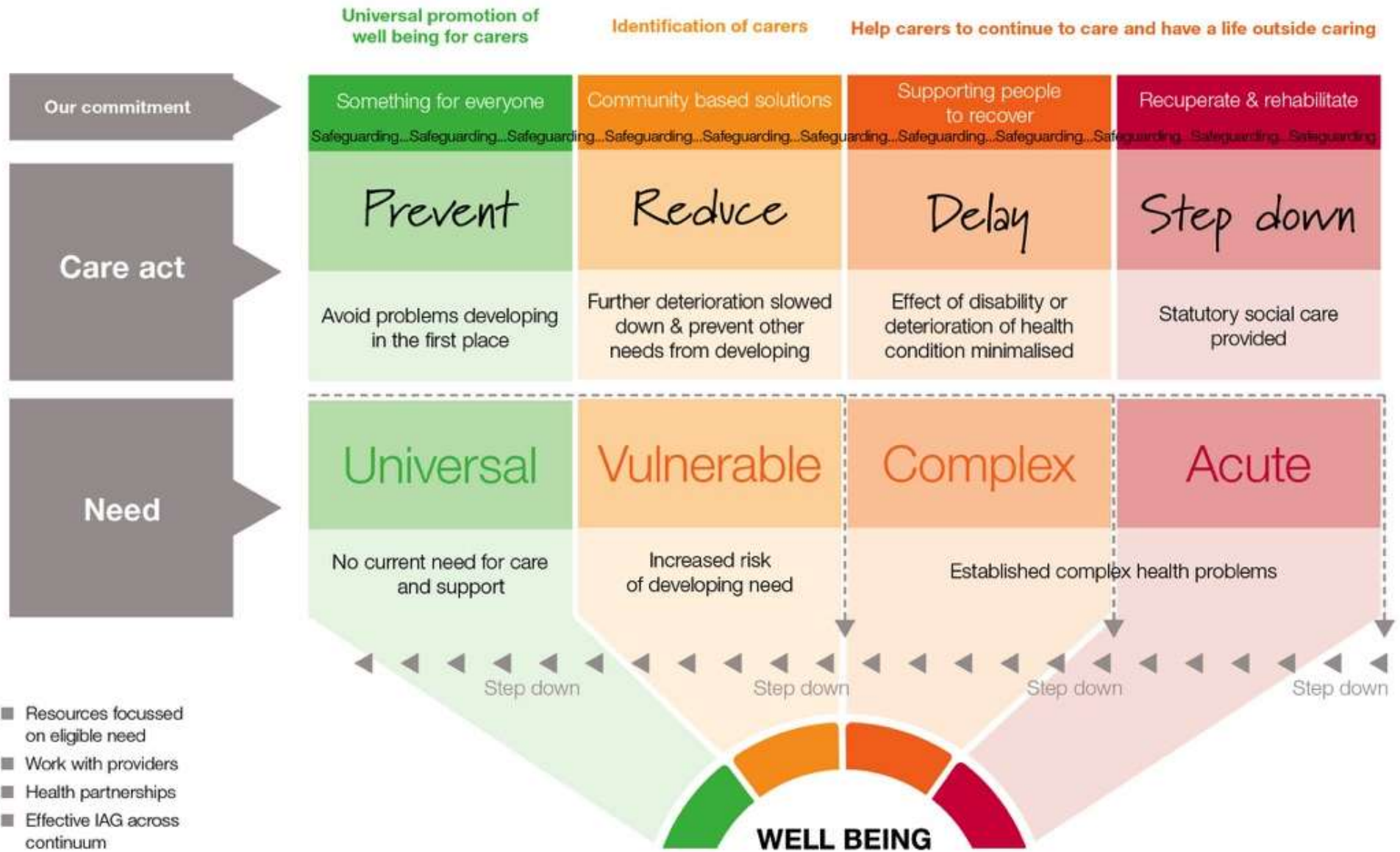
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Appendix 1: Outcomes.

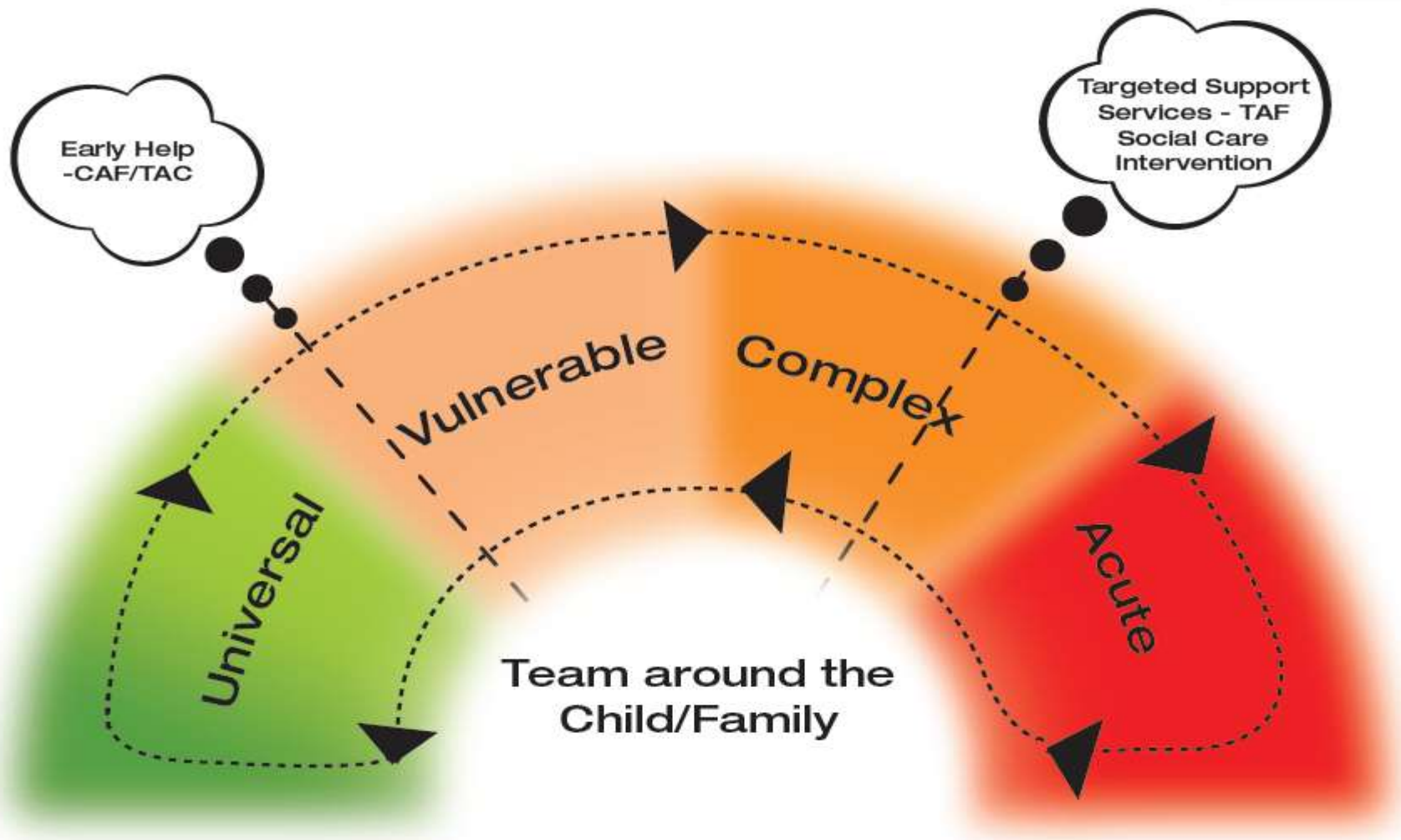
The Children Act 2004 and the Care Act 2014 provide the legislative framework for the Local Authority and its partners to promote wellbeing specifically with respect to its responsibilities towards children and young people and to carrying out its care and support functions in relation to persons with an identified need. The table below illustrates the shared outcomes and also how these link with our local priorities and values.

Children Act 2004	Care Act 2014
Duty to co-operate to improve the wellbeing of children in the local authority's area	Duty to promote wellbeing when carrying out any of care and support functions in respect of a person
Protect from harm and neglect (Council Priority)	Protection from abuse and neglect (Council Priority)
Physical and mental health and emotional well being (Council Priority)	Physical and mental health and emotional well being (Council Priority)
Education, training and recreation (Council Priority)	Participation in work, education training or recreation (Council Priority)
Contribution made to them by society (Co-operative Value: Involvement)	The individuals contribution to society (Co-operative Value – Involvement)
Social and Economic Wellbeing	Social and Economic Wellbeing
	Personal dignity - including treatment of the individual with respect (Co-operative Value: Fairness and Respect)
	Domestic, family and personal
	Suitability of living accommodation (Council Priority)

Adult and Social Care Right help, Right time to promote independence



Appendix 3: Continuum of Need Children and Families



Appendix 4: Wellbeing and Prevention Principles

1. Access to universal support and opportunities to promote wellbeing

Delivered through the Early Help Strategy for Children, Young People, Families and Carers in Telford and Wrekin and overseen by the Early Help Partnership Board. This is part of the Children, Young People and Families Partnership Board (A Commissioning and Transformation Partnership ultimately responsible to the Health & Wellbeing Board)

Delivered through the Living Well Plan which, is overseen by the Living Well Board (a Commissioning and Transformation Partnership) responsible to the Health & Wellbeing Board

2. Co-production and strengthening social capital through community development activities

The NHS Alliance Community Development Charter suggests that each HWBB and CCG have a community development strategy. Strengthening Our Communities and Community Based Support is emerging as a priority for the Telford and Wrekin HWBB and therefore this will create the appropriate governance structure to bring together current activity and develop a more cohesive approach moving forward.

Considered within this will be The Better Care Fund (BCF) which is being used to transform the health and social care system in Telford and Wrekin to promote greater independence for patients and service users and to improve on current areas of integrated care. The main priorities are to increase and build community capacity and enhance and build more community services as an alternative to hospital provision.

This principle will be driven by dynamic systems leadership with a well led, co-ordinated change programme to take a new way of working with the community.

3. Accessible and effective information, advice and guidance

Our Early Help Offer for Children' Young People, Families Carers ensures that individuals have the ability and knowledge to get information from the appropriate sources when needed. Family Connect is a single phone line for help and advice from a multi-agency team of professionals

Telford & Wrekin Council produced a Local Offer for parents and Carers of children with Special Educational Needs or a Disability (SEND). The purpose of the Local Offer is to 'offer' information for parents, in a single place, which helps them to understand what services they and their family can expect from a range of local agencies.

The Information and Advice Strategy 2014 to 2016 is fundamental to delivering the Adult Social Care Commitment to Promote Independence giving priority to helping people recover, recuperate and rehabilitate so that they are able to live as independently as possible. The strategy sets out how we will meet our statutory obligations with respect to the Care Act 2014 in providing good and effective information and, to all residents across the borough.

Moving forward our information advice and guidance across the continuum of need for children, families and adults will move towards becoming community asset based as opposed to service based.

4. Effective management of demand at the first point of contact

Our Family Connect Service is the well established single point of contact (front door) for all those working with children, young people and families helping to ensure they receive the right help at the right time.

The Council's Target Operating Model (TOM) for Adult Social Care translates the Adult Social Care Commitment into reality setting out the pathway for adults with a need. My Choice (a commissioned information and guidance service) has become the public facing service for Adult Social Care. It will be a first point of contact embedded within the community to effectively manage demand away from high cost services by maximising the use of community based solutions.

Coupled with this My Life is Adult Social Services information and advice website which will be further developed to include self assessment to further manage demand at the first point of contact.

5. Whole family asset based approach to identifying and meeting need.

Solutions that many people have to meet their needs can be found within their own families, their communities and within themselves. We will work with each person, family and their network, to find these solutions. Where people and families have lost their support networks we will work in partnership with them and appropriate voluntary organisations to rebuild them. We will encourage our service users, our partners and our staff to help find creative solutions to meet the outcomes that they wish to achieve. We will always look for solutions that offer value for money (quality in delivering the agreed outcomes against the cost to the public purse).

5. Seamless transition from Children and Family Service to Adult Social Care

It is critical that positive outcomes achieved during childhood are built upon to provide a sound foundation for adulthood preventing reliance on services in the future.

7. Outcome Based Commissioning

To effectively commission for prevention the Local Authority and the CCG are committed to the standards set out in Commissioning for Better Outcomes: A Route Map (University of Birmingham). This will ensure that commissioning is person centred and outcomes focussed, inclusive, well lead and promotes a sustainable and diverse market place. Collectively we will self assess against the standards and work together to address any gaps.

8. Workforce Development

There are currently separate Workforce Development Plans for Children and Family Services and Adult Social Care. These plans will be reviewed to identify where a more joined up approach can be taken to support a whole family approach and to ensure that all activity promotes a preventative approach.

9. Make Every Contact Count (MECC)

By making every contact count i.e. reaching out to family members through the person with the presenting need, this will help to manage demand away from high cost services not just in the immediate but in the longer term.



Telford & Wrekin Council

Are you healthy, safe and independent?

Survey Results

July to September 2015

Report by the
Community Participation Team

Are you healthy, safe and independent?

Document Governance

Title	Are you healthy, safe and independent?
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Priority	
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Are you healthy, safe and independent?

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Are you healthy, safe and independent?

1 Summary

The 'Are you healthy, safe and independent?' survey was carried out by Telford & Wrekin Council during July to September 2015.

The consultation was viewed as a way of initially raising awareness and starting up conversations with the community about the new direction of the council; being that of working to reduce the need for care and support in the first place by encouraging healthy and safe lifestyles and secondly, when social care needs do arise people need to be supported by family, friends and the community wherever possible. In this way scarce health and social care resources can be directed to those that need it most, at the right time.

In total 980 people completed the survey. Of those respondents whose demographic data we have 61% were female and 39% male. The majority of respondents were aged between 40 – 64 years (48%). 96% of respondents were either White British or Irish and 30% stated they had a long-standing illness or disability.

Being healthy and feeling good

74% responded to say they feel healthy and good or very healthy and very good. More males (79%) than females (72%) stated they felt healthy and good.

The things that people told us about what helps them to be healthy and feel good can be themed in the following ways:

- Exercise, diet, walking and hobbies 68%
- Self or others 48%
- Good work life balance 26%
- Practical support such as GP and health support/appointments, medicine, money or income and good weather 19%

Things that make it difficult to be healthy and feel good include:

- Disability and illness 29%
- Practical issues such as poor diet/over weight, money/cost, getting older, poor transport/, difficulties accessing health/medical appointments/facilities, loneliness/isolation, poor weather, lack of community groups, lack of sleep 27%
- Time issues such as lack of time in general, work commitments, caring responsibilities or a poor work life balance 20%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- No suggestions/ideas or no difficulties identified or they can't help 37%
- General help and support 17%
- Practical support such as help with chores, childcare, sharing of information and financial support 10%
- Social support such as do things together, keeping in touch, opportunities to socialise, help to get out more 10%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

Are you healthy, safe and independent?

- No difficulties or suggestions or they can't help or help not wanted 70%
- Social support and opportunities such as community or social groups, health hub and community fitness, befriending, sport and leisure and volunteering opportunities 29%
- Practical support such as chores, advice and support, transport and food banks 12%

Being safe and secure

90% responded to say they feel safe and secure or very safe and secure. Females (91%) feel safer than males (86%).

79% of those with a long-standing illness or disability told us they felt very safe and secure or safe and secure compared to 93% who do not have a long-standing illness or disability.

The things that people told us about what helps people to feel safe and secure can be themed in the following ways:

- Personal support such as family, strong community and neighbours, self, friends and colleagues, pets and carers 63%
- Practical support such as security systems, availability to emergency services, secure place of work, money or income, equipment or assistive technology 40%

Things that make it difficult to be safe and secure include:

- Practical issues such as lack of police presence or action, local environment (roads, lighting), lack of money or job security 17%
- Fear of others and crime and scams 14%
- Unsafe community or neighbourhoods 10%
- Disability and illness 9%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- Practical support such as general help and understanding, more police, home security, help with childcare and know who to contact in an emergency 15%
- Social support such as look out for each other, communication and be there to talk to 13%
- Community and voluntary groups such as good neighbours or neighbourhood watch, more community or voluntary groups 13%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions 43%
- Social and community support such as safe place schemes or groups, neighbourhood watch or community groups, advice and support and education groups, work together and communicate and increase community spirit, reduce isolation 28%
- Practical support such as better policing, improve or repair the local environment, help with transport 15%

Being in control of your own life

71% responded to say they were in control of their own life with a further 24% stating they had some control of their own life. 5% of respondents had little control or no control of their life.

Are you healthy, safe and independent?

96% of females stated they were in control or had some control of their lives compared to 92% of males.

Those who report they are in control or have some control seems to increase with age, rising from less than 50% for those aged under 25 years, up to 75% for those who are aged 65 and over.

Of those who report having a long-standing illness or disability 14% state they have little or no control compared with 2% for those who state they have no long-standing illness or disability.

When asked who or what helps you to be in control of your own life the themes can be grouped as follows:

- Personal support such as family, friends/colleagues, carers, strong community or neighbourhood 37%
- Self 34%
- Practical support such as money or income, transport, faith, GP and health support/appointments, equipment, personal alarm 24%
- Being independent 23%

Things that make it difficult to be in control of their own life include:

- No difficulties/suggestions 41%
- Practical issues such as lack of work life balance, lack of money, lack of or poor transport, lack of independence, being in education 22%
- Disability and illness 21%
- Others such as family, caring responsibilities, children, having carers, friends 9%

When asked for ideas on how friends, family or neighbours may be able to support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions, they can't 53%
- Social and emotional support such as family and friend support, just being there, listen and offer advice, better work life balance, better community groups, keeping in contact 30%
- Practical support such as help with shopping and transport, care support, financial support, help with education, police 10%

When asked for ideas on how community or voluntary groups may support you to overcome any difficulties you have identified respondents suggested they need:

- No difficulties/suggestions, they can't 29%
- Practical support such as advice and education, support groups, transport, help with shopping and household chores, organise activities and hobby groups, financial support and advice, health or disability groups, help with childcare, independence and confidence support groups, police 19%

One of the issues through all sections of the survey is long-standing illness or disability. This is the largest reason why people don't feel healthy, safe or in control of their life. The survey does not identify if the illness or disability is why people feel as they do or if the illness or disability prevents the person participating in activities which might help them feel healthy and good, safe and secure or more in control. Each of these two issues would need to be addressed differently and an emerging theme which we may need to explore further.

Are you healthy, safe and independent?

When asked how family, friends, neighbours, community or voluntary groups could help with difficulties of being healthy, safe and secure and in control of their own life, in the main respondents told us they had no difficulties, suggestions or ideas or didn't think they could help.

However, the findings also suggest that having personal support is a key theme to keeping people safe and secure and feeling in control of their own life.

A key number of respondents indicated 'time' as an issue in relation to difficulties in being healthy and feeling good, for example lack of time in general, and work commitments, caring responsibilities or a poor work life balance.

People have told us that they would value help with chores, shopping, gardening, housework and transport. Apart from these practical tasks people in general just want friends and family to listen more and give advice. Given the national and local promotion of the benefits of telecare, little mention has been made throughout the survey regarding assistive technology or equipment in general.

Responses indicate people do not really know what help is already available in the community. The suggestion being that community and voluntary groups are advertised more widely. Accessibility is another issue with the need for services to be available at times and places which suite more people, including evenings and weekends and services should be offered in local communities and not in locations which people can not get to.

2 Introduction

The Council's Community Participation Team supported the Commissioning Team (Vulnerable People) with the planning, design and delivery of a consultation to understand from local people what would prevent them from needing care and support services.

The Commissioning Team outlined that the new commissioning approach would be underpinned by two important principles: reducing the need for care and support in the first place by encouraging healthy and safe lifestyles and secondly, when social care needs do arise people need to be supported by family, friends and the community wherever possible. In this way scarce health and social care resources can be directed to those that need it most, at the right time.

The focus of the consultation was agreed as follows:

- To understand from local people what would prevent them from needing care and support services
- To understand from service users what would prevent people from becoming dependent on high cost specialist services

The consultation was viewed as a way of initially starting up a conversation with the community about a new approach which is at odds with the previous language used by the Council. Therefore rather than offering up a tick box menu of options (which would have been easier to analyse) the questions were deliberately open ended to reflect the fact that the Council doesn't hold the key to wellbeing and prevention, local people do and we need to draw out their thoughts and experiences.

As such there was no expectation that there would be definitive solutions but a series of emerging themes which would:

Are you healthy, safe and independent?

- Help to shape public facing messages about the role of the Council within the Borough
- Identify themes which require a more in depth conversation with local people
- Create a pool of local intelligence which can be viewed through different lenses of the Council (and its partners). For example work life balance is emerging as a potential barrier to building community capacity which perhaps requires the co-operation of local employers to provide appropriate working practices and policies.
- Sense check the principles which our desk top exercise have identified as key to promoting wellbeing and prevention.
- Help the Council and its partners translate vision and what it needs to achieve into tangible actions which are meaningful to local people

The questions were developed into a short survey. The survey was designed to be delivered individually or in small groups of service users by someone they had an established relationship with. The survey was also appropriate for people to complete on their own, electronically via email or the website or in a paper copy. For those individuals that were meeting with someone to complete their survey good practice principles were observed in a briefing sheet. For all response methods, details were given of where people could get support and advice from should the survey raise any issues for them.

Feedback was needed from the general population as a whole. This was in recognition that they may develop future needs but also they may be the family/friend/community members on whom the wellbeing and prevention principles will depend.

The universal/general population was targeted in the following manner:

- Notification to every household in the July edition of Your Voice
- The Community Panel
- Social media campaign including Face book and Twitter
- Press releases/radio slots
- Promotion of the survey on the Council website and Mylife with direct link to survey
- Councillor engagement with constituents

Recognition was also given that we needed to hear from service users who had experience of health and social services. The Community Participation Team coordinated a programme of targeted surveying with key people and groups. Coordination involved meeting with Commissioners and the Public Health Team to develop an action plan of how to involve providers and advocates and voluntary organisations to access their key service user groups.

Partners of the Adult Safeguarding Board and the CCG were also recruited to distribute and ensure completion of the survey.

The Director of Health, Well being and Care requested all social care staff completed 5 surveys with service users and carers they had direct contact with.

In addition to staff helping us encourage service users and residents to complete the survey, we wanted to hear from staff in their own right as residents what their thoughts and ideas were. An internal communications campaign supported us to do this.

Given the established links between poor preventative health and areas of deprivation, we wanted to make sure we heard from people in those areas within the Borough that are known to have higher levels of deprivation. We were supported in doing this by members of the wider

Are you healthy, safe and independent?

Community Participation Team in the 6 targeted intervention areas. These colleagues approached local people in community centres and at residents' groups to get this information.

3 Demographics

Below is a summary of the demographic information of the people who responded to the survey. Not all respondents provided this information so the tables below highlight the number of missing records.

3.1 Gender

	Number	Percentage
Male	304	39%
Female	466	61%
Total	770	100.00%
Data Missing	210	

3.2 Age

	Number	Percentage
17 years or under	6	1%
18 – 24 years	36	5%
25 – 39 years	89	12%
40 – 64 years	354	48%
65 years and over	249	34%
Total	734	100.00%
Data Missing	246	

3.3 Ethnicity

	Number	Percentage
White British	716	95%
White Irish	5	1%
White Other	13	2%
Asian or Asian British – Indian	7	1%
All Other ethnicities	10	1%
Total	751	100.00%
Data Missing	229	

3.4 Disability

	Number	Percentage
I have a long-standing illness or disability	224	30%
I have no long-standing illness or disability	511	70%
Total	735	100.00%
Data Missing	245	

The majority of respondents were female and aged between 40-64 years. The 17 years or under age group is poorly represented along with the 18-24 years group. 96% of respondents were either White British or Irish leaving other ethnicities only making up 4% of the group.

Are you healthy, safe and independent?

4 Results

There were 3 sections to the survey;

1. Being healthy and feeling good
2. Being safe and secure
3. Being in control of your own life

5 similar questions were asked in each section.

The first question asked how healthy, how secure or how in control people felt. Then a number of follow up, more probing questions asked, what helps people, what hinders them and what can other people or groups do to help.

Survey questions 1, 6 and 11 asked people to choose specific options, all other questions were 'open' and invited people to give their views in their own words.

To help with the analysis the responses were coded into themes. Throughout the report, result tables show the themes for each question. The tables show the number of themed responses rather than the total number of people who completed survey questions. Some tables show a large 'other' theme. This is because the responses were not able to be themed, such as 'see above'. At the bottom of each table there is a 'non responses' figure that shows the number of people who did not answer that specific question.

Reoccurring words from all the responses are also presented in word clouds so that the reader can see key words and messages at a glance.

Full written responses to all of the open questions can be found in the appendices.

4.1 Being healthy and feeling good

1. Please tell us how healthy and good you feel in general?

	Number	Percentage
Very healthy and feel good	133	14%
Healthy and feel good	563	60%
Unhealthy and not feeling good	190	20%
Very unhealthy and not feel very good	45	5%
Total respondents	931	100.00%
Prefer not to say	40	
No response	9	

74% of respondents told us they feel 'healthy and good' or 'very healthy and good'.

Are you healthy, safe and independent?

Theme	Number	Percentage
Regular exercise or sport	260	41%
Healthy diet	238	38%
Family	233	37%
Good work/ life balance	163	26%
Walking/ Dog walking	110	17%
Friends	104	16%
Hobbies	70	11%
Self	58	9%
GP & Health Support/ Appointments	45	7%
Good weather & fresh air	42	7%
Medicine	23	4%
Volunteering & helping others	22	3%
Money or income	22	3%
Pets	10	2%
Carers/ Care staff	8	1%
Neighbours	6	1%
Enough sleep	4	1%
Total respondents	631	100%
No response	65	

The main reasons that people gave for what helps them to be healthy and feel good were regular exercise or sport (41%) and a healthy diet (38%) followed by a good work/ life balance (26%) and going on walks or walking their dog (17%).

Most people (37%) mentioned family in relation to people who help them to be healthy and feel good. 16% mentioned and 9% said that they helped themselves.

When it comes to being healthy and feeling good the results show us that people value the support of their pets as much as they do their neighbours, carers and care staff.

3. Is there anything that makes it difficult for you to be healthy and feel good?

People who told us that they felt 'very healthy and feel very good' or 'healthy and feel good' or very unhealthy and not feeling very good' or unhealthy and not good' were asked this question.

The answers that people gave have been themed in the following way:

Are you healthy, safe and independent?

Anything that makes it difficult for you to be healthy and feel good	People who responded they were very healthy and feel very good or healthy and feel good	
	Theme	Number
Disability or illness	96	16%
Work commitments	61	10%
Lack of time	56	10%
Poor diet/ over weight	40	7%
Money/ cost	36	6%
Poor work/ life balance	21	4%
Getting older	19	3%
Poor transport	17	3%
Difficulties accessing health/ medical appointments/ facilities	12	2%
Caring responsibilities	9	2%
Loneliness/ Isolation	10	2%
Poor weather	11	2%
Childcare responsibilities	6	1%
Enough sleep	6	1%
Lack of community groups	5	1%
Unhealthy lifestyle	3	1%
Lack of exercise	2	0%
Other	115	20%
Total respondents	583	100%
No response	113	

Anything that makes it difficult for you to be healthy and feel good	People who responded they were very unhealthy and not feeling very good or unhealthy and not feeling good	
	Theme	Number
Disability or illness	130	61%
Money/ cost	18	8%
Work commitments	14	7%
Poor diet/ over weight	14	7%
Lack of time	13	6%
Difficulties accessing health/ medical appointments/ facilities	11	5%
Caring responsibilities	11	5%
Getting older	9	4%
Poor transport	7	3%
Loneliness/ Isolation	6	3%
Poor work/ life balance	4	2%
Childcare responsibilities	2	1%
Enough sleep	2	1%
Poor weather	1	0%
Lack of community groups	1	0%
Unhealthy lifestyle	0	0%
Lack of exercise	1	0%
Other	40	19%
Total respondents	212	100%
No response	23	

Are you healthy, safe and independent?

The main difficulty experienced by people was a disability or illness at 29%, comments included “Medical problems”, “My disability” and “Ongoing health problems”.

Overall 23% of respondents indicated a time issue in relation to being healthy and feeling good, for example lack of time in general, and work commitments, caring responsibilities or a poor work life balance.

16% of respondents who said they were ‘very healthy and feel very good’ or ‘healthy and feel good’ stated that a disability or illness made it difficult for them. This compares to 61% of people who told us they were ‘very unhealthy and not feeling very good’ or ‘unhealthy and not feeling good’.

The survey does not answer whether the disability or illness is why people feel unhealthy and not very good or whether the disability or illness prevents the person participating in activities which might help them feel more healthy and good.

People who told us that they feel ‘very healthy and very good’ or ‘healthy and good’ stated work commitments (10%) and a lack of time (10%) as things that make it difficult for them to be healthy and feel good.

Those who told us that they feel ‘very unhealthy and not very good’ or ‘unhealthy and not good’ stated money/cost (8%), work commitments (7%) and poor diet/ over weight (7%) as things that make it difficult for them. Example comments are ‘price of healthy food compared to ‘comfort food’, low income, cost of leisure services, prices of leisure centres, gym prices, no child care during sessions’.

4. Please tell us any ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified?

Only people who told us that they felt ‘very healthy and feel very good/ or ‘healthy and feel good’ or very unhealthy and not feeling very good’ or unhealthy and not good’ were asked this question.

The answers that people gave have been themed in the following way:

Are you healthy, safe and independent?

Ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified	People who responded they were very healthy and feel very good or healthy and feel good	
	Theme	Number
No difficulties identified	72	19%
No suggestion/ ideas	67	18%
General help & support	55	15%
Practical help with chores	22	6%
They can't help	20	5%
Do things together	17	5%
Keeping in touch	16	4%
Help with childcare	11	3%
Opportunities to socialise	10	3%
Help to get out more	5	1%
Don't want them to help	5	1%
Help to eat well	2	1%
Sharing of information	2	1%
Financial support	0	0%
Other	86	23%
Total respondents	375	100%
No response	321	

Ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified	People who responded they were very unhealthy and not feeling very good or unhealthy and not feeling good	
	Theme	Number
General help & support	39	23%
They can't help	22	13%
No suggestion/ ideas	20	12%
Practical help with chores	18	11%
Do things together	7	4%
Keeping in touch	4	2%
No difficulties identified	2	1%
Help with childcare	2	1%
Opportunities to socialise	2	1%
Help to get out more	2	1%
Help to eat well	1	1%
Sharing of information	1	1%
Financial support	1	1%
Don't want them to help	0	0%
Other	54	32%
Total respondents	167	100%
No response	68	

Most people told us that they did not have any suggestions or any difficulties (13%), or did not feel their friends, families or neighbours could help them (8%).

Example comments were:

Are you healthy, safe and independent?

- “They can't help can they. I can't ask them to stay at home to look after me or my children. They have jobs and families themselves”,
- “I have no local family and I wouldn't expect my neighbours to support me” and
- “Embarrassed to ask people who already have their own issues/lives to deal with”.

17% of people told us that they would value general help and support from friends, family and neighbours, with 8% stating help with chores like shopping, gardening, housework and transport.

This issues were highlighted more frequently by people who told us that they were ‘very unhealthy and not feeling very good’ and ‘unhealthy and not feeling good’.

5. Please tell us any ideas on how community or voluntary groups may support you to overcome any difficulties you have identified?

Only people who told us that they were ‘very healthy and feel very good/ or ‘healthy and feel good’ or very unhealthy and not feeling very good’ or unhealthy and not good’ were asked this question.

The answers that people gave have been themed in the following way:

Are you healthy, safe and independent?

Ideas on how community or voluntary groups may support you to overcome any difficulties you have identified	People who responded they were very healthy and feel very good or healthy and feel good	
	Theme	Number
No difficulties or suggestions	132	36%
Community or social support groups	56	15%
Health hub & Community fitness	21	6%
Advice & support	23	6%
Sport & leisure opportunities	22	6%
Volunteering opportunities	15	4%
Better bus and transport services	6	2%
They can't help	9	2%
Help not wanted	7	2%
Better childcare	7	2%
Help with household chores	5	1%
Befriending/ reduce isolation	3	1%
Home from hospital scheme	2	1%
Food bank	1	0%
Neighbourhood watch	1	0%
Other	78	21%
Total respondents	364	100%
No response	332	

Ideas on how community or voluntary groups may support you to overcome any difficulties you have identified	People who responded they were very unhealthy and not feeling very good or unhealthy and not feeling good	
	Theme	Number
No difficulties or suggestions	37	24%
Community or social support groups	25	16%
Health hub & Community fitness	13	8%
Help with household chores	11	7%
Advice & support	10	6%
Better bus and transport services	8	5%
They can't help	5	3%
Help not wanted	4	3%
Befriending/ reduce isolation	4	3%
Sport & leisure opportunities	3	2%
Volunteering opportunities	1	1%
Better childcare	2	1%
Home from hospital scheme	0	0%
Food bank	0	0%
Neighbourhood watch	0	0%
Other	78	29%
Total respondents	157	100%
No response	78	

32% of people told us that they did not have any difficulties or could not offer any suggestions as to how community or voluntary groups could help them. 3% of people said that voluntary or

Are you healthy, safe and independent?

community groups could not help them and 2% said that they did not want help from these groups.

People who did offer suggestions wanted more or better child friendly and age and disability specific community and social support groups (15%), general advice and support (6%), more health hub and community fitness groups (6%) and more sport and leisure opportunities (5%).

Example comments were:

- “More women only groups and singles groups”,
- “More free activities like walking groups etc over the weekend and evenings”,
- “Do family sporting events, cycle rides, fun runs”,
- “Have more specialist sessions at leisure centres” and
- Have 'Disability Champions' with training at key facilities e.g. town park”.

4.2 Being safe and secure

6. Please tell us how safe and secure you are in general?

	Number	Percentage
Very safe and secure	223	24%
Safe and secure	610	66%
Unsafe and not secure	77	8%
Very unsafe and not very secure	19	2%
Total respondents	929	100%
Prefer not to say	25	
No response	26	

In general most people (90%) feel ‘very safe and secure’ or ‘safe and secure’.

The table below shows the make up of the people who responded.

Gender	Very Safe	Safe	Unsafe	Very Unsafe
Male	23%	63%	11%	3%
Female	25%	66%	8%	1%
Age Band				
17 years or under	33%	67%	0%	0%
18 – 24 years	42%	48%	9%	0%
25 – 39 years	26%	66%	8%	0%
40 – 64 years	23%	63%	12%	2%
65 years and over	23%	67%	7%	2%
Disability				
I have a long-standing illness or disability	21%	58%	17%	4%
I have no long-standing illness or disability	26%	67%	7%	1%

Females feel safer than males. 91% of females told us that they feel ‘very safe and secure’ or ‘safe and secure’ compared to 86% of males.

79% of people with a long-standing illness or disability told us they felt ‘very safe and secure’ or ‘safe and secure’ compared to 93% of those without a long-standing illness or disability.

Are you healthy, safe and independent?

Anything that makes it difficult for you to be safe and secure	People who responded they were very safe and secure or safe and secure	
	Theme	Number
Unsafe community or neighbourhood	51	9%
Lack of police presence or action	49	9%
Local environment (Inc. roads, lighting)	40	7%
Disability or illness	33	6%
Fear of other people	33	6%
Fear of crime	31	6%
Lack of money or job security	18	3%
Internet or telephone scams	6	1%
Other	53	9%
Total respondents	563	100%
No response	270	

Anything that makes it difficult for you to be safe and secure	People who responded they were very unsafe and not very secure or unsafe and not secure	
	Theme	Number
Disability or illness	22	26%
Unsafe community or neighbourhood	13	15%
Fear of other people	12	14%
Fear of crime	11	13%
Local environment (Inc. roads, lighting)	7	8%
Lack of police presence or action	6	7%
Lack of money or job security	3	3%
Internet or telephone scams	0	0%
Other	14	16%
Total respondents	86	100%
No response	10	

Overall the biggest reason respondents gave for what makes it difficult to be safe and secure was an unsafe community or unfriendly neighbourhood (10%). This included the perception of the amount of crime in the area and the number of recent break-ins or assaults to some more specific issues around difficult or unfriendly neighbours; anti-social behaviour and drug dealing/use.

Linking this back to question 7 where 28% of respondents said a strong community and friendly neighbourhood helped them feel safe. This demonstrates the importance of how a good or bad neighbourhood can effect how safe and secure people feel.

This was followed closely by people who said a disability or illness made it difficult for them to be safe and secure (9%). This varied from 6% for those who felt safe and secure to 26% to those who stated they did not feel safe and secure.

A lack of police presence or police action was also given as a reason for it to be difficult to feel safe and secure (8%).

Are you healthy, safe and independent?

Ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified	People who responded they were very safe and secure or safe and secure	
	Theme	Number
Good neighbours or neighbourhood watch	41	12%
Look out for each other	31	9%
General help and understanding	31	9%
They can't/ I don't have any	16	5%
More policing	10	3%
More community or voluntary groups	12	3%
Communication/ Be there to talk to	12	3%
Help with home security	7	2%
I have no difficulties	7	2%
Help to get out	3	1%
Help with childcare	2	1%
Know who to contact in an emergency	0	0%
Other	42	12%
Total respondents	354	100%
No response	479	

Ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified	People who responded they were very unsafe and not very secure or unsafe and not secure	
	Theme	Number
Look out for each other	13	22%
They can't/ I don't have any	10	17%
General help and understanding	7	12%
More policing	6	10%
Know who to contact in an emergency	2	3%
Good neighbours or neighbourhood watch	1	2%
More community or voluntary groups	1	2%
Communication/ Be there to talk to	0	0%
Help with home security	1	2%
I have no difficulties	0	0%
Help to get out	0	0%
Help with childcare	0	0%
Other	11	19%
Total respondents	59	100%
No response	37	

People told us that friends, family or neighbours could help generally, looking out for each other (11%), being helpful and understanding (9%) and being good neighbours or having a neighbourhood watch (10%).

7% of people said that they did not have people who could help them or that their friends, family or neighbours could not help them to feel safe and secure.

Example comments show that some people do not have a strong support network around them:

- “They can't, they are only just surviving”

Are you healthy, safe and independent?

Ideas on how community or voluntary groups may support you to overcome any difficulties you have identified	People who responded they were very safe and secure or safe and secure	
	Theme	Number
No difficulties/ suggestions	167	47%
Better policing	38	11%
Safe place schemes or groups	31	10%
Neighbourhood watch or community groups	31	9%
Advice, support & education groups	20	6%
Improve or repair the local environment	11	3%
Work together and communicate	8	2%
Increase community spirit	7	2%
Reduce isolation	5	1%
Help with transport	1	0%
Other	45	13%
Total respondents	354	100%
No response	479	

Ideas on how community or voluntary groups may support you to overcome any difficulties you have identified	People who responded they were very unsafe and not very secure or unsafe and not secure	
	Theme	Number
No difficulties/ suggestions	11	21%
Safe place schemes or groups	9	17%
Better policing	7	13%
Advice, support & education groups	5	10%
Improve or repair the local environment	4	8%
Neighbourhood watch or community groups	3	6%
Work together and communicate	1	2%
Reduce isolation	1	2%
Increase community spirit	0	0%
Help with transport	0	0%
Other	15	29%
Total respondents	52	100%
No response	44	

43% of people told us that they had no difficulties or could not offer any suggestions about how community or voluntary groups could support them.

When asked about support from voluntary and community groups, better policing was stated by 11% of people in relation to helping them to feel safe. Safe place schemes (10%) and neighbourhood watch or community groups (9%) were also suggested.

Example comments tend to relate to visual deterrents to crime or the idea that encouraging communities to come together will make them safer and stronger and were:

- “Visible policing”
- “Greater visibility of police officers. More emphasis on tackling minor misdemeanours”
- “A good well run neighbourhood watch group is important”, “develop community spirit”.

Are you healthy, safe and independent?

4.3 Being in control of your own life

11. Please tell us how in control of your own life you are in general?

	Number	Percentage
In control of my own life	660	71%
Have some control of my own life	227	24%
Have little control of my own life	39	4%
Have no control of my own life	10	1%
Total respondents	936	100%
Prefer not to say	10	
No response	34	

71% of people told us that they were 'in control' of their own life with a further 24% stating they had 'some control'. 5% of people had 'little control' or 'no control' over their life.

The table below shows the make up of the people who responded.

Gender	In control	Some Control	Little control	No control
Male	68%	24%	5%	3%
Female	71%	25%	3%	0%
Age Band				
17 years or under	40%	60%	0%	0%
18 – 24 years	47%	44%	9%	0%
25 – 39 years	60%	35%	5%	0%
40 – 64 years	70%	24%	5%	1%
65 years and over	75%	19%	3%	3%
Disability				
I have a long-standing illness or disability	51%	36%	10%	4%
I have no long-standing illness or disability	78%	20%	2%	0%

96% of females stated they were 'in control' of their lives or had 'some control' of their lives. This was slightly less for males where 92% said they were 'in control' or had 'some control' over their lives.

Survey responses seem to suggest that older people tend to feel more 'in control' of their lives. Less than 50% of under 25 year olds felt in control of their lives compared to 75% for those aged 65 years and over.

Similar to the previous sections, those who report having a long-term illness or disability also report lower levels of control with 14% reporting they have 'little control' or 'no control' compared to 2% for those who state they have no long-standing illness or disability.

12. Who and what helps you to be in control of your own life?

Only people who told us that they felt 'in control of my own life' or 'some control of my own life' were asked this question.

Are you healthy, safe and independent?

The answers that people gave have been themed in the following way.



Theme	Number	Percentage
Self	174	34%
Family	165	32%
Being independent	118	23%
Money or income	99	19%
Being in work or education	81	16%
Friends/ Colleagues	44	9%
My home	21	4%
Availability of transport	20	4%
Carers/ Care staff	9	2%
Volunteering & helping others	9	2%
No one	6	1%
Strong community or neighbourhood	6	1%
Faith	6	1%
Neighbours	5	1%
GP & Health Support/ Appointments	4	1%
Equipment	2	0%
Personal Alarm	1	0%
Other	65	13%
Total respondents	517	100%
No response	370	

34% of people told us that they helped themselves to be 'in control' of their lives, with 32% stating family. Only 2% of people mentioned carers and care staff.

People stated being independent (23%), having enough money or income (19%) and being in work or education (16%) as reasons for feeling 'in control' of their own lives.

13. Is there anything that makes it difficult for you to be in control of your own life?

Only people who told us that they felt 'in control of my own life' or 'some control of my own life' or 'little control of my own life' or 'no control of my own life' were asked this question.

The answers that people gave have been themed in the following way.

Are you healthy, safe and independent?

Anything that makes it difficult for you to be in control of your own life	People who responded that they were in control or had some control of their own life	
	Theme	Number
No difficulties/ suggestions	265	44%
Disability or illness	116	19%
Lack of work/ life balance	64	11%
Lack of money	63	10%
Family	24	4%
Having caring responsibilities	17	3%
Children	12	2%
Lack of or poor local transport	7	1%
Lack of independence	6	1%
Being in education	6	1%
Having carers	3	0%
Friends	2	0%
Other	68	11%
Total respondents	604	100%
No response	283	

Anything that makes it difficult for you to be in control of your own life	People who responded that they had little control or no control of their own life	
	Theme	Number
Disability or illness	20	50%
Lack of work/ life balance	6	15%
Lack of money	5	13%
Family	3	8%
Having caring responsibilities	3	8%
Children	2	5%
No difficulties/ suggestions	1	3%
Lack of or poor local transport	1	3%
Lack of independence	1	3%
Having carers	1	3%
Being in education	0	0%
Friends	0	0%
Other	5	13%
Total respondents	40	100%
No response	9	

41% of respondents stated they did not have any difficulties in being in control of their life.

For people who responded that they had little control or no control of their own life, time is a key issue (28%) such as work life balance, caring and children responsibilities.

The main reason given for what makes it difficult to be in control of your life was a disability or illness (21%). This rises from 19% of those who reported being 'in control' or having 'some control' to 50% of respondents who stated they have 'little control' or 'no control' over their life.

Other factors which led people to feel that they had little or no control were a poor work/life balance (11%) and a lack of money (10%). This can be related back to the previous question

Are you healthy, safe and independent?

No response	600
Ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified	People who responded that they were in control or had some control of their own life
Theme	Number Percentage
No difficulties/ suggestions	111 32%
They can't	79 23%
Family and friend support	52 15%
Just being there	24 7%
To listen and offer advice	15 4%
Help with shopping and transport	15 4%
Care support required	12 3%
Better work/ life balance	4 1%
Financial support	4 1%
Better community groups	5 1%
Keeping in contact	4 1%
Help with education	1 0%
Police	1 0%
Other	29 8%
Total respondents	347 100%
No response	540

Ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified	People who responded that they had little control or no control of their own life	
Theme	Number	Percentage
They can't	6	21%
No difficulties/ suggestions	4	14%
Family and friend support	3	11%
Just being there	3	11%
Care support required	2	7%
Better work/ life balance	2	7%
Financial support	2	7%
To listen and offer advice	1	4%
Help with shopping and transport	1	4%
Better community groups	0	0%
Keeping in contact	0	0%
Help with education	0	0%
Police	0	0%
Other	1	4%
Total respondents	28	100%
No response	21	

32% of people told us that they did not have any difficulties or that they could not offer any suggestions about how a people could help them. 14% felt that friends, family and neighbours could not help them over come any difficulties.

People told us that family can help them to be more in control of their live. Details of how were not given. Just being there (7%), listening and offering advice (4%) and help with shopping and transport (4%).

Are you healthy, safe and independent?

Ideas on how community or voluntary groups may support you to overcome any difficulties you have identified	People who responded that they were in control or had some control of their own life	
	Theme	Number
No suggestion/ ideas	165	27%
Being more visible or accessible	21	3%
Advice and education	16	3%
They can't	11	2%
Support groups	12	2%
Transport	10	2%
Help with shopping and household chores	10	2%
Organise activities and hobby groups	9	1%
Financial support and advice	5	1%
Help with childcare	4	1%
Health or disability groups	3	0%
Independence and confidence support groups	2	0%
Neighbourhood watch or community groups	2	0%
Police	1	0%
Other	69	11%
Total respondents	335	100%
No response	552	

Ideas on how community or voluntary groups may support you to overcome any difficulties you have identified	People who responded that they had little control or no control of their own life	
	Theme	Number
No suggestion/ ideas	6	15%
Advice and education	4	10%
They can't	2	5%
Organise activities and hobby groups	2	5%
Being more visible or accessible	1	3%
Transport	1	3%
Help with shopping and household chores	1	3%
Independence and confidence support groups	1	3%
Support groups	0	0%
Financial support and advice	0	0%
Health or disability groups	0	0%
Help with childcare	0	0%
Neighbourhood watch or community groups	0	0%
Police	0	0%
Other	10	25%
Total respondents	26	100%
No response	23	

When asked how voluntary or community groups could help them overcome any difficulties there were a lot of no suggestions or ideas and people who didn't know how voluntary groups could help or did not want any help from voluntary groups.

From those that did offer a suggestion community and voluntary groups needing to be more visible and more accessible (3%) was a theme. There were a number of respondents who

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raised the issue of not knowing what groups were available or even how to find out what was available.

Example comments were:

“Being able to access groups during the evening and weekends”

“A list of events at my local community centre...”

“Knowing where to go for advice if you do have a problem”.

Other replies included general advice and education groups (3%), support groups (2%), activity and hobby groups (2%), transport (2%) and help with household chores (2%).

Appendix I – Individual answers

2. Who and what helps you to be healthy and feel good?

- Me!
- Family, friends, myself
- Myself, eating properly, sleeping properly
- My Children and family
- Family, active in current affairs, good food, weather, gardening.
- Friends, family, colleagues, an enjoyable job and hobbies, a good diet, some treats, mindfulness and findi
- My family, friends and lifestyle choices make me feel this way.
- Family friends and my GP
- Family, Work, Friends and the sun shining!
- Exercise, eating well, happy home life
- Family, up to date at work, exercise eating well
- Myself
- supportive GP & GP practice staff
- being part of local sports clubs that encourage you to get out and exercise
- Regular walks and vitamin supplements. I do these by myself
- Relaxation, switching off from work, reading, walking, making time for myself
- family, friends, loved ones, work, sport
- Friends and family, food, eating healthy
- Bike, rugby, running, family outing
- exercise (walking) and still working
- going out on my scooter and friends I've made here at Bournville. Also the carers help me.
- Family and friends. clean environment, town park and open spaces
- good quality food/exercise
- Families that are supportive (not all are) Weekly visit to a day centre Support from friendly carers Good
- Eating the right foods, excerside (not too excessive), working life and a routine.
- Good food, exercise and pleasant environment to live in. Freinds and family are important factor
- Great family and friends both at work and at home
- Attending Gym regularly and maintaining my weight, good work life balance with quality family time
- Playing sport, having friends, healthy family, in employment
- Exercise, healthy food, pleasant working environment
- Family and friends
- Slimming world
- My family, work.
- good work life balance, direct family assistance
- my kids
- Family support and local leisure facilities (ie: Council gym)
- exercise and being outside in the fresh air
- My friend #####, my hobbies and volunteering
- pets and family, interesting work, financial security

- Family and friends
- Exercise and my family
- exercise, good food, taking care of and being a good example to my children.
- Lost a bit of weight and starting to look better.
- Care in what I eat and general exercise (most mornings when not working)
- My husband and I have recently started a routine where we exercise atleast 3 times a week and we support e
- I am concerned that I have a job which requires me to sit down for most of the day. Walking to and from w
- My family & swimming facilities
- Socialising, good food, fresh air, movement, cleanliness, purpose, peace.
- Regular exercise, eating a healthy diet (most of the time.) Not smoking.
- Eating sensibly, rewarding job and time for hobbies and interests.
- Gym membership keeps me healthy. My family make me feel good.
- Food and Friends
- Living in a pleasant,quiet area with woods nearby. Walking the dog. Good neighbours.
- trying to eat as healthily as possible, geriatric version of power walking (maximum of five days a week)an
- Having excellent neighbours is a great bonus for both me & my wife
- Family, friends, work colleagues. Secure, enjoyable job. Nice home in nice area. Fresh air and open spaces
- I am fortunate to have a loving family and friends, worked almost 50 yrs, got a reasonable pension, no deb
- myself and family attitude to life
- Gardening and walking our dog
- the support of my GP and my pain medication
- Golf, gardening & walking
- my wifes care and attention and my regular visiys to Headway on a Tuesday and Thurday, meeting people I kn
- my wife assists all the time like to get and sort my tablets and also my meals
- don't know
- kids make me feel good
- My partner, walking, fishing
- Family support, Headway Shropshire, hosppital services
- no one
- my mother, going to the gym and swimming
- My husband. Attending Headway centre makes me feel good
- Family
- It depends
- Cooking for my two little boys makes me think about what I/we eat. Taking them out with the dog and gettin
- No one
- Family, friends and diet
- Cycling and green spaces
- Access to arts and culture - Telford needs more arts and culture opportunities to support local people's w
- Prescibed medicines for a cronic condition. Telford parkrun
- Happy with my job and part-time work. Enjoy hobbies.
- Myself

- gp friends slimming world
- My family and having them around me
- Healthy eating and exercise.
- Spending time with my family. Exercising.
- My diet and family
- Healthy eating, no one helps
- Family and friends and Colleagues keep me feeling good. Hospital, GP, Dentist, Optician all help to keep
- Joining a Local Weight Watchers group and participating in Zumba and Piloxing
- My Family and friends and spending time together.
- my partner and staying hydrated
- My family, healthy diet, exercise and if my children are happy
- Exercise and looking after my diet
- Myself and my immediate family. We try to eat healthier and take exercise and, we do things we enjoy.
- Slimming World
- Family, exercise and balanced life
- I look after myself, but I do also have a good support network of friends and family around me.
- self and way I am in my life wider understanding of self, balance and well being
- husband
- myself, fresh air and exercise
- Myself, my family. Exercise & good diet
- leading a healthy life style, eating sensibly
- being in good health and volunteering and keeping involved with groups. Also mobile at present although am
- Good health, friends & family
- Bike riding
- No carbohydrates
- good food and exercise
- Exercise. Diet
- My son, running around after him keeps me fit and busy.
- Being active, eating well and socialising
- Family & friends
- Active life and absence of any illness
- Avoidance of stress
- I eat healthily and exercise daily with my dogs. I'm self-employed and still working. My mind is alert and
- I eat healthily and walk and play outside with my children
- My family and environment
- Healthy diet and exercise
- myself
- I just do
- prescribed medication for High blood pressure, heart failure and abdominal aortic aneurism. Good family su
- Cycling
- Sufficient pension to be able to get out and about. Caring neighbours and friends. Very good family docto
- Husband, walking the dog

- Regular exercise and a healthy (ish) diet
- I enjoy being outdoors and I love ski-ing. The dry ski slope at Madeley, which I attend twice a week. is
- regular exercise, low stress levels at work
- Exercise, diet, rest and plenty of activities to keep the mind and body active.
- my diet, my fitness levels, choice of activities life style - work life balance, friendships, personal ha
- Running has helped me feel healthier.
- Regular check ups at GP
- Myself and my husband .Eating healthily and walking
- First of of all, family relationships, but also friendships made through belonging to Telford Quaker Meeti
- Vitamins and hzving a space to walk the dog to be fit
- WALKING DOG IN TOWN PARK,GARDENING SLIMMING WORLD
- Family and friends, sensible food and exercise
- Self motivated and i can afford to eat well and sensibly
- my family
- Walking my dogs. I'd like to say eating healthy foods but I do like cake and sweets/chocolate. I am a ve
- myself
- ##### like go Telford town centre my favourite stores in gamre sports direct carphone warehouse Asda
- Me
- KEEPING ACTIVE AND EATING WELL
- Regular walks, meeting friends every day for coffee, plus gardening
- Working and keeping budy
- Doctors,family,friend's,
- Exercise and balanced diet
- me and looking after myself
- Family life. In good general health. Economically self sufficient.
- ##### work & exercise
- Environment. Friends. Famiky. Eating and exercising. Excellent g.p.good medical support. Internet informat
- Gym, food, family, work
- Eating healthy, exercise and working.
- Exercise
- Good food, healthy exercise, medical care when needed, sufficient income, friends & family
- The ability and resources to play sports, the environment for walking and the people to look after recreat
- Family, friends, work
- My Christian faith, my family, a job I enjoy and managing to exercise regularly.
- Good diet - some exercise - family and friends
- Healthy eating, active lifestyle and a great believer in Everything in moderation.
- Me, my choices and my lifestyle
- The right medications, ability to get out and about and meet friends. Ability to do things for myself as a
- Myself. Ensuring I do a bit of exercise and eat reasonably healthily
- Me

- My wife and I eat healthy foods and play a lot of sport. We are both physically and mentally active.
- myself
- Family and work keeps me busy
- The opportunity to go out cycling on the many miles off off road cycle routes throughout Telford.
- myself, friends and family
- I look after myself, try to eat proper food (although difficult) and walk everyday if possible (poorly leg
- quiet, space, light
- Painkillers, keeping busy and reasonable exercise
- Good service from local doctors practice and having a good hospital close by. Also good local resources li
- eating right things. I keep fit by walking to work.
- I have no serious illness, eat well, have enough money, a family and social network.
- i attend a gym at work daily to exercise, also play a lot of sports, stick to a sensible diet and avoid ea
- myself
- Family and good food and regular exercise
- My family, neighbours and sometimes the weather!
- Adequate income, exercise, good social life, minimal debt.
- support from hubby ,
- Nice house, good food, good friends, decent job
- Doctor and surgery staff.
- Do have health issues but still feel good about life. My husband is a great help, in fact we help each
- Lots of hill walking and swimming, and keeping busy
- Lawley Running Club and Telford parkrun
- Eat healthy food and use recipes from Slimming World and also use Councils over 50 swimming scheme and go
- Regular exercise at Wellington Leisure centre
- Sensible eating and plenty of interests
- As a couple we eat fresh food and have moderate exercise
- Family, environment
- Family
- Family, healthy diet and regular exercise
- Walking and general physical activity.
- Sensible eating and attending evening Aqua classes at Newport swimming pool
- Exercise, good diet
- Walking and gardening with plenty of diy
- Body balance, zumba, pilates
- Regular exercise
- my own personal motivation, family support and a good upbringing and the fact that I have made good life c
- daily walk on the Wrekin
- As a family we look after ourselves and each other, eat healthily and take exercise.
- Sensible eating, walking my dog & the love of family & friends
- nobody apart from myself and having lots of relaxing time
- Eating/drinking right, moderate exercise.

- My Christian faith,my friends and regular swimming at a local hotel because the pool is warm.
- Family and healthy diet and lifestyle
- My wonderful wife.
- exercise, including partaking in sport once a week, gardening and helping out with work on the field
- We have a good diet, and walk our dog every day. We also enjoy a variety of interests, and are mobile.
- Family make me feel good and doing healthy things, like eating right and doing exercise make me feel health
- Good food and exercise with holidays to relax
- Work outdoors
- Walking my son to school. Making use of local parks - we love spending time out doors and make good use of
- My own health routines and eating good home cooked food
- I am retired, have osteo-arthritis and will soon have a second hip-replacement. However, I keep active an
- Walking dog & happy life
- Family keep me happy and dog (and cycling) keeps me healthy. I try to be good with my eating but....
- Making the most of my time outside of work to unwind keeps me sane. this includes plenty of exercise, bein
- Being outside, family, weather, sleep, friends.
- exercise bike my own and walking
- Myself and clean air to walk in
- Walking, cycling, dancing, socialising, weekly Park run, cheap veg at Aldi
- Friends and family/job satisfaction, regular exercise
- Eating good fresh food, and now walking more than I used to. Having a loving wife and caring family living
- Regular Exercise and healthy food
- no one
- Family and healthy relationships, exercise, meditation/prayer
- My loving wife and family
- Going to the gym. Attending Activities in Action. Watching sport. Learning to play guitar. Following health
- Medical check ups and family support
- Me and having the money to buy decent food. I force myself to go for walks etc and have stopped smoking to
- Walking dog, good food
- My Dog and the free swimming in the pools
- Sports, healthy diet and social life
- healthy cooking with guidance of slimming world and some exercise through stirchley rec centre/brookside (s
- Work and family
- Regular exercise and eating sensibly.
- Going swimming and to the gym once a week.Working outside on the Severn Valley Railway.Monthly walks with
- Family & Friends A varied and healthy lifestyle.
- Going to the gym

- I currently have or need no help. No smoking, moderate drinking and relatively healthy eating (lifelong ve
- Myself and family, although I do worry about the future as health deteriorates with age
- I use the gym and eat well
- I look after myself well, have good friends & family and have a decent pension. I love living in Shropshi
- Rugby and working in our office
- Me and my daughter and just being positive and too busy to be unhealthy and grumpy!!!
- not having too much stress helps me and i find that having flexi time gives me the opportunity to have a br
- Counselling, Medication and bootcamp.
- We look after each other, as otherwise, we would not be able to live as comfortably as we do
- Eating the right foods and exercising, sadly I dont get as much time to exercise as I would like
- FRIENDS ABD FAMILY, EXCERCISE AND GOOD NUTRITIONAL FOOD
- exercise 6 days per week. Fitness instructor. Eat healthy
- diet and exercise
- Friends, family and access to activities
- Working, volunteering, socialising but also having time to do things at home. ie a work/life balance.
- My mom and friends, eat healthy and long walks
- eating well, zumba classes, volunteering in the park
- Eating well (most of the time)
- Exercise, being kind to others, a balanced and rounded view of life
- Eating right and an active lifestyle helps me to be healthy. Decent friends and family help me to feel go
- My loving wife and family
- Going to the gym, watching sport, learning to play the guitar, attending Activities In Action, following h
- Medical checkups and family support
- The staff help me to feel good. The food is quite good
- The care staff where I live
- Eating well, doing some exercise
- Friends, family, diet, exercise, but mostly being in a social situation
- Cooking healthy and being supported by fmaily, plus volunteering and meeting people
- Eating well and exercise
- walking, food choices
- lifestyle
- Myself
- eating well and exercise
- Mainly the food I eat and going for long walks to burn it off
- Exercise makes me feel good, going on holidays, meals out etc
- My mom, eating healthy meals etc
- I can do a lot of things that I want to do, what I know I can do
- Keeping active
- Myself
- pretty healthy and on meditation
- Daughters support, good at looking after myself. Have support from a care agency

- Havign prescriptions. To go out. Communicate with people
- myself
- eat well and try to ge out and about
- Having 2 children that look after me. Eating the right food
- Movign to new home and carer makes me feel good and happy
- Exercise and healthy eating
- Plenty of exercise walk dog, social life, unwind a lot
- Have good and bad days getting plenty of sleep helps
- Positive and upbeat person - CNRT therapies Health & Social Care Services loking at improvemnets in my liv
- congregation at chuch helps
- independance, fmaily, work and social life
- wife, friends, family
- Exercise, keeping mind working by volunteering and reading, walking the dog, skiing, taking the tablets
- Doing things outdoors and eating good food
- Fitness equipment / walking / family / helathy eating
- walkign, gardening, socialising, fresh fruit and veg
- I eat plenty of fruit and vegetables and look after myself
- Stress free retirement and outdoor activities
- nice people and environment around me
- me, general attitude
- children, holidays in caravan, family in general
- no one
- Active, taking interest in family and friends
- Tuesday Club Dawley and Lunch Thursday Dawley Restroom
- Independence
- Family
- Husband, lifestyle and environment
- Me, my family and friends
- Family, church, clubs, gardening
- Being reasonably active. Taking care of myself with healthy diet and exercise
- My carer and support worked and my friend #####
- Family, carers who support my husband
- Being happy, eating well, walking
- Exercise and decent diet
- Good family life, hobbies (gardening for food), volunteer committee work
- Self and wife
- Diet, exercise
- Exercise, walking our dog
- My wife, having a hobby, running a worthwhile business, reasonable healthy diet
- Myself with diet and exercise
- Spouse, exercise and financially secure with job
- Good food and keeping active
- Local health practice very good, family healthy and trouble free
- Interesting part time job, good healthy diet, member of various charity organisations, support from family, feel valued
- Friends and family, free swimming for residents
- General well being, employed, cycling on occasssions

- Playing sport (gold) and walking, watching what I eat
- Family, friends, walking my dog
- By eating sensibly and trying to have 'five a day' on most days
- My husband helps me feel healthy and good. We do most things together and talk about everything. We try to eat sensibly 5 a day etc. don't smoke or drink much alcohol and walk, keep our weight down
- Exercise and my family
- My family, exercise, a good diet, my GP if I have a health problem
- Family, friends, working in community, exercise
- Home contentment, exercise (walking and gardening)
- Use of my allotment, prescription drugs (diabetes type 1), general fitness
- Family, sunshine
- Walking, exercise and healthy diet
- Walking, being stress free
- Eating healthy
- Wife, decent income, health, awareness of its value
- Walking when I can, getting out of the house, going on the bus or on the trains
- Regular gym visits and caring for sick wife
- Prompt medical attention when needed, access to open spaces, pet ownership
- Exercise regularly and eat good food
- Eating a balanced diet, walking
- My wife
- Regular exercise, dog walking and gardening, eating well and keeping my weight down. Socialising with friends and husband
- I'm on Weightwatchers at Admaston House every Weds afternoon/evening. I enjoy walking. I try to eat healthy
- Exercise and eating well
- Keeping active, plenty to do (NB - too much to do puts a damper on it)
- Good wife and healthy living
- My doctor and eating healthy foods help me be healthy and feel good
- Being positive about life, being active and having good friends that in turn leads to a good social life
- My wife and family, being a member of a choir, volunteering work. Being independent and having good pensions
- My partner and a healthy lifestyle and interests
- Close family and friend
- My daughter who helps me a lot around the house and my passtime being a Town & Parish Councillor keeps me fit . My diet also keeps me healthy
- Regular exercise and activities
- Good diet, exercise, positive attitude
- Lots of exercise. I am running three times a week Use community exercise programme
- Balanced diet, family, being physically able to do things and laughing as often as possible
- Good diet and regular exercise
- Sensible eating and drinking. Everything in moderation, including sex
- General exercise and my family, getting out and about
- Healthy eating, exercise, knowing that living in sheltered accommodation help is available through housing and care 21. Meeting other residents
- I am reasonably active and eat well

- My friends and the CBT therapy I went on. Doing physical activities like gym, zumba, teaching swimming
- My wife and I both walk and eat healthy etc
- My family and dog
- Warm weather, good food, accupuncture
- Green spaces, my garden, just come through a redundancy situation at work - very stressful
- Annual checks with GP for liver, prostate, kidneys, BP etc. Annual checks with optician. Happy and close family life. Regular exercise
- Regular exercise, eating well and sensibly, a good relationship with my wife
- By living a fairly healthy life in many ways
- Eating healthy goods, fruit, fresh air with my son
- Friends, wanting to feel and look good
- Staying active, walking dog, gym, being well
- Good food, exercise and good access to medical care
- Eating well, exercising, keeping in touch with family and friends. Socialising. Little or no stress, walking and getting out and about. Good relationships
- Myself, good diet, homecooked food
- Health services - I have a chronic health condition and it is the care from the medical practice which maintain my health. Maintenance of part facilities, walking to maintain health
- Good food as well as regular exercise and helping out in the community on projects like the community garden
- Walking, gardening
- Myself, my home, my family, my hobbies
- Doctors surgery - seen same day - good liaisoning with other health professionals
- Medication and gentle exercise
- Work, grandson, exercise, national trust
- Having my own home and enough money to pay my bills and eat well
- Having a good doctor with easy access and good sources
- Art classes, family, able to drive, gardening, friends, bus pass, able to get about and getting a GP appointment with needed, access to library and senior citizens forum etc - if needed
- Not thinking about your age and keeping busy and active
- I do exercise programmes (DVD) and try to eat healthily
- T&W gym and swimming, environment ie clean safe streets
- An active lifestyle including golf
- Good diet & healthy lifestyle
- I have an old rugby knee injury which is now arthritic. However the NHS treatment I am currently receiving from Donnington Medical Practice is excellent
- Good food, family, hobbies
- Luck mainly, but I do not eat junk-food. Walk (not far) everyday, have a full social life and several hobbies - there are not enough hours in the day
- Cycling all over Telford and Shropshire (no car) and eating sensibly
- Family, exercise and healthy eating and living
- Good food and exercise
- A busy life
- I am a volunteer to the National Trust at Attingham and Sonnycroft, this helps my fitness. I self medicate to avoid rushing to a medical practitioner for the smallest thing
- Knowledge of what to eat and do. Friends and partner make me feel good

- Exercise, eating well, a good income/job, having the support of family, friends and church, a good NHS
- Exercise and countryside
- Just generally lifestyle
- Free swimming sessions. General advice and health care from my doctor at Stirchley Medical Practice
- My family
- My own positive attitude, friends and family. An understanding and helpful doctors (and medical practice). A feeling that the NHS is general and my local hospital in particular are there when I need them
- Good food, moderate exercise, my wife and my family
- Good diet and exercise (gardening and dancing)
- Family, especially mum
- Secure and confident lifestyle, eating healthy, good support from local doctor when required (Dawley Medical services)
- Good job, great family and happy to be from Wellington
- Myself
- By sticking 2 fingers up to Cameron who's trying hard to kill us old buggers off
- Good diet, regular exercise, low stress levels
- Family, friends, employment, walking dogs (Telford has fantastic place to walk)
- Family is important to share pressures of life and work. Telford is also clean and it is good to walk through some of its rural areas. Nice to be outside with the wildlife etc. It is important as a way of relieving pressure and stress
- Keeping active by looking after children, walking
- Try to eat balanced diet, walk whenever possible, e.g. into town, after evening meal go for long walk
- Good food, plenty of fresh air. Good friends, pets
- Sensible diet, good healthcare available
- My own doing (carry on working after retirement)
- I feel healthy but I am on medication regularly
- Regular exercise and eating healthy
- I eat sensibly (most of the time), go to the gym at Abraham Darby when not working. I try and keep busy
- Who - family and friends. What - social gatherings, walks, gardening, work, football (spectator)
- Exercise
- Aged almost 81, I have always had a positive 'can do' attitude and am still reliant on nobody. Regular exercise with walking, DIY and gardening etc does the trick
- My wife
- The life I'm living
- Able to access open park to walk my dog
- Regular exercise at Leisure Centre and sequence dancing at local Community Centre
- I feel safe/secure in the area I live, with friends in the same age group, for support
- Sport i.e. golf and walking
- I try and eat a healthy diet. I do lots of walking which makes me feel good
- Walking the dog, healthy food
- My medication, my family and daily exercise (walking), friends
- Lifestyle, entertainment and social conditions
- My wife, my lifestyle and a few cruise holidays each year
- Lifestyle

- Own wellbeing, eat properly
- Not applicable
- Good diet, some exercise, no chronic illness
- Daily exercise - walking, mainly mediterranean diet, Tai Chi, singing groups
- Healthy eating, walking a lot
- Healthy food and active life help to be healthy and feel good
- Family, circumstances, lifestyle choices
- Wellington leisure centre health trainer
- Myself, correct diet, exercise, keeping active, contentment and of course, financial security
- Belonging to various clubs including a walking one that has like minded people involved
- Myself - positive attitude and have never expected something for nothing!
- Standard of living, husband of 52 years, active social life, my dog, my car, my caravan, my extended family, my good health, active brain, feeling that my life has been productive and worthwhile
- Eating healthily, going to the gym, swimming, walking the dog
- Myself and family and friends
- Physical activity
- I take part in indoor short mat bowls one afternoon a week. I am also an organiser of a daycentre for Age UK one day a week. Being a pensioner doesnt mean you cant have an active life. There are lots of older people on there own who benefit from attending centres like the one I run to engage and socialise with others at least once a week.
- By eating a healthy diet and getting a bit of exercise by walking
- Keeping busy
- Having family and friends nearby to call on. Living in pleasant environment with minimal noise nuisance and pollution. Access to pleasant, safe, local walks and nearby leisure amenities and shops which sell good quality fresh food at affordable prices
- Good family relations, good neighbours around me, living in Telford with good entertainment places, plenty of green areas around my house, good bus services
- Former serviceman so I keep fit anyway. Happiest bloke in town 'cus I'm getting divorced!) I wish I'd been able to do it sooner
- I find my doctor very helpful and I like to play golf twice a week and meet up with my friends
- I am 82 and disabled but still feel healthy, reluctant to use a wheelchair, very independent but still unaided. Use the Wellington LS gym 2 or 3 times per week for an hour at a time. Blood pressure is fine together with blood sugar count etc etc. Not prepared to get old !!
- Good food, access to free health care (NHS), access to countryside, good community, family and friends
- Myself and my family
- Good health, group walking 4-6 miles per week in the countryside which enables me to talk to others along the way. Nice place to live, green spaces
- Family and friends
- Travel and visiting friends
- Good health and family, varied interests
- Sensible diets, participation in outside pursuits, principally to caring wife
- Enjoying life
- A good doctors surgery and health service (NHS), regular exercise
- Eating good food being happy
- I live on my own but ensure that I have my 'five-a-day' and oily fish. I also visit the gym twice a week and swim

- My family, friends, the area I live, Greenfields and walking the dog
- I eat mainly healthy foods, only occasional takeaways, don't snack and regularly exercise. I have a good bed-time routine. SIMPLE!
- I have strong family ties. As a family unit we all exercise - I run 2/3 times a week with Lawley Running Club.
- Eat well, help with gardening by next door couple
- Swimming (thanks for TLC card), walking, cycling (would do more if more traffic free routes available)
- A good husband and a fairly comfortable lifestyle
- Healthy - good affordable food choices from farmers markets to variation of supermarkets. Wide open spaces to enjoy leisure time with family and friends - green uplifting spaces - car free areas
- Exercise, sports, healthy eating, good work life balance, happy family life
- I go to the gym twice a week and work out and eat healthy food etc, do not smoke or drink
- Ourselves, eat plenty of veg and fruit and keep moving doing DIY, walking, garden. Sensible diet occasional treat and a drink now and then. Rarely go to doctor, no pills or anything. I am 72 next birthday
- Having my husband living with me, eat three meals a day, take tablet prescribed for you at the right times
- Going to zumba and Yoga classes regularly and taking up a new challenge or interest each year - this year learning to scuba dive
- A full and active social life
- Road run around Ironbridge/Madeley at least twice a week. Attend gym 3 times a week. Enjoy gardening
- Family, friends, environment
- I look after myself
- Life style
- Medication, good weather, peace of mind, preventative medical care, fresh air, good wife
- Eating and healthy diet and generally looking after me and my partner who is on home dialysis 3 times a week. We try to go out to eat once a week and have the occasional treat
- Family, friends, looking after my health and financial stability
- My involvement with the community I live in
- Just retired, enjoying walking and watch diet
- The support of a wife and family
- Go to gym/ working in my garden, try to eat a sensible diet, though I have a kidney disorder I consider myself to be healthy
- Family, friends, opportunity
- Family, country walks and being generally upbeat
- Walking and going on holiday
- Exercise.
- I largely help myself, by eating well and trying to be as active as I can
- My husband of 46 years, volunteering to help people worse off than myself, and for the public good. Meeting up with friends and family
- Being able to walk the dog and get away from the mobile phone and the tv.
- Good food and lifestyle
- Walk the dog every day and try to eat healthily
- Plenty of outdoor activity like hill walking and gardening
- Being busy, doing exercise and going to work.

- Diet and exercise
- Keeping fit and enjoying leisure time with family and friends.
- Good diet, keeping active
- I have a good Dr who helps if I ever have anything I want checking or testing or more information on
- Well balanced diet and exercise at the gym and walking with my husband.
- Keeping active, being busy, being useful in my retirement. Helping out at charity shop and other charitable events.
- Happily married, wealthy enough for comfort, good health so far.
- Open space no congestion and clean public areas
- Good food, exercise and able to sleep well
- Walking the dog twice a day & watching my diet/weight.
- friends, particularly Bridge friends, and playing well
- Exercise with Golf and having pleasant surroundings .
- getting out and about, meeting friends, family activities, sunny days, a decent exercise class, art group
- GP attitude to life financially comfortable at present
- play golf as often as i can and look after my health
- Fairly active life, large close family and variety of interests.
- good food and walking
- Access to open spaces and countryside.
- Healthy mind, healthy body. I also play football which keeps me fit.
- Earning my own money Being independent Hobbies Healthy eating
- Exercise, spending time with family and friends
- The dog always needs walking
- Good quality and balanced home cooked food and diet with daily exercise
- Eating right, exercising and socialising. Spending time with friends and family.
- Healthy eating, Dog Walking, good lifestyle
- Walking Dogs and eating healthily.
- Walking and cycling and good luck
- Friends and Family Work Exercise
- Myself and my approach to life, my family and friends
- good diet.
- Thinking positive.
- Keeping fit and eating healthy
- The weather, exercise and sport.
- Keeping active, carrying out manual tasks
- When I am happy in my job and have good work/life balance leaving enough time and energy to do activities to keep me fit.
- Family exercise leisure time good weather!
- Healthy eating, enjoy my job.
- Despite serious health problems I just get on with life in general. I have support from my family but also try and live a healthy life and be as active as possible.
- Fresh air
- Eating well, drinking in moderation and getting plenty of exercise.
- Outdoor recreation. Social life
- Healthy lifestyle, exercise, never smoked and drink occasionally in moderation. I also make a conscious effort to get out a visit places, gardens, theatres, etc.
- Being a carer for my wife, if she feels better then it makes me feel good.

- Firstly tablets ! I have to take tablets for a heart condition but I am fit enough to walk , jog , swim etc and my diet is good. Being able to getting out and about and especially to be able to walk in the countryside is the most important thing that helps keep me feeling well.
- No time to feel unwell, full time work house chores, family commitments and Grandchildren to enjoy.
- Good communications between doctors and hospital facilities when ill or in need of an operation.
- My job which is physical. All meals are cooked from scratch.
- I look after myself, eat a healthy diet, watch my weight and exercise everyday for 50 minutes to keep fit.
- Warmer weather and more sunshine. Being able to get out into the garden, watch bees and butterflies and visit more friends. Able to get out generally to shop, visit library etc. Having a long-life partner. General good health.
- We grow our own vegetables and I attend Pilates and fitness session plus walk our dog most days
- Eat sensibly, exercise regularly and use gym for 3 sessions weekly including circuits and pilates
- exercise, family and friends
- Relaxed retirement
- Doctors, Diet, Alcohol.
- Exercise
- Active life & minimizing stress. Good nutrition. Living in a rural area (while it lasts).
- I help myself by eating sensibly, exercising a little and staying active and busy in my retirement.
- I go walking.
- regular visits to the doctor. and my medication.
- Open green spaces to enjoy running and cycling.
- Volunteering and a healthy diet
- Sensible diet, exercise, interaction with friends, great relationship with spouse.
- Bit of recreation and activity, feelings of self-worth.
- I do.
- daily exercise, good food and my Christian faith
- sunshine and a nice day
- Walking dancing etc with friends and family
- being able to get out and about with family and friends
- exercising and watching my diet
- Good food, plenty of places to get free exercise. Family being healthy too.
- Being retired from work. I was spending a lot of time travelling, have a chronic illness that was difficult to manage with the demands of work. Having a wonderful family and feeling very loved is part of my wellbeing.
- My wife and children. My hobbies and interests.
- Going out walking
- I walk 10+ miles per day, either for pleasure or whilst working part-time for the National Trust in the Shropshire Hills. I have a good social life and can eat well with a healthy and balanced diet which ensures I regularly exceed 5 portions of fruit and vegetables a day.
- Exercise, Gym, Nordic Walking.
- Family, easing well, going for walks

- Exercise and coached sessions at my gym. Cycling is my main sport I am a member of wrekinsport cycling club and enjoy going on club rides. I participate in time trials cyclo cross racing and mountain bike XC racing. I
- Active lifestyle and good diet
- Diet and exercise
- No financial worries - income exceeds expenditure
- active life, play golf regularly. have a holiday caravan on the south coast, where we spend up to 3 months of the year.
- The Wife. Playing golf. Happy family
- Being active
- Eating well & getting plenty of exercise Being able to pay & support myself financially
- Dog walking
- being outside playing with my family, bike rides etc..
- My wife and family, doctors and staff at Wellington Road surgery Newport. B12 injection every 3 months and the fact that I have survived stomach cancer for 11 years. Going to the Gym and keeping as fit as I can.
- Family and friend, GP,
- Getting out into fresh air. Walking most days.
- Walking
- Exercise, a decent diet and no money worries.
- Having a job, good relationship with family and friends, money to help me enjoy life
- Ability to get out & about walking the dog. No pains
- diet, exercise, the nature of my job
- Eating well, exercising, interesting job, good family including pets, nice spacious home.
- Me.
- Access to the countryside.living in Ironbridge...eat well...exercise regularly swimming and jogging or walking
- My husband and medical services
- I am a volunteer and participant in the wonderful Telford parkrun and Telford Junior parkrun. A member of Telford Harriers and a founder member of Telford Canicross Group. I take yoga classes once a week and practice yoga every day. I believe strongly that physical well being helps with mental well being.
- Better and more informative information from food suppliers I'm really impressed with Telford and Wrekin's decision to put adult workout apparatus at playgrounds. That means I can take the kids to the park and get a work out myself! School dinners have improved and the information supplied on menus means I can plan better i.e. if I know the kids won't eat something I know in advance and can arrange a lunchbox so I know they have eaten rather than refuse a meal at school
- The right food a safe enviourment and a happy home.
- Eating healthy food. I have a physical job. Taking cod liver oil and glucosamine.
- The dog always needs walking
- Cycling to work. A young family
- Family, friends , gym , walking group.training. NHS
- I am a member of Telford Athletics and a regular runner and volunteer at Telford parkrun on a Saturday. I also run races most weekends. The town park is a real asset, as I often travel there to run/walk my dogs. I also have swimming lessons at Wellington on a Monday and attend yoga at Admaston House on a Monday evening.
- Wife, lifestyle and work/life balance.
- My dogs and going to the Gym

- I have a healthy lifestyle, walking 10 to 12 miles per day with my dog, making use of the countryside around Muxton and Granville Nature reserve. I have excellent neighbours with a good community.
- Exercise, not too reliant on the car. conscious of the food i eat and amount i drink. Don't smoke anything.
- Eating well and exercising, having a caring family
- try to be positive and mantain healthy life style if possible
- Regular exercise and gardening
- Walking with my wife in traffic free areas is what i like to do but with all the building that is going on in Telford and in particular around Wellington it's not so easy to go anywhere that is traffic free especially around the Wrekin.
- I have always led a healthy lifestyle. I have NEVER been ill at all throughout my life but was required to have a full medical (Incl EEG, ECG, Hearing check, and Eyesight check as mandatory requirement of my job every 6 months! So I have always been assured that all was well so have never had any worries. Never smoked, drink only in moderation, when younger I always led a very physically active life (now in my 8th decade), and was subjected to quite a lot of adrenaline almost daily for most of my working life. Now have the odd bit wearing out th
- I walk a lot. which keeps me focust and sane.
- Comfortably off, good weight and lots of exercise. Nice place to live.
- Eat reasonably well most of the time. Walk the dogs twice a day.
- Quality food and exercise.

Appendix II - Individual answers

3. Is there anything that makes it difficult for you to be healthy and feel good?

- Get a bit lonely sometimes.
- No
- Work
- Money, buying fresh produce. Time, lack of sleep
- time
- Unavoidable stress. A disruption to the the work/life balance. Illness - my own or that of my family. Being too busy, which leads to poor choices in diet and lack of exercise/downtime.
- Finding time to exercise can be difficult and I don't like it either
- Arthritis, lack of money and work
- Council have dismantled the T&W Community Health Team who ran programmes like Why Weight for all groups - not just Children as now run by council
- Acquired brain injury as a result of a brain tumour restricts some of my movements
- I feel unhealthy due to be being overweight. I went to docs to see about weoght loss pills but they won't prescribe them until you lose weight first so fighting a losing battle.
- for me its the lack of community, family and emotional togetherness. i am from an african backgroud so where i come from family, neighbours and even strangers will assist
- If I feel isolated, no one to talk to, share experiences.
- No
- work pressures, bad eating habits
- Low salary and high bills
- Demands of work
- Unable to get about like I used to. I have had my large intestine removed which leaves much discomfort. My left hand is very weak.
- long term medical conditions /family members not living locally / concerns around responsibility for or not being able to keep an eye on and look after frail elderly family members who live 2 - 3 hours drive away.
- long work hours - sometimes too tired at the end of the day to excercise. easier at weekends
- Not really
- boredom
- Food / keeping narrow minded
- cancer
- television and pizza
- Unhealthy foods such as McDonalds and TV
- fitting in the time to do exercise while working
- I have cerebral palsy and I can't walk as we;; and I struggle to get in and out of bed. I can't stand for too long
- No
- Work pressures and constant awareness that restructures will happen Parents health and how to support them (live an hour and a half away from them)
- Asthma and overweight
- no
- Not knowing if I will have a job.

- Illness - particular mobility problems. Difficulty in making a doctors appointment and then transport to surgery due to mobility problems. Lack of time and consistenct of carers
- Low moods which can have an impact on what you eat, how much sleep you get, and self esteem.
- time constraints looking after children and elderly mother
- Getting older
- Lack of sleep and too much to do round the house and garden myself
- getting time to attend the gym while balancing work and home committments
- Some time constraints can make it difficult to fit everything i would like to do in to my daily life
- no
- Sedentary job, shortage of time for exercise
- Lack of time, in work too many hours, stressful work environment
- Money
- being over weight, but not confident in exercising in public
- Healthy eating is not affordable to the the working/lower class. A packet of biscuits at £0.20 or a small punnet of blueberries for £2.00.
- Caring for young adult with autism is tiring, demanding and impacts on my working life. He received minimal respite but is dependent on adults to support him in all areas of life, this means I have very little time to myself between my work commitments and his care requirements. We are also now responsible for assisting both sets of our parents as they are increasingly elderly with care requi
- work
- Price of healthy food compared to 'comfort' food
- bad weather and lack of money
- not as much social life as would like now have less invlovement with the kids as they grow up
- There aren't many places to go for a stroll as everywhere (at least in my area) is built up and intersected by busy roads. Majority of designated fitness areas are antiquated.
- arthritic problems and depression
- If you are not very mobile you need good public transport.
- Lack of events in my chosen sport for exercise.
- Always a cost implication and spending the time to walk and cycle instead of driving has an impact.
- Pressures at work and anytime generally feeling low, as I comfort eat.
- No
- Overlong commute to work, very stressful job in deteriorating work circumstances, difficult to find time to unwind. Cannot find time to exercise on a regular basis, if at all. Very time poor. Very stressed at way social care is going, wonder if it is a political plot by central government to destroy the welfare state, so conclude that there is no future for social care.
- currently having a health crisis and supporting family members who are also not well which means I do not feel as good myself
- When times are stressful I am more likely to eat and drink more, although since losing weight I am less inclined to eat rubbish.
- Working full time and having a job which requires sitting down working on a computer for the majority of the day
- Difficult to access busier and nosier areas eg. fitness centres. Very over=whelming for people with autism / sensory issues

- Adjusting to different routines, stress, lack of information
- Chronic Illness
- Price of gym membership for general health improvement not weights etc
- time
- I sit down at work all day, also at the end of the day I dont always feel like exercising.
- Lack of support from GP regarding menopause and thyroid problems
- Work life balance sometimes
- Not really. We have choices and i choose my health....most of the time !
- Yes battling to loose weight
- No
- No
- lack of opportunities to get involved or see things like arts and culture that might inspire or uplift or help feel good
- Living alone and feeling isolated.
- beginnings of arthritis in both hands, right hip and left foot.
- exersize difficult but possable also metal health issues I also have spinal problems and knee and leg problems for which I wear a brace.
- Getting regular doctor appointments. eg last week my wife had major problems with her diabetis. She regularly has to insulin inject 5 times a day plus taking tablets, but recently she has had quite a few 'hypo's' with some very low readings. Because of this & also because we are soon to go on holiday, I said that we needed to see the diabetic nurse. We My wife was told that the first appointm
- No
- Weight. Job
- Seeing those less fortunate than me being penalised for being poor, cutting support where needed. I accept there are spongers but I have worked where some low paid folk have been realy swindled by their managers.
- Constant restructures at work (Council)
- job insecurity
- Could possibly do with the cost of gyms to come down in price. The prices are a bit steep if you have a family
- Medical problems
- not really I believe that a positive mental attitude helps I may suffer pain on a daily basis but I try not to let it interfere too much if I take my medication and stay as active as possible I manage
- no - I'm just getting older
- Working continually at a computer affects my neck and shoulders
- work life balance
- strange places and crowds and the feeling of isolation
- Lack of motivation, comuative skills, concentration and memory and forgetfulness
- No
- Yes - just the illness i've got
- waiting to eat
- Threats of removal of funding for transport to services
- no
- Not that I know of
- Because I can't go out on my own or do certain things on my own e.g. cooking, can sometimes be difficult. I am in a wheelchair and sight difficulties
- Brain injury
- No, I can not get a gym membership

- N/A
- It depends
- 'Healthy' food can be expensive. Also I'm often too busy with housework or too tired from work to go for a walk etc
- Husband needs constant attention so no time to worry about me.
- Time and work pressures
- my age...I am 94
- More activities to get involved in arts and culture
- Many footpaths along strategic routes in Telford are not suitable for jogging due to excessive shrub/tree growth, detritus and poor lighting in winter time.
- Spending too much time at the computer.
- medical issues affect this - medication only goes part of the way
- Childcare/time
- no
- My disability
- no
- No.
- yes you need another alternative answer i.e. unhealthy and happy
- Having time to exercise - juggling family life and work.
- yes. i have a spinal injury which makes daily living very hard. im in constant pain and have to work full time, as well as looking after my family. i have recently had depression too.
- I can't stand up
- No
- Unhealthy food being really cheap and healthy food being really expensive
- I have heart problem and arthritis.
- None at the moment
- finances cannot afford to join gym
- zero hour contracts, uncertain future, worries regarding pension arrangements
- Time, because i have two part time jobs. low pay in one, (and no pay rise for three years) make me have to do another job, to make ends meet.
- cheap unhealthy food as it is easier to fit into our budget but it has not got much goodness in it
- Sometimes I feel that I need to care for our family members and have a high pressured job
- Long working hours, affects meals and relationships.
- Time constraints
- Gym membership & exercise clubs are expensive. Food prices expensive compared to wages of the area.
- Time and workload
- Regarding my diet, I do have a lot of fast food places around me, and if I'm not in the mood to cook I will go to them and buy Pizza, KFC or chippy.
- Since having a knee replacement, I don't walk as well as I should
- Rheumatoid Arthritis
- expensive childcare
- No sense of community. Except for being at work there is little on my doorstep that I would like to get involved with, courses mean going to TCAT or New College and after being at work, I don't want to travel out again. Neighbours in my cul-de-sac have no sense of neighbourhood, will only moan about each other - nothing brings us together
- no

- affordability for gym usage money problems
- No. Running is free, fruit & veg are low cost
- No
- Having the time
- No
- loneliness at times
- No
- on going health problems
- Neglected footpaths and cycle paths
- Not seeing carb count on "traffic lights" food nutritional information
- Working full time it is difficult to attend the council run swimming sessions which i would like to attend, as weekends are normally booked for lessons etc, i recently lost my husband of 35 years & have found it difficult to cope without him, i have asked about attending Bereavement counselling but have been advised that there are no groups available locally & they have also closed the one th
- Not enough gyms and pools
- No
- Not enough support from my son's father or family to go to an exercise class.
- Joint wear. Short dark days.
- Diabetic insulin. Fatty liver. Arthritis. ...plus others
- At present I'm on a course of chemo
- Not really
- asthma
- Stress
- No
- No. I'd prefer to have slower traffic on roads so I feel safer walking dogs but that's another issue.
- My medical conditions
- Laziness and no time
- No I believe it is in my own hands
- Time, Cost
- Unreliable bus services around Telford - the bus service close to my home is now every 30 minutes instead of once every 15 minutes. I work near The Humbers on an MOD establishment and face the stress of worrying about getting to and from work as the bus service which once operated around The Humbers ceased to operate and I face a 20 minute walk to and from work as well as a 20 minute bus ride
- Leisure centres too expensive
- Do enjoy drinking alcohol at the weekend
- Unable to see the same Doctor, lack of continuity has led to insufficient help when needed, leading to ill health which has caused me to lose my job and I feel it could have been prevented had I received the right treatment on time.
- no
- no
- Time to be more physically active. Would like to do cycling to shops etc but there are no traffic free cycle lanes in this area and vehicular traffic is just too dangerous
- Idiot car drivers that do their utmost to kill me whilst cycling
- Too many people telling me what i should do and how to do it that only sit at a DESK and have not made anything

- I am a carer because my husband has aphasia, so I need to organise everything at home and accompany him to appointments etc. As we get older this will become harder to manage. I can get very tired and stressed at times.
- Having to work longer than planned leaves me less time to exercise
- Time and money. Have little energy to do anything once the kids are in bed and find it hard to get out and about with them
- My medical condition spine is badly curved. Currently in receipt of PIP's enhanced mobility.
- No
- No
- cake!
- No I am fortunate to be healthy and have a supportive network of family and friends.
- time, accessing the activities I enjoy safely e.g. walking Telford is currently designed for drivers not pedestrians
- Cut off from the rest of Telford and vicinity
- I thought I was health until I started running and now I feel much better. I am taking blood pressure tablets but would like to come off them one day.
- I have type 2 diabetes and have to be careful about what kinds of food I have
- No
- No.
- Recent bereavement
- Just back pain ū
- NO
- Not really, just need to manage my time to make sure I can be active and eat well
- Stress and lack of NHS support
- Loneliness
- no
- I have a disability, in that I am minus my right patella and this is a pain (literally) sometimes, which makes walking a chore and not a pleasure.
- not at present
- ##### like go Telford town centre my favourite stores in gamre sports direct carphone warehouse Asda New stores in Telford town centre
- No
- NO
- No
- Work life balance, getting time for exercise
- The availability and opening times of leisure facilities.
- I am getting older, feeling more vulnerable
- No
- no
- My own weakness re diet and exercise
- No
- The more accurate statement is that I don't feel healthy because of my weight, but I do feel good. The only thing stopping me feel healthy is me (and an under active thyroid).
- Very stressful job.
- When I have too many takeaways
- No
- Work commitments, cost of gym
- Temptation & lack of motivation

- I am 65 and have quite bad arthritis in both knees and take serious pain killers for this. I also have a really painful lower back which I have been told (after 25 years) is degenerative back problems and nothing can be done. I can not walk more than about 100 yards. But there again, as a carer for my mother I can sing (free)with ##### at The Place on alternate Tuesdays and this i
- Time, but now daughter starting school will join aspirations
- Work 12 rotational shifts with no set pattern
- When nothing can be done for arthritic and 'wear and tear' conditions.
- I am a paraplegic and my wife has arthritis,has mobility problems and poor dexterity. Are we healthy we are positive and manage,you do after nearly 60 years of marriage. We have a gardener and a cleaner who are wonderful friends as well.
- Work life balance and being a single parent
- Sedentary job and struggle to find any time to exercise. Problems with back pain and regular migraine attacks.
- Not really. Work can be very pressured at times and I get easily stressed.
- My bones are old and sometimes it is difficult to walk but you must keep trying with the help of friends and facilities which the council and private companies provide
- Loneliness, lack of incentive, overweight,
- My wife is severely disabled and I am her sole carer
- Weather
- Money and the cost of living
- Not about myself, however caring for my partner can be stressful as their health is not good. I sometime get a little depressed as I feel there is no real support from anywhere.
- Not enough sleep. Waiting times at Drs surgeries & for hospital appointments means when you do feel unwell it is not sorted quickly enough.
- no
- Tight budgets
- No
- No
- no
- We are on basic pensions, living in a family size house which cost us a lot to maintain, but there is not enough value in the house to downsize.
- Problems with walking
- noisy people, barking dogs
- Reliance on a cars. When I retire there will vbe very poor public transport provision where I live. Also, I have antisocial neighbours who I find difficult to ignore when trying to enjoy the "privacy" of my house and particularly my garden.
- Yes, my spouse has a long standing psychiatric illness and I don't believe there has been enough support for her mental health due to budget restraints
- no
- Yes, I have a disability. I find walking difficult. I don't have a wheelchair, as I can walk, but I can't walk distances. One side of me works perfectly well, however my right side doesn't work properly.
- Work / life balance. Aging parents with disabilities. Helping to care for my disabled grandson.
- Both my husband have a few health problems at this time, and I do hope to recover from mine my husband does have a condition that we have to control
- Sometimes i work very long hours, so eating at the right times can be difficult
- Migraines
- I have a chronic condition

- My wife is diabetic & when I contacted our surgery due to her getting regular (3/4 times a week) hypos about an urgent request to see the diabetic nurse, I was told that the practice no longer supports one. When I asked about where I could go for an urgent consultation, I was told that the earliest appointment in the Telford area with a diabetic nurse was at the end of November. That is what
- Costs associated with leisure facilities
- no
- Time constraints and more pressure at work.....more to do with less resources.
- n/a
- Loss of mobility, Low income, Lack of strength, low self worth due to our chronic illnesses.
- Still smoking - trying to give up at the moment
- Taxation.
- I have mobility problems because of polymyalgia and cannot walk up a slope so am very restricted on where I can go. Also very limited on distance I can manage even on the flat. Am currently awaiting the result of my blue badge renewal assessment and just hoping it will be OK as losing it would be very restrictive in my activities and would certainly reduce my feeling good factor
- The cost of being healthy
- Shift work as a nurse
- work
- Have problems with Knees and heels when trying to do keep fit etc so thats why I have selected to use swimming as good all round exercise without too much expense.
- No
- No
- Suffer from heart failure
- Yes I have a medical condition which also leaves me suffering with extreme pain , sores, bad smells & depression .
- Problem with knee occasionally
- No
- No
- Yes I have back pain and stiffness and other joint problems as a result of an accident. Sometime I can hardly stand or walk can't get washed or changed its horrific the pain I get on bad spells.
- Footpaths hidden by shrubbery so if you are walking you cannot be seen from the road. This discourages me from walking and makes me use the car far more than I should.
- NoWhere to go for help. GP has limited options and there are huge queues. Gym memberships are expensive and the new pools shallow or tiny
- Temptations to carry out unhealthy activities ie eating and watching TV.
- Working full time means not all exercise classes are available to me
- Yes I have a progressive brain disorder which I'm unable to do much
- No
- No
- No
- Time
- lack of energy, motivation and time. childcare.
- Other people blaming others for their own inadequacies
- age,kidney problems,my partner who suffers from dementia and aches and pains etc.
- Age and sore joints and backache
- Lack of support from doctors and other services

- Suffer from osteoarthritis and osteoporosis so movement can be stiff from time to time. Other times, is ok!
- nothing
- lack of money
- Yes, our age.
- Being diagnosed with Coeliac disease 18 months ago was a shock and was hard to come to terms with at first. Being anxious by nature and worrying about the future & old age can sometimes make me sad.
- noisy children playing in the street, causing a disturbance ie screaming and making general noise, not their fault its the parents. I dont like it when its too hot, I have a air conditioning unit in my bedroom as I cant stand too high tempatures
- My chronic fatigue syndrome.
- A fondness for puddings and ice cream which doesn't help my weight
- Difficulty sleeping
- Old age catching up on me.
- no excuses at all
- The thought of old age creeping closer.
- When I feel poorly and I can't get an appointment to see a doctor for a few weeks. This can sometimes make me feel stressed and make me feel worse
- Time to exercise, poor weather makes you depressed, lack of security in open spaces when excercising
- Time
- Work life balance could be better
- General aches & pains for which I undertake personal physiotherapy.
- Stress at work and having to work full time
- Having osteo-arthritis means that each day I know I will seize up at some point and this has to be managed. I am lucky enough to have a car. I have started using public transport since retiring and love to travel by train. Bus times and routes around Telford are changing and this may make it difficult to leave the car at home. There should be an effective bus service. However, the times I
- no
- I'm stuck in my house all the time
- Cost of use of leisure centres and gyms etc
- diet and excercise and poor mental health
- Not really (except cakes and biscuits in the office)
- Can't afford the price at the asperations gym membership. My Dr gave me a note for exercise on referal and I was told on the phone I would still have to pay even though my underactive thyroid I get a medical card for free prescriptions ?
- Work can have an impact on my stress levels - I have 2 jobs and sometimes this can be very chaotic to manage. Given that job security is never guarenteed it would be difficult to lose either position as a mortgage must be paid.
- long term medical condition
- Pain in legs and back so hard to get round,some days are better than others.try to eat healthy though.
- permanent illness
- Time and money, safe childcare
- no
- I am the full time carer for my wife who has Huntington's Disease which makes it difficult to maintain my own fitness as I have my own health problems, early stage type 2 diabetes, benign prostate and Aorta Aneurism, otherwise I am fine! ++ +

- Health Unsure and unaware of any free community health promotion available in area. Seems accessible health promotion outside of GP is not available outside working hours. Safety I do not feel safe on the streets of Telford Independence Lucky to have a car but when needed the bus service recently was heavily constrained by the timetable and lack of frequency
- Food - anything easy & reasonably priced is unhealthy, seemingly.
- Small print cant read it
- Footpaths/cyclepaths are limited and where they exist, they are not well maintained
- N/A
- Mental illness
- Worsening eyesight and breathlessness pose challenges but it's not too difficult yet. Doing a large shop is sometimes a problem if our close family are away on holiday, but with the use of a large shopping trolley, and a No 4 bus a couple of shopping trips sorts that out.
- Mood swimings - engaging with CMHT
- Chronic illness
- Long Working hours sometimes
- no at present I am healthy but am ageing fast.
- Sometimes, the stretch of family life, caring for older and younger generations, alongside work demands
- Cost of exercise classes and gyms. After bills are paid I have no money for this.
- New chimneys (where none existed before) are being allowed on semi detached bungalows without planning permission. The result obviously is smoke and fume intrusion into the inside of neighbouring properties apart from their gardens. Wood smoke is extremely dangerous as is all smoke and fumes. The planning act only allows this on houses and bungalows are not houses, apart from the dictionary a
- Worrying about my wife because of her health
- Can feel pressured into eating certain unhealthy foods in certain situations where it is difficult to decline.
- No
- Working full time makes me very tired - so I do not want to do anything/go anywhere in the evenings
- Alcohol. Obesity
- Alcohol
- My Deafness and tinnitus does get me down sometimes. living alone can be a bit isolating. My work and passion to help hearing impaired people does keep me occupied
- Yes, if I am neglected
- My asthma ad eczema. Working long hours.
- lots of cancelled classes through the summer, lack of daytime classes within walking distance
- I have MS relapsing remitting
- Increasing age, aching bones concern for I'll partner.
- childcare to go to places like the gym
- Day to day stress.
- Not really, just limited time to go the gym at times.
- Only my age - 73
- Some mobility problems, since the onset of arthritis, and bus service isn't very convenient or frequent enough. So it's either a taxi or stay in. A lack of local (Priorslee) activities giving an opportunity to socialise.
- no

- Diet
- No
- COPD, Depression, eyesight worries
- not in physical fitness
- I feel that I am actually quite healthy as I eat well, and am losing weight to get to a more healthy weight (I have lost 1.5 stones already) but emotionally i feel bored, frustrated and unfulfilled. My main frustration is with my job at the moment as I feel unappreciated and no longer feel that i am making a difference. I want to move into counselling but as i am employed (and a single parent)
- Various health issues
- Burgers
- No
- Stress at work, long hours,
- continual restructures at work stresses and you never feel secure in your role
- Low moods. Reoccurring bouts of depressive episodes
- Access to activities - cost and time in the day. Cost of healthy food. Work stress.
- I suffer with Chronic Fatigue Syndrome.
- Work is tiring and eats into time for exercise. Family stresses
- My wife is Insulin Diabetic, & when she was having problems 4 weeks ago we could not get a Diabetic nurse appointment in Telford until the end of November This is a disgusting state of affair, so we accepted an appointment at Market Drayton last week, & have got to go there again for a follow-up appointment. This proves how poor the NHS for the Telford area is in a disgusting way, & if we could
- Having the time
- PERSONAL SITUATIONS THAT EFFECT MY MOOD
- no
- price of good food
- being too busy
- A lot of activities I like I cannot do in the winter due to not feeling safe as in walking my dog in areas that are only lit up in the summer, it is a shame but I understand. Some of the times of the leisure activities do not necessarily take into account working families with children either too early or too late.
- Time pressures, worries about the future. I am 57 and my State Retirement Pension age has increased from 60 to 66, so I do worry about ageism and if I will be able to stay in paid work until I can draw my SRP.
- Not really
- No
- No
- Chocolate
- Juggling work and family life
- I have depression. I eat well and exercise regularly but never really feel well
- Exercise through gyms, leisure centres etc is very expensive
- I suppose smoking makes it difficult for me to be as healthy as I used to be
- Worrying about my wife because of her health
- Can feel pressurised into eating certain unhealthy foods in certain situations where it is difficult to decline
- Will not able to find anyone is there in authority
- No
- Clinical depression, lack of appetite, anger problems, post traumatic stress disorder, anxiety and having no family or friends. Asperges

- My mobility and my MS
- Tetraplegia
- No
- I have ankylosing spondylitis high cholesterol, anaemia, high blood pressure and diabetes 2
- Having young children means its difficult to find time to yourself to relax or to do exercise. Working part time and being at home too can be a juggling act causing stress. Tiredness makes me feel low.
- I have a condition called fibromyalgia and other health ailments
- Long term illness
- Depression, panic attacks, general lethargy
- Working full time and not feeling there is time to exercise
- Bad health
- Time - too busy at times to eat and exercise
- Not being able to walk on my own
- motivation
- No
- No
- severe back pain
- No
- Money
- N/A
- Depression, medication, smoking
- The price of fresh food is too high to have consistence good meals
- Always on the go
- Can't get out much, visits to my daughter helps me a lot - go by taxi
- My memory
- I had a stroke, I live on my own, life can be very lonely. Stroke affected my mobility
- Knowing what to eat to stay healthy
- Having nothing to do
- Arthritis, partially blind
- not really
- Feeling vulnerable on an evening. Isolated
- My mobility is poor, I struggle to walk and it takes a long time for the carer to provide my personal care
- Had a stroke which left me with weakness on my right side of body. I now need 2 carers to help me to wash, dress, transfer and I am immobile
- English is not good - Ghanion first language - TWI dialect. Cannot walk properly
- Cause body broken and that I have so much going on in my life and lack of support, not just paid help, family and friends etc
- No
- no
- No
- I have MS which causes me lots of problems. Depression
- Arguments with other people I lived with before
- No
- Exercise - not able to get any - due to physical disability. Meals
- Illness - diabetes and catastrophic Bi lateral vestibular failure - in simple terms, total deafened in 2010

- Towards the end of the day get very tired due to caring role
- Time spent looking after my wife leaves little time for me to do anything
- not really
- Poor conditions of roads and pathways - I used a motorised wheelchair - I nearly had a bad accident. Going out is limited - taking the dog for a walk for instance
- current living arrangement - mould in house
- Only on going physical health problems and reduced mobility
- Amputated legs prevent from doing more exercise
- overall health condition
- No
- Time - never enough to keep fit and active
- Life in general, caring role is very demanding and not getting enough sleep
- Tiredness due to broken sleep patterns caused by medication
- Having enough time to prepare good food
- No
- No
- The good old English weather 70% of the time
- wheelchair access, long distances, steep inclines
- My surrounding here in Brookside makes me feel like I live in a dump
- anti-social behaviour or the estate making me afraid to go out
- work / life balance doesn't always allow time to make general health appointments
- long term medical condition - need daily medication
- no
- Not enough hours to cover essential needs or a social life unpredictable help and support from agency carers and the agencies letting me down and carers not looking after my health and keeping me safe or putting in what's needed
- No
- My illnesses. When I can't do now what I used to be able to do before. It gets me frustrated and depressed
- Ill health and reduced mobility
- COPD - recent diagnosis
- Prone to water infections
- Slight health problems controlled by medication and lifestyle
- Breathing difficulties - long term problem of raised right diaphragm - on ventilator at night
- Osteoporosis and asthma
- No
- Older husband with mobility and hearing problems makes for feeling more tired. Stress from extra home responsibilities
- My mobility
- Vertigo, mobility - restricted
- All the numerous health problems - variable day to day
- No
- Yes I am severely disabled (as is my wife)
- Weather
- Working
- Some minor but chronic health problems limit mobility
- No
- Time

- Worry about the ways in which T&W Council is destroying heritage buildings in the conurbation and far too many support for the privately owned shopping centre and Ironbridge Gorge Museum at the expense of traditional towns and villages
- Cost of leisure facility membership at HLC - Interserve not Aspirations run
- I suffer from various physical disabilities
- Old age
- Age related wear and tear. Poor eye-sight, hearing deficient and 15 years low back ache, walking problems
- No
- General age related problems
- No
- Uncertain employment and no job security
- No
- Severe Arthritis
- No
- Shift work
- I have arthritis in my legs and can not walk for five years now
- Not always easy to see my GP very quickly
- Difficult accessing child support services
- No problems at all
- Long term physical condition, poor public transport, limited education & leisure daytime facilities
- Difficult driving out in dark evenings in winter
- No
- Recently fractured knee, arthritis
- Work commitments, times swimming pool is open for general public
- Diabetic COPD
- No
- No
- No
- Yes I have a bad chest and bad leg. I have to rely on buses and my family when I am not feeling to well as I dont drive
- Shopping
- Heart problems and walking difficulties
- Long delays for hospital treatment, continued reorganisation of referral procedures. Unable to get timely GP appointments - call centres and automated phones
- No
- Disability means I cannot use a gym facility. Lack of safe cycling and walking paths restrict exercise that can be taken
- No
- No
- No
- I suffer with a number of health issues inc asthma, osteoarthritis
- No
- Too much to do
- No
- I have a vitamin D deficiency which means it can be very painful to walk
- No
- Heart trouble, kidney and lots ore

- Not really at the moment
- I have hearing loss recently diagnosed
- The cost of fresh foods sometimes is an issue
- Disability and other medical conditions
- No
- No
- Severe back problem
- Prices of leisure centres, gym prices. Its too expensive to use health suite in Wellington. No child care during sessions
- Fat, sugary food being cheaper to buy than healthy food, ageing body and aching joints
- Lack of mobility
- No
- Not at all
- Money - its doesnt go far
- No
- I'm unemployed and have only £20 left after paying bills for food and drinks so I cant afford the right diet food, drink, plus I cant afford to use local gyms as expensive. I have a rowing machine and cycle machine - I also have PTSD, panic attacks, depression
- No
- Arthritis but cope quite well
- Struggling to give up cigarettes
- Yes, I have COPD, asthma, arthritis, type 2 diabetes and at the moment have tremors which make it difficult to hold a cup or table fork in my left hand. My GP is trying to find out what is causing this problem
- Age and back ache
- No
- Time - too much rushing
- Frame of mind
- No
- Cerebral palsy prevents me from keeping fit
- Advertising, not being able to swim in the morning except during holidays
- Work
- Newport swimming pool has free usage for 50+ but not all are times to suit older people
- Family stresses and strains
- Strength and mobility
- Too much work
- Pressure of work
- Failing eyesight and heart condition
- Yes I suffer from depression as well as bad knees and a bad back
- Low income
- Financial stress
- Heart disease and COPD
- I am suffering a number of health problems which include chronic and acute pain. On bad days limited mobility and pain are a hindrance
- Hip joints have given me a lot of pain - also arthritis
- I have PSP
- Rheumatoid arthritis

- Yes, I do feel really ill at times and in pain, much of the time, but frustration makes it feel worse so accept what s wrong and use what is ok. Peace and contentment most of the time
- Hours I work
- To numerous to mention
- Arthritis - hip needed op. Constant tiredness due to anaemic
- Have depression, lots of illness, asthma, diabetic, arthritis, heart problem
- Its all to do with if you want to do it
- Work hours and deal with own children
- Long term illness which causes restrictions to maintaining lifestyle
- Mobility problems and lack of help with everyday tasks
- No
- Age and ulcerated ancles
- Not being able to drive. I find the rerouting and timing of Arriva bus routes makes it difficult to get to the doctors - I have to rely on taxis both ways
- No
- None
- No nothing at all
- No
- Depressed - sometimes I'm happy sometimes I'm really down and dont want to go out
- No
- No
- Temptation, chocolate
- Difficulty in seeing doctors or accessing health care. Personal tragedies
- Long commute to work out of area
- Yes, osteoporosis etc
- Too much delicious food around
- No
- Long waiting times for obtaining treatment for non-urgent but chronic conditions
- Arthritis (pain)
- Long term medical condition
- Mobility
- Mobility difficulties, physical tasks
- Not really
- Rheumatoid Arthritis
- Lack of T&W leisure Aspirations exercise classes in Newport. Lack of cycle paths out of Newport
- My chronic condition
- Occasional mental health issues
- Working shifts is sometimes a problem and with 100 mile daily commute cause stress and concerns on work/life balance
- No
- Freedom of speech, freedom of movement, expensive transport, congested roads, congested shops, congested towns, queue, unable to contact services, customer support, crime, doctors, overcrowded hospitals, waiting times - overcrowding. Also anti-social behaviour is intolerable.
- Will power
- No
- No

- None
- No
- I suffer from diabetes 2, hypertension, underactive thyroid. Some days I feel better than others
- Only my own lack of will power
- No, other than long hours at work which restricts activities during week ie walks etc
- No
- M.S.
- Access is a very big issue for both myself and my husband, to the point we are unable to use the Town Centre because we cannot use the barrier system, that has been pointed out to the centre management to no avail
- No
- No
- Feel great
- The cold, damp. People who tell lies, threats, bullying - people who make mistakes or so called mistakes and twist it or parrot talk. What someone else said if its true or not. Unfit medication - things mishandled (there has been good ones)
- Arthritis in my knees
- Unhelpful doctors and which neighbourhood you live in
- No
- No
- If I didn't shop at ALDI I wouldn't be able to afford to eat healthy. Also I did belong to a gym but can no longer afford it
- I am in my fourth year of oversight following an operation for bowel cancer and I have osteoarthritis in various parts of my body
- No
- No
- Arthritis and awaiting a knee replacement on 15-9-15
- Work stress
- I drink too much, get gout and breathing asthma problems
- No
- Finding time to exercise
- No
- I am diabetic (type 2) and overweight. Very low income. Single parent
- No
- No
- Not really, except at times being a carer for my mother
- Arthritis - but appreciate what you can do not what you cannot
- No - not yet
- No
- No
- Medical problems - age related
- Damaged foot
- Anxiety and worry about elderly parents and their health. Children accessing good jobs
- No
- Arthritis. Caring for 95 year old family member and a husband with serious health issues
- Wine
- No

- Can only walk or stand with crutches. I have a blood clot in my leg which is very worrying. Suffer with mental health. I live on my own, very hard to look after myself
- No
- Not any more
- No not really. It is not a problem but my disability is
- No
- My illness (type 1 diabetes)
- Community to work
- Fluctuations in medication
- No
- Diabetes 2, high blood pressure, loss of hearing - both controlled with medication, wearing hearing aids which help (up to a point)
- Recent loss of husband
- No
- No
- Yes, the agenda my wife has to follow due to renal failure
- No
- Not being able to leave the house or do the shopping
- My cancer status (secondary)
- Feeling good (bad) s sometimes determined by events outside my control
- Not really - having more time to look healthy
- No
- Getting an appointment with my doctor would help
- Due to lack of proper treatment by consultant at Princess Royal Hospital and that many bad diagnosis from staff after an accident I had in February of this year. I have been put in plaster, slings, x-rays, scans, you name it, I think I have had it, so you see I have no faith or trust in the NHS. The only think that will make me feel good is to get my left arm and left hand working
- NHS finding restrictions
- No
- No
- My husband has a motor scooter but the Housing Trust wont turn two steps into a slope, but if it was a wheel chair they would. We are 78 - 79 years old and the scooter is heavy to lift.
- Lack of time
- The area I live in isn't very nice, there a lot of 'unsavoury' people, and attacks on women
- Not really
- Enjoy social drinking probably a bit too much
- Not at this moment
- No
- Poor weather, world events, age, limited finances
- I generally eat healthy but cannot exercise as I used to, have medical issues which in my opinion makes me feel very unhealthy - although I may not be very healthy this does not mean I do not feel very good. I is difficult for me to be healthy because I have no control over the things happening inside by body - accidents happen - and I cope in the best way I can
- When my partner is not well I tend to worry and if he gets depressed it does tend to affect me also
- Diabetes
- Will power

- Kidney disorder - but its a condition I live with and I try not to use it as an excuse
- COPD and osteoarthritis. People who do not use handkerchiefs to catch germs on them
- Osteoporosis and angina plus pain from lumpectomy
- Isolation sometimes - homemaker so spend lots of time alone.
- Working every day, especially somewhere you hate going to
- Normal modern time pressures and the fact that food is too easy to get hold of.
- The ill thought parking revisions at the Wrekin ;) plus generally the cost of sports facilities.
- I would like to do more exercise, but working full time, running a household, time to relax and a good night's sleep mean that I cannot do as much as I'd like to.
- I have asthma
- No
- Travelling to work
- Not majority
- Anxiety, feel unsafe and asthma/panic attack sufferer
- Cost of gym is prohibitive
- age
- Poor transport links to swimming pools leisure centres - very poor/or none at all bus services after 6pm.
- Stress + anxiety weight back problems
- Being a full time carer takes its toll on my health and
- One thing that comes to mind and it is something I have complained about before. I am disabled and find it very difficult to get out. So I purchased a Mobility Scooter so as I could get out and get some fresh air. But I find it impossible to use it as the pavements around my house are blocked with cars parked on them. So my scooter stays in the garage and I stay in the house unable to get out.
- Illness - Heart problems and after-effect of problems with an operation
- No
- Not really. I believe it is in my own hands.
- No
- No I don't think so
- No
- yes all the assessments the government put me through to prove i am disabled, it makes you think like you yes having to go through all the assessments just to prove i am disabled having to look over my back all the time having a feeling your being watched all the time its always a worry, all the cuts this government is doing is making it harder to live for people like my self
- I would love the occasional pampering day - maybe at reduced rates for pensioners.
- No
- Access to fit classes for large people in difficult
- No
- Occasional backache
- Age
- time / cost
- No
- Continual development encroaching upon my environment
- I have Chronic fatigue/Me so get easily tired, TRAFFIC LIGHTS!!!!!!
- age related stiffness and pain
- no
- no

- No
- Lack of mental health services in telford and wrekin. I have been waiting over 2 years to be seen by a therapist.
- I have occupational asthma server tinnitus and arthritis AND my partner has T I A /stroke/mini stroke a for of tic blind in one eye due to t i a she regulary has to use a wheelchair also sensual problems PLUS other problems AND rent issues etc
- I have a chronic lung desease
- No, but if I did, it'd only be down to myself.
- No
- Managing time around working and childcare
- work & busy life
- Pressures of work and weather make this more difficult during winter
- Would like to get out on our bicycles but worry about the roads. Used to, live in Germany where there are lots more cycle paths.
- sometimes, long hours at work means food on the go
- No
- No
- Lack of sense of community in the area I live in (Shawbirch/Bratton)
- Arthritis in both knees together with a shoulder that was fractured in 2011 & which has never healed satisfactorily
- Chronic lung disease
- I have rheumatoid arthritis, osteoporosis arthritis and severe spinal pain, I am unable to manage trips out by myself or manage my care by myself
- poor pavements allowing for walking. Poor parking on pavements.
- I do have health problems, i.e. eyesight & balance issues due to a mini stroke a few years ago.
- no
- I personally think that the societal sigma of depression makes it difficult to discuss openly. A single female parent can't go to the doctors for assistance anymore as the stigma of not being an effective parent is also added to the burgeoning pressure of being depressed. Having a more open/non-judgemental society and community could help.
- suffering from metastatic prostate cancer, finding it difficult to get around but still have to look after disabled wife.
- Just ill health in general
- Time fitting it in with work
- When work becomes too stressful and feels like it is impacting my home life
- Time, commitments - sometimes make regular exercise difficult
- History of heart problems and other problems associated with this condition.
- Not really
- general debility
- It would be good to have a joined up cycle network to the standard of the one between Newport and Stafford.
- No
- Only age as 'bits' wear out - I am now in my eighth decade.
- Because my wife cannot get about easily, then I sometimes struggle, especially in the Town Centre at Telford because we do not find it at all a friendly place to negotiate, therefore Town Centre is just 'off limits' we go elsewhere to do any shopping that we need. - Telford Town Centre is just a 'no go' area as far as we are concerned.
- Work doesn't help ! I find my diet suffers when at work as I "snack" more at my desk than I should and work is not often rewarding.

- Age, working full time, lack of energy upon returning home from work, any spare time or energy taken up with house chores.
- Bad communications between the above for the same reasons.
- I have type two diabetes. I have high cholesterol. I am overweight, but am now losing around 1 kilo every 3 weeks. I have glaucoma and the DVLA have refused to renew my driving licence. I have COPD which is giving me breathing difficulties following medium levels of exertion. I drink too much. I am not unhappy.
- Time, time, and more time.
- Not really - its an individuals mindset
- Lack of - help, support, transport, local facilities Long wait times for medical care & mental health services
- No.
- Not really. Am awaiting a hip replacement so not being able to get out for walks in the woods, etc is severely curtailed as this is usually a once-a-week activity.
- Commuting to work takes time but i try to make allowances for it
- no
- no
- No
- See above.
- My own motivation
- hereditary diabetes type 2 now also controlled by insulin plus side effects of medication.
- Traffic pollution and overcrowding.
- Would like more yoga classes in the Newport area.
- I have a fear of Doctors so tend not to go. So, it's my own fault if I drop down dead I suppose.
- I have rheumatoid arthritis, severe back damage, type 1 diabetes and complex eye problems
- diabetis.
- I enjoy family bike rides but find it difficult to find completely off road routes which we need with young children. There is always a road to cross and they get busier and busier with the expanding population of Telford.
- no
- Mobility and requirement to use oxygen transport is awkward as taxis will not let me travel in them with oxygen makes life difficult
- I am diabetic and disabled
- Love of chocolate and white wine!
- The ageing process!
- Suffering from Menopause, dont sleep well because of Hot Flashes. Nothing will resolve except time. Eating to much and not getting as much exercise as I should. Trying to resolve this presently
- Doughnuts.
- No
- Not usually
- cold wet weather
- no
- Working hours.
- I feel good but am unhealthy due to serious heart condition.
- Illness plus heart condition
- the length it takes to get to see a doctor

- I have M.E (vaccination induced) that affects my muscle function at times and it is difficult to balance rest and other commitments. There is poor support for M.E. sufferers in Shropshire.
- Osteoarthritis. Bi-lateral hip replacements. Looking after 2 boys with special needs
- I do get depressed. The way society is.
- No
- No
- panic and asthma attacks
- Arthritis of the knee and Diabetes Type 2
- Knee injury, belong too busy
- Bad weather and dark night which stop me from riding my bike
- Time due to work
- No
- Low mood and depression
- minor arthritis
- No
- When you do feel low ,it's hard to get a doctors appointment
- A stair lift would be handy as both my wife and I have trouble with stairs.
- Too much to do, too many competing demands sometimes
- Long term health problems and age.
- No
- no
- the weather
- Dependence on some prescribed drugs
- increasing age-related deterioration
- No
- No
- Osteo Arthritis in both knees, heart failure + an injured shoulder
- old age!
- With respect of feeling good i guess environmental issues can have a knock on affect
- Occasional anxiety
- lack of time to keep fit
- I have underactive Thyroid for which I have to take tablets, (this can lead to anxiety). I have slight anaemia due to low iron levels and thus despite exercising and working full time to keep busy and well, i am tired all the time. I have been to the Dr's who is monitoring my iron level; however again in spite of remaining positive, it is a bit of a vicious circle!
- my partner suffers t.i.a seizures a form of tic she cannot be left on her own it can be very hard work we recently had to move because our bungalow was not wheelchair friendly
- No - entirely up to me to form my life.
- No.
- Not really...although sometimes it is challenging to fit everything in
- my work is very pressured
- Time constraints. I love my job, but it does entail a lot of evening and weekend work, so sometimes I end up running on my own when my friends are at work, which makes me sad.
- work pressure. Last night I bought a take away for the kids as I was late back from a business trip. I know that's not good for them but I just did not have time to do anything else
- no

- Enjoy beer too much!
- Work & life
- Time pressures
- Nothing at all.
- Petty actions
- Not enough hours in the day
- Coat of Leisure services
- just lazy I guess
- No
- Having to sit at a desk five days a week (work)
- painful knees and sciatica
- General aches and pains/backache
- Lack of free time - still working.
- To much traffic in and around Telford.
- I find other people can be bitchy. as well as upsetting.
- Live away from family and friends
- Lack of good walking areas due to massive housing developments in the area.
- I cycle. Heavy traffic can make this hazardous.

Appendix III – Individual answers

4. Please tell us any ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified?

- Everyone says I should just get out more. But most of the time I really don't want to.
- there to talk to and socialise with
- Family are helpful with childcare
- if they lived closer to me
- short of giving me money or a job no
- Support, keeping active and being positive
- just being more friendly , pleasant and accommodating for a start
- Being able to talk to them, do things together
- they do support me and offer advice on managing workloads and healthy eating
- Husband is already looking for another job
- Affordable childcare so on my days off from work I am not childminding the grandchildren, especially in the long summer holidays.
- exercise together rather than on our own
- Talk issues through. Go places to prevent boredom/loneliness
- No
- My friends could take away pizza I suppose
- Take away unhealthy foods
- I haven't got a clue
- Don't know
- Most have family and friends close by who help. Neighbours only really help with those more able and mobile
- I can't.
- None at present
- I get a lot of help but still cant sleep at night- mind too active can't relax
- assistance from family with maintaining home to free up time to go to the gym
- Childcare
- Only the government can enable healthy eating for all . . . make it more expensive to eat unhealthy food than healthy.
- My partner assists greatly. Grandparents are unable to help due to age and health conditions. Friends/neighbours are unable to cope with my son's condition, as he is unpredictable and can be aggressive.
- already have good relations
- None
- Keeping in touch.
- Just being there as someone to talk to, offer a hug etc
- N/A
- They cannot. No-one else really understands
- I'm supporting family and what would help is that they would consider supportive options but keen not to appear inadequate or a burden.
- Encouragement. Not to be judgemental just supportive and listen.
- Sharing information they come across on local and national health matters ie local exercise classes
- They do as much as they can already.

- I dont think they can, its up to me to do it for myself.
- My family and friends are already supportive but i feel i need support from medical people with more knowledge
- Just to be supportive and understanding.
- By not letting me eat unhealthy food
- No
- I have heard about the In Harmony project in Telford using music
- family live too far away for daily help. Could ask friends if necessary.
- social interaction short walks shopping all helps.
- Our friends & neighbours are very helpful, but as you see from the above situation, other people don't seem to care in the same way.
- N/a
- Help me find a position where I am not having to constantly re-apply for my current job
- N/A
- By being aware of the difficulties that can be encountered when dealing with intermitant bouts of illness or the need to attend appointments
- I have recently completed a pain management course through the ~PRH this course taught me ways to manage my pain and continue to do everything I always did do before my pain started which is about 3 years ago
- not too many people at one time as find it difficult to join in group conversations. too much noise confuses me and I seek isolation
- my wife tries memory skills and simple instructions
- I don't know
- Help with shopping
- N/A
- If my wife is well enough she will try to support me limiting her respite
- none
- N/A
- They could help me do things such as taking me out in my wheelchair or help me to do tasks
- N/A
- N/A
- It helps when my friends are going for a walk or exercising too as they motivate me.
- Neighbours do not know/understand my problems. No family within 150 miles of home
- encouragement and willingness to be part of a healthy lifestyle
- live in a rural area..no neighbours..friends have died..my daughter lives close
- family too far away, neighbours elderly and ill themselves. friends not always available or don't live close.
- Babysitting
- Not really just a bit of patience
- no
- N/A
- continue as they do
- My husband is very supportive, but he also works full time and his job is very stressful. He is also going through restructure which is adding to our problems
- Visiting regularly. Occasional trips out
- Family are close and neighbours are very helpful
- why should they?
- They listen when I need them to and support me when necessary in all walks of life.

- N/A
- good support network to talk too
- difficult
- being able to talk, helps. but it getting time together, which is the problem.
- none
- Support with household chores from time to time - family
- Help complete some daily out of work tasks
- Supporting with chores and listening to me!
- Parents and partner
- It's down to me mostly to make an effort to prepare better and healthier food and to have better will power.
- Neighbour and family already help and support me if necessary
- have been supporting me for the last 8 years
- More opportunity to meet and chat as a group
- none
- N/A
- None
- NA
- At the moment we all help each other but are within 10 year age range so things are not constant
- N a council responsibility
- Less chips
- Friends try to be helpful & encouraging but you feel that you do not want to be a burden to them as they have their own lives to live
- N/a
- Offer a few hours a week to allow me to do the exercise I need to stay as healthy.
- Keeping in touch with all of the above.
- None
- No
- I don't have any difficulties.
- N/A
- No idea I am alone
- N/A
- I don't have any support network in Telford as originally come from Derbyshire.
- Limit my own socialising
- My family do all they can to support me, I also have my own family to support.
- none
- none
- None
- They are there on the end of the phone. They remind me to look after myself as well as him.
- No friends or family in the area. Neighbours could stop blocking paths and breaking glass so I can get out with the pram.
- None identified
- I encourage my immediate family and friends to be as fit as they can be. I do not need them to support me.
- none
- N/A
- N/A

- Transport off the community and a handy post box for sending letters
- Friends have joined me running and this has really encouraged me to keep it up and has help me feel safe.
- Just be supportive in type of food served.
- Although this isn't a problem for me yet, but the support of family, friends and my doctor would be important.
- Do more together
- NA
- Friends, family and neighbours are doing as best as they can and I cannot see how they can provide more support
- I have very little family and find it difficult to make friends. Support groups would be good.
- I have no local family and I wouldn't expect my neighbours to support me.
- I'm sure if they were asked they would help with any problems short term.
- ##### like go Telford town centre my favourite stores in game sports direct carphone warehouse Asda New stores in Telford town centre
- NONE
- N/A
- Not really
- na
- I have a very supportive family and friends network. (We just all like our food).
- I am on the fringes of the lightmore an lawley estates and am impressed by the way in which the landlord company support, sustain an build 'communities'. I think this is money well spent an is an idea that needs replicating in some way.
- N/a
- Running club
- They need to be aware of my situation and empathise
- Find me a different career
- Help with shopping, travel and housework.
- Our friends are country wide and those locally have grown "old" with us. We have new neighbours so making a neighbourly friendship is possible.
- Not applicable, too independent to ask for help as I would feel a failure
- My family are supportive - listening ears! And my parents have been very good at being able to look after the children sometimes.
- I get some support from my family but they have busy lives
- We pay for domestic and gardening help, chiropody, etc and also receive some help from friends and neighbours.
- Na
- Easy communication devices
- Not sure, just be available to talk to when I need to, maybe offer to stay with my partner while I have a break.
- Don't know.
- By making an effort to be social.
- n/a
- Like new buyers, we should be offered help to downsize, therefore making a family home available to others.
- I don't think they can, they have work committment and families of their own
- My neighbours could try not to be so selfish.
- My friends family and neighbours effectively are the only real support I get for my wife's condition

- no
- Not applicable at the moment. I am the support to my family's needs.
- As the wife it is difficult if I am ill as I do need to tend my husband, but I do a lot of shopping on line so pretty independent, but I can ask for help with family.
- None
- Our neighbours, friends & family cannot help with organising medical appointments. They all think the same as me, that health matters & Telford Council are 2 things that do not go together.
- Nothing to overcome at present time
- Not a social solution.
- N/A
- Physical help and company around our home, help to go out socially and independent.
- Seek the proper policing we all pay for but don't get.
- none
- None
- N/A
- My partner has limited mobility himself so not able to do much to help
- Help with tidying garden and food shopping house work
- They can't help can they. I can't ask them to stay at home to look after me or my children. They have jobs and families themselves
- Group activities and an organizer.
- Can't think how they can
- Be more aware of my disorder
- N/A
- Nothing
- look after the kids for me
- If they look after themselves with a mind on the future then there is less chance that I will have to look after them
- I don't know, unless you can perform miracles
- don't ask for help
- Direct payment made directly to the I'll and vulnerable to be able to choose the care and support they use instead of relying on framework only companies
- My husband helps me with the 'big shop' at weekends and does heavy lifting round the house.
- n/a
- I am a carer, live on my own, only me 2 deal with things
- Can't think of any.
- All were very supportive through transition to Gluten Free diet (though restaurants & food outlets generally could improve on what is available) Chatting and talking through any concerns always helps.
- none
- N/a
- No ideas
- Occasional help from caring neighbours is appreciated.
- I have no difficulties, but if I did I feel that friends, family and neighbours would help
- Our friends and neighbours are either out at work daily, and are concerned with their own lives when they return home, or are very elderly.
- they can't really
- N/a good friendly neighbours

- I prefer to carry out my physio' privately or see an NHS professional.
- Not applicable
- Help me to get out
- share diet and joint exercise regimes and being contactable
- N/A
- I go for walks in the neighbourhood with my partner.
- Have just moved to this area near to my husband's family and they have been really good.
- help at home car sharing keeping in touch
- Using neighbours as a support network when families live along way apart.
- Not having much family this is extremely difficult
- N/A
- Don't know.
- Nearby family help with large shops or transporting heavy or bulky items when needed.
- None
- A smile and offer of simple tasks i.e. take post to post box. Little bit of shopping; just pop in for cup of tea
- Conversations with trusted family and friends, sharing wisdom and support
- I have recently moved to the area so know very little people and my family live 45 minutes away making it difficult to exercise with them.
- Most of the family live too far away. Some of our friends are already ill themselves. Other friends give us as much help as they can already.
- Family help by speaking on my behalf
- They cannot
- Public awareness of deafness and how it is an isolating experience
- I have to be looked after 24 hours so need people to be aware of this
- n/a
- Checking in on me regularly
- Help with transport.
- no friends or family close by
- Peer support and family support are essential. Currently cycle with friends regularly.
- N/A
- Not applicable
- I am in the main, independent, but can get assistance from a couple of friends or relatives living in the area, if need is there. For example, with transport or shopping.
- Getting in and out of shower
- No current needs
- Continue support and help as required, continue with voluntary work
- Playing rugby
- None
- just providing information and being there to talk to
- Making them aware of the illness I have so they understand when I've shut myself down.
- More opportunities locally to go on activities together, use school facilities at night for instance.
- They can see when I am suffering to walk, so find somewhere to take a rest.
- Family cannot roll back the clock, family cannot become younger and less helpless.
- Our friends, family & neighbours are excellent, & it is only them that keep us in Telford
- THEY CAN ENCOURAGE ME TO TALK ABOUT IT AND GIVE ME ADVICE
- none

- none
- Town Park could be lit up in an evening, perhaps wardens in the evenings in parks and popular wooded areas?
- None
- No
- They already help
- I don't really know
- The above play a positive role in my well being through being available, supportive, listening. It is often the small gestures that can mean so much
- If I wanted to quit smoking, I guess my friends and family could not smoke around me
- Most of the family live too far away, some of our friends are already ill themselves. Other friends give us as much help they can already
- Family help by speaking on my behalf
- Talking and defining some of their community styles of society
- Support to be put into therapy and people try to get me to eat more. I have help with flat i'm living in by staff (YMCA)
- More visits from family and friends
- N/A
- N/A
- Very useful cooking recipes from friends, family and neighbours to ensure I am eating properly
- Someone to have the children would be helpful but as parents already have them while I work, I don't like to ask other people to have them when I'm not at work.
- support groups that are out of 9-5 hours so people that have to work can access them.
- n/a
- Family support - simply being there, same with friends
- Exercising together.
- Do it myself
- Family taking me out in the car
- Exercise with me
- Friends and relations call round
- Just to help me as they do
- N/A
- Not sure how they could help
- N/A
- Less moaning
- unless they own a farm or butchers and are willing to give away food
- Not sure
- The neighbours at all
- I have no friends, my husband died, I have no children
- I have friends, family, neighbours - we help each other out. We organise doing things together
- Socialising
- My family support me
- My daughter, she looks after her grandchildren - they are good medicine
- I live with my wife who is my main carer. She does most of the caring 24 hours a day
- I have a supportive family but they are not trained to provide my personal care
- If get well - be better with walking. Going to college every Tuesday - literacy and English

- No friends, my family unable to help. Disabilities not living at home. Don't know my neighbours
- have no difficulties
- Just being themselves
- My family help me as much as possible. I live at =====. I have a carer twice a day
- N/A
- Don't know
- Just husband and PA
- Some support provided by family to give some breaks
- Council responsibility
- ##### son lives with her and continues to support her on a daily basis with preparing and serving evening meals and attends to his mothers bed time routine. Daughter supports with shopping and household tasks
- Tell the future
- no
- N/A
- None
- son lives with me but has bi-polar and therefore has ups and downs - will help out when well
- no
- none
- This issue is mainly in regards to my surrounding which is making me feel distressed
- Report on social media such as Facebook or the police or council or WHT
- Mentoring support
- To understand the LTC - they understand I need to take daily medication but don't realise the implications if I stop
- I have no one else but carers to support me so I am very alone and struggle to achieve basic health and well being
- Without my wife, I would be lost. I just rely on family. Our neighbours are all ill themselves. We have friends to visit but I wouldn't ask them. I would feel awful. They have their own problems.
- ##### - supportive neighbour frequently
- Private care
- Help with things I can no longer manage to do myself
- They are always there for me
- No idea - 2 sons and their families live in America and Australia. Handicapped daughter in care home. Neighbours helpful and friendly but have their own families and responsibilities
- They already do a lot for us - shopping, cleaning, gardening
- Already done - they are wonderful - "everyone should have neighbours like mine"
- My family live 60 miles away, 80, 140 and 6500 miles, plus for our own care (when needed), garden and cleaning one of our daughters lives in the UK visits every week
- Family deceased
- Help with major garden clearance work was useful
- Doing things together
- Impossible because borough councils and employees do not understand the damage caused by their actions
- Family live over 100 miles away. The vast majority of neighbours are elderly and have problems

- Ageing brings its own problems - regular contact and support from all mentioned
- Cope well enough for myself
- They take me out or do some shopping for me - keep a general eye on me
- No
- I have good neighbours help me cut the lawns
- I do not have nothing to do with neighbours at I see to speak to them. I have a neighbour who always asking to borrow things I said no
- Independent
- None
- I once had depression friends and family made a huge contribution to recovery
- My family take me to the doctors and hospital and when they have time they take me on days out
- Neighbours are like me, getting on in age so have to slow down
- Do all they can at present
- My wife supports me
- Professional improvements
- Accompanying on walks or rides but their availability is limited and I dont want to be dependent on others
- My husband is my support and encourages me in all I do to stay healthy
- I try not to bother people
- They cant
- No
- Just to be there for me
- Patience
- I have great neighbours so nothing
- Already getting help from friends with shopping, library etc
- They cannot
- Already supported by friends and family
- If I have any difficulties I would like to go to sleep peacefully knowing my time has come
- Free family fun days out - often do with friends and children - park/beach etc
- Friends doing activities with me, making time to do family activities
- Asking friends if need a lift for hospital appointments
- None
- Shopping and gardening
- Family would help if required
- Helping with childcare
- Better communication
- Help with reading/seeing things
- Not too sure
- No
- My family help with chores, shopping etc. My friends I meet at church support me and my neighbours are there if I ask
- My partner helps me if I find anything difficult to do
- Getting around because I have to use a trolley - have difficulty in writing
- Help with shopping
- Neighbours - no - they are not like that round here. Family, friends and trusted helpers that I pay are great most of the time
- They cannot

- It is not the job of my friends and neighbours to look after me. Social Services should be doing that.
- Someone to go shopping on the 'not too good days'. Helping housework - garden. Lifts (no car). Some to supervise whilst trying to have shower /bath
- Taking me to appointments. Help at home. Help with disabled son
- If husband is at home he occupies the boys whilst I work out
- Son lives at home and helps practically
- I am well supported in a supported housing scheme
- Other than my wife who is registered partially sighted I have no one I can rely on for assistance
- None
- My family helps me
- None come to mind
- Change society. People used to be loved and things were used, now its the other way around
- No
- Not eat out / tea & cakes out
- None
- They cant
- They keep me motivated/active finding me little jobs to do
- Being there for me
- Embarrassed to ask people who already have their own issues/lives to deal with
- I have a very supportive family. Also both neighbours are always aware of each others needs
- I have family
- Pester T&W Leisure
- Not say stupid things to someone whose condition is hidden and lifelong
- Awareness of mental health issues, what to do and how to provide low-level support would enable family, friends and neighbours to support one another
- I get all the support I need. Though neighbours could be more helpful - (thou o real problem there either)
- Childcare if necessary
- Reduce noise pollution, dog fouling, be more considerate where they park cars
- None
- Have good family, they help if needed
- None
- No
- By looking out for me
- We have no family, neighbours do help if its possible, but generally we struggle on ourselves
- Some one to trust keeping in contact and to confide in family for any contact or info on internet
- Neighbours could be more respectful to those around them
- They cant I just help myself by walking
- Friends are encouraging and close friends will be able to help and support my wife
- They dont really care
- NIA
- They cant

- They cannot cure osteoarthritis and people have their own lives and problems to solve, they don't need mine
- No help necessary
- Family or friends or neighbours are unable to look after me
- Give me a lift to the pub a couple of times per week, I mean it because a lot is in the mind
- Knowing when my blood sugar level is incorrect. Ensure that they have dextrose tablets or full sugared drinks available to counteract any low blood sugar event
- Family help with regular attention. Helps to avoid depression. Talk to neighbours regularly
- They already support me
- Friendly, informative informal meeting and conversations
- None
- Acknowledging I need to shop every week. I need to eat every day
- They support me already
- Help immediately
- I don't require any of the above at the moment I only need to hospital and the bureaucratic system to get things right
- They can't, it's the open areas where the most issues are
- None
- None at present
- Encouragement
- Not required at present as we are fully mobile and able to help one another
- Take me shopping help prepare food. Do my garden
- Nothing
- Not really applicable
- N/a
- Rugby tackle me as I head for the fridge. Encourage me not to eat as much.
- I do walk with friends. Neighbours and family are not involved.
- None identified
- family and friends visit me or I go out on days I meet them so they can come home with me so I feel safer where I live.
- n/a
- The Council needs to put pressure on Arrive to improve bus services or work with an alternative bus operator.
- None
- Family already offer support when they are able
- Nothing as they do not park on the pavements.
- By undertaking gardening and household tasks that I am not able to perform
- Generally by supporting and encouraging me in the things I do.
- N/A
- N/A
- My family are too busy working to help me out with things so I have to struggle I have no choice
- They are already very supportive.
- Na
- No idea
- Occasional visits to Osteopath recommended by a friend
- They can't
- no

- I do not need support. my wife does. She has Alzheimers and extreme dementia. I am her full time carer and we have another who comes in once a day early morning
- Ensuring that community spirit is fostered and people have facilities to enjoy as a group.
- I don't need much support. I have got good community connections and tend to be self sufficient by nature.
- none
- n/a
- None
- we have had to move because the old bungalow was not suitable for a wheelchair AND now we DO have a very caring VERY SMALL community of 11 bungalows WHO DO LOOK out for one another
- They already help in every way
- N/a
- Help with childcare
- My family is not in a position to assist. My neighbours do not know me well. Friends help but are either in failing health or over committed. I have MS and what I NEED is better social care. More appropriate housing
- N/a
- N/A
- Set up a some sort of Neighbourhood Support Group. (to help needy people with their shopping, appointments, company etc)
- They do all they can for me now
- Not applicable for me, but there is a lot we can all do to support neighbours who are isolated and restricted
- I am being supported by family
- Would be good if my family understood my problems better. I feel I need proper help now to manage. We are seriously thinking of moving to an extra care type property.
- they are not it is YOU.
- understanding my issues.
- Not applicable
- I volunteer in my community, but until these prejudices are addressed I will stay silent.
- no idea
- None
- None really, it is a work life balance situation.
- They support me with childcare and sometimes help me when I struggle to keep on top of housework etc.
- More support with childcare
- They support my need to do as much as possible myself. My wife is a big support despite being in remission from cancer. I suppose we are a strong family group.
- I currently do not need support but do offer help to an older neighbour when it is required. I also believe that the first source of support should be from family but of course not everyone has a family.
- n/a
- My family helps us a great amount & we also have excellent neighbours, but they can't help us when we are out.
- Not applicable really.
- We all support each other, help each other out when illness or work commitments make thing difficult
- None
- I don't need any help.

- None
- n/a
- Neighbourhood assistance scheme possibility? How would this be facilitated and by whom?
- None.
- Offers of lifts while not being able to drive are most welcome and I know I can call on a group of friends.
- N/A
- none identified
- N/a
- I don't want my friends, family or neighbours to look after me.
- Nothing to do with others, how do good do we want to be???
- regret none
- I can't think of any that I consider would not be intrusive on their time.
- None
- Force me to go to the doctors? Not going to happen!
- Would be nice if my family visited more often and bothered to understand my problems
- Tell them to stop telling others how lovely Telford is and encouraging them to move here
- Call on each other occasionally for a chat, tea/coffee etc.
- My daughter gave up her full time job to be my carer and now has to live on £120 per week that makes me sad and guilty
- None
- By sharing their time and thoughts with me.
- Family could be involved in losing weight also, but prefers to ignore his risk.
- Not really a question for me as I am quite self sufficient
- not applicable
- keep in communication
- N A
- none
- No difficulties.
- Family provides some support with practical things, such as occasional garden maintenance.
- My family don't want to know. My husband's family the same. Friends do what they can but always for something in return so I struggle on my own as husband at work in the day.
- Getting together to recreate a society based on equality and not money.
- None
- n/a
- neighbours could not make life difficult for me
- Not any
- None
- Do not need any support
- Doing their best already
- None
- at this moment in time I do not have any difficulties to overcome
- None really as we don't have relatives living near us. Neighbours no either.
- Persuade me to drop something.
- Manage well to date but have very supportive family.
- n/a

- Understanding.
- No ideas, it's just a fact of life.
- n/a
- N/a
- Doing all they can already
- Not needed
- be nicer to one another !
- we already have more support from new neighbours than we had in supported housing
- Have no difficulties.
- N/a
- My neighbour lends me their car....
- They can't help in my circumstances. They are very supportive when i need help, overseeing the house when I am away and helping after surgery while convalescing.
- Not really, we don't have any family locally who could hep. We have friends and they do help with pick up and drop offs to sports activities after school but be expected to work a 50 hour week makes life challenging!
- N/A
- None
- N/A
- not really - just will power
- N/A
- Lottery win!
- family
- My neighbours are almost as old as me so probably would not be much help. My family are dispersed across the world so they are probably not likely to be much help in the future either.
- a walking group is a good way to join in with others.
- NA
- Neighbours don't speak good English
- Join the Save Newport campaign. Try and save some of the green fields.

Appendix IV – Individual answers

5. Please tell us any ideas on how community or voluntary groups may support you to overcome any difficulties you have identified?

- I wouldn't go.
- Food bank is useful, community fitness and health groups are huge benefit
- I work in the voluntary sector so have a very good knowledge of what is available locally and in my community. The Healthy Lifestyles Hub in Southwater is a good idea too.
- encouraging community spirit and better neighbourliness
- Feel awkward attending community/voluntary groups initially as feel that the people that attend all know each other and may not want me to join in. Would be useful if the group members were more inclusive.
- joining groups where i live
- What community?
- By looking at how school holidays can be altered so they are more evenly spread out, so parents can book time off work as no employer allows parents to take 6 weeks off during the summer.
- Better bus services. I'm trying to move because of recent changes. People to call in and have a chat and a cup of tea.
- offer extra sporting activities to take part in - show that they are open to new members and novice sports people
- talk through issues
- Give advice
- I suppose there are groups that help - hospice couldn't manage without them both physically and mentally
- I haven't got a clue
- cheaper membership for exercise classes
- Many of our centre attends more than one group. Other groups who provide support arte, Salvation Army, Church, Day Centre and Breakaway
- Not sure.
- Gardening may be a future problem - but my garden is very important to me
- None
- More local groups (without judgement) to help support the less confident folk
- Petition for healthy food to be cheaper than unhealthy.
- offer more organisations to set up such as small scale walking groups
- I need to make the effort to go and find out what's available but groups could ensure they have someone to meet and greet newbies who arrive on their own
- None
- Joining a social group has broadened my range of friends so I socialize more.
- N/A
- They cannot. They are outside of the system so are almost totally unaware of how bad things are and how terrible things will be in a years time.
- Have more specialist sessions at leisure centres Have 'Disability Champions' with training at key facilities eg. town park
- Advice, signposting, listening, providing social events so we can discuss difficulties and find solutions
- Specific support groups locally.

- I dont know any community or voluntary groups local to me. Im not sure I would use them if I did.
- N/A
- AS above.
- Setting up diet and fitness clubs
- No
- More local social events would be nice, especially for lonely, elderly people.
- Using arts and culture like music lessons, workshops concerts to support my low wellbeing levels and happiness like singing in a choir
- Voluntary and community groups are a great way of getting support and helping those out of work to become more involved.
- No idea at all.
- being able to accompany me to hospital and some kind of socialise events to be with me
- It is virtually impossible for groups as above to do anything.
- See above, council could co-ordinate the many voluntary and church groups to make their valiant efforts more efficient. There is wonderful work going on in Telford
- n/A
- I have been considering joining the local boxing club as it is cheaper than the gym. Just need to find the time
- voluntary transport is available but is restricted to the patient only - this can be difficult for partner/carers to accompany to hospital
- At this moment in time I am still being supported by the PRH and my GP and do not use any other services or groups
- It is difficult with working full time, there are no groups I am aware of where I live (which is outside the Telford & Wrekin area).
- Headway supports my needs by enabling me to mix well with small groups and staff are aware of my needs. I feel very comfortable there
- To interact and communicate better
- I don't know
- MIND
- N/A
- none
- N/A
- They could help me with daily tasks in the house and out and about
- reading and writing
- Headway
- N/A
- Outdoor gyms in parks Are great as I could exercise while my boys play!
- being available to listen when I need help he most
- encouragement and willingness to be part of a healthy lifestyle
- Access to more opportunities to arts and culture, choirs, music, singing, more opportunities to take part and be active such as volunteering for arts events / organisations
- not enough social groups in the area
- Crèches, accessible times with more than one option
- befriending
- Helping with my gardening and shopping. Getting out into the community more
- no
- N/A
- easily signposted and focus on prevention and management

- this would not help at all
- Helping me to go out
- British Red Cross are great if you need wheelchairs and aids after surgery
- again, why???
- I have had counselling off and on over the past 6 years and my counsellor is great.
- N/A
- money management
- more locally sourced cheap meat, fruit and veg
- Not sure
- Slimming World
- The only thing that would help more would be to get rid of them, but then that creates job losses which I wouldn't want to happen.
- Don't know
- community forums which keep you up to date with what is going on
- Neighbour hood watch did start up but rather than by street then maybe by a small community
- none
- having groups held in the evenings/weekends rather than daytime as i work during the week
- N/A
- none
- NA
- N A
- Share recipes
- Bereavement Support Groups to be available to all that require them that have lost someone close & finding it difficult to cope
- N/a
- Having classes I could attend where I can take my young son.
- Am a volunteer for 3 charities
- Reduced price gym memberships
- Perhaps a dedicated gym sessions for My age group 65 plus
- I don't have any difficulties
- N/A
- Never been offered any support
- N/A
- Chapter amenities
- Opportunities to participate in activities. Love the walking festival, use the council gym
- I need help with gardening, house repairs and cleaning. Child care is hard to find. Any help with these things would be of benefit.
- none
- none
- Provision of facilities for older men
- Raise the profile of cycling so instead of driving everywhere some journeys are on two wheels
- Local walking groups and dog walking groups
- Getting fit with kids from birth to school age or childcare
- None identified
- The only group I am involved with is the over 50's ski group at Madeley.
- none

- N/A
- N/A
- Group running is very good and I love occasionally doing a park run but I would like if one was on the shawbirch - wellington side of Telford.
- None really perhaps a dietician who is able to give advice on the phone or on line, if you have a concern on the meal you are served.
- I think these could be valuable if transport was a problem in getting involved in activities to improve mental, emotional and physical well-being.
- Meet more regularly
- NA
- Availability in the local area with a personalised invitation but at least good advertising
- more free courses on locally at park lane centre that provide a creche
- They couldn't!
- knowing who to go to for information and having more walk in places to obtain it.
- ##### like go Telford town centre my favourite stores in game sports direct carphone warehouse Asda New stores in Telford town centre
- None
- NONE
- N/A
- Home Fix are a great help
- na
- I think building the community so its there when needed would probably help. If I knew others needed help id offer it
- N/a
- Running club at easier times around work schedule
- Active community groups
- T&W carers group is great with singing. I would like to be able to attend more of these (eg Pamper Days) but where is the time??
- more classes in school hours, especially Pilates. Healthy cooking classes?
- As above
- We are very independent and to date manage. We almost certainly will need help in the future almost certainly we will need full-time care.
- As above
- My church is very supportive and I feel part of a community.
- Not really sure
- We are members of the Shropshire Wheelchair Users Group, and Shrewsbury Stroke Club.
- Na
- By actually being available and helpful. Many talk the talk but action is poor including those supported by the council e.g. Age UK
- As above
- Sessions on how to sleep better.
- n/a
- Groups for women, over 60-s groups, free bus passes to go out and about, free exercise classes.
- My house is fairly remote and there is little in the way of "community" or voluntary groups in the area.
- The local MIND centre is a great help but is also under stress as it is a charity and unsupported by local and national budgets
- no

- A group of sport for disabled people. More outside gyms. Ways of accessing places so you don't need to walk miles to get in.
- I have help from Age UK to tend to some needs for my father and mother in law.
- Meals to be delivered if ever I couldn't cook
- None
- voluntary work helps me by allowing me to interact with others and helping other people in turn makes me feel better about myself
- You tell me !!!
- Not applicable
- N/A
- Have not considered asking a voluntary group.
- Local community support group to give up smoking?
- As above.....
- At the moment we can manage.
- To continue with free healthy things for pensioners such as Why Weight with exercise not just free swimming
- Possibly a healthy eating and slimming group without the expense of a major slimming group to help people understand what they should eat and avoid. Also keep fit group that is not bad on joints ie knees and heals etc.
- N/A
- Some help in garden and general jobs in house ie work that a handyman would do
- house work food shopping
- Have visible pavements and footpaths alongside roads.
- There need to be more support groups for mental health
- Publicity of volunteering activities available.
- More evening classes
- Spread the word on Chiari malformation a debilitating brain disorder & rare
- N/A
- I regularly volunteer and run parkrun
- no idea
- Already being helped by carers groups
- dont ask
- If they had more funding and more backing from councils they would be able to deliver a more tailored services to people
- Not at the moment.
- n/a
- more mental health people, and 2 be allowed more than 12 sessions, even tho you need more
- Provision of good local transport.
- I go to a couple of clubs for fun & find that getting out & mixing with other folk always gives you a different perspective on things. I really don't need outside support though, and am generally happy & healthy.
- make it aware to parents that their children when 'let out' to play in the street actually disturb peoples relaxing time
- N/a
- No ideas
- Not sure
- I have not identified any difficulties
- Hopefully Age Concern etc. and similar will be able to advise us if necessary.

- Our community centre should be better used by exercise and hobby groups rather than a pre school which rules out day time groups for adults
- None that I am aware of.
- Not applicable
- provide guidance on diet and offer exercise opportunities at an affordable rate at times that meet the needs of a full working family having faith that there are people out there who are confident to help you in a medical emergency
- N/A
- I am not sure.
- Don't know any around here.
- Neighbourhood open days and night gatherings.
- At present there are no other areas identified where additional help may be needed I am still able to drive and so can make all medical appointments and undertake all shopping
- Would like more accessible health promoting activities i can join outside of working hours
- Larger print. Be environmentally friendly do not dump rubbish in lanes.
- Are there any environmental groups who could trim overhanging trees and hedges or clean up slippery moss/leaves?
- N/A
- Mindfulness courses Yoga courses
- I can't think of anything we need support with yet.
- None
- Visiting person who has experience/knowledge of my needs
- Again this would be difficult due to poor transport after a recent operation left me unable to drive I was effectively isolated. Buss 2x week for specific destination with a short turnaround.
- Our church community is wonderful at providing a caring, supportive community - there's a mutuality in supporting one another, knowing that we are not alone.
- Not sure
- I think there needs to be more activities for carers to do and they need to be advertised well.
- N/A
- N/A
- public awareness of deafness and how it is an isolating experience
- Let me join local groups
- more be active classes at brookside, less cancellations
- MS groups already help. Please support these groups.
- Provision of Lunch and socialisation.
- perhaps more groups for childcare
- Positive activities, support groups and low level care.
- N/A
- Not applicable.
- Gain confidence
- Nothing currently
- Breath Easy support group, continue with voluntary work, provide bus stops to estate.
- Being included for services
- allowing me to play rugby
- Be more supportive of the services provided by the council and stop complaining causing extra work.
- i have used the councils counselling service before which i found helpful

- I attend a bootcamp session 3 x a week. Its great exercise in a very supportive group. Its become a bit like an extended family.
- Have a more understanding on illness that aren't well known.
- carers groups, if I had time to contact them
- Although I am classified as a carer, the Carers Group are helpful, but otherwise the assistance is notable for the missing information & assistance.
- GETTING OUT THE HOUSE, ATTENDING EXCERCISE CLASSES WILL HELP BOOST MY MOOD AND ALSO MY HEALTH
- none
- Town Park could be lit up in an evening, perhaps wardens in the evenings in parks and popular wooded areas?
- I had some great support from the local Red Cross Home from Hospital scheme in 2013 when my mobility was badly affected 3 years ago following Achilles tendon repair surgery.
- None
- Reinstate Women In Motion to prevent weight gain and promote fitness
- I already attend a group which helps with my social anxiety
- By providing effective, high quality, client centred services that are easy to find and access
- Again if I wanted to quit smoking, maybe talking with someone who has quit before could be of some help
- I think there needs to be more activities for carers to do and they need to be advertised well
- N/A
- Help and support with flat, staff try and help the best they can (YMCA)
- They are unable
- N/A
- Attended a course (NHS) for patients with long term medical conditions and a diabetic course. Both cour5ses helped me to self manage my medical conditions
- Perhaps more groups where children can go and play while parents get some time to themselves?
- n/a
- PTT team was incredibly helpful, after that I do voluntary work with local groups
- Local exercise classes in community centres. Bring communities together. Greater variety of classes at leisure centre. for older people but in evening I work full time.
- None
- Community to be more aware of local walking, running, cycling groups
- They keep in touch with me - age concern
- I am shortly to have a walk in shower put in which will be great
- N/A
- Fitness and confidence
- N/A
- To keep me busy
- N/A
- Not sure
- Get to club once a week
- I attend Bridge House day centre three times a week. I go shopping with carers - can't really go anywhere other than these
- Age UK (Parwood - Tues)
- I volunteer to provide support to others

- I never see anybody. Mon @ Wed Club - Age UK Lawndale Donnington
- Come to Age UK Turnpike Court - doctor suggested it - meet people have a chat
- Memory Services nurse visits twice per year. Physiotherapist from Memory Services also visits once per week
- Goes to Paul Brown Unit regularly for physiotherapy
- College
- Don't know of any community or voluntary groups
- N/A
- Going to TEN takes mind off any worries I have
- N/A
- Day centre - healthy eating, wheelchair accessible, suitable bathing facilities
- None - don't go to church anymore, can't hear, no longer believe
- No I don't think so
- we don't have any idea about any groups we haven't been given any information about support groups
- Swug - organisation that deals with wheelchairs. CNRT will help with rehab and MIND - mental health
- church helps - Jehovah Witness help with shopping and taking to groups
- ##### does not wish to engage with any voluntary groups. She prefers to remain in her home environment
- Not got a clue
- no
- N/A
- None identified but wouldn't know what groups there are
- No - wouldn't want a stranger in my home not enough time to go out to local groups due to caring role
- support
- Offer activities for all ages
- none
- Most of Brookside is infested with trash. If the council can organise a daily sweep it would help me feel less stressed
- Keep volunteering and supporting such things as litter picks, fly-tipping, clearance etc
- Informal social groups
- Identify any groups that exist locally would be good to compare symptoms or advice
- I don't fit into the right boxes for any help from voluntary or community groups as my complicated health problems cause me too many problems to attend groups or appointment by myself
- A community group that could help me learn more about using my notebook (tablet). I have been on courses but because of my stroke, I forget
- No ideas. Worked up until last year
- May benefit from befriending service. Lunch club
- To make themselves known - publicity
- More publicity about local activities and any support groups in immediate neighbourhood would help
- None identified. ##### - for shopping if family were away
- At current time, don't feel need for any additional support with weekly showers to remove independence
- Gardening, decorating and plumbing ie leaky taps
- Impossible - the council has shown consistantly since 1974 that it knows best and will not change

- Assistance with gardening and cleaning. Volunteer driving to remote shopping and all medical facilities
- No problems at present
- Dont need
- Word of mouth opportunities, experience volunteering
- Not really
- No
- Better communication at daytime club, education and leisure activities Continue these groups over the summer break,
- Use the library in Wellington: Groups V3A, History group, LA21 projects
- None
- Being in touch, doing things together
- My family take me out to places I need to go as I can not use my bus pass till 9:30
- Up to now I am able to see to things myself and do a bit at a time
- Have had help when needed
- I believe there are groups eg green gy and walk for health but all activity is weektime based and not convenient for full time workers
- Weightwatchers
- None
- The difficulties are not the sort that groups could provide
- I dont know
- No
- None
- I hope to attend a lip reading course but I have had to wait over a year to be offered a place.
- Be more available i rural areas
- Reducing prices for single parent families and or cheap childcare
- There are no community/voluntary groups in my local area
- Enforcement of Blue Badge parking. It is shocking how frequently I am unable to park because non-blue badge holders are in designated disabled bays
- No idea
- More community days are needed whether it is a family day or just coffee and cake
- Either local football, rugby clubs help people like myself with working out a diet plan of what to eat the buy each week and the use of the gym's free with a proper workout plan and help using equipment
- The difficulties are my son's challenging behaviour and there being no respite because of red tap, not meeting criterias
- None
- Gardening
- Had I or my family any difficulties, Care at Home would save NHS expenditure
- More access/facilities for disabled to swim, keep fit
- Open one pool at 6am Mon-Fri. Add instructors name next to gym classes
- Lifts to hospital visits
- Not too sure they can
- Concerned about pressure on Newport Health facilities as Newport expands - due to increase in house building
- The Telford & Wrekin Arthritis Support group help through their hydrotherapy sessions and their trips out etc. Many church groups help, craft and chat etc
- None

- Cheaper transport to get to shops out of the Town Centre eg retail parks
- I know they help
- They cannot
- I thought Social Services provided support
- Help aged. Someone to help with decorating etc. I believe there is an organisation who do 'handyman' jobs. If there an over 65 club
- Taking my son out. Help at home
- More walking groups (local). Anything to get the older ones out and about
- Talking to others with the same problems
- Some form of help with transport to day care for my husband as I am not always well enough to drive and taxis are expensive
- None required
- I am in supported housing. Fully supported by Wrekin Housing Trust
- Council pressure and local MP Support to restore a traveller friendly bus service from arriva which is now sadly lacking
- Advertise what support is offered and clearly and simply identify how to access this support
- None necessary
- Get lots of support from my local church
- More to unite the rich and the poor
- Not required
- More facilities in the Oakengates area for the elderly especially a community centre like the new one's in all the North of Telford
- Support with shopping and someone to talk to
- This doesnt apply to us personally. People who live alone do need support from community and voluntary groups
- No idea
- No charity deals with my condition
- Similar to above - re mental health issues it would be useful to have more information and non-medical (but trained) support
- No need
- By having contact numbers for extra assistance when needed
- It would be helpful for disabled people could get into the Town Centre without having to press a button to rise the barrier as this is impossible for both myself and my husband and many other people I know the new Southwater is not disable friendly
- Not to say there wasnt anything wrong and isnt anything - when there has. Wrongly told its imagined when its been positive serious issues taken decades to address, ignored
- Neighbours who are anti social should be sorted out more quickly
- No ideas I'm afraid
- Newport Helpline - a volunteer driving service (01952 820599 phone 9am - 12.30)
- To go to doctors to see a support worker
- Dont shut ave at Telford
- None
- None
- All in place as best I know
- More women only groups and singles groups
- Prefer to stick to my friends
- I did attend a group some years ago for carers. They were very 'worthy' and anxious and help but I found it patronising. Playing silly games was no help at all

- Any help would be very welcome. Any help to look after me and my home and company would be most welcome
- Not at present, thank you
- None. My illness is basically an individual illness, individually controlled and checked periodically by NHS
- I belong to a walking group. I also belong to a group support a local green space. This means I meet many people
- Not necessary
- Informal 'get together'
- None
- No idea
- Picking up litter, dog mess. Encourage children to go and pick up this mess, learn respect for where they live
- Better understanding of patients needs and concerns and less emphasis on profit making and corner cutting
- Security patrols along the Silkin Way would be good There have been too many attacks along this path.
- My life is find as it week
- Not at present
- What I need is a good GP and a good National Health Service at a later date. However, I may need services based on my need that will help me make choices
- I attended the council organised diabetes course - excellent
- As above, take me to do's and hospital appointments. I find taxi driver are not particularly helpful and are particularly thankful for the hospital transport service
- Mowing of lawns
- There are lots of home workers across the borough, maybe have centres where homeworkers can book a desk etc and at least work in a shared environment.
- Arranging interesting walks, getting together to stop councils allowing new estates being built on green sites
- Set up a support group for fatties. It's not all about eating less, it's often about having other things to do rather than head for the fridge.
- I can't think of how that would help me
- I am the one who supports voluntary groups
- support me as a victim of anti social gossip and feeling ostracised in my neighbourhood.
- n/a
- Not sure
- I already use day care services and a sitting service
- Not sure
- I am a member of Newport Gym and the staff and the people there are helpful and supportive if needed
- N/A
- N/A
- Having a home help once or twice a week to help out would be nice but we haven't asked for help because i feel we wouldnt get it because of all the cuts
- Fitness classes for people with high vim to create a safe place to exercise
- No difficulties
- No identifiable difficulties, just getting older and the germs more virulent.
- more free activities like walking groups etc over the weekend and evenings
- none - explored many

- Better facilities to run "clubs" and support when people try to bring things to help rather than facing "red tape"
- good daytime exercise classes that are not interrupted by rude moronic councillors(Wellington Leisure centre), attending various adult education classes would be helpful unfortunately these are very expensive or restricted to older people
- none
- social services
- n/a
- health meetings
- Fitness groups for free. This would make me feel involved and also be good for general overall health. Groups to talk about issues we may be facing with group sessions.
- we are ok at the moment NOW
- I am a founder member of telford Breathe Easy and the lessons and support are invaluable
- N/a
- Do family sporting events, cycle rides, fun runs.
- Community local walking groups.
- More community based activities would be good, yoga, Pilates, dance classes etc.
- N/a
- N/A but the council should support Walkabout Wrekin to help others
- Age Uk could possibly assist to get one to take part in activities, appointments..
- Supply me with a disability scooter
- I think I need more help than either of these groups could offer me
- Again it is the council who need to act on the pavements and parking issues.
- sharing information.
- not applicable
- As above
- move to bungalow with wheelchair access, I have enough problems getting myself up and down stairs.
- None
- It is difficult to get additional time to spend on exercising but a good diet helps
- To provide activities for my children
- N/a
- I do not receive any assistance from any voluntary groups but do get involved with one.
- We are fortunate in Newport to have several groups which provide support and company for those who are less able.
- n/a
- Not applicable really.
- Not at this stage yet
- when in need after hospital Social services should provide basic care and the G.P. should provide health care needs on a daily basis, when there are no relatives close by.
- I don't think I need help and would not welcome any attempt to do so.
- None
- n/a
- None.
- I belong to a Quaker Meeting so have many friends offering help, when required.
- Continue regular fitness sessions in local amenities
- none identified
- N/a

- My Doctor keeps me informed of any groups and classes that are relevant to my health care.
- My health is my responsibility, not others
- regret none
- I don't have any.
- Community run yoga classes for older people.
- Easier to gain access to "friendly" medical care or support, all too "white coat" and emergency wards for my liking.
- Not sure
- Stop encouraging more people to live in Telford
- Working together for each others needs.
- I am in telford breathe easy and the carers association but transport us still a problem docs hospital et
- None
- Not really.
- Perhaps community walking group would be motivational. But needs to provide for all ages.
- See above
- not applicable but I would suggest that church groups like mine (Hope Community Church, Admaston House)do (e.g. our Friday community café) and will continue to be sources of support that council can tap into
- No problems
- NA
- low cost fully inclusive groups or education courses meeting new people and leaning new things
- none
- No difficulties
- Need support from a specifically trained and qualified individual or group to help with my heart disease and to increase my physical fitness.
- Not sure
- I don't think the answer lies there. In my case it is the paucity of serious physiological research that is the problem; combined with the govern policy to reduce funding for chronic illness support.
- Maybe someone for me to talk to adult conversation away from home. Get me out social groups etc. buddy system.
- Well groups could educate people in the concept of community and how to create an equal money free society and actually do it.
- None
- n/a
- someone to talk to about issues
- Not any
- None
- Mental health - someone to phone for a chat
- not applicable
- As previous question, I have no need of any support
- None I can think of at the moment.
- "Working" for such groups is the problem.
- I am a member of two groups in the NHS so keep well occupied.
- n/a

- I had no one to talk to before and after surgery for a Total Gastrectomy. I have counselling experience and have asked to help voluntarily and still would given the opportunity.
- n/a
- Not their responsibility
- Not needed
- don't know
- Have no difficulties.
- N/A
- Not applicable to me
- My husband helps out where he can but he has similar pressures at work. What would really help is better and more consistent/ flexible after school care so I can arrange for them to have better support when I cannot be there
- None
- N/A
- not really - just will power
- N/A
- no community groups still do little sport
- they could be there when you are feeling low. as support and advice.
- na
- See above comments.

Appendix V – Individual answers

7. Who and what helps you to be safe and secure?

- Doors & locks.
- Home, neighbours, activities, contacts.
- An income. A home. A family. A decent neighbourhood. A lovely town. Western luxuries and general safety (from war or unrest).
- I do not put myself in situations where I do not feel safe
- Family neighbourhood a positive outlook
- I generally feel safe in Telford but news showing recent attacks does become unsettling
- The people I live with - my family; my house; my dog
- Happy home life, good part time job, children happy in nursery and at home, husband working full time
- My family
- living in a "nice" , well kept part of Telford. Good street lighting. Friendly neighbours.
- living in a nice neighbourhood
- Strong community
- Myself - putting in personal measures
- where I live, friends, job
- My family and some of my fiends
- Friends and family, staying inside
- Friends and family, staying at home, being safe on the internet
- family
- family and neighbours and friends
- The people here - they come and check on me they help me wash, dress, get my food - they help me with everything. Once my door is shut I am safe and they will help me
- Me. A police presence
- Policing
- I do that myself.
- at home - doors can be locked and check who is calling outside - never sure who is up to know good. Less able get some comfort from wheelers and walkers
- My partner
- Good friends and close family , good job
- My own efforts and actions
- Live in a safe area, secure job, husband in employment
- The area I live in, where I work.
- Myself, my family, the police.
- myself awareness
- self confidence and belief and good locks
- Not worrying too much about things
- Work and my family
- A safe home. Having been brought up with sensible ideas about safety and security.
- Family and friends. Safe home to go to.
- My general health and awareness
- My plan.
- A supportive family, friends and colleagues but ultimately control

- My husband is extremely security conscious at home and generally I never put myself in a situation which may cause me any danger when I am socialising.
- My husband and my pendant alarm
- Having my own home. Living with my partner.
- Where I live and the people who are around me.
- Our alarm and location
- Secure job and stable home life
- Neighbours and PCSO's.
- Friends and work colleagues
- Wrekin Housing Trust in my property and my dad who supports me.
- Common sense and as much security as household locks provide.
- ##### our warden does help as much as possible she has done accupany walks only short as we cant walk very far but a lovely change
- Safe neighbourhood. Police visibility/communication.
- Live in a "good" area and simply don't look for problems
- Me
- my husband my family and my friends
- My age partly - I am earning my own income, and am independent should the worst happen, but I have a husband that is supportive and also employed. Due to the fact we are older we have
- carers and family
- Family and where I live. Family and friends around me
- Partner and friends
- family
- I am independant
- My mother, father and staff at #####. Local doors at night, keep chairs under tables.
- Family and friends
- n/a
- Family
- No one really
- My family and friends
- Good caring community who look out for each other.
- Close community
- Family and friends, safe neighbourhood
- Additional security measures like security gates, CCTV and house alarm.
- Having been burgled before, a good burglar alarm helps
- all neighbours watch out for each other
- Family
- Living in a safe neighbourhood.
- alarm fitted good neighbours
- Where I live is the most important thing - if I feel safe there this helps my emotional wellbeing and general sense of security.
- The staff at Morris Care
- Neighbours, family
- Street lighting, neighbourhood watch. Police on patrol.
- The estate I live on is well lit and not a through fare so therefore people would have to go out of their way to cause much disturbance
- family and friends
- where i live and who i associate with.

- Husband
- Family, neighbourhood
- Secure home and settled family life
- I wouldn't say I feel completely safe and secure, there is always the potential out there. We keep ourselves safe and secure by ensuring we lock up and make our belongings secure. Out
- Family, Colleagues
- Family, friends and neighbours
- Knowing that I can contact any of the emergency services if I need them, and also my friends and family are only ever a phone call away.
- Having a chain on my front door. Neighbours, family and friends help me if necessary
- wider community, own sense of how to keep myself safe and secure
- myself and husband, police
- My house. My job. My friends & family
- Living with my partner and having very good neighbours who i can rely on
- Family and friends Living in a secure environment Being self aware when out walking around Telford
- Myself, neighbours and to a smaller degree friends.
- Local community
- partner and security on property
- Locks, streetlights
- the alarm on my house & having good neighbours who are also looking out for me
- Myself
- Common sense and forward planning
- Good locks to make my property secure and a house alarm. Knowing the police work hard to crack down on crime.
- I live alone, so ensure I am aware of working safely in the house and garden. I do not respond to cold callers/ either on the web/telephone or at the door. My close neighbour and I sha
- My self
- My husband
- Double glazed doors
- Living in a good neighbourhood. Good level of financial independence
- I live in a quiet area with plenty of neighbours
- Living in a safe low crime area.
- I feel it's a safe place to live.
- Own house in good area with husband
- Not entirely sure how to answer this I just feel safe and secure - I am not sure that anyone helps me to feel that way
- My partner and environment
- Partner and location of home
- I live in an area which does not usually have a large amount of through traffic. I have a high wall between the road and the house so no-one can see into the garden or downstairs room
- myself
- house alarmed, pick axe handle near front door not much else I can do
- general neighbourhood feels safe but there is a perceived risks from scammers etc that needs to be stamped on hard
- Having a comfortable home that we can afford to heat. Friends and neighbours. Our GP.
- CCTV at home, dog at home other home security

- Me. I do not put myself in unsafe situations.
- nice area to live in
- Family friends and a well planned retirement.
- my life style and home location and security
- I always lock my doors and close windows. My house is double glazed so believe it to be difficult to try to break in.
- Family and area in which we live, together with the security measures we have in place. Oh and I am big haha
- Me
- Not applicable.
- Where I live and good neighbours and friends
- Good lighting
- SELF CONFIDENCE
- Self
- There was recently two burglaries in my road, two doors away one side and three, the next. I am grateful I have a GSD. She makes me feel secure.
- being aware of neighbourhood issues ,
- Me
- NO ONE
- Self awareness of surroundings and what is going on. Police approved home security windows and doors. Security lighting.
- I live in a safe neighbourhood and all of the neighbours look out for one another
- Street lighting, family, local policing.
- Family
- me again
- My family and I are physically fit and live in a pleasant area.
- I feel confident about the area in which I live, I feel my home is secure. We have both a burglar alarm system and a dog.
- Living in a safe neighbourhood where people know me and I know them
- Low crime, good neighbours
- Good security and alert neighbours.
- Going places with people, constantly letting people know when get to places
- Income, location, Police, Neighbourhood Watch
- I have a key to my front and back doors and have 3 cats who keep me company (security??)
- Good area, good neighbours and great community
- Having a house alarm & 2 dogs, both purchased after being burgled twice
- Neighbours and friends.
- House alarm, myself, my boyfriend as he asks and cares for my welfare
- Family, neighbours
- I live in a safe area in Newport. The street lights help the area to feel safe.
- Quiet area, nice neighbours
- We live in a small village which is very quiet.
- Good security and area
- Me and my choices
- General sensible safety measures we should take in our homes. Out of the home going places you know and being aware of any risk areas.
- Live in a rural community where everyone looks out for each other.
- me

- Local area is a safe one.
- Clean, tidy well lit environment.
- I live in a relatively safe neighbourhood. I am aware however that over the years, several people have been assaulted along the Silkin Way and although I feel relatively secure, it is
- having a regular income, living in a safe area and having friends and family
- I don't go out at night. I stay away from "problem areas". My house is reasonably secure.
- I have ensured my house is secure and I believe the local police do what they can to provide a safe neighbourhood. Also neighbours watch out for each other
- Burglar alarms and the thought not to let things pray on your mind. Fire alarms and telephones also help to feel safe.
- Car. Home security. Family
- Husband and son
- Good neighbours and we do have an alarm fitted to the property
- Family reasonably close by.
- Newport makes us feel safe and secure
- We feel safe in the area we live in, all our neighbours look out for each other, the properties, cars etc.
- Secure house, nice area
- Good locks on the doors and a stair lift to help with getting upstairs.
- Nice neighbourhood, helpful neighbours
- Running with others
- My own precautions at home
- Live in nice area and feel safe with my husband and dog to keep me company. Have nice friends and family also.
- Good street lighting
- family
- Good neighbours and house alarm
- Good neighbourhood and neighbours. House feels secure.
- My home and where I live.
- Myself and family
- Good neighbours, family and good locks.
- The area I live in.
- Supportive daughter my carer
- Living in a nice area with my family
- House alarm and cctv keeping the street lights on at night
- Family
- living in a low crime area
- Personal responsibility, respect and understanding for the laws and rules of society, a good upbringing. Having worked for many years a reached a reasonable level of income I have bee
- myself and my partner so far. his just being here helps.
- Don't go out at night near pubs and clubs.
- Myself the police force are struggling due to funding cuts so it falls on myself to support myself
- general environment of the area
- We look after ourselves and don't take unnecessary risks.
- Being security concious - using locks and alarms (and common sense!). Also family & Friends.

- I have a new home so the door security is quite safe, I also have several bolts on the inside of my back gate and a fake CCTV outside my back gate and also several motion detection spo
- My partner
- My faith, family and friends.
- Family, friends, church
- Good neighbours, CCTV, good communications.
- being with my family in a friendly community, also friends
- We. are aware of who and what is around us, but one can only do so much these days
- Living on a seemingly safe estate with neighbours who look out for each other
- Good neighbours and taking personal security seriously.
- The road I live in, the position my house is and my partner and neighbours
- The area I live in. I have lived in other areas of Telford where I have not felt safe and secure. This is due to the behaviour of residents close by and further afield. In this area
- Safe area. neighbours next door
- Crime figures seeing regular police around
- Own House security etc
- Good neighbours who I know watch my house when I am away. A local police presence and the fact I have extra locks and CCTV helping to secure my property. A secure surrounding helps giv
- Good neighbours and a little dog who lets us know if any one is near the house.
- Family friends, area i live in
- I try to be look around about myself at home and when out and about
- my children
- Security measures installed.
- Myself
- Mobility; use of own vehicle; financial independence; own home in a quiet location
- Friends/family/work colleagues. Being employed and being happy in general
- Close family nearby. Good neighbours, and quiet neighbourhood. Good communications, locks and security lighting.
- Supported housing - Woodlands (Park Lane)
- My husband
- locality small village not on a major road with a low crime rate, however do not feel safe when visiting friends or have to go into larger centres due to low visable police presence.
- Good support at home with alarms and IT support; trusted neighbours; good health
- My husband and our camera system
- We are a tight knit family and we support each other
- Personal alarm. House security
- Being able to drive in my own car which I do. Having good security on doors etc at home. Not putting myself in danger e.g. not walking outside alone in the dark.
- Partner, relationship with parents
- Dog
- My family and carers
- Family and friends
- good home with alarm system
- Security system, telephone, neighbours.
- My husband, my job, my home
- My wife, and being financially sound.
- Good locks on doors, a call line. Quiet, settled road.

- Security in house
- My house is fairly secure and my awareness of any potential threats when I'm outside is good.
- common sense,
- having a loving supportive family, having enough that i can provide a good comfortable home and standard of living for myself and my child
- Lobby entry to flats
- Living in a rural area with good neighbours. Being careful about security.
- Military father
- being street wise and knowing risks
- My husband, children my parents and work colleagues
- I live with my parents, if anything ever happens to me they are always there.
- A GOOD STABLE HOME AND FAMILY AND A GOOD JOB
- Boy friend
- Me
- My family
- Knowledge of self defence, crow bar I keep near my bed
- Home, family, police
- A positive and healthy attitude to life, working hard (self employed), my family, friends and other important people
- Having a small select of decent friends
- We are a tight nit family and we support each other
- Depends on the situation. Can feel vulnerable in unfamiliar situations but feel safe in our own home or when out with support
- Personal alarm and house security
- The staff who look after me
- Morris Care home and spouse
- The staff where I live
- friends and family. I avoid isolated environments when out walking on my own
- The area I live in feels safe.
- good family, good partner, lovely work colleges good policing service
- Family, workmates, having a full time well paid job.
- Locking windows and doors, having a security light front, back and sides. Nosy neighbours
- keeping outside doors locked, neighbourhood watch
- Locking doors on entry to my house. Making sure the house is secure before leaving
- Family and friends
- Having people around me including one dear friend at #####
- No one can get in without we let them in and also our own front door
- Living in a safe environment
- Friends and family
- Knowing I've got a great family to rely on in case of need
- me and being secure in ones self
- Living at #####
- I have a pendent alarm, I have a key box safe - only agency and other professionals know it
- Help myself, ask myself @Do I need to do this? Go there'
- Good friends and neighbours

- Bungalow live in (no upstairs) and the people around me. I can come in the community room anytime. Breakfast Tues morning Fish & Chips Thurs pm
- A young couple live next door - they have children. Area feels safe
- WHT Sheltered Accommodation - #####
- Staff from creative support
- locks on doors
- family, friends and neighbours
- maintaining property in good working order, making sure property in good repair
- I live at ##### which is a care facility that allows me to live in my own home and get the care and security I need
- Having people around to help me
- secure home and good neighbourhood
- The community I live in.
- Where we live don't get any problems. Family. A good house overhead
- we have a burglar alarm, smoke alarm and I live with my wife. Windows all have safety locks
- I feel safe and secure as I live with my wife. I am reliant on my wife and daughter for help
- good friends and family
- Continues to live within her own home environment where she feels safe and secure. Remains supported by her family
- ##### my physio says I think of what may happen then not to push myself too much when walking on new prosthetic legs
- locked doors, family and friends, wonderful neighbours
- Self awareness and family
- because my son lives here, keep house locked all of the time. Been here in area for 41 years - know area well and neighbours
- Group of neighbours keeping an eye on each other
- Having a good network of people around me
- community and neighbours
- My family and friends and dog
- Street wise and lived in London
- friends and family
- I have a strict process of security checks I carry a self defence and attack alarm
- I live above ground level I have good friends and contacts
- Being aware of personal safety and what precautions to take
- Good home security, living in a busy house, lots of people coming and going
- police
- Healthy and active lifestyle also I have the companionship of a dog which also helps me feel safe.
- Pendant alarm, burglar alarm
- Family
- Husband and environment
- Good security on house. Son who lives very close by
- Family, Wrekin Housing Trust
- Knowing I have good neighbours. Home improvements
- Neighbours keeping a friendly eye on me and my husband. Safety measures we have installed ourselves, such as smoke alarms, computer security, locks on doors and windows

- Key box, police, support worker, #####
- Family, agency, all on one level/no stairs. All equipment
- Environment - sheltered housing - retired complex
- Family and partner
- Alarm scheme, adapted property and friends contact. Ring the police
- Wife, emergency service
- Door and window locks
- Good house security and good neighbour relations
- Self and wife
- House alarm, community police officers
- Family dog
- Taking personal responsibility and not trusting others to do the same
- No one other than my family
- We live in a cul-de-sac and all residents look after each other and help as required
- Design of the street/layout, neighbours, maintenance, street kept clean
- Watchful neighbours, close community sense and very low local crime
- Home in good state of repair - insured and neighbours look out for each other and children in daily contact.
- Me and the way I conduct myself
- Neighbours
- Good neighbours and family
- People check on me and give me their phone numbers in case of emergencies
- Relations and friends
- My dog - alarm system
- By trying to be prudent every day ie locking doors, reducing risk of fire, etc
- Having caring family and neighbours. Being careful to always lock doors even when at home. Having fire alarm.
- Self awareness
- Myself
- No one
- Good understanding of how to keep safe
- Shawbirch is a caring, safe neighbourhood
- Contentment with wife, happy family
- My house and husband
- CCTV, patlock, extra security measures at home, take phone and be sensible when walking dog and dont go out in dark at my home
- Street lighting, community support officer, police presence
- Family
- My dogs
- Alarm System
- Nice place to live
- I have got very good neighbours
- Area
- Good home security, lights, locks, neighbours looking out for your home while you are not there, living in a rural area
- Vigilant about situation
- My own common sense
- Taking own precautions e.g. burglar alarm, walking in lit areas that enable others to have visibility of the paths/cycleways

- Personal alarm, security lights, secure door locks
- Living in a quiet rural area with low crime rates. Ensuring good door and window locks are fitted
- My husband
- Just me
- Being vigilant
- Locks and my boyfriend
- More PC
- Defined area round my house. Secure doors and neighbours who are aware
- Sensible behaviour - a secure income and a secure environment
- Good neighbours
- Family and technology - CCTV
- Police in adequate numbers
- My family
- Good neighbours and good neighbourhood
- Personal vigilance
- Good neighbours, careful about security
- Living in a good area. Good locks
- Police station nearby
- Friends, family, neighbours, secure in home due to burglar alarm, triple locked doors and windows and external security lighting.
- I live well within my means
- My neighbours
- Close neighbours/family and friends
- Sheltered accommodation which caters for older people
- I look after myself and take care when doing things
- My general outlook on life. Protection of my property
- Family ring and pop in regular
- Burglar alarm, secure house
- Husband live in safe area, near neighbour is a policeman
- Tidy environment
- My own capability - rural location - alarm systems. Phone - both landline and mobile
- Family
- My own fitness, our general observance of safety precautions. We do not spend a great deal of money on items that would or could be wanted and therefore stolen
- Nothing in particular, I just feel that way. I think that where I live also helps with this.
- My partner and where we live
- Safe neighbourhood, good lighting, lack of vandalism
- Home security measured, living in a perceived safe neighbourhood
- Confidence of a safe neighbourhood
- Good home security
- Knowledge of services and availability of ambulance, fire, police
- Home security alarm, financial security
- Support from wife and family
- My experience in security means I am able to be as safe and secure as possibly can be
- Family dogs
- Helpful neighbours and friends. Neighbourhood watch
- My husband makes sure our home is a safe place with my stairlift so I dont fall on stairs, locks etc on doors windows

- Where I live, very safe and pretty quiet
- New windows and doors with good locks
- As above, plus home inspection from ? police and fire service. I dont let in people trying to sell me security only legitimate, known organisations
- My confidence, state of mind, being a black belt in karate
- New locks on doors and windows
- Have indoor alarm for medics - in sheltered housing - neighbours very helpful
- The community in which I live
- My family and home
- Good neighbours and family
- Security system to the house and double locks where needed and inform neighbours when away
- Security lighting at home with our dog
- Husband and using disability aids
- My son living at home
- Visible police presence. Clamping down on unsocial behaviour. Clean environment. Removal of graffiti
- Knowledge that there are CSOs about, supportive and caring neighbours, a house with security features
- Nobody
- Wrekin Housing Trust
- I am neighbourhood co-ordinator for neighbourhood watch and therefore have close links with both residents and police. We all work towards a safer community
- The position of our house. Telephone and internet. Neighbours we have know for ages. Family
- Dogs
- Living in Newport, and I am safety and security minded and never having anything to with the internet which requires me to identify myself
- Neighbours and friends. We look after each other and keep and look our for low life thieving scum
- The area I live, my neighbours
- I stay in that keeps me safe
- A secure house
- I feel this is a state of mind. My house is as secure as it can be, but is not impregnable. I do not look for trouble. I have to hope that the law enforcement will do its job
- Family, friends partner, neighbourhood I live in
- The police, the law, living in a decent neighbourhood
- The area we live in and the secure features of our home, locks, alarm etc
- My own safe practices and our fitness level - I'm not vulnerable. I dont put myself at risk etc walking in unlit rural paths
- Neighbourhood watch
- Mostly using common sense and being aware of your surroundings whether at home or out and about. Dont take foolish risks. The generally low crime rate in my area
- More police on the beat
- Family, friends, neighbours
- My family
- Living environment, neighbourhood watch
- Council
- Ensure you home is secure and safe. Adapt the household to suit ages, needs etc. Family ensure they help with 'job' which they think 'we are too old to do'.

- The area where I live
- My husband, the local PC
- Peace of mind
- Family
- Community, neighbours, good job
- Police, firemen, ambulance service, NHS
- Confidence in policing. My own security routines, eg remembering to lock doors
- Family, police and community in local area
- Neighbours
- Keeping an open mind, not getting all my news from one source
- German shepherd dog. Good locks on doors and windows
- Good neighbours
- Being aware at all times
- With government help
- Live in a nice area
- Just have safe comfortable home
- I live in a quiet residential area
- Neighbourhood observant and helpful
- Low crime in my area
- Neighbours, security system and general awareness
- My wife is very supportive. Having a measured and total control of anything I do and being aware of any limitations
- My wife. Good locks in my home
- My wife
- Not prepared to sit and worry about 'what if'
- Security alarm and frequent contact with friends and neighbours
- The community itself, neighbours and the voluntary work I do at Newport Cottage Care Centre
- Alarm system
- My family and my work
- Window locks, 5 lever locks on doors. Also good friends and neighbours that ring or call round to see if I am ok
- The community
- Being aware of potential safety and security issues. Household security is practised
- Locks and burglar alarm
- Dont know
- The way I live
- Living with my husband - who gives support. Owning a secure house
- My husband. A pleasant home
- Family, friends, church, family, neighbours. Housing association care for house and road well
- Society and public services
- Good neighbourhood, security measures at home
- Burglar alarm, good locks, windows and doors. Smoke detectors. Low crime rate local area
- Secure housing/local policing
- Locations and dogs
- Having our children drop in regularly and good neighbours
- Myself : being careful and taking note of surroundings

- Own home - gated, security lighting, CCTV, well maintained home
- Having good door/window locks at home. Having a dog. Having good neighbours I know I can call on
- Safe and secure in my own home. But outside on the streets not so secure. There is more need for police patrols
- Me. Having dogs around, electric gates, security lights locking windows and alarms
- Area I live in is safe
- Where I live is a nice pleasant area, and we all look out for each other
- Police
- Good neighbours who all look out for each other
- Have care for 3 hours a week Monday, Wednesday, Friday. Helps me a lot
- By making sure that when I leave my house I lock all doors and shut windows. I keep my door locked even when in the house
- High fence around garden - 2 dogs
- Having a house alarm. Friends and neighbours. Warning of burglaries in the area
- Street lighting on every night in my road. Having a phone and a mobile phone
- Police
- I can drive and feel I live in a safe area also I have good lock on my home
- Police and neighbourhood watch
- Good locks on the door and windows
- I have a very good wife and family plus the fact ad this is very important we have no financial worries. I find and this comes from same age friends, if you have constant money worries 'it can take years off your life'
- Living in a nice area , near to family, living in a physically secure home (we have a lot of locks), knowing me and my boyfriend both have jobs and savings
- My family, my home and my neighbours
- Good street lighting. The presence of police officers in the community
- The support of the local police, visable and non-visable. Street lighting. Neighbours
- Secure doors on flats and well lit area outside and inside
- Neighbours and peacefulness of neighbourhood
- Neighbours
- Family support, good health and an active and valued range of interests
- I live in a nice area and community
- We do not seem to have any major problems in our area
- I am on my own but, a) live in a quiet part of Telford, b) have a burglar alarm, c) have a pendent which enables me to get help when required, d) my next door neighbours are helpful and supportive
- Neighbours, area I live in
- I dont tend to go out at night on my own, which makes me feel unsafe and not very secure
- Our street is a quiet street - where neighbours are friendly and always willing to help
- Family outdoor lighting
- My monitored burglar alarm
- Using my common sense about where and when I go out
- Self discipline and shrewdness and trying to be one step ahead of burocracy
- Full time employment enables me to feel secure. My local developing area makes me feel safe - good road links, well lit areas throughout the night/dark hours
- Living in area with low crime rate. Having good neighbours
- Good street lighting in area I live

- Good neighbours, quiet road, neighbourhood watch, policeman over the road
- Having the family close
- Staying in the house and locking the door
- I travel to and from destinations in my car. I am mindful of the areas I visit and tend to travel at reasonable times of the day
- Work 4 days a week 8am-5pm so work/life balance is good. Long term relationship 16 years and happy
- Police, neighbours
- I live alone
- Life style
- Home security, good neighbours, responsible police service
- Keeping doors and windows locked. Having a burglar alarm fitted also helps. Checking when we go that doors and windows are locked
- Good neighbours
- Neighbours
- Knowledge that we live in a relatively safe and supportive community
- Have alarm keeps me safe and feeling secure
- Locked in
- Taking care that we are secure at home by looking after each other
- Police, friends, general feel of environment.
- A pleasant and respectful society.
- I own my own house and live in a what seems to be trouble free area. I have my own transport.
- See previous answers
- Having telephones, appropriate phone numbers to ring in case they are required
- Turning off the telly to escape the bogus news encouraging a climate of fear
- I live in a nice area and have good locks and security
- good local community spirit and good policing
- My husband our neighbourhood watch scheme
- Proximity of neighbours/relatives
- I can look after myself!
- The location in which I live, I know I am fortunate in this respect.
- My neighbourhood (hopefully) is a safe and secure area. I have close family and good neighbours.
- Local CSO, Police, neighbours and friends
- My Husband and the bungalow i live in
- I help myself by being careful and trying not to put myself in dangerous situations.
- Nice neighbourhood.
- Taking personal responsibility
- Enjoy my home
- Nice house, nice area, burglar alarms. Wife in secure employment.
- Me. I lock my doors, turn the gas off, discourage door to door callers.
- location of home, lighting, police
- Me; I am very aware of my situation
- My own safety within our local area
- Neighbours
- Police Neighbours Friends
- am aware of what is happening in my area
- quiet neighbourhood, low level of crime and antisocial behaviour

- Neighbour watch
- More police out on the streets
- the 11 bungalows all look out for one another we all have each others telephone numbers
- My family friends and neighbourhood
- State of mind. There is still far more good in the world than bad...it's just that bad news gets into the news!
- Good neighbours keeping an eye on each other's properties Not going out alone after dark
- Knowing that there is little crime in my neighbourhood
- Being at home
- Attention to home security
- Landlord has already fitted window locks, smoke detectors. etc
- Good neighbours who keep an eye on our property when we are out and about. We live in a small cul de sac which makes it easy for us all to be aware of what is happening, nice to know we can all on one another in an emergency.
- Neighbours
- Keeping alert. Attention to security.
- Safe neighbourhood
- Friends & family
- Being sensible about home security, living in a relatively crime free area of Telford
- no one
- Good neighbours and really good street lighting.
- The area u live in and having security around the house ie alarm and outside lighting
- live on an estate which is much improved since "sink families" moved elsewhere
- My self
- Security systems, police & CSO patrols, good neighbours
- My husband, feeling secure in my job, being able to provide a nice home for our family
- Low crime, green environment, work opportunities, good neighbourhood
- Knowing that we have a good back up from our Emergency services.
- We have an active neighbour group in our cul-de-sac and I'm sure if anyone is in need there would be help at hand.
- Living in a location where crime is low and a neighbourhood watch scheme is in place.
- Outlook on life. Family and good friends
- I ensure that I consciously secure all of my house and keep clear of potential 'trouble' spots when out.
- Good Neighbours
- Living in a reasonable area , having access to the police , keeping the house locked and alarmed when not in.
- Common sense, intrusion alarms, awareness of financial situation and security.
- I am the Neighbourhood watch coordinator for my area and have daily contact with West Mercia police when required. I also receive messages via e-mails concerning local issues that may affect my neighbours.
- Family, friends and neighbours (we all look out for each other). I have a house alarm, internal wi-fi cameras and front door open announcer and a dog which tells me if strangers are about.
- Home is secured by myself. Vehicles are secure due to manufacturers improvements.
- Good Neighbours
- Friendly neighbourhood (avenue) Avoid going out at night (other than within neighbourhood)

- I live in a good area and have security locks on everything in my home.
- Good house. Good partner.
- Location - live in a quiet village with neighbours who know us Car - no need to walk anywhere that might be unsafe Good household insurance
- minding out for myself and taking reasonable precautions
- family
- Locks on doors and windows, no strangers in my house, blocking the phone from scam callers, common sense.
- local policing
- Ability to look after myself. Have taken practical security measures, such as a burglar alarm and quality locks.
- I secure my home to the best of my ability. I stay away from what I consider to be unsafe places.
- Telford doesn't seem unsafe. A few people drive like idiots.
- I live in a village with low crime rate
- pretty good area to live in.
- Good neighbourhood with street lighting. Knowing that any concerns would be dealt with quickly and efficiently by the council and police.
- Zero tolerance on anti social behaviour and a regular police presence.
- My dog and my alarm system
- Family, friends and neighbours.
- Double glazing and a burglar alarm.
- I live in a fairly nice area. Neighbours, general standard of tidyness, quietness makes the area pleasant.
- Locks on the front door and the dog
- My family, neighbourhood and church community
- friends and family
- Being able to take responsibility for myself
- Good neighbours and family clean and tidy local environment
- my house feels secure as has a burglar alarm. I feel I am well enough to look after myself
- Precautions I take. Visibility of Police. Job security.
- High level home security, good neighbours and an instantly ability to contact police if or when needed.
- Juxtaposition of neighbours
- me
- I live in a good area and we have good neighbours. We can afford home security and we travel in our own transport.
- Me and my own value Base and how I present myself and my actions.
- Had new windows and doors fitted with the latest locks
- I live in a pleasant part of Telford with low levels of crime and antisocial behaviour. I also happen to live next door to #####. As a former senior military officer, I believe I can handle situations in a calm and constructive manner including defusing potential conflict situations.
- Family and Dogs
- Neighbours, family
- Good neighbours, close family, financially secure, environment, community policing
- Self concious, security, knowledge of regular policing in the area
- Husband, good locks, being aware of others when outside
- Safe community

- burglar alarm, good locks
- My house has a security alarm, neighbours keep an eye out for any out of the ordinary happenings and we live in a quiet and pleasant cul de sac
- I do.
- Very nice house in a quiet area.
- Secure house and fairly safe neighbourhood.
- Having good neighbours & a close family network
- self
- police patrols, neighbourhood watch
- Where I live.
- Self confidence.
- Me, myself and I. It's all in the mind. I was taught to walk around with confidence, even if sometimes you felt no so confident!
- Living in a nice area
- Security knowledge, friends & family
- Neighbourhood watch, good local community
- Always someone at home between shifts and college, sturdy doors and windows, dog on guard.
- Nice home, reasonable income, not too many debts
- street lighting remaining on all night
- Self safe awareness ie not going out running on my own in the dark! Car to travel in and lock once inside. House/home. Partner. Family.
- small new development and we all look out for each other
- Family and a good home in a quiet neighbourhood.
- A secure house. Being security minded. Family and good immediate neighbours.
- not sure
- My husband, family and neighbours, also my employer.
- I am a confident person that enjoys living out in the country. when I am in the town then I feel less secure.
- Good local policing support Neighbourhood watch schemes relatively low crime statistics
- Family and home
- I live in an area where the neighbours are very good.
- Strong security measures at home. Not putting myself at risk late at night.
- Family friends, police
- I am very aware of my surroundings when I take my group of runners through the town park on a Thursday evening and in the winter I tend to stick to well lit pavements along the roadside. I have never encountered any issues in the evening in the park, however, on occasion we have encountered drunken residents in the park on a Saturday morning before parkrun. However, now that we have changed the position of the finish line this has been overcome.
- Take care with security and we have a big dog.
- Alarms & CCTV
- environment
- The things that help keep our society a generally safe environment.
- The Wrekin Housing Trust do a great job of keeping there housing estates safe and in good order.
- I live in a quiet, semi-rural neighbourhood and have secured my home as best as I can.
- nice area, good neighbours
- Don't go out much
- Live in a quiet cul de sac. Neighbours look out for each other.

- Good neighbourhood. Locks & alarms.

Appendix VI – Individual answers

8. Is there anything that makes it difficult for you to be safe and secure?

- Sometimes I don't lock the doors when I leave the house. Other people make me feel unsafe, but not all the time.
- Lack of visibility of Police patrols around residential areas. Seems to be an emphasis on Traffic safety
- No
- I worry about my job. I do not feel safe in my community, crime and unfriendly people
- no
- Financial uncertainty. Being alienated from people I know and trust. Worries about income or illness.
- Police seen only in a passing car, street lights switched off to save thruppence, pavements left unmaintained so we can trip in summer and slip in winter, cars parking all over the place, when they are not speeding through traffic lights, without any redress likely. No really its wonderful.....
- perception of crime
- Just concerns about attacks that happen in Telford - concerned for my teenage daughter going out and even walking to school
- if i dont know or interact with my neighbours how can i feel safe
- If there was crime taking place in the neighbourhood eg) anti social behaviour; criminal damage; theft
- no
- A fence panel has been removed turning our road into a path for everyone going to and from the pub
- No, but for teenagers I think they are put at risk. For example, there are no buses running to/from/near the air cadets/territorial army in Dawley so teenagers have to either walk from Dawley which is unsafe in the dark evenings or when cadets have finished.
- Shared house. Unknown people in the house
- dark alley ways at night when walking the dog
- No
- weird people being on the internet, a lot of people outside
- My illness makes it difficult mobility problems - neuropathy
- I live on a council estate that isn't very safe. Weird people on Twitter, Facebook etc
- weird people on the internet and around different areas - perverts and rapists
- neighbourhood
- No
- Criminals and terrorism
- just being a female on her own
- no
- Inconsiderate people, uneven pavements, easier access to personal alarms, higher profile by uniformed patrols
- Money, bills, debt, and good understanding on how to keep yourself safe, and health, safety and security in the home etc. Also, emotional stability plays a big part too.
- No
- Not really Not as secure in job as have been in the past

- no
- no
- Job security
- I do not feel secure in the sense that our NHS is over run, and too many people are seeking asylum here.
- Provision of care for adults with special needs could be improved vastly. I have recently had to change my working pattern, again, to suit my son's education as I have had no other available options open to us. There is no where for young adults with additional needs to go during normal working hours. Should his ed
- lack of proper street lighting and overgrown areas
- not really
- No
- Large influx of immigrants to area many of whom behave antisocially
- No
- Walking alone at times.
- Not at this time.
- Not at the moment
- Government cutbacks. Strained resources.
- lack of control or vulnerability of other family members
- When I have little knowledge about the area I am staying in or visiting.
- my disability busy public spaces inability for autism to necessarily qualify for blue badge which can making public places inaccessible
- Contact with abusive ex due to being court ordered to allow contact with our child
- Falls and mobility problems
- No. I may feel less secure if I lived alone.
- No
- Some difficult neighbours
- Not really . Just a general feeling i have.
- No
- No
- Unsecure access to my building block, but this is something I would need to take up with the Trust who I rent my property from.
- No
- My wife's current health situation.
- Amount of traffic - busy roads. Dangers traffic.
- No
- yes, constant threat of loosing job/ not able to then pay mortgage and then lose home. Get it?
- No
- not really I dont go out at night on my own very often and tend to drive wherever I need to go I dont think I would be happy walking anywhere in the area at night alone
- I am slightly worried because my husband works abroad a lot, and therefore I am alone in the house which is not street-lit and down a cul-de-sac. I feel slightly vulnerable that if someone were to break into my house, I would be fairly helpless.
- Visiting new places that can be crowded and noisy, especially on an unstable day. Physically / emotionally changeable.
- My memory and lack of concentration
- No
- No
- No

- Poor mobility, vision
- No
- Not really. If I feel unsafe and secure then I change it so I feel safe
- If I was alone I wouldn't feel as safe and secure. I can't go to the toilet on my own - don't feel safe if nobody can help me. Getting in and out of cars can be difficult and makes me feel unsafe.
- Brain injury and poor memory
- N/A
- N/A
- No, I do feel for people who live away from their family. I have a big family and I can't imagine not being close to them
- Husband!
- online fraud
- Do not lock door....problems with access for carers etc
- No
- n/a
- No
- street lighting poor in madeley and woodside area
- My disability makes it difficult to get out and about
- no
- No.
- No
- No
- No
- The lowlife who live in Telford and the number of short term and transient tenants who have no interest in making a community
- No
- N/A
- employment prospects
- Not for me, although i do worry about my daughters.
- the amount of crime happening in my area
- Worried about house safety - break ins etc due to my home being close to the silkin way
- No
- Today's society in general. Feel like the threat is always there.
- No visible police. Police do not attend when called. Unsocial behaviour of youths.
- N/A
- I do have a lot of unsavoury neighbours where I live, a lot of them do drugs and have parties most nights.
- Need to walk better
- poor street lighting
- Lack of alarm system at home.
- wary of others from other communities wandering into the road where I live not seeing a police representative down my are on foot
- no
- not being able to keep windows open due to overgrown tree from neighbours house. late night revellers shouting abuse at each other in early hours of the morning, drugs
- No
- Not enough lighting through out the entre ways towards my house. Over grown trees and bushes hiding the street lights.

- I think twice about walking in some area when on my own, especially if there is poor lighting and bushes/trees.
- Not at present
- No
- road outside used as race track
- Poor street lighting
- hearing about the levels of crime in the local area makes me very uneasy
- Lack of police, poor lighting in towns and villages. poor road structure
- No
- no
- My husband works shifts
- No
- Not really
- harassment in past
- No, nothing
- No
- My medical conditions
- Amount of crime in the area
- No
- being broken into twice in two years
- When my children are at their father's house I am often home alone and worry about how safe I actually am.
- No
- No
- It is expensive to add security to a home. I wanted to apply for planning permission to extend my wall but the cost of the planning was too high.
- no
- high level of crime in Telford
- Only road traffic when I walk along the pavements in this area. Lorries are too large for residential areas and cars travel too fast. 20mph should be the maximum speed limit in all residential areas
- None
- Not at the moment but if my husband gets dementia I will not feel safe.
- General crime in the area
- My limited mobility, height and position of my neck causes issues.
- No
- No
- amount of rowdy harper adams students in Newport - whether it be level of noise in evenings, lack of appropriate parking.
- No
- certain places in Telford, particularly on footpaths do not feel safe for woman to walk on alone or with children
- Not really
- No not really
- No
- No.
- not really
- No

- Lack of police presence in my neighbourhood Street lighting in some areas not as affective as need to be
- Nothing in this county
- I never go out at night. I just wouldn't feel safe to do so
- open drug use during the day
- No action being taken again criminals.
- not at present
- No
- NO
- Not personally, but many now worry about the lack of police officers on the beat in Newport, now that we dont have our own police station.
- No
- Overgrown trees outside my home.
- vulnerability of becoming older
- Concerns about terrorism
- na
- No
- N/a
- Feeling unsafe in area at night
- Crime, reducing Police resources
- Loneliness
- No
- Having a relative with dementia living with us
- Nothing
- Yes the uneven footpaths near to us.
- Fear of gypsies on Donnington field, recently attacked my one year old daughter, but police did not do anything
- Not a huge number of things. The times when I feel less secure are Halloween (trick or treaters; people seeing it as an opportunity to behave badly) - we have had things (pumpkins and eggs) thrown at the house - and late on Friday and Saturday nights when there is a reason for people to go out drinking and celebrate
- We see less and less police on the streets however on the 442 most days you can see the speed camera van - we appreciate that speeding is a good way for the police to gain money but it should not be at the cost of the copper on the street - at night time you never see a policeman unless you go past the police stat
- No
- No
- No
- Money and the cost of living. Political cuts in council services.
- Not at present.
- Not enough street lights around towns etc. Not enough visible policing around.
- no
- No
- no
- Not able to venture out at night because of fear.
- Would like to see more police officers around the streets
- Unpleasant neighbour.
- When we hear of local burglaries or as recently a human skull being found by junction 4 of the M 54

- no
- My husband has been made redundant and is currently being treated by GP to prevent illness. Although I am currently employed, I am aware of how the many re-structures may affect my financial and emotional future. This would also mean that we could not afford to pay for care for elderly parents.
- Nothing
- my house was burgled last year and i had a lot of valuables stolen and a lot of damage to my house caused. I wasn't the first house in the area to be broken in to - police were well aware that there was houses being broken into in that area - why weren't they advising residents to be aware/vigilant
- Anti social behaviour on my estate
- no
- My wife's health & the current reaction that we are getting.
- No
- No
- NO
- No
- Poor policing.
- No
- no
- A lot of press about attacks on women around the Telford area recently
- No
- NO
- Poor footpath and pavement maintenance
- no
- Yes not fully understanding myself & my illness & the effects . I am a single parent of a 11 yr old boy and I don't want to put things on him and prevent him from living a normal life , so I struggle to do what I've got to do in silence . Because my illness affects me physically and mentally , I find it very hard t
- No
- No
- No
- Yes scared to go out if suffering with back in case I have a fall
- Lack of visible policing
- Footpaths hidden by shrubbery so if you are walking you cannot be seen from the road.
- My anxiety and my son's autism
- No
- Lighting could be better and some pavements could be improved
- Not healthy hence I have a carer but shes only 17 & needs to live her own life
- No
- No
- Level of petty crime in the area
- no
- Lack of visible policing
- no
- not really
- I am a home care for the elderly and disabled and lack of funding and support for the elderly and disabled is slim to none
- Not really.

- nothing
- I am safe
- A general, unspecified, feeling that communities are not as safe as we are told. The tendency of some people to disregard the law when they think they aren't doing any harm or that certain crimes are 'victimless'.
- No
- children playing in our private car park makes me feel unsafe as they can be rude (again their parents fault)
- My neighbours
- no
- No
- Not particularly, but escalating drug use by youngsters exacerbates local crime.
- No
- Not really.
- Burgularies make me nervous
- All the normal problems associated with the world today - external to our estate or country even
- None that I can think of - except the unexpected.
- Not currently
- At the moment we are safe and independent. We are not healthy and know from the changes which have occurred in the last 6 years that things will change as time goes along. We are trying to plan for that. This means moving house to a smaller property which we will adapt to meet our needs. Everything has to be tho
- I can't work and have limited mobility and I'm worried about all these religious refugees coming here
- No
- N/A
- Hearing of local crime can affect how safe and secure I feel - fortunately this is not widespread
- ill health unable to do things to protect myself
- parking and dark nights
- New housing with greater flux of fast cars and out of pub noises.
- no
- No
- Lack of police presence and resources No community support from local police Ever growing population Lack of good street lighting
- No
- N/A
- Lack of regular police patrols and a diminishing police presence will make it difficult in the not too distant future.
- No
- No
- Crime in locality, less active police
- no
- When there is a group of teenagers on the street, I've occasionally felt I needed to look twice to see if it felt safe.
- No
- New chimneys (where none existed before) are being allowed on semi detached bungalows without planning permission. The result obviously is smoke and fume

intrusion into the inside of neighbouring properties apart from their gardens. Wood smoke is extremely dangerous as is all smoke and fumes. The planning act only

- No
- Can feel vulnerable in unfamiliar situations but feels safe and secure in own home and when out with support. Always needs carer to accompany to be safe and secure due to known risks
- No
- Government
- No
- I am deaf, and i live on my own, if it wasn't for my Hearing Dog, I wouldn't feel safe at night
- If I was neglected I would be frightened
- cant think of anything thanks
- I have balance and waking problems.
- Hard of hearing. Especially at night when no hearing aids in. Also not hearing too well on the telephone or knocks on the door. Also hearing at meetings and when in groups of people.
- some peoples driving is disgraceful- i often feel very unsafe with drivers who go out of their way to use the wrong lanes etc. Unsocial behaviour late at night in parks etc.
- No
- Job insecurity
- Not really.
- As a slow walker, crossing roads makes me nervous, as there don't appear to be many controlled pedestrian crossings in Telford. Pedal cyclists on pavements, with no warning bells. Cold callers, trying to sell double-glazing, 'do your drive' etc.
- Noisy neighbours
- No
- no
- terrorists
- No
- No
- others that are not health and safety conscious and also members of society who only consider themselves and put others at risk - ie for a lady it is getting hard to feel safe walking alone in telford at any time of the day now with out feeling safe - I think the Council should provide female workers with personal a
- I have very strong paranoia when in a depressive period.
- Telford town centre closes at night, how do I get to Southwater car park securely if I stay late at work?
- If I am ill and alone, I mainly stay in bed as I can't cope walking on my own and put my own health at risk.
- Wife's current health
- WALKING AROUND AT NIGHT, STORIES IN THE MEDIA
- no
- I do not like the tension in some areas there are still racial tensions in some streets and towns which is very disappointing and unnerving.
- Living alone I sometimes worry how I would cope if I should have an illness or disability in future.
- Nights in
- No
- No

- Worrying about loved ones safety
- I got attacked a month ago
- No
- None that I can think of
- No
- I always need a carer to accompany to be safe and secure due to unknown risks
- No
- No
- Lads around the area I live in and constant banging of doors over night. Asperges syndrome
- Just my mobility having to rely on staff to help me
- No
- My mobility ability after my spine operation makes it difficult to feel safe and secure
- Not really as I don't go out much at night since having children.
- Loneliness, waking up in the middle of the night, worrying about burglars
- Restructures at work.
- N/A
- walking on my own
- No
- No
- No
- No
- Not really..... terrorism, religion at a push
- Family
- The Government
- I have anxiety so panicking most times
- House very isolated
- There is always that fear of living on my own, but otherwise there have not been any problems
- I don't think about it
- Can't go out on my own
- N/A
- Had a problem with sales people being let into the building
- Poor and reduced mobility
- I need a ramp on the front door I need to carers to help to transfer I need a grab rail in my toilet
- No
- Someone keeps putting a screwdriver through car tyres
- would like more policing of local areas
- No
- Not where I am living now as it is safe
- No
- No
- Being on own
- I'm totally deaf - I can't use the telephone; if there was a fire I wouldn't know; if someone broke in I wouldn't hear them, if someone attacked me I wouldn't see them or hear if they were not right in front of me which is basically too late. Nobody can make me safe because people are fallable. Only I can know I am
- No, I couldn't feel safer. Couldn't wish for better neighbours

- no nothing
- The area that I live in - threats from others who may drink too much. We have been burgles so I do not feel extremely safe
- Also feels unsafe at home due to environment
- Amputated legs
- my mobility
- No
- No
- Age
- No
- No
- No
- Lack Lack of wheelchair access
- To many drug sellers and users in our community. They are creating too much noise and trash in the community
- Ill lit paths and alleyways, uneven paths, overgrown bushes
- Expense of alarm systems
- Only when at home alone - local youths can sometimes be a problem, but generally don't like being alone for long
- no
- lack of help and health problems physically and mentally
- No not at present
- My epilepsy and arthritis makes it difficult for me to get about
- Pendant alarm
- Beryl doesn't like her keybox. She was not happy with system
- Just petty criminals
- In winter if pathways were cleared of leaves, snow etc (this resulted with my health problems when I slipped on snow/ice)
- No
- Electronic devices, which I do not quite understand sometimes make me feel insecure. Telephone cold calling
- Mobility - risk of falls. Vertigo
- Regular falls, bowel issues
- No
- Yes the footpaths are so bad in Priorslee Avenue and is necessary to be ultra careful even in a wheelchair (manual or electric chair not a scooter)
- Police ignoring minor incidents and not interested in turning up to discuss them
- No
- No
- A lack of responsibility among others
- Lack of presence of police. Landscaping may hide trespassers
- No
- No
- No
- No
- Not at this time
- Living be myself
- No
- No

- Not really
- Customer at work - lack of security for staff at work
- Anti-social behaviour - drinking alcohol in the street. People coming into the back garden. No police presence
- None
- More visible police. Better monitoring of pad parking and action taken
- Dark roads, driving in winter nights
- No
- Being out at work is concerning to property security
- No
- No
- Sometimes local youths over doing it (drink) on open space
- Yes I have not got my dog as I had to have her put to sleep
- Response times for emergency services and in an emergency i.e. the threatening ie person would be dead before services arrived
- No
- No
- Remote, badly lit paths/cycleways
- No
- No
- Not really
- None
- Uncertainty. Breathing problems have a knock-on effect which worries me in case there is a kind of threat to me later
- No
- Was assaulted by a man in the neighbourhood and he got away with it. I am now terrified of going out into the local community
- Walking stick, scooter
- The lack of positive news
- Street lighting could be better
- Insufficient police
- No
- We never see police here
- No
- No neighbourhood watch
- The rise in crime, house break-ins within my area are a concern and employment security
- Not at this time
- No
- No
- No
- I was viciously attacked in May and dont go out anymore as I'm terrified to go anywhere. The Wrekin Housing Trust are refusing to help move me and my brother as I'm in arrears with them and he is a previous tenant and wont let us move, we both need 2 bed bungalows I physically cant handle stairs anymore.
- Yes neighbours who have issues with teenagers if my one some acts out I feel unsafe. ##### has caused lots of issues for my family
- No

- Recent serious crime took place, which was a serious assault. Police have not caught anyone yet
- Yes in the times I have lived here people have climbed over my wall and tried to shine a torch into my living room window. Also some solar lights which I put in front garden were thrown onto ground at the side. It is very dark in this corner of street at night
- Driving in dense traffic
- Not at present
- Local area feels a little unsafe
- More police presence
- No
- No
- No
- Behaviour of neighbours
- I dont know how to answer this
- Industry nightclub Oakengates - the fallon and the reaches from Wrockwardine Wood - vandalism, noise, fighting
- I live on my own
- Dont think so
- Not really
- Street lights
- No
- Not much police presence on the streets
- My husband works so often I feel vulnerable at home. If I fell I couldnt get back up
- None
- No - except the selling and sharing of personal information by bodies. I keep off the computer, smart phone etc etc
- No
- No
- No
- No
- No
- No as we have done as much as we can to make our own environment as safe as possible but better street lighting on dark corners would deter bad behaviour from groups of lads
- No
- Not really. Any help with grab rails etc that Wrekin Housing Trust provide
- Yes the Government police service finance cutback which is most shameful. The first duty of Government is to provide safety for the community
- No
- No
- No
- No
- Dark pass near where I live. Usually cycle through - would not wish to walk
- Drug dealers in the Admaston, Shawbirch area make it a no go area at dark
- I would prefer to see more police presence, but understand they have a tight budget restricting them
- Lack of police (visual). Unsocial behaviour
- Communication
- This Government

- My illness
- No
- Dont feel safe walking alone in the dark
- At times of stress/poor mental health,it is wasy for routines to slip and therefore to worry whether I have remembered to do everything
- Uninvited people walking around area - door to door sales persons especially travellers
- Getting out and about in crowded places
- Lack of police presence in Newport. No permanent police in town
- No
- None
- No
- No
- No
- Footpaths. Safe crossings on road to school for kids
- The environment we now live in, lots of new housing surrounds us, the occupants are all foreigners and they dont even speak English
- The lack of police presence and response times, no local police available at Malinslee for a full 24 hours, no beat bobbies
- No
- No
- Being ignored saying its imagined mistreated - people being oblivious
- People drinking all day in the street (very intimidating) and dangerous dogs
- No
- No
- No
- Crime in the area
- Anti-social behaviour
- No
- Visits from a drunken, deaf mute
- Being immobile after a foot operation and dependent on help
- Anti-social behaviour. Certain community groups
- No do best to be safe
- No
- No police station in Newport and CSO being used as a traffic warden
- No
- Overgrown footpaths
- No
- No (apart from some mad person)
- Speeding traffic at times (30 area). Excessive on-street parking at end of schol day - Madeley Academy - Why wasnt there provision made for drop off/pick up when school built - or school bus
- I would like a burglar alarm but I cant afford one as they are very expensive these days
- Not enough taxi's if your out of an evening
- No
- Yes, the state of criminality in Britain today and having been burgled whilst in bed a night (no one apprehended)
- No
- No

- I am a cripple with my left leg and my left hand and I live alone. Makes it difficult to be safe and secure as well as ill health
- Youths on the play park where I live
- There is less police presence in recent years. When I had a burglary it made me very anxious for months afterwards. The police also did not respond promptly - only 24 hr later. The fact they did not catch the burglars also made me uneasy
- Not enough police to lock up criminals, jail terms not unpaid work. Lock up then no more offending
- No not really
- My boyfriend is on a zero hour contract at work, so his job security is questionable. I also worry about my job security (Government cuts are effecting my employer))
- The movement of people into the area that are living in rental accommodation, houses and individual room letting. As most people own a vehicle, cars are parked everywhere - often illegally
- Not at the moment but I am worried about police cuts in the future
- No
- No
- Incomplete road (public) lighting
- Stop other people leaving my side gate unlocked
- On going problems with Asian (Muslims) they seem to gather in groups in Wellington and appear threatening
- Threat of new housing. We already have increased littering, dog fouling and abusive teenagers collecting in groups
- Nothing
- Lack of police patrols
- The state of some footpaths. I have had four separate falls so now I am very wary especially if I am out on my own
- No
- Closures of local police stations and reduction of policing services
- No
- No
- Having to climb into a bath for shower - could do with a wet room or shower not bath
- Still got a mortgage which one paid off in 2018 will make me feel more safe and secure
- No
- Inadequate street lighting in dark areas
- Lots of things beyond my control
- Not currently
- None
- No
- My own lack of mobility
- No
- Unknowns such as people who do not care for others
- Parents not bringing their kids up properly to respect others. General loutish behaviour.
- robbers & thieves.
- not at the moment
- There is very high profile drug dealing , this is being done openly, with no interference from the police in Springhill and around the underpass. The police have been informed but no action has been taken although it is occurring on an almost daily basis
- Nope

- where I live and neighbours being fuelled by false rumours also suffered vandalism to property.
- Allowing homes in a private residential area to be changed to house hard to place problem children
- general youth culture in Wellington on weekend evenings
- No
- Just the traffic on the road going too fast and the verbal abuse you get from others when I try to use my mobility scooter.
- Lack of police enforcement for motor bikes using footpath adjoining premises
- Lack of community Police officers in Newport
- We never and I mean never see the police patrolling in our neighbourhood
- Cutbacks in policing - they haven't got the resources they once had
- None
- no
- Not really
- Lack of visible policing
- Live on High Street, sometimes late night drunks fight outside my house, make a mess, shout and swear at each other
- Fixed pension payments, never quite enough
- I might fall downstairs. I try not to and have been successful so far.
- drunk and disorderly to be charged, zero tolerance to public nuisance
- No
- Lack of access to police
- Living alone
- none
- street gangs parking on pavements in hawthorne road so that we have to walk on the road
- n/a
- No
- More security within telford and wrekin e.g. more cctv, more policing..
- THE rear fence is on to a public walk way AND more security would help
- No
- crime and anti social behaviour
- Police to overtly spend more time focussing on solving crimes, such as burglary, car theft and violent assaults etc. This would go a long way to challenge the debateable, yet definite, perception the public has of the police, which is a tax revenue raiser via the targeting of car drivers.
- No
- No
- When out don't feel very safe
- None
- The entrance to my house is not accessible for my wheelchair. OH came out. I showed her the difficulty of getting my wheelchair IN & OUT. Result = "we cannot help you". Because I do not use it inside. The bathroom needs adapting. But a DFG ties you to a property for 5 years. I don't know my health from month to month, let alone in 1,2 or 5 years. MS is cruel, unpredictable, and PROGRESSIVE.
- No
- n/a
- Being unable to walk more than a few paces
- Disability

- I feel vulnerable because of my disabilities
- no
- Not has fit as I used to be.
- no
- Difficult neighbours.
- One or two people see physical disability in a bad way as if it is your own fault that your hips / back / neck have given in due to old age.
- No
- No
- When work becomes too stressful, I worry that I may lose it due to being unable to cope with the pressure
- No
- Not really.
- no
- The removal of the local Police Station is recent and may in time result in more crime in the area.
- No
- No.
- Don't have much confidence in areas like the Town Centre
- Not really at the moment .
- None law abiding citizens
- People parking on footpaths making it difficult for myself and my wife to walk on the said public footpaths around Brookside.
- Lack of independent mobility when out and about.
- The amount of chavs roaming our streets, and 24 hour drinking.
- No
- No.
- Have to be careful not to fall over and to use steps etc safely when doing household jobs.
- No
- no
- sometimes other people loud/ possibly abusive
- No police presence
- Why doesn't BT stop selling numbers to scammers and telecanvassers?
- none
- No.
- I would like advice and maybe grants to make my house more secure.
- Not that jumps to mind, better policing?
- I cannot go out alone but if I was able to I would be vulnerable because of my limited mobility
- I live in a shared house, and one of the tenants is thieving food off me.
- Would like to install CCTV but very expensive. Not entitled to any benefits or help.
- A lack of policing and anti social behaviour.
- The need to have to ask for someone to do most tasks for me
- Lack of visible presence of Police and CSO's.
- Islamic jihad fanatics.
- Some dog mess and overhanging / untidy tree branches untended by residents make me aware that we dont all live by same standard. Difficulty with one neighbour causes me some concern, but this is because of personality conflicts.

- Nothing in particular
- I worry about the growth of Islam in Wellington. The new mosque will attract more to their community and I fear for Wellington to become a ghetto within a generation.
- no
- Not at present
- Shabby untidy un-kept areas, broken bottles, rubbish and graffiti poor pavements _ or no pavements
- not at the moment
- No.
- Yes lack of money.
- Lack of Police support.
- no
- No
- This unbalanced society. There are to many out of touch people making decisions about how others are expected to live yet they are not included in this.
- Not now
- No
- yes gossip and people confronting me in the street
- No
- No
- No
- No
- No
- No.
- No
- As a NHW member complete safety is unachievable in Telford and many other areas.
- n/a
- Lack of community policing
- there have been a number of burglaries in the area
- Not at home but there is a need for a certain level of community Policing even in sleepy Newport, which I no has less problems than other parts of the borough
- No
- No
- No
- no
- Occasional cash flow concerns, breakdowns at home requiring repairs/replacement
- reduction in visible police patrols
- not always BUT sometimes
- No.
- The exponential growth in housing around us.
- no
- Only the threat of burglary from lawless people.
- My own mind set.
- Poor street lighting, I know T&W have elected to switch some lights off that in the past would be on in the evenings and nights and I can understand why but that does make you worry that more opportunistic crimes are likely
- Not enough police on the beat. A few too many feral people roaming about.
- Nothing that I can think of.
- No

- There isn't a middle ground option in the survey which is unhelpful. Safe reasonably, secure depends on your meaning as job security is currently very insecure
- possibly issues with flooding
- The lack of a police presence on the streets and roads of the towns in Telford give most people the idea that they can do what they like with out any consequences, like parking on the pavements and stopping in the middle of a road and chatting to the driver in the car going in the opposite direction therefore blocking the road also riding bicycles on the pavements and not having a bell to warn pedestrians that they are there.
- Not as far as I am aware.
- there are a lot of people I don't trust. mostly loud mouthed bullies.

Appendix VII – Individual answers

9. Please tell us any ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified?

- Check the doors, but I never do. I generally just get on with it & try not to worry about silly things.
- Need to work closely together within communities
- N/A
- Out of their control
- Having good neighbours is very important to feel safe at home
- becoming more friendly
- We have a neighbourhood watch in place.
- None what so ever
- By offering to pick the children up, but this is also difficult as they have young children who are in bed in the evenings.
- Give advice and help show that they will keep safe
- Family have key to get in an emergency
- My dad could put more locks on the doors
- Give advice on how to stay safe
- Don't know
- I haven't I don't find any difficulties
- I don't think they can its just generally the world is not a safe place to be with all the unrest and fighting
- Most already use them whenever possible
- none
- Petition against illegal immigrants.
- We are unable to rely on friends or neighbours due to my son's autism/adhd. We cannot rely on our parents due to age and respective health conditions.
- None at this time.
- N/A
- Cannot support. They look to us for ideas/ support / motivation.
- All to look out for each. My neighbours are particular good and we have decent relationships with them all.
- Take me out in wheelchair.
- I dont think they could.
- Setting up a neighbourhood watch
- No
- ##### does do groups such as computer club art club and colouring club
- Friends & family have done everything that could be expected of them.
- Not sure.
- Not applicable to me, but it seems the "poorer" areas do suffer disproportionately to burglary and crime, those with little seem to be susceptible to loosing the bit they have.
- They can't, they are only just surviving.
- N/A

- More communication in the immediate neighbourhood of people who are vulnerable or suffering limiting conditions where help could be offered. People are often too proud to accept simple help such as help with shopping etc
- they already do everything that I need when I need it
- My friends don't live nearby, and my neighbours are elderly, so they can't really.
- Not too many people at one time as find it difficult to join in group conversations. Too much noise confuses me and I seek isolation
- They try and help with memory task and my wife by doing one word searches to help with concentration
- I don't know
- N/A
- None
- N/A
- If there was always someone about
- N/A
- N/A
- There is always somebody to talk to
- discuss issues and awareness of targets audience
- please see previous reply.
- At the end of a phone, live close by
- More contact
- Keep an eye out for me
- no
- N/A
- n/a
- Instead of family and friends why doesn't the council do something about these areas
- N/A
- none
- We all work together, talk and look after each other
- The neighbours have tried to band together and get on to the council and police to sort them out but not much has been done.
- Daughter cleans for me and neighbour comes in every morning to check on me to make sure I am ok. I had a TIA 2 years ago so they all check up on me
- more than 1 point of contact
- none
- N/A
- None
- No
- NA
- N/a
- as previously stated
- Sister lives close by
- None
- I don't have any difficulties
- N/A
- Never been offered any support
- N/A
- Good for neighbours to know the people who live around them, especially any elderly or living alone

- None of my problems can be helped by friends family or neighbours.
- none
- none
- Being available as necessary
- Neighbourhood Watch
- Being more considerate neighbours - ie not shouting and screaming in the roads at all times
- Family change light bulbs, put up pictures, trim my garden and have put up curtains on both front door and back for extra security.
- i do not have any difficulties! This questionnaire is extremely negative
- no-one seems to take any notice.
- N/A
- I walk with friends
- Not really
- not applicable
- Not applicable.
- Lucky to live in an stable area where had mainly the same neighbours for 15+ years, tend to look after each other
- I believe only council can make a difference
- The neighbours support each other already.
- to assist with any security problems
- DON'T KNOW
- Push for a return of a police station to the town.
- No assistance from people solution cut back branches.
- Not really
- na
- N/a
- Company I guess, although at the moment, I am the Carer for virtually two separate people
- Neighbour hood watch scheme resurrected
- No idea. We just shut the front gates in the evening and at Halloween we turn off the lights and hope to look like we're not at home.
- Neighbourhood watch is a good way of making us safe in the street where we live however the council should send letters to every house asking people to sign up it should have to be done by residents.
- My neighbours and I already look out for each other.
- Na
- Good communication
- Friends & neighbours keep an eye on things for us when we are not around.
- Neighbours keep a look out for problems
- Should be more policing of estates, (Foot Patrols)
- I don't think they can. Life is difficult enough already for those people to commit to anything else.
- We watch out for one another
- no
- They would not. Our children have work/family commitments of their own and parents are aged. Extended family members live away from Shropshire.
- Just to cook if I couldn't recently I couldn't and my grandson cooked meals for my husband and brought them in. I can go without but my husband does like his meals. So I have that covered. We do have 3 cats so definitely need to be there for them.

- support and watch each other houses throughout the day whilst at work etc
- Not applicable - see previous answers
- N/A
- None
- Have neighbourhood watch in area
- Seek what we pay for.....
- None
- none
- n/a
- N/A
- No family and most neighbours also elderly
- See previous answer. And my family don't live anywhere close
- N/a
- Spend the time researching chiari & syringomyelia
- N/A
- no ideas
- Take on some more social responsibility
- a million pounds would help.
- not an issue
- Having local policing teams makes the effort to make themselves known to these people to help the. Feel supported
- N/A
- n/a
- there is no support
- No.
- none
- Ensuring I am not left alone in the house.
- N/A
- Through talking to them whilst participating in sport or club activity, through regularly talking to family. It is important to stay in touch
- Just to be there.
- Care for each other.
- Not applicable
- N/A
- Good neighbour relations give me a feeling we are all looking out for each other.
- Work to stop the increase of housing and car routes on such a narrow quiet road.
- NA
- i dont feel they can in regards to safety
- N/A
- We have each others phone numbers and we talk face to face regularly.
- No
- N/A
- I am safe where I live no one can help when I am out and about other than general community safety plans
- Na
- They already do as much as they can
- As above
- Become a neighbourhood watch and stop looking the other way when there are anti social disturbances going on in the neighbourhood

- To be aware of me as a person
- n/a
- Knowing contacts for emergencies
- Don't know.
- neighbours feel similar im sure.
- N/a
- N/A
- Not applicable.
- Being considerate
- Nothing needed
- being alert
- None
- cant really - although i do always tell people where i am and an approx time ill be back
- Time out to be myself
- To accompany myself if needed.
- They do all that they can
- TALK TO THEM AND ASK THEIR ADVICE
- none
- Educate
- One of my neighbours checks in with me via text every evening to make sure I am okay.
- None
- Stay in close contact with everyone
- They don't know
- N/A
- They already do as much as they can
- As above
- Night staff do their best to keep the area safer - day staff are around if need help or assistance
- Would like to see my family more often
- Win the lottery
- N/A
- I have to be realistic not to go to places where I physically cannot manage to walk
- They cant
- N/A
- Sit and talk sometimes
- N/A
- N/A
- If I was in need I know I would be ok with asking for money
- Anxiety
- N/A
- Reassure me everything gonna be alright
- Family lives away
- No friends or family
- Get together with friends have a cup of tea
- My son takes me out in the car
- N/A
- My wife is available to support me. Neighbours would struggle to support me
- My family reassure me and communicate with the carers to make sure that they deliver the appropriate care

- No friends, my family unable to help. Disabilities not living at home. Don't know my neighbours
- All our family and neighbours look out for each other especially when someone is on holiday
- None
- N/A
- Being there
- Just husband and PA, but there are still many times I am alone
- Neighbours could look out for each other. If we see something untoward we would inform the police. Police are reluctant to act
- N/A
- None
- None
- A joint venture by the council and the community that involves a Saturday clean up of our surroundings from 6am - 8pm - a community initiative venture
- Report on social media such as Facebook or the police or council or WHT
- Neighbourhood watch
- To be there or available when needed even if just a phone call
- none
- Don't have any other support
- My sons have their jobs and their own lives. My daughter visits but her husband isn't well
- Would like introductions to new neighbours. Isolated in house. Would like community spirit. Friends help with gardening/putting bin out
- Getting shopping in winter weather
- A computer drop in provided by the Seniors Forum helps to allay worries about internet security. Neighbours giving a friendly hand at times of stress such as clearing drives in snowy weather
- None
- We would only call on neighbours in an extreme emergency
- Keep watch on house when away. Occasional transport to shops
- We are all aware when we go on holiday and they check our house
- Watching out for neighbours (neighbourhood watch) landscape maintenance
- No idea
- No problems
- Cope well enough for myself
- Keeping watch on both myself and my house
- I have to do housework and lawns
- CCTV cameras at work so head office can see the problems we encounter
- I dont ask for help from anyone
- None
- Having time to talk now and again
- Professional improvements
- I cant see how other people can help
- Help me move house
- Nothing
- Not at this time
- None at all
- There's is nothing any of my family can do. My parents are in the process of down sizing to a bungalow

- Police and CSO's pop in every few weeks. My eldest helps and friends listen. Family occasionally gives me respite
- Lady next door takes my dog when my back is bad
- Most people are very helpful, I dont like asking for help though. My son is coming up from Canterbury to help with back garden. I cant afford to pay a gardener though
- Keeping an eye out - neighbourhood watch
- Accompany to local area - CSO presence
- Neighbours to be more friendly and involved for the good of the community
- Not really if anything I could possibly advise them
- My friends give me lifts so that I can participate in things. It would be nice to be able to get into Wellington to shop
- Friends have got 24 hr access to my home should I need them
- They cant as really the only things that impact me greatly are cold calls and callers
- I have none
- None
- Someone to call in occasionally. Hopefully the hip operation will help me be more mobile and use the bus service more
- You have snow wardens so why not have certain people to look after certain areas
- More police patrols at variety of times day and night in car or on foot
- No required
- I feel we are well covered
- Support neighbourhood watch - always report incidents on 101
- No
- Dont know
- None of them are capable of giving me support
- Come with me
- More visible police and arrest the small fry to worry the big fish or are the police paid off
- None
- They cant
- More neighbour watch schemes better communication
- No but decent internet access and mobile signal would help. Also regular visits
- Stay as are
- Neighbourhood watches
- In every events any time
- More zebra crossings
- I am not the above's responsibility, they have their own lives to live and their own family to look after
- They already do what they can when they can
- Most people have problems. Dont like telling others difficulties
- They havent
- Reported to police
- To support by helping cooking, friendship, travelling to appointments and hygiene needs
- More community initiatives
- Watch out
- We have a mini neighbourhood watch scheme for the lower part of our street
- I cant see how they can unless they wanted to pay for one for me
- No idea. More police and better sentencing needed. This is a general problem for the Government to address
- They will not help

- None
- My neighbours and friends do keep an eye on goings on near my home
- None
- At the present time and hopefully not for some time yet
- Have the local constabulary or Council begin to fine offenders for poor parking including parking on grassed areas
- Neighbourhood watch scheme
- Willingly offering advice/information on specific problems
- No idea
- More police patrols
- Come out with me for a walk, help if I need shopping or anything
- Cannot think they do a good job
- Neighbourhood watch schemes. Local awareness of 'trouble spots' - dedicated police officers (publicise contact details)
- Sorry dont know
- None
- None at present
- Just being available
- Neighbourhood watch
- None
- Looking out for each other
- Educate their own kids and have respect for others.
- The police need to be more proactive
- offer me bed for the night so I get away.
- n/a
- Not sure
- shouldnt be left to family friends and neighbours
- Nothing
- Helping me to undertake household tasks and providing transport when needed
- None
- More police in the local area
- Neighbours and CSO keep an eye on our empty property when we are away.
- Na
- No idea
- My friends and immediate family are all older than me. I do not want to impose on their well-being to look after me.
- I get them to call in frequently mainly for my wife's benefit
- support for voluntary organisations
- All can be contacted by phone, e-mail, or text.
- unable to
- n/a
- Support neighbour watch in Rodington
- we are now closer to family than we have been for many years THE problem is we are all now o a p
- N a no one can help me more than they do
- none
- None.
- N/a
- Neighbourhood watch scheme

- More police on the streets
- None
- SEE PREVIOUS ANSWERS
- N/a
- Already answered this question
- I am being supported
- none
- As mentioned before, understanding health issues.
- Not applicable
- Being discreet and patient.
- not antagonise my wife who is quite sensitive about her condition.
- N/A
- Being easily contactable, having a good relation with your neighbours
- My husband and family reassure me that I will be ok and help me relax and let go of any anxiety and stress
- N/a
- By encouragement and supporting my wishes to be as active as possible.
- n/a
- Not known.
- Don't know
- Not applicable
- Keep an eye on each other/property and support when required.
- N/A
- They already do so if necessary.
- None
- n/a
- No.
- No further comment.
- N/A
- none identified
- Community watch
- Keep an eye on our area
- I haven't identified any difficulties. My family will support me if I need it.
- Not applicable.
- None
- Not sure
- trying to get him kicked out. need a bit of support.
- Cohesive community, sharing each other's phone numbers, watching each other's property when away.
- Visit each other from time to time.
- If carers could be paid a small amount of money to support us disabled
- Be vigilant at all times
- We sit around the camp fire and hold hands.
- They cant.
- Neighbours are trustworthy and would help if needed
- not applicable
- none
- No difficulties.

- Not able to police adjoining cycle track/footpath used by teenagers on motorbikes and throwing missiles etc.
- N/A
- Smash the state and rebuild society that is equal and where everyone has the opportunity to participate in politics and how the community is developed for the good of all.
- None
- n/a
- dk
- Not any
- None
- Most have burglar alarms and good locks - post 1980 houses
- No difficulties at the moment
- None really.
- n/a
- We have a close knit neighbourhood.
- n/a
- Not their problem its the councils
- neighbourhood watch
- I believe I have answered this earlier in the survey
- n/a
- Doing enough already
- None
- Look out for one another. So many folk look the other way!
- as before
- Have no difficulties
- N/A
- Not applicable. We do have a neighbourhood watch.
- My friends are currently teaching me new running routes around the newer parts of Lawley etc to make me a more confident route planner when going out with the couch to 5k beginners running group.
- Can't think of any
- N/A
- N/A
- none really
- just be there when I need them for advice
- NA

Appendix VIII – Individual answers

10. Please tell us any ideas on how community or voluntary groups may support you to overcome any difficulties you have identified?

- Its the way my brain works, can't fix it.
- By working together
- N/A
- Neighbourhood watch type groups being given more power and incentive. Give cso more power and hours
- The Safe Places scheme is really good and very popular throughout Telford and the whole of Shropshire
- more awareness raising of the benefits of community and neighbourhood spirit
- not sure
- Fence panel needs to be replaced by the council
- A "cheap" taxi service.
- I need a new home
- neighbourhood watch - ensure local areas are kept clean and safe. report any problems to the correct authority
- Give advice. Show that the outside world is not so bad
- I have a keybox that was already here before I move in - no one has number for it, I would benefit from using it but have been told it would cost between £35 - £75 so when I've called 999 before i've had to struggle to let them in
- The people where we live around me could stop being thugs
- more local security member type of figures around
- Don't know - if maybe I ask them they might have an answer
- dont know
- Most feel free to ask volunteers at a day centre or other group. They mostly know that Age UK will visit to discuss any detailed issues that may need resolving
- A good well run neighbourhood watch group is important
- none
- Petition against illegal immigrants.
- Further activities for children/adults with special needs during normal working week to offer support to parents who wish to continue working.
- develop community spirit
- None at this time.
- N/A
- Through discussion / contact to reduce social isolation
- Local self defence classes would be welcomed
- campaign for blue badge for autism / sensory needs (points system doesn't cover this) open a community garden scheme such as walled garden as Shifnal open a special needs sensory play centre such as SNAP at Cannock
- Make places wheelchair friendly . Not all places are.
- No.
- Community police meeting with residents
- No
- i have done that above

- As in the last group of questions, community /voluntary groups cannot do anything to aid the situation
- Not sure.
- Communities need a purpose, an aim to improve, hard in times of stiff financial restraint but some project(s) the folk could get behind to make them proud of their neck of the woods
- N/A
- nothing comes to mind
- I don't think there would be a group that would help
- Headway gives me the time and space to still be my own person but provide support whilst there if needed which helps me to feel secure and safe
- A group with lots of kennels in
- N/A
- N/a
- none
- None
- N/A
- If there was someone available to support me to make sure I am not on my own I would feel safer
- N/A
- Headway
- Have help days/nights where people can go for help and advice, from filling in forms to applying for jobs, relationships to childcare tips!
- Not having disruptive families/homes for socially excluded in our vicinity
- discuss issues and awareness of targets audience
- Groups that bring communities together so we get to know each other.
- Company when out and about
- no
- N/A
- n/a
- As above
- The council need to take responsibility
- More police/cso's patrolling
- N/A
- I would like to see more training for those whom work with young people, to challenge these perceptions and balance gender issue. I want my daughter to be treated equally and given opportunities the same as their male counterparts.
- more police on patrol
- Not sure how
- Already have Community Officers - more of them would be nice. better Neighbourhood Watch schemes etc.
- Better neighbourhood support would be great, and also maybe CSO patrolling regularly might help too.
- Don't know
- regular bulletins
- none
- N/A
- Trim the trees and bushes to show more lighting
- provide more lighting and cut bushes back to allow more visibility

- NA
- Visible police patrols in town centres on Friday and Saturday nights (not the massive overkill of Oakengates a few weeks ago - about fifteen police with vans and dogs)
- more community policemen on foot patrol & car patrol so they are visible in the community
- N/a
- as previously stated
- Link up with other local diabetics
- None
- I don't have any difficulties
- N/A
- Don't know anything about community or voluntary support groups
- N/A
- Neighbourhood watch, good neighbour schemes
- Reduce planning costs. Provide social groups for teenagers.
- not required
- supporting lower speed limits in residential areas
- Giving me some respite. Responding if there is a crisis.
- Neighbourhood Watch
- Just to keep an eye out for anybody acting weird or perhaps help support with gardening.
- As the question of support has never arisen I am not able to comment. This week alone I have had flowers and thank-you cards from people I have given help to
- no-one seems to take any notice.
- N/A
- community/council address these identified areas of antisocial or criminal activity so that communities have ownership over them
- I don't know.
- Can't think of any
- Not applicable.
- Used to be neighbourhood watch scheme but not sure if still functioning
- I believe only council can make a difference
- More police on foot in the area
- n/a
- By communicating with relevant issues
- DON'T KNOW
- As above.
- N/A
- Home Fix are a great help, they are the only ones currently use
- na
- N/a
- Neighbourhood & Rural Watch
- By being there
- Granny sitting service
- A visiting "friend" at sometime in the future would be helpful as we move into our eighties. We are fortunate to talk to our friends around the world and our family via Skype.
- Local police should be more active and work with young children.
- Don't know about how community or voluntary groups could help. More PCSOs might help at such key times.

- Neighbourhood Watch - Local Councils taking to residents and briefing on safety maybe in conjunction with the Police.
- None
- They can't but well organised and funded statutory services can.
- Visible policing.
- Local neighbourhood watch
- Neighbourhood patrols.
- Not aware of any
- There are none. (although the local church visit one elderly and frail neighbour)
- I know there is the neighbourhood watch scheme but I feel we already do this
- no
- If I report a burglary, I would like the police to at least come and take a look.
- Train staff to meet the specific needs of dependents. Offer free public services.
- My daughter would be here if I had to go into hospital to take care of my husband and cats.
- Police should have informed residents - i live in an area that is neighbourhood watch, yet no one was aware of what was happening with the number of house break ins at the time
- More local facilities and support for youngsters. Alcohol and drug health campaigns
- See previous answers
- More police on the beat and reintroducing licensing times. Pubs closing earlier would remove youngsters from the town earlier.
- N/A
- None
- As above.
- None
- free sessions of the gym or things similar
- n/a
- N/A
- At present can manage but time will one when help in garden would be appreciated. Of immediate concern is accessing the loft to clear it out
- Put paths alongside roads so it is safe to walk about.
- I need someone who can help me get out of the door
- Pavement widening on Forton Road
- By identifying who has chiari malformation in the area & setting up a support group
- N/A
- Neighbourhood Watch
- Certain groups are trying to help.
- not an issue
- They require more funding to support people through anxieties around there security
- N/A
- n/a
- you cannot get any help, when you seek help you have 2 wait 6 months....
- Greater visibility of police officers. More emphasis on tackling minor misdemeanours.
- N/A
- Ensure drug users get longer sentences and compulsory rehabilitation.
- None identified but would be comfortable to call on neighbours, family and friends for support
- Again, just to be there if necessary.
- More local fitness and hobby groups

- None in my area though I am aware of community schemes.
- Not applicable
- N/A
- Anything that looks at building neighbour relations will make people feel safer in the community. A feeling of togetherness and reassurance that those who commit offences will be punished and condemned.
- Don't know of any
- Get our voice heard by developers.
- NA
- I am unaware of any groups which could assist
- N/A
- I can't think of anything.
- no
- Good neighbour schemes and informal arrangements and socialising that mean we know one another in our road
- Na
- No
- Would like to access more social activities but these need to be structured sessions that are purposeful and supported in a safe environment
- Neighbourhood watch is a good idea - to keep an eye out on all properties nearby
- More community police and make them more visible to the community
- Local clubs to identify themselves so I can join in
- n/a
- Ideas on coping strategies
- Help with loop systems in Halls etc.
- approach community police officer but they often aren't around late in the evening
- N/a
- N/A
- Not applicable.
- Advice
- Nothing currently
- being alert
- None
- victim support have helped me in the past with an incident - i found them very useful
- The support available is so hard to find that it is a real non-starter
- UNKNOWN
- none
- Educate
- Can't walk everywhere and all the time
- I have many friends who support me
- N/A
- No
- Would like to access more social activities but these need to be structured sessions that are purposeful and supported in a safe environment
- Night staff and day staff help to keep the area safer
- Not possible
- N/A
- I received beneficial advice and sign posted where to go for help with my medical condition

- In my local area the church have enlisted volunteers (street pastors) who go out into the towns at night (weekends) and help young people who are either drunk or in trouble and need help getting home etc.
- They cant
- N/A
- N/A
- Getting to meet new people and make new friends
- N/A
- To motivate me more and reassure me
- N/A
- Not sure
- I enjoy day centre, it's sufficient for me
- N/A
- N/A
- Continue attending Paul Brown Unit
- CCTV camera, neighbours also having cars vandalised, tyres and agarage
- More police
- Listening to you on a weekly basis
- N/A
- key safe being considered asap feel safe at day centre as no one can walk in
- None- I am a private person. I'm not a group person - I can only lip read one person at one time
- Better police response. I don't feel voluntary groups will make any difference
- N/A
- Don't know what groups are available
- None
- A joint venture by the council and the community that involves a Saturday clean uip of our surroundings from 6am - 8pm - a community initiative venture
- Keep volunteering and supporting such things as litter picks, fly-tipping, clearance etc
- Awareness sessions
- Local house watch groups we havn't anything in our immediate area - or if we have it's not advertised
- nothing
- Already asked several organisations they don't have support for my needs
- No answer
- Befriending
- Policing satisfactory and re-educating criminals
- Not sure
- As Q7 - 8
- Not in touch with any
- No problems
- No
- Keep paths clear in winter outside my house from snow and ice.
- None
- None
- I belong to quite a few clubs/societies but I dont consider them way and I dont expect them to help
- More police presents
- Support groups and counselling

- None
- None
- Be visible for police and neighbourhood police be seen
- Organise neighbourhood watch scheme. More police patrols
- Not at present
- Do not know of any
- Listen and not patronise. It is not because I am a single parent. There needs to be more support for young people and how to deal with emotions
- Neighbourhood watch already operates in the area
- It would be nice if community centres had a few things going on like organised outings etc
- Revoke this club's licence
- Provide social outlet
- More CSO's or even security wardens
- I do not know if there are any groups who could accompany me with my motorised wheelchair on a trip out. I do however have people who will help wheelchair is the problem
- None
- Free SOS alarms on houses for pensioners
- The only time I feel I really need help and dont get it because the friends and family work is when I am really poorly, especially or living hospital. I now have one person, who helps, a retired man, but he cant do everything - should not do everything.
- None
- See previous answer
- The librarys are a very good place to find information on most subjects - this could be expanded ie coffee mornings for the 60+ generation (where there's room)
- More meetings for the local area to form a close knit community
- A strong neighbourhood watch is helpful
- Not required
- Nothing to add
- Councils to oppose further austerity in all public sector services
- Advertise support groups
- More lights when dark
- Drugs is a major problem in Telford
- As stated
- Neighbourhood watch groups
- Regular visits/contact
- A support group may be useful to focus on ways of making oneself and one's home secure - especially for people who are stressed or find things difficult
- More should be done by Council to protect personal space of people
- I have no idea for time being
- Stop building on green land, get the foreigners in work or sent back to their own country and culture
- Check to see if the over 60's and disabled are having what help is available
- None at this time
- ? Address things - at the moment there are good ones
- More community police
- Church members may help
- Community policing - community events

- More visible policing
- Formation of neighbourhood watch scheme
- When the time comes, live in sheltered accommodation ie McCarthy & Stone or similar
- Address issues raise in Q8
- Neighbourhood watch always a good idea
- You tell me, you're the experts. If I knew, I would get help
- Answered in Q5
- None at the present, thank you
- The Parish Council does try to alleviate problems but they are getting worse as the people who arrived via the rental arena do not have any local pride and basically could not care less about the area
- No need
- More positive meeting potential with local councillors
- None
- No idea
- The older muslims do not appear to have control of their youth
- Community police officers should be more visible
- No ideas
- See previous
- None
- None at present
- Not really. I have locks on windows and doors plus a security system and a burglar alarm. I dont live alone and I dont email
- See Q5
- Good police presence visible on the pavements
- Outside support not needed in present circumstances
- None
- Neighbourhood watch schemes,
- General education programme on respect for others and what is and isn't acceptable.
- Report wrongdoings to the police
- making my property safer and self defence classes maybe.
- Stop allowing businesses to operate children homes in inappropriate locations. There should be planning considerations
- better and more visible policing
- Not sure
- Move the cars off the pavements so as people with pushchairs and mobility scooters. I have seen women with pushchairs and prams with babies in having to walk on the road just to make any progress. This can not be right.
- Not identified
- Neighbourhood watch groups
- A police station back in the town
- Could reinstate neighbourhood watch.
- Na
- No clue. Would be nice to see the odd police car cruising by but they're short of resources too
- I don't have any insurmountable difficulties yet. When I do they will have to be assessed as to help required. A stair lift might be necessary or a downstairs lavatory.
- explored and none really suitable
- none other than previously mentioned

- Have no need yet of that type of support
- stop fast cars and street parking
- n/a
- To get more involved locally
- Neighbourhood watch, weekly meetings in telford to discuss any issues in the area
- we are ok at present
- N a encourage the groups to support as much as they can
- none
- N/a
- None
- N/a
- Ditto
- none
- Helping with general house repairs etc.
- not applicable
- Identifying the vulnerable people in our community is easy, trying to include and involve them is an extremely long process. I think my community has the patience and now resources to help them.
- Again, move to area with more people of our own age (60+)
- N/A
- Contact details for these groups, regular patrols around different areas
- I dont think they could as it all centres around my job really.
- N/a
- If required I'm sure there are groups I could join such as walking groups etc.
- The police need to insure that they still show a physical presence in the town.
- n/a
- Not known.
- Although I am in the 'Carers group' I do not find that they can do anything to really help.
- Not applicable
- Deal with the unlawful citizens in an appropriate manner.
- Identify those that persistently cause difficulties to the elderly and infirm, by reporting such offenders the appropriate authorities.
- I have no need for any help from any 'group'.
- None
- n/a
- No.
- No further comment.
- Not personally
- none identified
- more visibility/ knowing who or where groups are and how they can support
- A proper police presence
- I haven't identified any difficulties.
- Not applicable.
- Police support officers offering advice on being secure in our homes - time allowing!
- Shock tactic driver training?
- Not sure
- A police/CSO presence visible on the streets.
- Encourage taking part in activities
- They can support and understand your problems

- Set up Neighbourhood Watch.
- Not really.
- Gardening groups perhaps would stimulate residents to notice that what they do impacts on others. More dog wardens are required (TWC have one) but dont know if voluntary group could deal with this.
- None
- / Christian faith
- I think it would be good to have local neighbourhood watch
- Regular clean ups supported by local bodies- not left to do it
- No difficulties.
- Requires more police resources
- N/A
- Well I don't know of anything in telford that offers this kind of support.
- None
- n/a
- Not any at the moment
- Additional CCTV coverage
- Street watch?
- not applicable
- As above
- None
- n/a
- There are a number of voluntary groups available throughout Telford who can help people with difficulties.
- n/a
- community patrols, PCSOs
- See above
- n/a
- Better use of community centres like Admaston House
- Not their responsibility
- None
- Local community Policing.
- don't know
- Have no difficulties
- N/A
- Not applicable
- As about
- Can't think of any
- N/A
- could undertake assessments of river - ways to reduce flood risk eg clear river flow etc
- NA

Appendix IX – Individual answers

12. Who and what helps you to be in control of your own life?

- Earning money by working gives me choices about how I spend my time
- me
- Financial independence, education/literacy/ability, having a job, having family and friends, feeling secure in my geographical location, feeling part of the community, being able to help others, feeling I can make a difference and I am
- I am fortunate to have a good job, family and have capacity to make my own decisions but we all need support from others at various times during our own life time
- Family and finances
- i know i can only rely on myself
- my resilience, my own money through working; my own house that I have worked to pay for
- Jobs to help pay bills, childcare, etc. Own our own home. Have cars to get out and about
- My husband
- Nobody
- good financial budgeting, good support system of friends and family.
- good parents, work
- PA helps me as she gives me confidence to carry on with a normal life and the hospice gives me confidence as I know I can go to them with anything
- remaining fit and healthy and having family and friends locally
- ##### has helped me move from Meadowbrook nursing home to here - i'm magic now, I can do more, the staff here help me with wishing and things. Telford & Wrekin appointee
- Husband, having a job, mortgage paid off
- ownership of home/good job
- Those in control all live in their own home or can take independent action when they want. Some are totally dependant upon some support but so feel able to use it
- Good family, financially secure
- The fact that I can afford to pay for tradesman if anything goes wrong in the house or I know a man who can
- Good income, strong family unit, good friends
- Family only
- Financial independence & good education
- recognition that if I don't take control no one else will
- having a job and some intellect makes me in control of my life.
- Have a job and a home.
- General good health and awareness
- Having my own home, car, a job.
- Self motivation
- Shops nearby and my own transport. Good health and good neighbours.
- Good job, good friends network
- My employment gives my day structure and enables me to support myself financially.
- My family and my friends
- my husband and family are very supportive
- I have a job and sufficient income to support myself, and also a husband who is employed which shares the household expenses

- The carers I work with
- Social worker - reads letters and tells me how much money I need to give her for bills
- me
- Me
- I think my part time job helps a lot, it enables me to have some independence and means I don't have to rely on my husband for everything
- No one
- Secure job
- Good job, close family
- Myself
- I m a very independent person but have the support of my family around me if i need it
- Safe employment.
- focus and good support such as breath easy
- Myself and family
- Me
- Me, family and friends.
- Myself and support with the family
- me
- Me, husband, mother
- Myself and my reasonably secure financial situation
- Me!
- Health, reasonable financial security, family and friends
- Myself mostly, and I have a supportive partner and family around me too.
- I can wash, clean etc, I read a lot and have lots of friends
- myself
- Me, my job
- Me
- My self
- I am independent and control my own life
- Good physical and mental health
- Self discipline
- myself and family
- Self
- Planning for the future.
- Making careful and considered choices supported by research and discussion. eating healthily in the main, being active and ensuring each day has a structure. Forward planning
- Myself
- Nobody but my own self esteem
- Money and good health
- Being retired with a good pension.
- I'm single, fit, healthy, financially independent.
- Myself
- Me
- Me
- just me
- I am intelligent, well educated and am now losing the will to complete this totally inappropriate survey
- self employed, home owner. Not having to answer to others

- Being fit active and planning finances helps
- my health, financial situation, life choices, network of friends and family
- No one helps me I live with my husband and grown up children we all help each other.
- Family and work
- Beyond financial security, which is very important, what helps most is advice of any kind which enables me to help myself, because this increases self-confidence and independence.
- Friends etc. Frame of mind and attitude
- State of mind, health, being employed, having own car
- Me! Being independent.
- financial stability travel independence
- Me
- NO ONE
- Family and friends.
- Having support of my family and being able to work
- me again
- My family and I have financial security.
- I believe that I am the only person who can have control of my life.
- Me.
- N/a
- Support from family that I can make own decisions but have them to fall back on
- Myself and my husband
- I can get around on my own and am able to do the things I enjoy
- Our love for each other, we care for each other!
- Sense of belonging, work, church, caring for children and elderly parents keep ms in control of my life. Boyfriend also advises me if required
- Having a job (and enough money to make choices) Having my own home and car Being able to look after myself and my family
- I am an adult, in full-time employment on a decent salary, with a good husband and manage my own and my family's affairs.
- Family and Friends. The Doctors and Dentists have a part to play
- I am alone and nobody bothers me
- Having an active mind, keeping busy and enjoying life.
- me
- My wife, family and friends
- Nothing in particular.
- I take one thing at a time. I work things out. I like to be in control my own life.
- My husband, my confidence.
- My husband and I are financially independent, not in receipt of benefits. Am able to make decisions for myself and organise myself and family. I work full time and I am mobile. I do not have to rely on other people to help me with this.
- You have to press on and not let anything get you down. I am hard to do things for as I won't ask and prefer to carry on and personally I think that works. You would be surprised what you can do if you DO NOT GIVE IN.
- Totally, I am extremely self reliant
- general well being and organised life
- Health, low anxiety
- just am
- Decent job, no mortgage

- Getting out and about doing my own shopping and belonging to Wrekin Arts Photography Group which means we are interacting with people there at least once a week. Internet access is also important as is the phone.
- Good enough health at the moment to be able to do what I want to do.
- Myself
- me
- My Husband family and friends who are very supportive.
- Myself
- Good mobility, local bus services, enough income to cope with expenses
- Have been independent all my life
- My husband and I work hard to keep control of our own lives
- I work, and am independent minded
- Financial stability.
- My independence - I work, have a good salary
- My finances are under control. I have transport and a bus pass.
- I am a strong person
- myself and my partner
- I can take care of my self
- I have full capacity
- being fit and well
- Making a conscious effort to be in charge of our own lives.
- I live on my own with my dog, I own my own house and I have a car and a very good job. I have no dependants so I can do anything I like anytime i like
- Me. I am able to make my own choices and decisions.
- Financial security and a loving partner.
- We make our own decisions about what we do, when and where.
- Sound mind , working in a professional job
- I am highly independent and will do all I can to look after myself, and my wife, without government support.
- The internet is a big factor and mobility. My husband relies on me for many, many things e.g. I organise everything, run the accounts and organise the money. I manage the house and garden and he does certain things. But he does a lot
- retired and secure income
- I have reached the point in my life where I do what I want when I want as children are no longer dependent. Feel confident in making decisions that affect me and my family.
- I am a career to my husband who has chronic heart disease and spinal issues.
- partner, children, sisters, consultant
- myself
- My previous military career has instilled a sense of responsibility and independence whilst recognising when help is needed.
- I do
- Financial independence, access to technology (phone, broadband), access to local facilities (shops, leisure centre, library)
- Knowledge and being healthy, being able to do things for myself and not relying on anybody
- We are independent, have access to technology and know how to use it. If I have doubts about anything I know who to ask, or where to look for assistance.
- me
- Good health, energy to keep up with a changing world
- My wife

- Own home and family support
- I live independently. I work so I can finance my life e.g. mortgage, bills etc. I can make decisions, weigh up risks etc
- Having a wage
- Ex serviceman
- Running my own business
- I have own (shared transport) Feel less so now bus services have been changed and reduced.
- Work, independence
- My wife and being financially sound.
- See earlier replies
- I am fit, well, independent and have sufficient funds to support my lifestyle.
- My willpower
- I am the person that is in control of my own life
- Me!
- Regardless of being ill I always look after myself and will continue to do so. If I rest as soon as I feel ill then I can quickly recover and take back control.
- **HAVING MY OWN JOB AND FEELING SECURE MONEY WISE - HAVING MY OWN CAR AND BEING INDEPENDENT**
- I don't know, myself, I have decided to take my life into my own hands
- Myself, my family and my friends, a positive attitude and taking responsibility for myself
- I do
- My wife
- Own home and family support
- The care staff myself and my family
- Help from friends and family and voluntary work
- Mobility aids, car, keeping as well as I could be. Taking control of my life, volunteering and meeting people
- still teaching and involved in music
- I am independent person and take responsibility for my own actions
- Being safe, secure and independent
- Myself
- I have my own independence
- No one
- I do
- Myself and parents and my little daughter
- I make my own decisions. I am involved in my care planning
- I know what I want in life, i know how to get them
- Independent living - own home and mobile
- Being independent
- myself
- I'm very independent but have my family, friends and neighbours to help if I need them
- being disabled
- my social workers and my carers
- Jan - carer Gemma - carer
- Family, being fit and financially secure
- I feel in control because if I can't do something myself, my wife does it for me
- support from friends
- Myself - I make own decisions and supported by son and daughter

- supportive family and work
- Rely on my son for support when he is well enough
- Good health, being active, taking the tablets regularly. Exercising the mind by volunteering
- Myself
- Myself and yoga classes
- I'm independent
- Retirement and an adequate pension
- No-one
- Independence, confidence living alone
- Independent - can drive and get out by myself when needed
- I'm lucky at present to be healthy and independent
- Son - PoA of finances. I have never felt out of control
- Independence - lived alone 26 years
- Family, social clubs
- Stairlift/bed elevator/ventilator
- I am fit and healthy and able to manage my own life
- Family
- Being healthy and active but do worry about the future, having no immediate family members living in the country
- Myself, support worker, care worker
- Family
- Only due to support network. Neighbours
- Family & partner
- Determination and yes pride
- Family respect - sharing life's matters
- Me, my wife, my local family
- Self and wife
- Husband, work
- Family dog
- No one
- These are ambiguous questions - control in what sense
- My and my wife. Sufficient pension and savings so as no difficulties
- Fairly good health, mobile, good wife and family finances OK
- Myself - am pretty self sufficient
- Good health - good pension - good family support
- Myself
- Family and being employed
- Close relations
- Myself
- By being self-sufficient and not having to rely on others
- Having helpful husband, family, living in my own home and not worrying about money or anything (if possible)
- Planning
- Myself
- Financial security. Support of family and friends
- Alot to control my life
- Good named GP. Strong christian faith, money, good education, know my rights
- Good health, family and friends

- Independent control
- Spreadsheet to manage finances. Family support and advice
- Health & active in employment
- Self
- Wife
- Home, no mortgage, health, decent income, family
- Independence
- Wife
- Being able bodied and not reliant on others to provide what I need
- Independence
- Me
- Being financially sound. Being in good health. Having own transport (car)
- Being independent
- Myself
- Good health and good family
- Having a clear mind and doing things how I want
- Family and friends
- Owning my own home, sufficient income, medical services
- Secure income and decent lifestyle
- I work full time and my daughter lives with me apart from my hearing loss everything is fine
- Family and close friends
- Financial security
- My daughter
- My self esteem
- Good job, positive attitude, good friends
- Myself
- I dont need anyone or anything to help me with (I think Its called personally responsible)
- Me
- Me
- Good health and positive attitude
- Nobody helps and me being of sound mind
- My family & friends
- I am, I work and run house with 2 teenagers
- Have alarm if needed person will send help to me
- Good paid job, no mortgage
- As I have already said my youngest daughter helps when she can, my neighbour helps with front garden. For which I am grateful. I dont know how I will cope in future.
- Still compos mentis and reasonably physically active
- Good health - my own capability and family if required
- No one
- Ourselves
- I live my own life and am in control of what I do
- My partner
- Myself
- Professional career with career options
- Financial security and staying fit
- Keeping healthy and happy
- Self employed, own house, no mortgage

- Independence, both physically and monetary
- Self
- Avoiding people and situation that I dont want to be in or around
- Good transport links to get about, family and friends
- My family are very supportive and live in Newport nearby
- Myself
- Friends
- I own my own home, with attendance allowance and careful financial budgeting, I can even get a holiday
- Me
- My own ability to live a busy and healthy life
- Family
- Staying healthy and a decent pension and not having too many money worries
- Our attitude towards us
- My family
- Myself
- A good pension and supportive family
- My wife
- My own independence
- My wife
- Able to drive, good friends, internet & phone, attending hobby groups, no illness
- None
- Myself and my wife
- Strength of my own mind and personality
- I have full time work, my own house, car and independence
- A close family
- Me. Its my life, I control my life
- Yahweh, my wife and family
- I have a good job, and I make a good wage but nowhere near Telford
- My determination
- Intelligence, family and friends
- Good health, enough money, and remaining positive
- My wife and I knowing just what we want from life and being able to achieve it
- Disposable income, family and friends
- My family
- Being healthy and active. Help from family
- Family and good job
- Me
- Myself
- Secure job with great staff. Good work/life balance
- Myself
- Me
- Family
- Family
- Being able to go where I want when I want without fear of harassment, fines, rules, regulations, spying, intimidation, charges
- All my own doing
- I believe in God, my life is run by God
- I am strong willed and say what I will do or not do

- Not making snap decisions that may affect my life
- Family and friends - who. Being able to work gives me control - what
- Work, family
- I have people to do cleaning, ironing, windows, odd jobs etc
- As Q2
- My wife and family
- My wife
- Me
- My family
- Retired with time to do my voluntary work and spend time with family
- Wife
- Me and by working
- My own independence. My family come over from South Yorkshire to stay for a couple of days
- My family
- Work and lifestyle management
- The way I live
- Myself
- Unpossessive husband. Positive outlook
- Our attitude towards us
- Personal circumstances
- Good family, having a job
- Money and good health
- An understanding wife and family
- Myself, valuing my independence
- Still able to function independently, husband, own transport
- Me, I feel that I make my own decisions and choices about my own life
- Myself and God
- Wife, family and friends, doctors and nurses
- Me and years of practice
- ? Another silly question
- Me
- I'm a practical person and do not require help
- I currently have all of my faculties but understand this could change at any time
- Me
- Access to internet and telephone. Being able to drive and having a car. Being in good health, living with family and having friends I can ask for help
- Good bus service. Knowing a doctor and hospital (Princess Royal) is nearby
- Me
- I am fit and try to keep active and meet up with friends
- Self
- Being self motivated, happy with my lot independent by nature. The rest as per answer in Q7 'acceptance' might be a better word
- Having my own money, a good education, a good support network of family and friends
- Myself, my family and my workplace (employer)
- Myself
- Financial independence and good relationships
- Husband, friends, money, family
- My own education and self reliance

- Secure marriage, job and home
- Financially secure at moment and in good health
- Me
- I have always felt able to be in control and have no concerns about this
- My health and financial status
- Being in employment and in a steady relationship
- Myself and family
- Financial and health both being good
- My husband and my determination
- See Q7
- Me no one else
- Ourselves by being sensible (hopefully) and using common sense (hopefully)
- Husband and family
- Me
- I have a job and own home and a car
- Full time employment and supporting family
- Myself. Family
- I do this with the help of my children
- Lifestyle
- Myself, access and ability to use computers and the internet, good mobility, hospital close by, able to drive and pay for car
- I do not understand your logic, what do you mean by being in control of my life? How does one define control?? I am to a certain extent in control of my life in that I have options, choices and I make decisions. I manage my money and pay my bills But its impossible to have control over everything life is to be lived not controlled
- I am a responsible adult and quite capable of being in control
- Support from family and friends
- Myself
- Myself
- I work, I live on my own
- Myself
- Doing what I want to do when I have the time to do them, being able to travel freely as and when I need to
- Income & assets.
- Being independent and active
- Working helps us be in control. We work, pay our bills and have time to relax and socialise.
- being generally aware of my circumstances and surroundings
- all my interests and feeling as though I am 20 yrs younger!!!
- Me
- Am independent
- I am a strong independent person with good family & friends
- Husband and friends and the fact that I am in good health and do not need support, at this stage of my life, of any outside agency
- I am relatively fit, have provided for my retirement with a pension and generally am able to look after myself.
- Working and earning
- Bit of a rhetorical question really: it's me.
- Me and determination

- Sufficient income to support my lifestyle
- Financial independence
- Me
- keep myself to myself
- financial security and family support
- Christian faith
- Education and knowledge of my condition
- Simple...me! Also, being a member of a loving and caring family and having a good social network of friends.
- Getting a good education in school, enabling me to get a good job Paying my own way, not relying on benefits Making my own decisions on where to go & what to do
- Financially secure, good job and happy family life
- Financial independence and good work / life balance
- Planning our finances and looking after our home so we can hopefully cover any problems arising. Making sure we are insured to give us peace of mind.
- Family, friends
- Me and my family.
- I am retired but work part time and am active in community groups, so best of all worlds
- Good mental and physical health
- ME
- Me, friends and family
- x
- My own confidence plus the support of my husband
- Myself
- Mainly because I'm financially secure
- Am still able to work but that is not going to last long.
- N/A
- Myself, need to be strict with what you do
- Me
- My family
- Despite a close family network my wife and I do a lot of things on our own.
- Good family, outdoor leisure time. Don't wait for anyone else to provide entertainment etc.
- ME!
- Me, and taking ownership of my own financial situation and well being.
- Self help and family help when needed.
- Being my own boss and being financially secure.
- Me and my husband.
- Sensible attitude regarding skills and health.
- Me
- retired so am not constrained in doing as I wish
- me and family and friends
- Relaxed retirement
- Me.
- inbred self reliance handed down from parents.
- Independent outlook. Lack of ties. Financially solvent.
- Myself! I am reasonably fit and healthy and have always been brought up to believe that you are responsible for yourself. The world does not owe you a living.
- Support of wife and my own intelligence.

- Having a job, being organised and well educated..
- My personal beliefs
- Understanding my illness and how to use facilities on offer
- Me
- Live with husband in an equal relationship, employed and financially secure which makes me feel in control. Pension is likely to be manageable which again gives security, so I'm relaxed about any cut backs. Children grown up, so no longer throw as much 'randomness' into our lives.
- Certainly nothing the council does
- Self confidence, personal skills, financial independence, my Christian faith
- My health,
- Running my own business
- I am able to support myself but have friends who I can turn to if required
- Myself and my family.
- Bloody mindedness on my part.
- Being able to afford options when considering everyday decisions. Being confident and assertive and well educated helps.
- Being able bodied
- I am in a sound relationship and a good financial position. I have a part-time job that is highly enjoyable and secure, but I am not reliant upon it to maintain my home or any other aspects of my life.
- Still working and earning.
- Financially secure, family
- Financial security, healthy in mind and body
- Having my own mind and positive attitude allows me to be in control
- Energy & many interests
- determination
- A stable home life with my wife of fifty years, full control of my faculties and enough money to live on
- Long term marriage and trying to be as active as possible.
- Being financially stable Being in good health Having a supportive husband
- No one
- being organised, well planned
- nothing presently, maybe in 10 years
- Me
- Knowledge, family, the will to be in control of my self
- See answer to Q1
- I help myself to be in control by maintaining my job and my home.
- Little or no dependence on others
- Family and self esteem
- Me.
- Have a strong relationship with partner and a happy family
- Me, I am a responsible adult. I ensure that I am employed and respected by my husband.
- Being financially secure. This gives me choices.
- Being healthy, having enough money, internet
- Health, intelligence, ability to work, wife.
- Being Healthy
- My own views and attitudes to life and the influence of my wife.
- good health, sufficient money, no debt.

- I can look after myself. No money worries, have own car and good friends.

Appendix X – Individual answers

13. Is there anything that makes it difficult for you to be in control of your own life?

- Disabled children.
- No
- Work
- Being in tied accommodation
- no
- Having choices taken away, feeling beholden to others, loss of income, loss of independence, being alienated from those who know and support me.
- Lack of money and facilities
- if I lost my job then could lose my house
- No
- no
- No
- No
- My health conditions
- on a temporary work contract, so future of job is unreliable
- School - pushy and useless
- Sometimes managing work and life balance
- lack of money
- Family members /friends
- my illness
- Don't know. My parents can be a bit of a limitation at times
- Friends and some members of family
- Only my walking
- The state
- uncertainty about job security
- Depression
- no
- My employer
- Health, mobility and disability
- I think it's difficult for people to have FULL control on their lives. Family, friends, work, and unexpected difficulties can contribute to this.
- No
- Lack of knowledge about certain things
- no
- Need to work!
- The government. Low wage makes it difficult for me to be in control of my own life because i have no choice but to struggle day in day out. I cannot have children because I cannot afford them, this is because the government make it impossible to improve life, to improve social status, to own my own home, to eat hea
- My son's disability impacts on my life greatly. My work has to centre around his needs, as does how I spend my free time. I look after him for all but 3 hours a week when he receives respite. He attends college during which time I am able to work. His condition dictates where we go and when, and how we are treat
- money- everything is getting more expensive and not had a pay rise for years

- financial limitations - i have to work!
- There are no places in Telford that provide the things I actually want to do, or provide the things I want. I can't drive so can't go to other areas to get these things. There are few events in Telford that take my interest. Moreover, I'm stuck in a rubbish dead-end apprenticeship on a tiny wage. This is the best I
- Finances
- Opportunities for promotion at work.
- Being responsible for my children means they have to come first.
- No.
- Finances
- Costs of basic necessities increase, making it difficult to budget over next 10 years. Legislation re pensions change, so feel that retirement may either never occur or be unaffordable. Employment situation ever changeable, workplace becomes less of a place you want to be. Partner's ill health impacts on her qualit
- my own health and wellbeing
- Money is a constant worry and often causes stress within the family home.
- my disability
- Looking after children (putting them first), lack of financial independence
- Pain . Fatigue and anxiety.
- No.
- Work can be stressful and its full time so not a great work/life balance, but i need a full time salary
- My family !!! Of course a family makes you compromise but thats not a bad thing.
- Just managing money
- Some of my family members can be controlling.
- mobility and mental health issues
- My wife's health
- No
- I'm committed to paying a mortgage, I need to work. unless i give it all up and go and claim dole and have you pay for me for the rest of my life!
- employment issues such as austerity cuts
- Finances
- Having a husband who has a terminal condition where levels of health are unpredictable
- only work related stress
- Work is a plus and a negative. It leaves me with little time to do the things I'd really like to be doing, like exercising and having more of a work-life balance.
- General health can vary from day to day both physically and emotionally. Also pain levels vary on a daily basis
- The carers
- Just the reading bit
- No
- Finances, brain injury
- nothing
- No
- My inability to do certain tasks - cannot access toilets without 1 - 1 support - makes it difficult to go out
- Brain injury, memory
- IT and cooking
- Mum worries too much
- no

- Kids are always full of surprises and you can't really plan too far ahead, in that case I guess my kids are in control!
- No
- unknown aspects of my job
- lack of mobility..partially sighted..deaf..no access to internet..no access to public transport rely on my daughter with power of attorney
- Elderly parents, mother with Dementure. Brother with mental health problems.
- illnesses
- No
- People seem to try to take over taking away independence and the disability restrictions
- no
- No.
- No
- the constraints of work and hectic family life
- Physical frailty and illness
- No
- No
- N/A
- I can, at time struggle with my emotional health. I have had a major trauma recently and left me feel vulnerable at times.
- alcohol
- Demands of my job - things have to be done and this can take over.
- Some job insecurity
- Work
- Not really.
- Not walking so well
- distance and travel to work
- lack of time sometimes
- looking after my grown up children who have mental health issues and taking in their children when things get too bad
- N/A
- None
- No
- Not at Present
- No
- no
- No
- Struggling to cope without my husband who did alot of things that i am now having to sort for myself, new things that make me feel very uneasy & unsure
- No
- Having MS.
- Too many demands by others
- Trying to get closer to home with my employer being difficult
- No
- Not really
- Not being able to afford to buy a home.
- No.
- No
- Sometimes my medical conditions

- Health issues
- Needing money so having to work, but wanting to go travelling
- No
- Work, CSA, Mortgage
- not being able to drive and not being able to get to work as easily as I used to due to the recent changes in public transport within Telford
- No
- Pressure of caring for elderly parents, and grandchildren.
- no
- no
- Work pressure
- see my first answer
- My husband's aphasia
- Family needs, money
- Being dismissed by medical personnel. Not having any choice about what to do for childcare
- I need the assistance of others to do things round the home, I can't be independent due to my illness.
- No
- No
- no
- No
- no
- No
- No
- No
- No
- No.
- demands of others
- No
- Yes, politics is the main problem. Laws are being passed that are putting great strain on people.
- Caring for elderly parent and having to work means i have little choice in how i spend my time
- my lack of confidence
- Currently, no!
- not at present
- No
- NOT at the moment
- No
- No
- Legislative changes.
- I do not think it is possible to take control of my life, unexpected things happen and I have to deal with them as they arise. Being profoundly deaf does not help
- na
- N/a
- Partner
- Being a carer
- Family responsibility
- No

- No!
- No
- Only an elderly dog who doesn't like to be left at night!
- Some stupid laws of the land - but mainly we have control of our life
- Only intermittent health problems and general lack of fitness.
- As I said, I am a full time carer.
- Husbands shifts and kids school routines
- Money and cost of living.
- Not at the present, however if my partner's health keeps deteriorating this could have an effect at a later time.
- Work gets in the way too much.
- no
- No
- nobody can have total control over our own lives, we are affected by world events and other events such as loss
- I would like to live in a bungalow, for future ease of my life, but the prices are too expensive. I therefore think I will be trapped if my health suffers later on.
- See previous answers.
- Workload and spouse illness
- no
- My stubbornness.
- Sometimes caring for relatives takes up most of my spare time and I feel like they are in control of my life.
- No not really my life is tied to looking after the welfare of my husband, so no trouble I like looking after him.
- no
- Migraines
- no
- See previous answers - Health situation does not exactly fill me with confidence considering the current attitude locally.
- No
- NO
- NO
- My Health
- not really
- Being a carer for my elderly mother.
- Only my mobility issues.
- no
- No
- no
- No
- Yes lack of understanding of my medical condition , feeling down all the time and not having a bright out look for the future . I just feel like I'm only here to make sure my son grows up as normal as I can bring him up
- No
- No
- No
- Yes my poor health I can't work or do any social activities
- Depression and anxiety

- No
- Full time work restricts total freedom to do all I'd like but salary is also necessary to be able to afford to do what one wants
- My illness, I have good & bad days so I'm not in control
- No
- No
- no
- children, money, time
- Poor question - There are many things I don't have the attributes to control in my life 'weather, international politics, taxation levels, road building, housing development, job availability, work start time etc, etc' - I appreciate I can influence many of these such things and I am content that be the case.
- Not at the moment.
- no
- Lack of support needs and aid for my clients most if these affect my clients and not me but lack of support aids is a big issue
- N/A
- nothing
- lack of money, no help from council at all being a carer,
- No.
- being taxed so much on my earnings, as i am in the high earnings group and if i had that extra per month it would be great
- Debts, my chronic fatigue syndrome.
- no
- No
- No
- No
- No
- Not knowing if I will be employed next year
- No
- None except the unknown medical issues which goes with being over 70.
- Having to work full time and having to do so until at least 67
- Please see the previous section.
- Yes my health and lack of money and independence
- No, it known that you are never in control of life!
- No
- Bills! If I didn't have them I wouldn't have to use so much time working and could have more free time. I enjoy work and have a strong work ethic but sometimes my schedule is very hectic and time for myself is sparse!
- disabilities
- increase in cost of living.
- no
- Financial issues
- No
- No
- No.
- No
- Physical disabilities
- no

- There are always times when something unexpected happens and we find we're not in control!
- I have to consider my husband
- New chimneys (where none existed before) are being allowed on semi detached bungalows without planning permission. The result obviously is smoke and fume intrusion into the inside of neighbouring properties apart from their gardens. Wood smoke is extremely dangerous as is all smoke and fumes. The planning act only
- Only health reasons
- Cannot read and write. Needs supervision to remain safe. Struggles with complex decision making
- No
- Government
- No
- My disabilities
- Still living with parents
- a family
- My condition. MS
- House work getting difficult especially heavy stuff.
- constant insecurity of jobs within council
- No
- No
- Grandchildren - sometimes.
- Work issues.
- Walking long distances
- No
- Age related problems and deterioration of health
- When the government constantly make things challenging for me to move on and better myself and offers inadequate support to families
- Health /money issues
- No
- Family
- my nature - doing things to please others
- Job availability. Ability to afford and access courses.
- When I have a bad spell on CFS I am bedbound.
- My wife's health, & the difficulty as shown previously in getting health appointments.
- MY PARENTS SOMETIMES
- no
- Work life balance is very hard the pressures to ensure bills are paid and spend quality time with your family when you work full time.
- I don't drive and am dependent on public transport. This is not such a problem now but might become an obstacle to getting out and about in the future, particularly if fares keep increasing. I could face problems in my early sixties if I am unemployed or in a low paid job but still have to pay fares to get to pa
- N/A
- My husband
- My job
- Lack of Money
- Unforseen circumstances
- My depression

- No
- No
- Only health reasons
- Cannot read or write, need supervision to remain safe. Struggle with complex decision making
- Education
- No
- Clinical depression, anger problems and everything I've put into questions 3 and Asperges Syndrome
- My disability at times
- Being in a care home and crippled
- No
- My medical condition makes it difficult for me to be in control of my life
- No
- Very little income due to being a student with poor wage
- Depression and anxiety can take over
- Pressures from others
- N/A
- No
- No
- No
- Money being unemployed
- My girlfriend thinks she's right
- Anxiety
- N/A
- stress
- My memory
- I struggle with mobility
- Not really
- Fixed income - no benefits available
- No
- When you are low and feeling down. My sister died recently - I used to talk to her
- Current health issues hinder being able to make certain decisions
- Alzheimer's disease, I am forgetful at times
- After suffering a stroke and has weakness of right side of body, I need support from 2 carers to wash, dress and transfer
- At times do not like being on own when outside or being on own at home
- Outside influences beyond my control ie family illness
- No
- No
- my gambling habit
- No
- No
- mental health and physical needs
- Lack of money
- Caring responsibilities towards wife, full time job
- I feel I am always under an obligation to be there for my wife in case she needs me as her carer - I take this role very seriously
- Physical restrictions

- My disability, I can't just decide to go jogging for instance, plan a holiday - financially there are limits on what I can do
- looking after husband with dementia
- Bad things that might happen
- poor health
- no
- NO
- Demanding of caring role. Husband does not like me going out. Husband has always been very demanding
- Age (again)
- No
- Pay and mortgage
- sometimes depression anxiety
- No
- Nothing
- Not really but surrounding being so unkept make one feel unsafe
- No
- work / life balance
- carers
- No not at present
- My general illnesses
- Only ill health
- Lack of breath stops me from the gardening and I loved to do it before my accident
- Opening jars
- No
- Times of illness - not being able to get to doctors surgery easily
- No
- Health
- Just my disability, which I overcome being nearer to 80 years of age than 70 this will soon mean we lose some of our independence by having carers, paid for by us
- No
- No
- The actions of others - people and local government personnel
- My husband is also disabled
- This is too ambiguous a statement (global/regional influences)
- Reduced faculties due to age eg lack of physical strength and manual dexterity
- No
- Not much
- No
- Income - recently redundant - employment is available on minimum wage or 0 hour contracts
- No
- Am unable to stoop and kneel and unable to lift or carry things easily
- No really at the moment
- No
- No
- Financial restraints
- I am in pain all the time
- Demands of work - extra hours at very short notice

- Again anti social behaviour. Limited child support services. Council need more - no police
- None
- No
- No
- No
- No
- Pension not enough
- No
- When I am ill I have to ask my wife and family for help
- No
- No
- No
- Impact of decisions at work (civil service) and the possibility of work moving out of Telford in the future
- Government setting rules on things like schools and what I can and cant do in my own business (Ltd company). (Fines for taking my own children on a weeks holiday for family time)
- No
- No
- None
- Too much to do, uncertainty
- No
- No
- Health
- No
- Fear of old age and lack of care
- No
- Out of control local authority - seeking to impose unwanted developments onto the people
- No
- My illness
- No
- No
- Health
- Family - there needs come first
- Lack of mobility
- No
- No
- Others
- No
- Not yet, I have type 1 diabetes
- I have PTSD, panic attacks whenever shops, buses and trains are packed. I have severe body odour leaving me virtually housebound. I suffer from severe depressions
- Yes, the lack of amenities within CAMHS. Lack of support from disability childrens team.
- No
- Girlfriend can be a pain in the ass sometimes

- Yes I have an over bath shower which is difficult for me as my knees are painful to climb in and out of bath. I have vertigo and am frightened of falling. I do not want the housing association to turn into a wetroom nobody is happy with the ones they have done
- Arthritic hip
- Long term secure job prospects, with reasonable terms and conditions - ie pension etc
- Not at present
- Work, life balance
- Finances
- No
- No
- No
- Poor health, stress of life
- Money - never enough
- Failing eyesight and heart condition
- My depression effects me in such a way that I tend to avoid people and situations
- Only financial constraints
- My health, lack of mobility pain and often depression are a hindrance
- None
- Not a joke, more as a warning to others I have an aged dog and cat that bully me and I fear tripping too, but I've had them over 15 years.
- Government policy, the hours I work
- No
- Just general health
- Due to some family (extended)
- No - except everything going online
- Finance can make it hard sometimes - being on a pension
- No
- Cuts in social care and NHS services. Privatisation of dentists/opticians etc
- No
- No
- Public apathy to local institutions
- No
- No
- No
- Weak gutless people who try to hang on
- Yes, investigations at work and attitude of idiots towards me
- Not being able to go to the shops without fear of attack due to the junkies
- No - more money might help though
- Outside interference from do-gooders and jobsworth folk
- Health problems maybe
- Mobility, communication, age and health
- No
- This Government
- No
- My chronic condition
- No - divorce made it much easier
- Work pressure and interference by unwanted 3rd parties
- Cost and restricted freedom
- Work

- No
- None
- State of mental health
- No
- Kids
- MS
- Again only access within Telford in general
- None at this time
- None
- Try to look after general health - Same as Q12
- Doctors not interested in my depression unless I say I've got suicidal thoughts
- No
- No
- No
- I have made an undertaking to care for the wellbeing of my brother who has special needs and have to fit in oversight of him in my life and other family problems at this time are overriding at the moment
- No
- Being married I have to consider my husbands needs and also my elderly mothers needs
- World events/situations
- No I just kind of get by
- No
- No
- No
- Illness (my daughter) and my own health. Low income
- No
- Inconsiderate people
- No money, bad health
- Money. As a lone parent I am on a strict budget which does limit some of the choices I have to make
- No
- Having had ops and being on crutches and in pain
- No
- Answered in Q8
- No
- When I am in ill health I find it difficult to access support
- No
- No
- Sometimes - when you are unable to do things
- No
- No
- My chronic illness
- No
- Not really, I just take each day as it comes
- Medical treatment, necessary for my wife
- My treatment as above
- Nothing
- Illness
- Too many rules and regulations - too much red tape

- No
- Financial constraints
- No
- No
- No
- No
- Not at present
- No
- None at present
- Not currently
- No
- No
- Costs, restrictive services in public transport
- I am not a millionaire. So have to work and that's a bit of a restriction.
- Lack of income and assets.
- If I became ill, it would affect my employment and I would lose my independence and control quickly.
- No
- I have to adhere to 35 hours a week job search and don't feel after this I have my own free time as I feel scared at home and out of it.
- Anxiety issues
- My main priority is always my husband
- I have to rely on others for many things.
- Having to rely on others for some help
- No
- N/a
- No
- None
- Not really
- Bad behaviour of others
- Carer for elderly mother
- Our finances are heavily dependent on my wife's earnings, not mine!
- No.
- employment
- Yes my wife's Alzheimer
- None
- The Tax office,
- No
- nothing
- my illness
- no
- No
- MY PARTNER`S well being/ health
- Nothing
- a tory government intent on taking us back to th19th century
- Looking after handicapped man
- Yes. As a society we have ended up with an overindulgent, expectant 'free ride' state Health and Benefits system. The NHS should only be free for specific medical health treatment. For instance, it should not be there to carry out vanity plastic surgery and

should certainly stop any type of 'Health Tourism' and force inbound foreign tourists to acquire adequate health insurance, that cover the length of their visit, as a prerequisite of entry into the UK. No travellers health insurance, no treatment, unless, of course, you pay at the point

- Nothing
- Others
- A future full of uncertainty caused by religious differences across the world.
- My disability
- More money would be nice !!
- Income / outgoings
- No
- Already answered this question
- Disability
- My disabilities plus my sight is failing
- x
- Health issues.
- no
- Being unemployed!!!
- Having to care for wife as well as myself. The bone cancer I have is not really very treatable and my specialist is moving me to an "end game" drug as all else has failed.
- N/A
- No
- When there is unexpected pressures at work. When I feel like I am slightly out of my depth. When family members become ill. I am trying to move home so have no control over that process!
- Marriage (life is a compromise), working for someone else
- Not really.
- There are always things outside your control and you can only react to them if they happen to you.
- No
- Intrusive unwanted telephone calls, DESPITE the fact that my number is registered with the Telephone Preference Service (TPS) and some of the callers (with whom I have never had any dealings!)have previously been told on many occasions to remove my number from there list and to not call again.
- My wife's health problems are a major concern
- Other people ! I have responsibilities which means I need money , and also living with other people means you have to compromise on having the things the way you want them - but we all have to do that !
- No
- Financial difficulties due to disabilities for myself and my wife.
- Nothing other than lack of independent mobility.
- Not really.
- Financial constraints
- Caring responsibilities for my Father Health problems a/w surgery etc
- No.
- Not really.
- No
- no
- no
- N/a

- A bus from my house to the Cock Hotel would be useful.
- no
- The demands of my job.
- Only lack of funds!
- Sometimes feel I haven't achieved as much as I could have and I don't help myself. Could do with a few million quid.
- My disability means I rely heavily on my husband, trouble is he is frail at age 74 having suffered cancer and major surgery
- it is very difficult at my age getting work.
- Not that I can think of, I'm very fortunate
- Anti social behaviour
- Mobility i just would love to just get up and go out on my own without planning days ahead
- I have to rely on my wife to help
- No
- Islamist fanatics.
- Not presently
- Traffic lights everywhere - stop putting them in and remove the ones you already have.
- No
- poor bus service
- No
- Running my own business !!! can take over at times
- none
- No
- Poor public transport - need frequent buses which run till late evening and all Sundays, and can take me to the hospital and railway station. Existing bus service finishes at 2.30pm so unable to attend afternoon appointments at hospital, doctors, dentists etc.
- Illness and some dependence on others
- No
- My husband can be very challenging and my children have special needs
- Yes the structure of society to increase the wealth and power of those apparently in charge. If I step out of line to what the state wants me to do then I'm a criminal. None of us have any real control over our lives.
- None
- No
- jobcentre as I have to do 50 hours activity a week
- Arthritis, Diabetes and Age (less mobile)
- No
- No
- No
- Yes: my wife has severe dementia
- No
- Lack of mobility.
- Too many demands, there is always something I should be doing.
- Health problems which can cause concern if not managed well.
- n/a
- Not particularly at present. I have recently got my driving license back after having to voluntarily surrender it on medical grounds. Fortunately the issue is now resolved and I can drive again although it forced me to retire a year before I wanted to.

- No
- osteo arthritis
- Taxation
- Im in control of my own life but i guess i could have a bit more independence if i learnt to drive.
- My children's financial insecurity
- Harassment at work.
- just general things
- No
- No
- No
- I think that demands from the kids and work make that difficult
- The government taking too much tax to fund the work shy.
- N/A
- Too much time working. Too much time wasted in traffic.
- No
- My Son has complex medical needs that determine some paths in our life, unfortunately there is nothing anyone can do to change or this, and the medical team who care for him are unable to predict his health progression and deterioration, although we know this is highly likely at some point
- Work commitments
- People who have no consideration.
- the cost of transport, and availability.
- No.
- Work.

Appendix XI – Individual answers

14. Please tell us any ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified?

- They don't.
- Listen
- Cannot
- By being close, being concerned, by helping in times of trouble.
- Unless they are in government, and start caring a toss about ordinary people...No
- dont know
- Campaign for a Finnish style education system
- Give advice
- They support me in anyway that they can there are certain things they just can't do
- They could be more supportive
- Don't know
- Uprising
- Just being there to support me
- Our group keep regular contact with friends and family. They know this is not always the case. Carers are under severe time pressure, social workers are not as accessible as they used to be which causes concern
- none
- Petition for banishment of slave labour. Petition for healthy food cheaper than bad food.
- Please refer to earlier answers.
- None
- Just being there.
- N/A
- Through social contact, but we do not want to burden them with moans and groans. We know we are in a privileged position compared to many.
- Take me everywhere . Can't go out alone.
- n/a
- ##### the warden works tirelessly to help with these
- As previous answers, friends & family could not do anymore
- N/a to me, but folk need a reason to want to live and something however small to aim for
- N/A
- I spend a lot of time with my children and grand children in my spare time and I make the most of every minute that I am not at work
- They can't
- Awareness of my limitations and giving me the time and space needed. Also promoting my independence
- N/A
- Just need help reading mail
- N/A
- none
- N/A
- They could help me with some tasks and help me go to the toilet but I am only comfortable with certain people taking me to the toilet
- They do enough already

- N/A
- n/a
- confidence to deal with new situations as they arise
- see previous
- If I try to do some thing let me carry on and only help when asked
- no
- N/A
- not sure
- N/A
- being able to talk with them would help, although it is not always easy.
- do not buy me alcohol
- They can't!
- Listening
- Help to maintain a work life balance
- N/A
- They already support me
- none
- more access of mental health support groups
- N/A
- none
- NA
- NA
- N/a
- Over time I may need more assistance with mobility but I am making plans to minimize the impact going forward.
- Shared views
- None
- None
- No idea
- N/A
- none
- As before
- Again, not in the area
- My family are very supportive and have encouraged me to move from a house to a more sensible bungalow which they decorated and moved me as I was unable to do these things my self.
- N/A
- n/a
- N/A
- N/A
- Dont know
- Not applicable
- Not applicable.
- Friends and neighbours can only use the ballot box and that has little effect
- I haven't identified any and this survey could have been better produced.
- none
- N/A
- My family are very supportive
- na

- N/a
- This is just the same questions over and over again!
- We manage because of our independent outlook.
- Na
- We try and get dog-sitters to enable us to go on holiday or for a night away.
- See previous answers
- N/a
- Good communication
- No ideas at the moment.
- None
- They can't
- See previous answers
- Support from friend and family
- no
- My husband helps exercise my foot.
- I have no extended family in the area, and the friends I have are in a similar situation where they care for relatives as well.
- No I know they would rally if I asked.
- none
- See previous answers
- N/A
- Help with house work, shopping, visiting.
- None
- friendship counts and company
- n/a
- n/a
- N/A
- See previous answers
- N/a
- N/A
- no
- look after the kids
- As I said before a million pounds, but being realistic there is nothing to be done except a miracle elixer to bring back my youth.
- no
- Allowing direct payments to vulnerable adults and the elderly would allow them to choose who cares for them instead of having to work off the council framework
- N/A
- n/a
- lack of money is no concern 4 the above
- none
- N/A
- It is important to communicate and talk to friends, family and neighbours on a regular basis
- None
- Good family support.
- They can't it's about money
- Help out whenever necessary
- N/A

- Just being there is a reassurance and keeps me well even during busy spells!
- Think sometimes it's just talking to someone.
- They can't
- Not possible
- N/A
- We have no difficulties.
- None
- no
- People to talk to.
- Na
- None
- Family support and carers
- Be aware of me as a person
- n/a
- DK
- they provide emotional support
- N/a
- Not applicable.
- Travelling with them
- Nothing needed
- Continue support
- They are the cause
- They do everything we could expect, otherwise we would not still be living in Telford.
- SUPPORT ME IN MY CHOICES AND HELP ME OUT WITH ADVICE IF NEEDED
- none
- I think this is more an issue for public transport providers or perhaps the local authority to obtain discounts for older people who are not yet entitled to Senior travel concessions.
- Be there for me
- Having anxious feelings
- Being there if I need them is enough
- N/A
- None
- Family support and carers
- No friends or family
- win the lottery
- N/A
- My family and friends visit me and take me out when I feel low
- Cant its up to me to be more assertive
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- help if I need it
- N/A
- I have daughters - they help me. They don't push me but make sure I am alright. They take me out
- Not really just taking me out

- When you are low and feeling down. My sister died recently - I used to talk to her
- My wife is always available to support me
- Attending physiotherapy at Paul Brown Unit
- They are unable to provide any further support. Relationship broken down with my mother.
- N/A
- None
- I am seeking help as support
- N/A
- Regular contact with family and friends
- Letting me have some independence
- Parents have lent me money
- Support from family
- None
- We have 3 children and they are very supportive
- I have support from my church who are very helpful, my church brothers and sisters. My religion helps me keep positive
- Feel bad putting problems on other people
- N/A
- Son supports and will stay in to let me go out to appointments
- Be there to help when I need it and listen
- None
- A joint venture by the council and the community that involves a Saturday clean up of our surroundings from 6am - 8pm - a community initiative venture
- No
- work stress and demands
- wife and children
- Inappropriate or untrained carers, lack of time to help me sort out things like bills and appointments, no time to do leisure or hobbies or basic exercise. Having to rush or squeeze in things that need longer time
- I wouldn't expect it of people
- Family support and visit frequently
- As mentioned earlier, no close family live near and I don't wish to overburden busy neighbours with requests for help. They would definitely help in an emergency
- Support with shopping, cleaning. Agency supports my husband
- Neighbours have there own busy lives to live and are either elderly, caring for there children or their parents
- Shopping - transport etc when they can
- Visiting elderly or isolated
- This is a repeat question and seems irrelevant
- No problems
- Cope well enough for myself
- Sometimes male members do jobs for me ie repairs etc
- I have a friend who goes around telling people my business
- No
- None
- Dont know
- None
- None

- I dont see how any of these people can assist
- Just being there, family only
- We have no local family and why should our friends or neighbours look after us
- None
- NNothing
- Already in place
- Not applicable
- Find me some nice female company
- Family does not live local and neighbours know I have diabetes, but thats it
- It would be nice for parents and sister with her children could visit but I live in a run down area and they dont feel safe there or parking cars there, plus the 2 flights of stairs puts them off
- Friends and family do not know how I have coped for years. They are concerned for my emotional wellbeing
- They do what they can
- Keep her busy doing other things, apart from nagging me
- I do not want to be a burden to anyone either friends or family
- Might do garden, shopping etc
- No
- Help with seeing
- Nothing they can do
- None
- Take the dog for walks - (no change to the cat running my life, I cant stand his meows)
- They cannot
- Not their responsibility - social services
- See question Q9
- Listen
- I have to keep on asking my son, or daughter or your friends to go on line for me - when theres no alternatives - ie a phone call. This is a pain and the only thing that robs me of independence
- Getting the local community to be more caring for each other and the elderly
- None
- I do try to evangelise the local institutions locally
- None
- They already do
- More police
- They cant
- Understand what I want and need
- Dont know. Reluctant to ask for help etc
- Stay as are
- General support and understanding
- The care helpline when ever I want
- Not applicable
- No
- They cannot - no one can
- Sometimes a neighbour will take me into town but she has her own difficulties
- Someone to trust
- Friends are supportive and we have good neighbours that would help when they can
- I do not think friends can help, family does help with my mother of 92 years

- No
- Not applicable
- None as yet
- Have had 3 staying during, then after ops to help me
- Answered in Q9
- None
- They all call at times
- Local neighbourhoods are beginning to fail due to the influx of 'new' residents, they do not know about the area or the existing inhabitants
- Just to be friendly and regular contact
- Already do
- See Q9
- None
- People thinking they know what I should be doing
- Keep in touch
- None
- Not at present
- No ideas
- Nothing
- N/a
- Give me income and assets.
- help with job vacancy information and accompany me when I have to leave home and return home with me.
- Not sure
- My neighbours are very good and if asked will do anything they are able to do to help me.
- See previous
- None
- N/a
- None
- Community groups
- Some do help already
- None
- My neighbour recently volunteered to do some shopping for me when I was sick recently but she has three children and it would be an imposition to ask, neither would I want to.
- my calling in as often as they can
- None
- help with cooking dressing etc
- n/a
- None
- don` t know
- They already do
- voting for a council which will fight to defend services
- N/A
- N/a
- Not sure
- see above
- Knowing we can call on them if we need to either for practical help or just support helps.
- N/a
- see previous answers

- Can't help
- understanding.
- Not applicable
- I jobsearch myself, though it is difficult to budget in travelling costs for interviews. I refuse to claim benefits, again societal pressure of being perceived as a scrounger.
- none
- N/A
- Not got any
- N/a
- My family are always giving support and we have a friendly neighbourhood.
- n/a
- Not known.
- We have excellent neighbours so we are fairly lucky
- None really - its my own choice to live the way I do.
- None
- I cannot think of anything that is not already happening.
- None
- n/a
- Don't know
- None.
- Have already mentioned.
- My mother and my husband help out on childcare
- n/a
- n/a
- N/a
- I haven't identified any difficulties.
- none required
- Not applicable.
- None
- They could not
- No difficulties identified
- As previous answers
- By them offering to help
- None
- We share a pint down the pub.
- N/a
- Other than tearing down some traffic lights, not much really.
- not applicable
- none
- No difficulties
- No I will not ask my friends, family nor neighbours to help as I want to live an independent life. My family do not live near to help.
- Unable to provide additional support
- N/A
- I just answered that
- Being able to park my motor car outside my own home
- n/a
- dk
- Not any

- None
- Friends call frequently on my wife and take her out for coffee and bun at least once a week
- No difficulties
- None
- Share some of the jobs.
- If we wished it our family would rally around.
- n/a
- My wife did all the driving and helped me become less depressed about not being able to drive for a year.
- n/a
- Repetitive question
- None
- Trying to communicate with party involved. With little success at present!
- Have no difficulties
- N/A
- friendly and supportive neighbours and friends
- NA Responsible adults support themselves.
- Not really, I expect my husband feels the same
- They provide emotional support and practical help when needed.
- NA

Appendix XII – Individual answers

15. Please tell us any ideas on how community or voluntary groups may support you to overcome any difficulties you have identified?

- No idea. I don't like groups & neither do my children.
- Cannot
- By being visible and accessible. By making it simple to ask for help. By providing advice and information and supporting independence in resolving issues.
- Please see above
- dont know
- Campaign for Finnish style education system
- Slimming World to loose weight and support with it
- Give advice
- Hospice - support network. Neighbour cuts the lawn. PA - flexible
- Don't know
- being more understanding with people with depression
- Need more and easier access to social and health care
- Travel in the future if can't drive. volunteers to give lifts to shops etc
- none
- Get involved in fair wages where people can actually enjoy there lives and spend their hard earned money on more than just bills. We are human beings not machines.
- Further assistance to parents/carers of children/young adults with special needs, autism, adhd.
- Put on some more events?
- None right now.
- N/A
- None available.
- extend disability activities such as A2A sessions and disability-friendly sessions eg. ski slope
- Advertise local vacancies
- Support groups locally for people in same position.
- n/a
- Community and voluntary groups may help me feel less isolated and help me feel more involved in my community. However these groups would most likely run in the day when I am at work, so perhaps more evening and weekend groups would be beneficial.
- shopping would be lovely
- As above & as previous answers
- N/a - Area tidy up groups by local and other volunteers co-ordinated by the Council, sorting babysitting circles ?
- N/A
- nothing comes to mind
- They can't
- Awareness of my limitations and giving me the time and space needed. Also promoting my independence
- I don't know
- Social workers at MIND
- N/A

- none
- N/A
- They could help me with certain tasks but I would have to get to know people and feel comfortable with them taking me to the toilet
- Headway Shropshire
- N/A
- n/a
- N/A
- see previous
- I need support more some days than others so need help when required
- no
- N/A
- N/A
- less public drinking
- For the future, realise depend on strength and health of husband and mother
- N/A
- Don't know
- none
- being able to access groups during the evening and weekends
- NA
- none
- NA
- NA
- Bereavement groups where you could attend & ask for help from people in similar situations & offer any support & help that i could to others
- N/a
- Most exposure of services provided for people with developing disabilities'.
- Discussion
- Diabetes UK to be able to do a letter for employers and staff to help them understand
- No
- None
- Never been offered any support from anyone
- N/A
- none required
- As before
- Have occasional childcare available. Have someone that can help me take my twins swimming!
- It would be good to access a list of trade people - gardeners handyperson etc that could be trusted if needed to take the strain off my family.
- N/A
- n/a
- N/A
- N/A
- Not applicable
- Not applicable.
- The community and voluntary groups can only lobby and that has little effect
- more free courses ie crafts on locally that provide childcare
- n/a
- making information available if needed

- none
- N/A
- I only use the Home Fix service
- na
- N/a
- As above
- At the moment we do not know.
- Belonging to local Muxton church and the church network gives me strength and sense of belonging
- Inexpensive dog-sitters would be great. There are businesses who will look after dogs in the home but they are expensive.
- Neigh support like the neighbourhood watch. Councillors if they find people on their own should ensure that someone visits them if they so wish
- Please see previous answers
- Be nice to talk and let of steam to someone who wants to listen
- Voluntary no, statutory yes if funded fully and staffed properly
- None
- None that I am aware of
- Some could form.
- no
- There's a craft group in Wellington Methodist church every 2nd and 4th Friday, I find that helped when I was down.
- No
- none
- See previous answers
- N/A
- Take me out to shop, or for entertainment.
- Could do with high level cleaning in the kitchen as can no longer stand long enough or feel safe on steps.
- groups and activities to meet similar people
- n/a
- n/a
- N/A
- See previous answers
- Don't know
- N/A
- no
- no ideas
- They can't There is a lack of practical help from voluntary organisations in general (most are talking shops) some people in difficulty want someone to do their ironing or cut their grass not counselling or arts classes.
- A list of events at my local community centre, especially for dementia patients,
- no
- Make it easier to get on to the frame work for companies or abolish the framework and give people he choice to choose there care
- N/A
- n/a
- none
- NA

- By being in good company you communicate and ensure mutual support is available at difficult times
- None.
- None used or considered. During cancer treatment in 2008/9 support from Macmillan.
- As above
- N/A
- There are many community groups that you can get involved in locally and an awareness of these is reassuring to know they are there if and when needed.
- Don't know any
- They can't
- More accessible community credit unions perhaps
- N/A
- We have no difficulties.
- no
- Church - that's just the time when we're beyond our own strength and we need to put things into God's hands! - and the supportive church community, responding in love and understanding.
- Na
- None
- No
- Support and advice on savings mortgages etc
- n/a
- Information about this condition
- Dk
- nothing
- N/a
- Not applicable.
- Arranging specific travel to and from places for lesser abled as buses for example can be frightening and daunting
- Nothing currently
- Breath easy group , plus voluntary work that I do is a good support. Miruji chairs should be available locally with NHS support
- None
- Health groups are a complete waste of time in the Telford area.
- N/A
- none
- I think this is more an issue for public transport providers or perhaps the local authority to obtain discounts for older people who are not yet entitled to Senior travel concessions.
- N/A
- Financial advice
- Again by providing a high quality easy to access service
- N/A
- None
- No
- YMCA staff help with bills and they help with general issues I may have
- not possible
- N/A
- I receive news on what is available to help me to have a quality of life
- PPT Team again set realistic goals I now have a much better life

- None
- N/A
- N/A
- Has helped to motivate me and improve my confidence to talk to other people
- N/A
- N/A
- N/A
- not sure
- N/A
- No
- They cant really
- Monday - Age UK Turnpike Court. Like doing crosswords - a big help
- Memory Services Clinic staff visit twice per year. Physiotherapist visits once per week
- Need more clubs for the disabled. Club on a Saturday or outings ie Wrekin, Zoo etc
- N/A
- None
- don't know
- N/A
- By encouraging me to be more independent
- The church does provide a lot of support
- Got to build confidence up first
- N/A
- None
- A joint venture by the council and the community that involves a Saturday clean up of our surroundings from 6am - 8pm - a community initiative venture
- N/A
- being generally supportive
- If I couldn't drive it would be nice to join in with local groups - day trips, walking groups etc.
- by running away with my wife
- If I had help my life would be running with less stress and more organisation and more positively
- Not sure
- Not sure - probably because we are independent
- Identify which on in local areas
- Dont agree with the agenda behind the last Q15 its all about reducing the power of the state
- Who dreamed up this questionnaire
- No problems
- No
- Dont know they have given more things to help and lifted weight of furniture for me
- No
- No
- None
- Dont know
- None
- None
- I belong to many groups etc I've never considered them as helping. They are more like me helping them

- None
- We have paid our taxes all our lives - why should we need to rely on charity now
- None
- More voluntary groups in countryside
- Already in place
- At moment no difficulties, if so I ring diabetic nurse or doctor
- If anyone could help me get rid of this severe body odour and lose 61/2 stone would be most welcome
- Provide the right people at the right time. Early intervention has not provided the right support
- Access to some services outside working hours
- No help needed most days
- A local interest or hobby group - eg Tai Chi
- Not sure I am trying to move into somewhere which is suitable to my needs so far without success. I have been trying for over five years now
- Have not i/d any difficulty
- More info on CD's for people with failing eyesight rather than written. Often poor sight distort letters making reading difficult
- Nothing can be done
- Through encouragement
- None
- No ideas, except above
- They cannot
- None
- Social circle
- See question 10
- Knowing were to go for advice if you do have a problem
- None
- There are voluntary people the church, age concern and others around
- Having an interest in the community in general
- None
- We need a culture change in society to make employers value their employees to work a a team
- I support Marie Curie
- Have the ability to listen and understand what is needed in this area
- Local community groups
- Support to get out and about
- It would be great if the 'bus service' down Station Road from Dawley to Horsehay the onto Bridgnorth was brought back
- Being more amenable to peoples commitments
- Related to my comment for Q13, informal/discreet support for women and men in troubled relationships would be very helpful. Relate is very expensive
- Council should enforce rules and law more effectively and not bow down to views of vocal minority but those of silent law abiding majority
- I hope these groups will help me in any hard time
- No
- Find a cure for progressive MS
- More access to everyone to everywhere
- Same as Q14

- I dont think they could really
- Newport Cottage Care centre provide day care and transport for elderly people
- Monitoring music noise levels
- None as yet
- None. Not needed
- If I needed help, I would no doubt be told there are no resources due to cuts
- Answered in Q5
- None
- Organise support groups for those who need help with managing their lives. This could be a helpline or website where people in need could ask for volunteers to help or just call in for a chat
- Ok at the moment
- If I had any difficulties then joining a group is so important but making that leap and accessing groups can be difficult
- No ideas
- Sww Q10
- I have no difficulties
- Just be there
- None
- None at present
- No ideas
- Nothing
- Money
- Give me income and assets.
- a mentor to talk to maybe.
- Not sure
- Already using services
- I doubt that there is anything they can do.
- none
- N/a
- None
- Na
- No clue
- I'm not really lacking for anything, including goodwill, so I am all right on my own at present. And I'm not very keen on people I don't know.
- explores - none
- None
- social services and carers
- n/a
- None
- don` t know
- Explain and increase the support
- join in an anti cuts campaign
- N/A
- N/a
- see above
- Practical help or just impartial advice would be good, I know of a family who has been unable to get any help at all which is a concern. I hope I am never in that position.
- N/a

- ditto
- There is no help where I live
- Repairs, transport etc.
- not applicable
- More opportunities for older people to have work placements.
- Tell me how to impress upon social housing companies that my situation is becoming dire, because I have tried but it is like water off a ducks back.
- N/A
- Contact details and regular meetings
- N/a
- They are there to join if one would wish to but at present I have not required any other assistance.
- n/a
- Not known.
- Not applicable
- None
- Help with shopping and chores around the house.
- I cannot think of anything.
- None
- n/a
- Organised group outings - especially evenings and winter months
- None.
- Have already mentioned.
- In the past there have been after school activities that have helped me
- n/a
- n/a
- N/a
- See above.
- none required
- Not applicable.
- None
- Don't know
- maybe some training.
- None
- As before
- With transport for me
- None
- Not really.
- N/a
- Is there a 'Get rid of Traffic Lights' voluntary group?
- none
- No difficulties
- Can't find a support group to give lifts to hospital etc or help with my heart disease in terms of practical and emotional support.
- Not known
- N/A
- Just someone to buddy up with. Someone to talk too.
- I just answered that

- Too many commercial vehicles parked in the street preventing me from parking near my home
- n/a
- dk
- Not any
- None
- researched and nothing appropriate
- As above
- None
- As before the problem, if there is one, stems from such groups.
- I succeed by trying to help others.
- n/a
- The Access to work scheme is unfair. I know of individuals who received full assistance to get to work. I got absolutely minimal.
- n/a
- ditto
- None
- Get people to concentrate on their own problems, deal with them or seek help and not take it out on others! Easier said than done though.....
- Have no difficulties
- N/A
- NA Responsible adults support themselves.
- More flexibility in options on child care
- NA

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD - 9 DECEMBER 2015

MENTAL HEALTH COMMISSIONING STRATEGY 2016 - 2019

REPORT OF ANNA HAMMOND, DEPUTY EXECUTIVE INTEGRATED CARE, TELFORD & WREKIN CLINICAL COMMISSIONING GROUP AND CLIVE JONES, ASSISTANT DIRECTOR, FAMILY, COHESION AND COMMISSIONING, TELFORD & WREKIN COUNCIL

LEAD CABINET MEMBER: CLLR ARNOLD ENGLAND, ADULT SOCIAL CARE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To introduce the first draft of the Mental Health Strategy for Telford & Wrekin.

2. RECOMMENDATIONS

For Board Members to comment on the first draft of the mental health strategy.

3. IMPACT OF ACTION

The revised Commissioning Strategy will be Borough wide, and will impact on those who experience poor mental health, or those at risk of it. It will contribute to the Health and Wellbeing Board priority around Emotional Health and Wellbeing, as well as the majority of the Co-operative Council Objectives.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Emotional Health and Wellbeing
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Medium Term Plan for 2013/14 to 2015/16:-</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities and address health inequalities. <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
	Will the proposals impact on specific groups of people?	
Yes	The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.	
TARGET COMPLETION/DELIVERY DATE	<p>Strategy Approval – January 2016</p> <p>Action Plan Development – February 2016</p>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>At this stage in the process, development of a strategy, the requirement for additional resources is not evident and therefore the planning assumption is that the strategy will be delivered from within existing resources. Once the detailed action plan (Stage 3) is clearly established the requirement for resources and the funding streams to deliver the strategy will be considered and brought back to the LA and CCG in the New Year 2016.</p> <p>The pressure on Local Government funding and the consequent delivery of savings within the Council is being addressed within Social Care through a process of transformation. This will impact the Commissioning and delivery of Care going forward. It is</p>

		<p>important to consider this context at this stage as this may impact the scope of the action plan going forward.</p> <p>It is anticipated that by aligning the commissioning portfolios of the Council and the CCG improved value for money can be achieved from a combined expenditure. The current joint expenditure on Mental Health services is £17.9m with £15.1m coming from the CCG. The CCG have committed that the funding in mental health will not be reduced, although need to ensure better 'value for money' is achieved.</p>
LEGAL ISSUES	Yes	The strategy will assist the Council and NHS in fulfilling their duties under the: Mental Health Act; NHS, Public Health and Social Care Outcomes Framework; Care Act. Further details are contained within Section 2.
EQUALITY & DIVERSITY	Yes	The strategy will aim to reduce inequalities for those experiencing mental health issues.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Commissioners have engaged a wide range of partners (service users, carers, volunteers and professionals including Nurses, Social Workers, Clinicians, Nurses from maternity services) to ensure their views are included in the development of the strategy.</p> <p>The strategy development has also considered feedback from previous engagement activities including the consultation around Castle Lodge.</p> <p>Commissioners intend to work co-productively with such a range of partners to develop the action plan.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The development and implementation of the Mental Health Strategy will have interdependencies with the overarching 'Wellbeing and Prevention Strategy' and other Commissioning Strategies. The aim is

	that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing.
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PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Background

Since the last Health and Wellbeing Board there has been a range of activities across the health economy relating to mental health. The CCG and Local Authority have been progressing a three stage review to improve mental health services in the area, taking a much more robust commissioning approach to mental health. The Health and Wellbeing Board received a proposal around this review in March 2015. The three stage review includes:-

- Stage One: Review of current investment
- Stage Two: Defining a model of care
- Stage three: Action planning

1.2 This report is updating on Stage two of the process- the Mental Health Strategy.

There are a number of principles on which the model of care are based which are as follows: -

- The model of care will consider the promotion of wellbeing through to acute provision (including a consideration of the required 'bed base')
- The work will include needs analysis and projected demographic changes
- Best practice will be considered to ensure the newly commissioned model is cutting edge
- The model of care will be defined following engagement activities and co-produced with people with lived experience

During the past few months commissioners from Health and Social Care have engaged with service users, carers, volunteers and professionals to develop a high level commissioning strategy. The feedback was obtained via group / one to one meetings, as well as written responses. Commissioners have also used the findings of other consultations, such as the Castle Lodge consultation. During the period there was also a national documentation produced following consultation with 20,000 people. This had a number of themes which have been very helpful in considering options.

With this in mind the draft strategy has been developed, and is based on three key ambitions: (Draft strategy attached in Appendix 1)

- To develop Supportive Communities **“a place I am proud to call home”**.
- To ensure Early Intervention – **“I know where to go for advice”**.
- To commission Quality Services -**“I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life”**

1.3 **Next Steps**

The initial draft of the Mental Health Strategy will be shared with stakeholders, including service users and carers, for further comments. These will be incorporated into the draft which is presented for final approval from the Local Authority and Clinical Commissioning Group in January 2016.

1.4 **Stage Three: Action planning**

Following approval, the action plan will be produced by February 2016. It will include immediate actions through to longer term plans. The action plans will be co-produced with service users, carers, professionals, voluntary sector and commissioners following ratification of this strategy by the two organisations. Whilst it has been described as a third stage, necessary actions have already emerged. Initial thoughts cover:

- Clinical ‘bed base’ workshop set for December 1st 2015
- Consideration of joint commissioning arrangements
- Development service specifications for inclusion in the main NHS contract from March 2016
- Improved access to psychological therapies (redesign of a holistic service)

2. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

The strategy will assist the Council and NHS in fulfilling their duties under the: Mental Health Act; NHS, Public Health and Social Care Outcomes Framework; Care Act.

The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983).

On 15 January 2015, the Department of Health (DH) published a revised version of its statutory code of practice on the MHA 1983, under Section 118 of the MHA 1983. The revised code must be followed by local authorities, managers and health professionals. An easy read version was added on 26 March 2015 and the revised code came into force on 1 April 2015.

The Council and NHS bodies also need to meet the current requirements of the Public Health, NHS and Adult Social Care Outcomes Frameworks in respect of the mental health and wellbeing of adults and children.

The Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010, which states:-

- (1) A public authority must, in the exercise of its functions, have due regard to the need to: -
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Consideration needs to be given to an Equality Impact Assessment in respect of the potential impact on people with mental health issues, which may result from the review of the mental health commissioning strategy, in order to assist the Council in meeting its Public Sector Equality Duty.

3. PREVIOUS MINUTES

Health & Wellbeing Board – March & September 2015

4. BACKGROUND PAPERS

None

Report prepared by:

Frances Sutherland - Head of Commissioning -Mental Health, Learning Disabilities and Children, Telford & Wrekin Clinical Commissioning Group

Steph Wain – Group Specialist Commissioner, Telford & Wrekin Council

Telford & Wrekin Mental Health Strategy 2016-2019

1. Introduction

Telford and Wrekin Council and Clinical Commissioning Group are working together to improve the mental health and emotional wellbeing of the local population. As part of this work the two organisations are conducting a three stage review. The first stage is to describe clearly where they spend their money on mental health services, the second stage is to define a 'model of care' (described through a strategy) and finally to create an action plan to make the necessary changes over the next three years. The strategy does not include people living with dementia or children who are subject to other strategies.

This document forms the basis of stage two and outlines a strategy to inform our priorities moving forward. It is summary document supported by appendices providing more detail. The report will describe how we formulated the strategy, highlighted the problems we need to solve and outline the vision and principles we will use when commissioning services in the future. It will finish by highlighting some of the main actions that will be needed to make the changes happen.

One of the most significant principles underpinning the development, and on-going implementation, of the strategy is that the ideas and solutions come from those with lived experience of mental health problems.

There are many other strategies, supporting documents and approaches within Telford & Wrekin that compliment this strategy by promoting positive emotional health and wellbeing such as: Prevention and Wellbeing; Autistic Spectrum Conditions; Drugs and Alcohol; Dementia; Adults with Learning Disability; Housing; Adult Social Care Commitment Statement and 5 Ways to Wellbeing.

2. How has the strategy been developed?

The strategy draws on a range of different information and in producing it we have asked the following questions:

What have service users, professionals, carers, and volunteers told us about the current services, aspirations about services and what outcomes they would hope to achieve?

What does the demographic information show us about our population needs now and how they will change in the future?

What does the most recent evidence and research tell us about best practice?

The detail around each of these areas can be found in the appendices and the key messages received in answer to the questions have been considered below.

3. Why do we need to change?

3.1 What you have told us – key messages from local people:

Isolation: *Having a mental health problem is stigmatising, people can feel socially isolated and often don't feel part of the local community.*

Support: Families and carers are not always supported well enough. There is a lack of information about how people can help themselves or find out what is available to them for support.

Access: Services can be difficult to access and there are often long waits for treatment. The services are confusing and complex. There are no services to support people in the evening and weekends when they feel at their lowest. In many cases people said that if they had been treated earlier, maybe their distress wouldn't have been so bad. Many service users also felt there was not enough support for them in a crisis.

Options: Many service users wanted more choice and control of treatment options which included alternatives to hospital admission and support to feel safe in times of crisis.

Being treated as person: People don't feel they are treated as a 'person', instead professionals just see their diagnosis.

Consistency of care: We were told that there is no consistent care and key workers often change. People said that they were often left to their own devices following discharge from hospital.

Communication: Service users told us of many examples where workers involved in their care didn't talk to each other, this was particularly where service users had drug or alcohol problems. Many issues were also raised about the transition between children's and adults services. Professionals raised their concerns about the lack of sharing of information which increased their workload and raised risks in care. The lack of one IT system was highlighted as a major issue.

Empathy: A range of people said there was a lack of empathy shown in services. This seemed to be a particular problem for those who attended local hospitals after self harming.

Workforce: Concerns were also raised about the low morale in the teams and high absenteeism.

3.2 What population data tells us:

Overall, Telford & Wrekin is an urban borough with an adult population in the region of 130,000. It has areas of significant deprivation (with many living in income deprived households). We currently provide services which support over 4000 people per year.

More specifically, the borough has an ageing population and the percentage of people over the age of 80 is projected to increase by 32% from 2014 to 2026. The mental health needs of this group, particularly regarding depression, need to be considered.

Approximately 7000 people over the age of 65 live alone in Telford, and many of these are income deprived and may be socially isolated, which raises their risk of a mental health disorder. With the increasing diversity of the population we need to consider preventative measures to support this group as well as access and suitability of services for all if needed.

Our public health profiles advise of the prevalence of mental health conditions but there is no local benchmarking data to indicate if we are supporting the actual level of need. Our stakeholders are telling us that there are increasing numbers of people who require additional support particularly for associated drug and alcohol problems.

3.3 What does the research tell us that we can learn from?

Commissioners need to clearly define services then monitor the quality and impact of the interventions they deliver. This can improve the standard of care. Not all our commissioned services reflect the current evidence base and we need to have a greater focus on self-management, promoting recovery, prevention and developing independence.

Services need to be joined up. There are excellent examples across the country where services are joined up between NHS providers and between the local authority and health.

The commissioning and provider landscape for mental health is very complex. The decision of one organisation can have a significant impact on another. Networks to discuss quality, strategy, innovation and problems can lead to much better solutions for the population. A multi agency approach needs to include NHS England, the Police and Department of Work and Pensions as well as the NHS and local authority.

Overall cuts in funding mean there is less funding in the public sector. Both commissioning organisations need to assure themselves and the public of best value when using public funds.

4. What is our vision for mental health?

Using some of these key messages a vision has been created around **three key ambitions**. These have led to 'I statements' which have been developed by service users, to guide the work moving forward.

The three ambitions

1. To develop Supportive Communities “a place I am proud to call home”

We will promote good emotional health and wellbeing by supporting the development of universal services. We will support people to live as independently as possible, with minimal intervention. Promoting independence and resilience will be at the heart of all we do to ensure people have the capacity to cope with the challenges that life, including mental health, can pose.

2. To ensure Early Intervention – “I know where to go for advice”

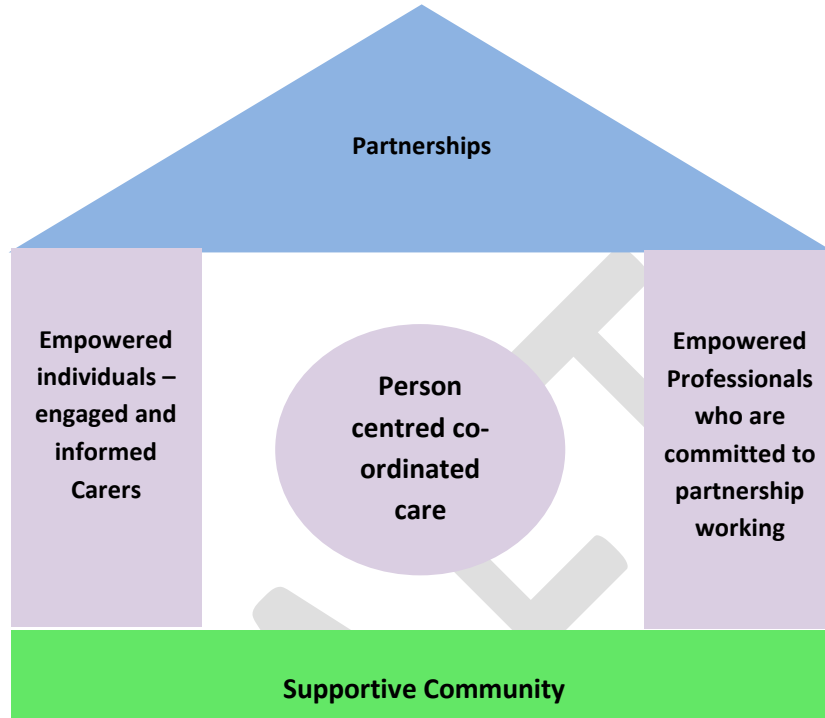
Information will be readily available at places, and in formats that are accessible when people need it most. Support and guidance will be provided at the earliest opportunity to prevent further escalation of need.

3. To commission Quality Services -“I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life”

We will take a whole system approach to commissioning mental health services where recovery is the expected outcome and service users are empowered to contribute to their community. We will ensure people better understand how to work with people with mental health issues in ways that promote their independence, ensure their safety and support their recovery. We will focus mental health support on need rather than age or diagnosis, but will give particular attention to more specialist areas such as Personality Disorder and Dual Diagnosis.

5. Principles to support our strategy.

The King's Fund developed a 'House of Care' model to support commissioning. The ethos and principles that underpin this model can help to address many of the issues addressed and mirrors back what service users and professionals have told us. We have adapted this to create the Telford & Wrekin House of Care which describes a whole system approach. It demonstrated the interdependencies of each part and the various components that need to be in place to hold it together.



5.1 Supportive communities-“a place I am proud to call home”

- Supportive Communities ('The Foundations'). The model will support:**
- Engaged and informed communities.
 - The development of resilient communities which support themselves (happy and strong).
 - Places that welcome people in each locality and that welcome new ideas.
 - The role and value of the 3rd Sector to promote and develop assets in the community.
 - The prevention agenda and promotion of 'wellbeing'.
 - Embedded mental health services in localities.
 - Clinicians having a good understanding of local services.

5.2 Early Intervention & Quality Services -“I know where to go for advice” & “I need to understand my condition and to have help to live my life to the best of my ability without my condition taking

- Person-centred co-ordinated care is at the centre of the house and represents the following:**
- The recognition of what is both 'important to me' and what is 'important for me'.
 - Support for service users in and by their own community.
 - Support for service users to become more resilient.
 - Support for the service users to take control of their condition and develop self-management skills.
 - The inclusion of the needs of Carers.
 - A relevant key worker for each service user.
 - Provision of tailored information (including any risks and benefits) to assist the individual to make informed health and social care decisions.
 - Support will be provided in the least restrictive environment.

Empowered individuals – engaged and informed Carers ('Left Wall'). The model of care will:

- Recognise individuals with care and support needs as 'Expert Care Partners'.
- Encourage self care and personal responsibility where safe and appropriate to do so, along with the information and education to enable this to happen.
- Ensure shared decision making becomes the 'norm'.
- Ensure individuals receive support from peer, voluntary and community groups where appropriate.
- Consider the use of digital and assistive technologies to empower service users where possible.
- Provide Personal budgets where appropriate to support service users to have more control over their life.

Empowered Professionals who are committed to partnership working ('Right Wall'). The model will ensure that:

- There will be a culture embedded across the workforce which promotes shared decision making, self-management, recovery and wellbeing of individuals.
- Services will be integrated through multidisciplinary working which includes the voluntary and charitable sector.
- Professionals at all levels will have the right competencies, capability and capacity to do their jobs to the highest standards.
- Clinicians discuss the relevant risks of treatment/care with service users and support them with the decisions they make.
- It is the professional teams responsibility to share information.

We will use partnerships as an enable to achieve these three aspirations:-

Partnerships including Joint Commissioning ('The Roof')

- We will work across local authority, NHS other statutory organisations, voluntary sector, private sector and employers to ensure joined up approach.
- We will include service users and carers in every stage of the commissioning cycle.
- We will explore opportunities for joint commissioning.
- We will focus on Social Value when undertaking commissioning.
- We will commission services on outcomes, including those identified by service users.
- We will ensure a robust voluntary sector in the borough.
- We will ensure that where possible there are IT systems that talk to each other to reduce bureaucracy and duplication and assist with record sharing.
- We will ensure service specifications include the delivery of shared decision making with service users.
- We will ensure soft intelligence, compliments and complaints inform commissioning decisions.

6. What are the key areas of work to support implementation of the strategy?

Whilst stage three of the review will form the detailed action planning stage, it is helpful to outline the main areas of work and identify at an early stage how we will begin to measure success. The table shows the current thinking. These areas need to be developed and tested with the service users, carers and professionals in their development and through to implementation. They will also form the basis for outcomes which will be translated into service specifications.

Vision	How	How will we measure success?
Supportive Communities	<ul style="list-style-type: none"> • Influence wider Council priorities to ensure mental wellbeing and the prevention of social isolation is a central consideration. • Reduce stigma by working with employers to better support people with mental health issues. The Council and NHS to become model employers. • Establish champions for mental health in Telford. • Support the development of local peer support groups. • Increase volunteering opportunities. • NHS to adopt 5 Ways to Wellbeing. • Base mental health services, where practical, in communities. 	<ul style="list-style-type: none"> • Council and NHS policies agreed and in use for Model Employer. • Number of local champions in place. • Number of volunteers. • Increase the number of peer support groups. • NHS adopted 5 Ways to Wellbeing. • Map where mental health services are being delivered.
Early Intervention	<ul style="list-style-type: none"> • Information, advice and guidance to be readily available in communities, and well advertised and promoted. • Enhance the range of voluntary sector support services. • Ensure grant process is linked to the strategy. 	<ul style="list-style-type: none"> • An increase in people accessing local services. • An increase in people accessing local support groups. • Greater range of voluntary sector support. • Number and value of grants per year supporting the delivery of the strategy.
Quality Services	<ul style="list-style-type: none"> • Ensure the integration of health and social care services at the point of delivery. • Single Point of Access for mental health referrals. • Improve the response times for services. • All service users will have a key worker who will ensure there are no gaps in their care pathway, and offer continuity. • Develop clear pathways so service users know what to expect from their care. • Develop the evidence base to inform future bed requirements for mental health in Telford. • Develop targeted support for high risk groups. • Work with partners to develop a physical health improvement plan. • Mental health workforce 	<ul style="list-style-type: none"> • One number to access mental health services. • Achievement of national waiting times for Psychological therapies and Early Interventions in Psychosis. • Key worker system in place. • Agreed clinical pathways and patient information in place. • Reduction in admissions to acute and PICU beds and Length of Stay. Reduction in Section 136 (Place of Safety) • Adequate beds commissioned for Telford & Wrekin with out of area placements as an exception. • Alternatives in place to reduce admissions to Emergency Department and mental health beds. • Services will be in place for targeted high risk groups.

	<ul style="list-style-type: none"> ○ Increase the number of mental health workers who have training in psychological therapies. ○ Ensure the mental health workforce is well supported and motivated. ● Other workforce <ul style="list-style-type: none"> ○ Increase the number of workers who have Mental Health First Aid training. ○ Increase the number of workers who have undertaken mental health awareness training. ○ Increase awareness of the Mental Health Act and Mental Capacity Act. 	<ul style="list-style-type: none"> ● Reduce the health inequalities for people with a mental health issue. ● Dashboard in place for measuring service outcomes, functional outcomes, personal goals, and clinical outcomes for service users within mental health. ● Reduction of the use of residential and nursing care. ● Increase in the use of Direct Payments. ● Increase in the number of people in settled accommodation. ● Increase in those in secondary mental health services who are in employment. ● An increase in the uptake of mental health training.
Partnership Working	<ul style="list-style-type: none"> ● Establish a multi agency forum to discuss mental health issues. ● Develop a model for Joint Commissioning. 	<ul style="list-style-type: none"> ● Forum established and effective. ● Joint commissioning model agreed.

7. The next steps

We have three overarching ambitions on which the action plan for the next three years will be developed. The action plans will be co-produced with service users, carers, professionals, voluntary sector and commissioners following ratification of this strategy by the two organisations. Action plans will focus on outcomes for service users and carers. We will use Partnerships, including Joint Commissioning, as an enabler to achieve the three ambitions.

This strategy will be reviewed and refreshed annually to ensure it is a live document that really has an impact on the mental health and wellbeing of the population of Telford and Wrekin.

List of Appendices to be included: (To be completed)

No	Appendices
1.	Stage one report- Commissioning, contracting and Investment - Spend by Commissioning bodies
2.	National Context and Evidence base - National Strategic Direction - Best Practice, including NICE Guidelines
3.	Engagement Feedback - Summary of information provided - Confirmation of the number of people involved, and mechanisms for engagements - National feedback
4.	Demographics - Population wide data - Mental Health Prevalence Data
5.	References and supporting documents

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 9 DECEMBER 2015

COMMUNITY SAFETY PARTNERSHIP UPDATE

REPORT OF: HELEN ONIONS: CONSULTANT IN PUBLIC HEALTH, PAUL FENN: COHESION LOCALITY MANAGER

COMMUNITY SAFETY PARTNERSHIP BOARD CHAIR – SUPT JAMES TOZER

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an update on reducing the misuse of alcohol and drugs priority and gives the wider context and statutory requirements and governance arrangements through the Community Safety Partnership (CSP).

2. RECOMMENDATIONS

The Health & Wellbeing Board is requested to acknowledge:

- The progress across the Community Safety Partnership organisations made towards reducing the misuse of drugs and alcohol priority in the second year of strategy implementation, in particular the:
 - Successful re-commissioning of substance misuse treatment services and development of pathways to support people recover and reduce harm
 - Further development of the mutual aid and peer support offer delivered by Telford Aftercare Team (TACT)
 - Enhanced prevention work in schools and wider public awareness raising across the Borough
- The challenges in improving outcomes, which requires embedding of transformation change to comprehensively deliver a more recovery-orientated approach, with flexibility and innovation needed given the reducing budgets and the changing pattern of substance misuse.
- That the CSP under its statutory responsibilities, is required to develop and refresh a Partnership Strategic Plan and develop key priorities which also support the Police and Crime Commissioner objectives. These support the statutory requirements within Section 17 of the Crime and Disorder Act 1998 which outlines the actions to be taken by partners on collectively working together to reduce crime and disorder and anti-social behaviour (ASB) across Telford & Wrekin.
- Ongoing financial support from the Office of the Police and Crime Commissioner (OPCC)

3. IMPACT OF ACTION

- Drug and alcohol misuse and addiction in our communities impacts directly on health and more broadly on wellbeing in our communities through crime, antisocial behaviour and homelessness.
- Liver disease is the only cause of death which has been increasing both nationally and in Telford & Wrekin. Our rates of early death under 75 years from liver disease contribute to reduced life expectancy in both men and women.
- The vision, aims and objectives set out in the Drug and Alcohol Strategy form a comprehensive plan to reduce the harm caused substance misuse in Telford and Wrekin, as part of our Health and Wellbeing Board and Community Safety Partnership priorities.
- Ongoing use of intelligence and information, utilising a wide range of partner data sets, supported by softer data and information collection from A & E via Linxs and the weekly reports provided by the Street Pastors supporting our partnership approach in managing the night time economy for both adults and young people.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<ul style="list-style-type: none"> • Improve the health and wellbeing of our communities and address health inequalities • Ensure that neighbourhoods are safe, clean and well maintained • Protect and support our vulnerable children and adults • Put our children and young people first
	Will the proposals impact on specific groups of people?	
	Yes	<p>The Telford & Wrekin Drug and Alcohol Strategy aims to reduce the risk and demand and restrict the supply of alcohol and drugs across the Borough. There are also objectives aimed at improving treatment, building recovery and reducing harm amongst specific groups of people i.e. those with addiction and dependency problems and also the hidden harm substance misuse causes in families.</p> <p>Community Safety Partnership Board priorities for 2015/16 are:</p> <ul style="list-style-type: none"> ➤ To reduce re-offending ➤ To reduce the impact ASB and

		<p>Environmental Crime has on people, places and communities</p> <ul style="list-style-type: none"> ➤ To reduce crime and increase confidence in reporting ➤ To reduce the misuse of drugs and alcohol
TARGET COMPLETION/ DELIVERY DATE		<ul style="list-style-type: none"> • The Drug and Alcohol Action Team (DAAT) Board monitors the implementation and the impact of the strategy, reporting to the Community Safety Partnership on a quarterly basis. • Contracts were awarded and new services commenced in July and August 2015.
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Council's budget available in 2015/16 to support the drug and alcohol strategy is £2.6m, including the Drug Intervention Project, the remaining funding arises from the Council's Public Health grant. The Council has experienced an in year cut in its Public Health Grant in 2015/16 of £773k which has resulted in the budget available being reduced by 27k. It is not yet known what level of grant will be received in 2016/17 but any reduction is likely to impact on the level of funding available for the implementation of the substance misuse and alcohol strategy.</p> <p>The overall budget for Community Safety in T&W for 2015/16 is £0.681m, which includes funding from the Office of the Police & Crime Commissioner (OPCC) of £0.333m. This funding, working to the CSP priorities, supports a wide range of projects and initiatives which include, CCTV, White Ribbon campaign, Taxi Marshalling, Neighbourhood Delivery groups, Crucial Crew and Street Pastors. This funding also supports our approach to tackling business, rural and cyber crime. We've also received £0.095m OPCC funding which is being used to support further Council wide projects, including Drug Intervention Project. A further allocation of £0.032m is due from the OPCC to support additional CCTV & Night time economy projects in 2015/16 financial year.</p>
LEGAL ISSUES	Yes	<p>The Strategy referred to in this report contributes towards the Council meeting its duties to the improvement of public health as set out at section 2B of the National Health Service Act 2006 (as amended).</p> <p>However, when the Strategy is implemented it also needs to be compliant with the relevant</p>

		<p>statutory requirements. For example: The Statement of Licensing Policy is subject to the provisions, regulations and guidance from the Licensing Act 2003. It is expected that the review of the Statement of Licensing Policy will commence early next year.</p> <p>The Misuse of Drugs Act 1971 (as amended) is the main legislation which makes the production and supply of controlled drugs unlawful.</p> <p>The Misuse of Drugs Regulations 2001 (as amended) deals with exemptions for legitimate purposes</p> <p>The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a document that local authorities must have regard to in the exercise of the public health functions for which they became responsible on 1 April 2013 under the 2012 Act.</p> <p>Statutory requirements in relation to crime and disorder are set out in the main body of this report.</p> <p>MC & HD 18/11/2015</p>
<p>OTHER IMPACTS, RISKS & OPPORTUNITIES</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Working within the statutory constraints of the Crime and Disorder Act 1998. • Drug Intervention Project is currently part funded through the OPCC. • The Police and Crime Commissioner is formulating a new commissioning and performance framework that will allow a focus on providing funding through a clear evidenced based approach. • There is a requirement to develop, implement and refresh a CSP Plan, failure may result in funding not being provided by the OPCC.
<p>IMPACT ON SPECIFIC WARDS</p>	<p>No</p>	<p>However, drug and alcohol misuse are most prevalent in our most deprived communities which complements the local super output areas regarding Anti Social Behaviour and Crime.</p>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1. Community Safety Partnership Overview and Priorities

1.1.1. Background

Telford and Wrekin Community Safety Partnership has been in situ prior to the legal requirement from the Crime and Disorder Act 1998 to establish a Community Safety Partnership (CSP) (Annex 1). Section 17 of this Act places a duty on the responsible authorities, Police, Fire and Rescue, Probation, Health and Local Authority to; work together to prevent crime and disorder, prevent the misuse of drugs, alcohol and other substances and prevent re-offending in this area.

The following are specific requirements imposed upon the CSP:

- Set up a strategic group to direct the work of the partnership. The current chair of the CSP board is Supt Jim Tozer, vice Chair is Laura Johnston.
- Engage and consult with local communities regarding concerns, community tensions and taking the appropriate action(s)
- Develop protocols and systems for sharing information
- Analyse a wide range of partnership data sets to include recorded crime levels and patterns, in order to identify priorities through an annual refresh of the CSP plan and influence the annual strategic assessment which is currently being developed by the OPCC
- Produce a strategy to reduce offending and reoffending
- Commission domestic violence homicide reviews.

The CSP delivery framework is established by statute at section 6 of The Crime & Disorder Act 1998 (as amended). The Partnership also must have due regard for the Police and Crime Commissioner role as a co-operative working duty (set out at section 10 of The Police Reform and Social Responsibility Act 2011).

1.1.2. CSP Priorities and Governance

The local CSP priorities have also been referenced against the Police and Crime Commissioners (PCC) objectives to ensure that our local approach reflects the West Mercia approach as defined by the West Mercia Police and Crime Plan.

The CSP has the responsibility to ensure that all of the statutory partners are working together to put in place measures to reduce crime and ASB to include substance misuse and re-offending. CSPs are also required to take appropriate action to prevent violent extremism and influence social and economic change as a way of preventing, tackling and reducing crime and disorder.

Community Safety Partnership Board priorities for 2015/16 are:

➤ **To reduce re-offending**

To ensure the delivery of co-ordinated multi-agency approach in managing offenders and their offending behaviour.

➤ **To reduce the impact Anti Social Behaviour and Environmental Crime has on people, places and communities**

To understand the harm and impact that ASB has on people, places and communities and to develop robust action plans to demonstrate positive community involvement and partnership action.

➤ **To reduce crime and increase confidence in reporting**

To increase community confidence in reporting and to understand and develop actions to support victims including domestic abuse, Child Sexual Exploitation, Hate Crime and those most vulnerable.

➤ **To reduce the misuse of drugs and alcohol**

To reduce the harm caused by drugs and/or alcohol misuse and make Telford & Wrekin a safer and healthier place.

Each priority is supported by an operational delivery plan. A performance Management Group has been developed to ensure that we have supporting commentary against each data set which ensures we are evidenced based in our approach. The CSP strategy and plan are fluid and will be refreshed on an annual basis to ensure we are proactive in meeting local need. The overall responsibility for the CSP strategy sits with the Community Safety Partnership Board; the Community Safety Team oversees the delivery of the priorities and the action plans, working with partners and the operational delivery groups across the Partnership. The CSP Board is held to account of progress and at each quarterly meeting receives updates regarding the strategy, plan and performance.

1.2. Reducing the Misuse of Drugs and Alcohol Priority Update

1.2.1. Governance and Reporting

The Drug and Alcohol Action Team (DAAT) Board, which reports to the CSP, provides strategic and commissioning oversight as part of the drive to reduce substance misuse across HWB and CSP partner organisations. The group includes representatives from: the Police, National Probation Service and Community Rehabilitation Company, Department of Work and Pensions, Wrekin Housing Trust, Shropshire Fire and Rescue Service and the Council's public health, family and cohesion and public protection teams. The DAAT steers the implementation of the Telford & Wrekin Drug and Alcohol Strategy, monitoring outcomes and providing governance, including assurance of clinical governance for treatment services.

1.2.2. Commissioning Update

The Council's procurement process for substance misuse services, which took place during January-June 2015, was very well supported by our strategic partners. Local commissioning processes continue to be shaped by extensive service user involvement facilitated by Telford Aftercare Team (TACT), this includes work with young people as appropriate.

The remodelled substance misuse services have been mobilised, beginning in Summer 2015, through the Council contracts for the:

- DARS clinical treatment service (awarded to Inclusion - South Staffordshire and Shropshire Healthcare NHS Foundation Trust).
- STARS (awarded Aquarius - alcohol counselling service, day care services and peer mentoring).

Grants to the probation services for Drug Rehabilitation Requirements and to TACT, for the recovery and aftercare service have continued in 2015/16.

1.2.3. Key highlights and progress

The Strategy was approved by the CSP and HWB in March 2014, and during 2015 our second year of implementation, work has continued at pace with strategic partners and providers to deliver our objectives under the strategy framework pillars of: reducing risk and demand, restricting supply and building recovery and reducing harm. Key progress highlights include the following:

- At a commissioning level new data requirements in the contracts with providers will improve the use of intelligence. Clinical governance arrangements have been developed to ensure quality and safety in treatment services and a training programme across professional groups has been implemented.

- Alcohol awareness (November) and Dry January campaigns have been delivered and enhanced in 2015 to use social media and therefore extending the reach of the messages across the community.
- Expanded schools work with the scheduling of Year 9 roadshows in eight schools, a new Year 8 alcohol awareness Theatre in Education session in eight schools. The awareness session regarding New Psychoactive Substances - Legal Highs (in partnership with Charlotte Delo) is offered within the Year 9 roadshow and is booked for TCAT. Another successful Crucial Crew event concluded with a record breaking 2,016 year 6 students taking part.
- Delivery of a successful GP and practice nurse alcohol education event in May 2015 and the development of wider liver disease treatment and care pathways for primary care.
- In-sourcing of children and young people's substance misuse service into the Council's Family and Cohesion Team, strengthening the connection with the Early Help offer.
- Refined approach in the collective management of the night time economy for both adults and young people attending organised under 18 events. This partnership approach consists of a strong emphasis on prevention and engagement consisting of collaborative work between local businesses, police, Taxi Marshalls, Street Pastors and various service areas within Telford and Wrekin to include community Safety, Detached youth Teams and Night time Economy Officers the Council, the Police, licensed premises and Street Pastors.
- Stronger connections with the criminal justice system, through Integrated Offender Management, the Drug Intervention Programme and the Arrest Referral Team. Through the newly refreshed Reducing and Re-offending strategic group, a new strategy and focused action plan is currently being formulated to ensure there are clear links and relationships in place between this group, DAAT and the over arching Community Safety Partnership Board. This will ensure that we have a coordinated approach to supporting through the gate services.
- Continued to transform our drug and alcohol treatment services to improve outcomes through the award of new contracts with evidence-based service specifications and the development of referral and treatment pathways.
- Continued growth of mutual aid to support sustained recovery through the development of Telford Aftercare Team (TACT). This includes winning the 2015 LGC Public Health award for the strong connect between the strategy and TACT peer support success on the ground.

- The second annual Celebrating Recovery Event, hosted by TACT at The Place Oakengates in September, was once again inspirational and received impressive support and acknowledgement.
- Further work on prevention and harm reduction has taken place, including much improved Naloxone¹ distribution to those at risk, work with the Coroner on drug related deaths and development of the Hepatitis C referral and testing pathway.
- Development of services for people with a dual diagnosis (both addiction problems and mental health issues), through the Council's appointment of a Team Leader for Dual Diagnosis and closer working with the CCG and South Staffordshire and Shropshire Mental Health NHS Foundation Trust. This is in line with our strategy objectives and also responds to concerns raised by the Council's Scrutiny Committee in 2014.

1.2.4. Improving Performance and Outcomes

The Drug and Alcohol Strategy performance and outcome framework is being updated for presentation at the end of November DAAT Board. Key headlines for performance are:

- The early death rate (under 75 years) from liver disease which is considered preventable fell slightly during 2012-2014 compared to in 2011-13.
- 69.2% of our problematic drug users are now in contact with treatment services, which is significantly better than the national average of 52.5%.
- Successful treatment completion rates for opiate clients remain slow to improve (8.2% completing treatment compared to 7.4% nationally), but completion rates for non-opiate clients have improved (40.4% completing treatment in Q1 2015/2016 compared to 34.9% in 2014/15).
- Telford & Wrekin have been highlighted as one of the best areas in the West Midlands for clients in treatment in employment when they exited treatment (at end of March 2015). Supporting clients into employment is a key priority for the Drug & Alcohol Recovery Service, TACT and partners and this improvement will need to be sustained.

¹ Naloxone is a drug which reverses opiate overdose and therefore can save lives

1.2.5. Challenges and Priorities

The Telford & Wrekin Drug and Alcohol Strategy ambitiously requires transformational change of our substance misuse treatment services. This reflects the national push away from maintenance of clients in treatment towards a more recovery-orientated approach. Our service users fully support this direction and TACT staff and volunteers are critical to the building recovery agenda. We have re-commissioned two of the local treatment services and are now putting in new pathways so are part way on our journey to this transformation. However, change takes time and new ways of working will continue to embed across all the local providers and begin to impact on outcomes in a more sustained way. Supporting the recovery of long term opiate users is a key challenge given the group of individuals who have been in treatment for many years.

We have also faced reducing budgets for substance misuse treatment services year-on-year, required as part of the Public Health Grant savings. This means that innovative, more efficient and cost effective ways of working and flexibility are needed. The Community Safety Partnership continues to be reliant on funding from the OPCC in order to deliver against its four priorities. However we recognise that funding may be reduced in line with national police funding reductions, which impact on our local delivery plan.

The patterns of substance misuse in the population are also changing. The numbers of people seeking support for alcohol misuse is increasing and awareness raising work on prevention is important for children and young people and adults alike. New Psychoactive Substances (NPS – so called legal highs) are causing significant risks and also addiction issues and therefore understanding this new picture of drug misuse and developing an appropriate response is crucial.

It is acknowledged that our commissioned alcohol and drug treatment and recovery services are working for some individuals. However, CSP partners experience is that there is an increase in the misuse of illegal and legal substances in the Borough. Awareness raising and prevention work and targeted programmes to engage those with new and emerging substance misuse problems into treatment is also a challenge.

From a criminal justice perspective, apart from the potential funding reductions, we have recognised that we are facing an increase in offenders being accommodated within Telford and Wrekin which increase the risk associated with offending. The Reducing Reoffending strategic group, through the CRC have commissioned Nacro to provide a Housing Coordination post. This post will work with partners, private landlords and third sector organisations to understand current service provision, to develop a single allocation pathway into suitable accommodation and identify the relevant support that will be required.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

3. PREVIOUS MINUTES

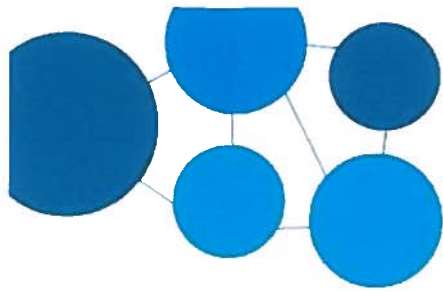
Health and Wellbeing Board, 11th December 2014, Community Safety Partnership Update Report

Health and Wellbeing Board, 12th March 2014 - Telford and Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17

4. BACKGROUND PAPERS

Report prepared by:

Paul Fenn, Cohesion Locality Manager, Telford & Wrekin Council
Helen Onions, Consultant in Public Health, Telford & Wrekin Council



Programme Board Report

19th November 2015

The purpose of this report is to provide stakeholders with a summary of the last Programme Board meeting. All final papers considered by the Board are published on the Programme website - nhsfuturefit.org.

1 PROGRAMME TIMELINE

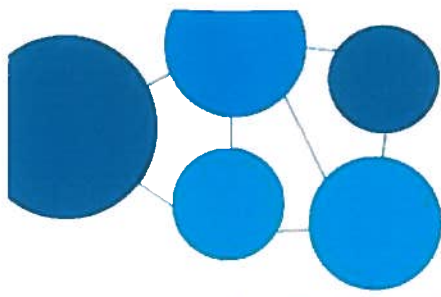
At the October Board meeting it had been agreed that the Core Group should set out a new programme timetable which reflected the implications of the decision to defer any conclusion on reaching a preferred option until there is an approvable case for investment.

Since that meeting the Core Group has held a number of discussions, including with representatives of NHS England and NHS Trust Development Authority. Advice has also been received from NHS England's Project Appraisal Unit which supports the national Oversight Group for Service Change and Reconfiguration. These conversations highlight the difficulty in setting a comprehensive timetable to consultation in advance of the Department of Health and HM Treasury confirming the acceptability of the deficit reduction plan. They also note the limited availability of capital funds for which a number of schemes may find themselves competing.

In the light of the advice received, the proposed revised critical path sets out the key pieces of work for the next phase and notes the risks around external approvals which are not within the Programme's control. Subject to those approvals the timeline indicates that:

- Public Engagement activities would continue, focusing initially on the Clinical Model and, especially, Urgent Care services;
- A preferred option would be identified in June 2016;
- Formal Public Consultation would take place from December 2016, and;
- The two CCGs would reach a final decision in June 2017.

The high-level timetable can be found at [Appendix One](#).



2 MANAGING KEY INTERDEPENDENCIES

Key to the development of a plan for the next phase are two critical interdependencies:

- a) Developing a deficit reduction plan for the Local Health Economy, and;
- b) Completing a revised Strategic Outline Case for acute services which prioritises the most pressing clinical challenges.

An overview of how the programme proposes to manage these interdependencies was discussed and agreed, and of the scope and timing of these two pieces of work was noted. It was also agreed that a similar approach should be taken in relation to the development of Information Technology dependencies.

3 RURAL URGENT CARE

Following receipt in October of the sub-group's report on rural urgent care, plans have been developed to:

- a) Get further clarity on how urban Urgent Care Centres could work and on what support they will require from the wider Health Economy, and;
- b) Further explore how best to provide enhanced urgent care services in rural localities.

A separate report provides more detail about these two pieces of work.

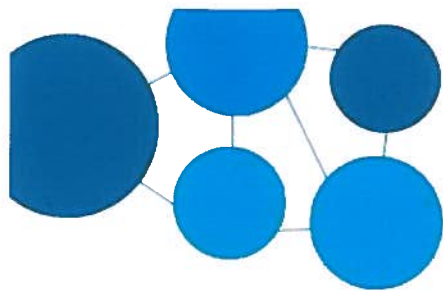
In addition, the Workforce workstream is considering the requirements for an urgent care workforce, and the Communication and Engagement workstream has developed a plan for enabling a greater public understanding of urgent care provision.

4 COMMUNITY FIT

The NHS Community Fit programme (formally outside the scope of the Future Fit Programme) is progressing well and remains on track to complete its first phase by end March 2016. This will provide a uniquely valuable and integrated view of out of hospital activity (Third Sector, Mental Health, Primary Care, Social Care and Community Healthcare).

The terms of reference of the NHS Community Fit steering group and a paper setting out the potential broader scope of the overarching programme of work have been submitted to CCG boards for approval and to agree any future phases. It was agreed that CCG Governing Bodies should consider their requirements from future phases of Community Fit.

A separate report set out current progress in more detail.



5 CLINICAL DESIGN

The workstream of key Clinical Leaders is collaborating with the Communications Team to shape plans for communicating with the public about the case for change, the clinical model and the urgent care offer. This includes a document summarising where patients would attend with a variety of conditions – both currently and as a result of Programme proposals. Plans for the ongoing engagement of clinical staff will also be considered.

In addition, the workstream will begin preparations for presenting Programme proposals to the West Midlands Clinical Senate for assurance around the clinical evidence base prior to Public Consultation.

6 IMPACT ASSESSMENT

The next phase of Integrated Impact Assessment (IIA) work will run in parallel with public consultation. Nearer that time, the workstream's plans for the required activity will be finalised (in the light of the exact scope of the proposals to be consulted on). Until that time is reached the activity of this workstream has been paused.

7 WORKFORCE

The October Board meeting reviewed the draft Workforce Case for Change and asked for the scope of the document to be extended beyond hospital staff.

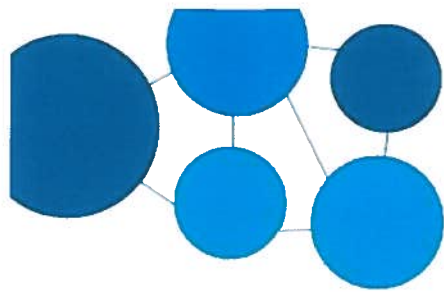
The Workstream has since expanded its membership to reflect the wider health and social care economy, and this larger group has started to take an overview of local challenges faced by all providers. A summary of those challenges is set out in a separate report.

The workstream's other main focus has been the workforce requirements for urgent care centres. Information has been sought both from the pilot UCCs at PRH and RSH and from a range of other UCCs in the region and beyond.

8 ASSURANCE

The Assurance workstream had met in the days before the Board meeting to seek assurance about:

- The proposed new timeline;
- The process for managing interdependencies, and;
- The communications plan for the next phase.



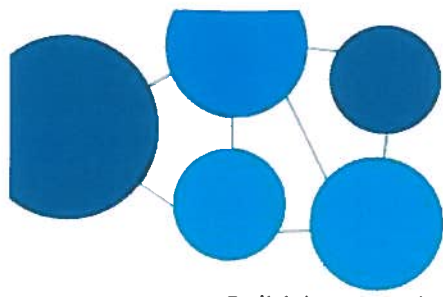
The workstream also review the updated reconfiguration guidance from NHS England - *Planning, Assuring and Delivering Service Change for Patients*. This does not replace the 2013 guidance but seeks to add clarity around assurance processes and decision making levels. It also sets out the requirements for Pre Consultation and Decision Making Business Cases for the first time. Key points include in the guidance include:

- a) The planning and development of reconfiguration proposals are rarely linear. The most successful proposals ensure continuous discussion and involvement of the local population and key stakeholders throughout the process.
- b) There must be clear and early confidence that a proposal satisfies the four tests and is affordable in capital and revenue terms.
- c) Proposals affecting services valued under £350m may be determined by the NHSE Regional Director rather than the Chief Financial Officer or Investment Committee.
- d) CCGs should assure themselves that those proposals have the support of their member practices.
- e) Schemes have struggled to build public support where they have not adequately addressed public concerns that:
 - The proposals are perceived to be purely financially driven.
 - Patients and their carers will need to make journeys that may reduce access.
 - Emergency services will be too far away, putting people at risk.
- f) Until approval for the SOC is in place organisations should not incur material costs progressing to the next formal stages of the scheme (OBCs and FBCs).
- g) Commissioner decision making involving two or more CCGs can be based on two models – committee in common or joint committees.

9 ENGAGEMENT AND COMMUNICATIONS

Following the Board meeting at the beginning of October, an announcement and a more detailed statement was shared with the public and stakeholders about the necessity of delay whilst a plan is developed to reduce the deficit.

Regular statements and media briefings have continued, a newsletter is being used to provide updates to key stakeholders and a range of engagement events has taken place with Local Joint Committees, Parish Councils, Community Groups, Patient Groups and GP surgeries. A comprehensive engagement programme is also speaking to specific groups, including the homeless, older people and Eastern European workers.



Politicians continue to be updated on a regular basis through MP briefings by the SROs and there are plans to hold further pop-up shops out in the community.

The website has been updated to improve document access. Presentations to workforce groups have been taking place and more are planned in the months ahead.

A summary document containing the Programme's key outputs to date has been published on the website.

The workstream will shortly be finalising plans for the critical next phases of activity before and after the identification of a preferred option. This will involve a significant amount of work both by the Communications team and by key people in sponsor organisations.

10 FINANCE

The Finance workstream met on 5th November. Although the work to develop a deficit reduction plan is outside of the scope of the Programme, the meeting provided an opportunity for discussion of the scope and approach of the work to be undertaken. The need for external support was highlighted.

The Programme is facilitating a meeting of Finance Directors and Chief Officers which will take place in early December to take this work forward. It will involve all local NHS organisations as well as NHS England as the commissioner of specialised services.

It was recognised that the priority is to move towards a sustainable health economy for the long term. Although individual organisations may continue to carry deficits over the intervening period, the focus should be on making progress against the plan as whole health economy.

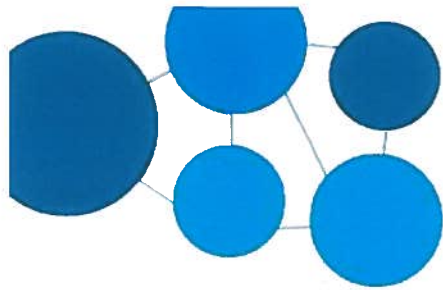
Any potential impact on social care services, and vice versa, would also be considered.

11 PROGRAMME RISKS

The Risk Register continues to be comprehensively reviewed by the Programme Team each month, and by the Core Group, after which it is published on the Programme website. All workstreams may raise new risks or recommend revision of existing risks at any point.

The Board has previously agreed that all red-rated risks (both pre- and post-mitigation) should be reported to it. These are appended to this summary (see [Appendix Two](#)).

There are currently a significant number of risks for which the post-mitigation rating remains above the indicated risk appetite of the Programme. The view of Programme Team is that, whilst the appetite to reduce certain risks further is appropriate, it is also to be expected that a Programme of this scale and complexity will carry a significant degree of risk.



Board agreed that there was a particular risk currently around change in leadership in sponsor organisations, and the register will be reviewed to ensure that this risk is adequately captured and mitigated.

12 PROGRAMME EXECUTION PLAN

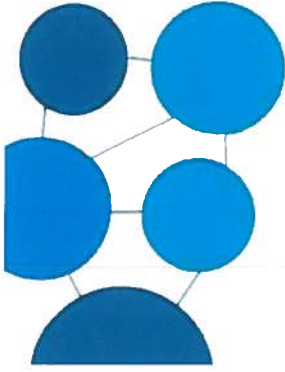
An update of the PEP will be produced following agreement by the Board on the scope and timing of the next phase of Programme work.

The schedule of Board meetings will be reviewed as part of this.

13 PROGRAMME MANAGEMENT

At the inception of the Programme, Commissioners sought the support of The Strategy Unit from NHS Midlands and Lancashire Commissioning Support Unit to provide the Programme Management Office. It was expected that this support would run until 2016 after which the later phases of the Programme could be managed locally (though still with access to support from The Strategy Unit).

To avoid undue disruption, a managed transition is proposed which would take place during 2016. First, the responsibilities of Programme Director would be brought in-house by local Commissioners but with other Programme Office functions remaining in place. Then, at a later date, these other functions can also be adjusted to reflect the changing needs of the Programme.

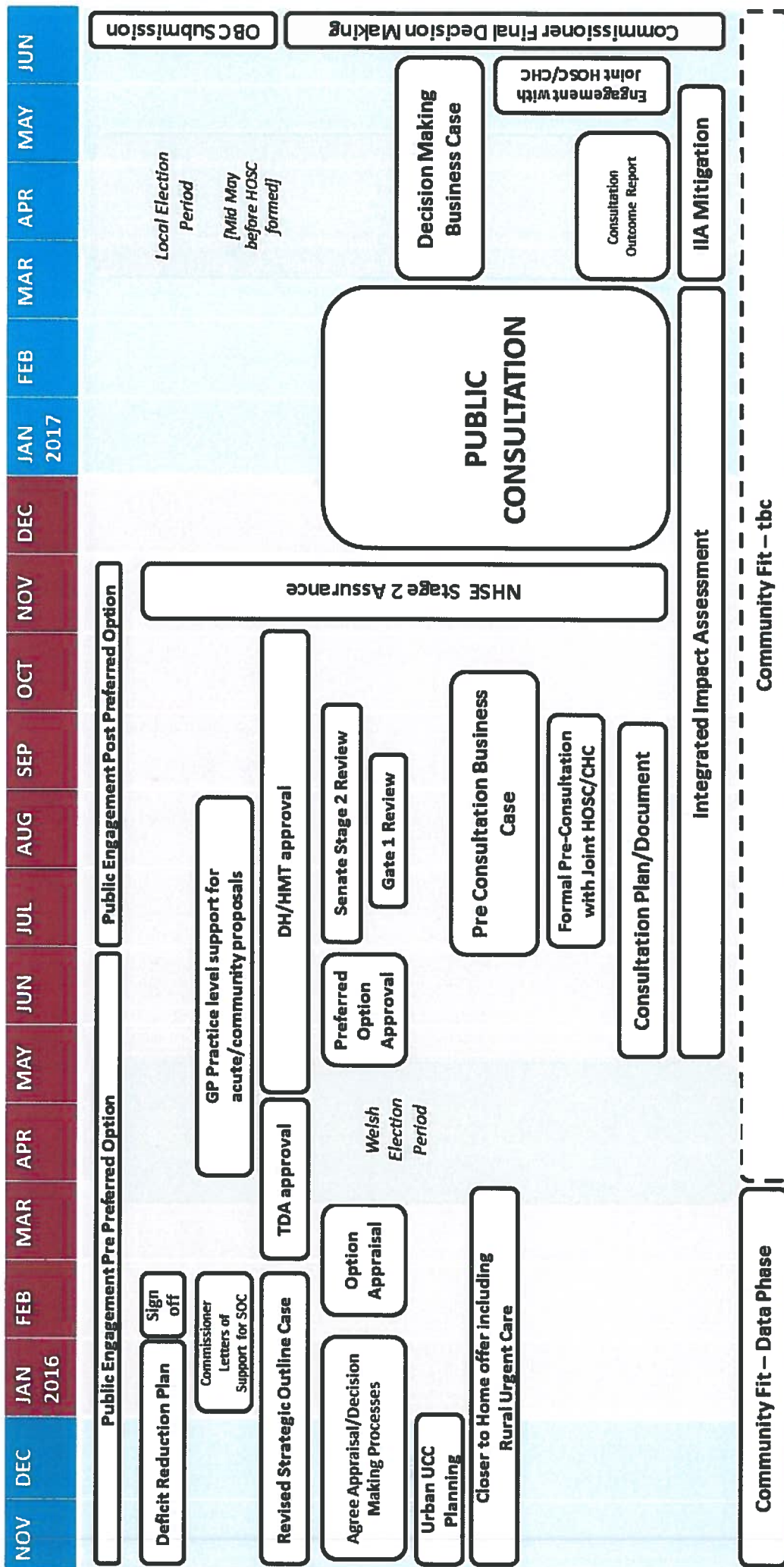
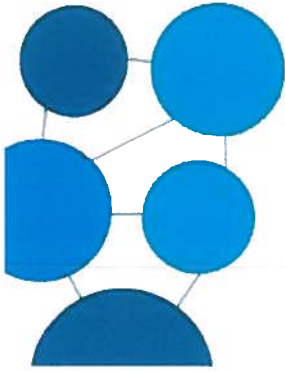


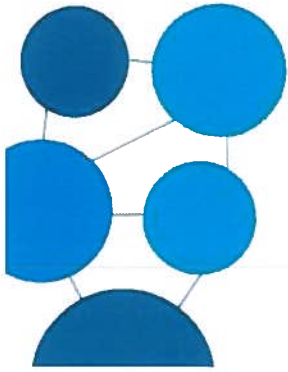
APPENDIX ONE – PROGRAMME TIMELINE

HIGH LEVEL CRITICAL PATH

The following diagram sets out the expected timeline for the next phase of the Programme. This is critically dependent on external approval processes which are beyond the Programme’s control and could materially affect the timeline. The critical path also reflects the key assumptions below:

1. Work to produce an adequate deficit reduction plan will be completed by end January 2016 and signed off by all parties by end Feb 2016;
2. A revised Strategic Outline Case for acute facilities will be approved by SaTH by end February 2016;
3. The value of the SOC will remain over £50m. TDA guidance indicates 2 month approval process but no guidance is given for DH/HMT approvals;
4. SOC and PCBC approval are required before consultation;
5. Plans for Urban UCCs will be completed alongside SOC work and space requirements, at least, will be included in SOC;
6. Work on the wider community offer continues in parallel (including rural urgent care solutions and the potential to extend Local Planned Care/develop Health Hubs) and the PCBC will include (at least) any rural urgent care offer;
7. The appraisal of options has to be repeated in the light of new information and the changed scope of proposals;
8. Options B, C1 & C2 each remain under consideration;
9. Phase 2 modelling assumptions/financial implications continue to form the basis of the revised SOC work;
10. Commissioners and SaTH are willing, in principle, to support all of the remaining options, and Commissioners set out, before the option appraisal is revisited, how they will confirm a preferred option and reach a final decision (and what factors will influence those decisions);
11. Work to reach agreement with the Joint HOSC and CHC around any recommendations they may make post-consultation is completed by mid-June 2017.



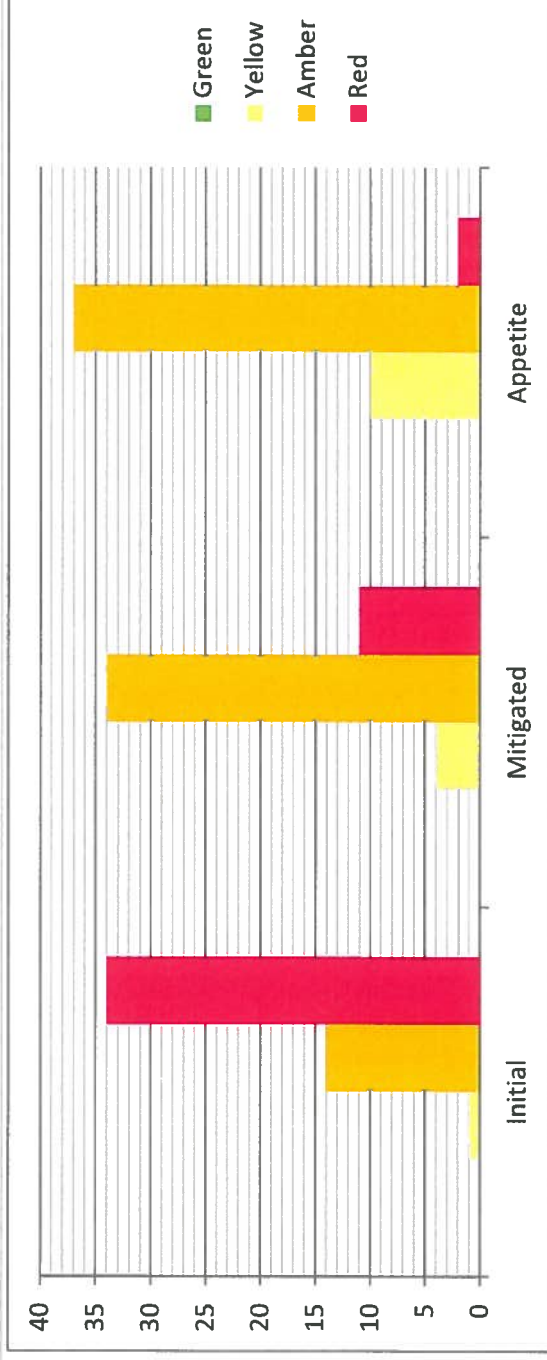


APPENDIX TWO – RED RATED RISKS

PROGRAMME RISK REGISTER

The NHS Future Fit programme has developed this register which, in line with best practice, sets out the areas which could adversely impact the development and/or implementation of programme proposals. This uses qualitative and quantitative measures to calculate the overall level of risk according to likelihood of occurrence and potential impact.

Each risk is given an initial Red/Amber/Green rating, and a summary of how the risk is being mitigated by the programme is also provided. Where further action is needed, this is also set out. The Risk Register is formally reviewed and updated on a monthly basis by the Programme Team. Risks rated 'red' (either before or after mitigation) will be reported to the Programme Board.



	Initial	Mitigated	Appetite
Green	0	0	0
Yellow	1	4	10
Amber	14	34	37
Red	34	11	2
Totals	49	49	49

NOTES

- Risks are generally causes rather than consequences of an adverse event.
- Mitigation actions must be accurate, timely and owned. They may be significant enough to warrant a task within a programme plan.
- All risks and actions should be updated regularly and the owners of mitigation actions called to account for progress or lack thereof.
- All programme members have a duty to identify and report risks to the programme office.
- The programme appetite for risk (i.e. what risk overall can the programme tolerate) must be clearly articulated by the programme team.
- In general, only those risks that require defined Programme Board action should be formally raised to, and discussed with, the Programme Board
- Risks should be managed as low down the programme structure as possible.
- Issues are essentially Risks with a probability of 100% (i.e. they have materialised and are thus in need of urgent action).
- If a defined risk or issue does not threaten the success of the programme, it need not be entered in the risk

SCORING

Likelihood	Narrative	Probability
1	Rare	<20%
2	Unlikely	20-40%
3	Possible	40-60%
4	Likely	60-80%
5	Very likely to occur	>80%
Consequence	Narrative	Possible Quantification
1	Insignificant	Revenue impact <£20,000; Capital impact <£0.5m; Delay <1 month
2	Minor	Revenue impact >£20k <£100k; Capital impact >£0.5m <£1.0m; Delay >1 month <3 months
3	Moderate	Revenue impact >£100k <£500k; Capital impact >£1.0m <£3.0m; Delay >3 months <9 months
4	Severe/Major	Revenue impact >£500k <£2.0m; Capital impact >£3.0m <£6.0m; Delay >9 months <24 months
5	Catastrophic	Revenue impact >£2.0m; Capital impact >£6.0m; Delay >24 months

Likelihood	Consequence				
	1 – Insignificant	2 - Minor	3 - Moderate	4 - Severe/Major	5 - Catastrophic
5 - Almost Certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Mitigating Actions	Post Mitigation Rating			Risk Appetite			
								C	L	Score		C	L	Score	C	L	Score	
								Further Actions (if required) to reduce risk to acceptable level										
1	27/03/2014	20/03/2015	Y	FI CD	Key Staff Time	Inability of stakeholder organisations to release key staff for the Programme leading to adverse impact on programme deliverability	SROs	4	4	16	Use of multi-site meetings increased. Evening meetings scheduled to support clinical involvement in design phase. Portable video-conferencing capability implemented. Critical path communicated to highlight consequences of any delay. Finance meetings moved to support attendance.	4	3	12	Programme Director to keep under review and to escalate to sponsors as required.	4	2	8
2	27/03/2014	24/08/2015	Y	CD	Clinical Engagement	Inadequate clinical engagement leads to lack of support for clinical model	BG	5	3	15	Extensive clinical engagement in developing model. Model approved by CRG and Board. GPs engaged on development of rural urgent care and 'Community Fit' plans. Staff engagement through sponsor organisations (including Trade Unions)	5	2	10	Further meetings of Clinical Reference Group to be held. Ongoing staff engagement.	5	1	5
4	27/03/2014	04/08/2015	Y	AS EC	Engagement Assurance	Inadequate patient and public engagement may lead to failure to meet assurance tests re: due process, contributing to Independent Reconfiguration Panel referral or Judicial Review	AO	5	3	15	Comprehensive engagement & communications strategy and plans developed and being implemented. Ongoing support from Consultation Institute. Activity log to be shared every quarter with workstream and Programme Office updates shared bi-monthly.	5	2	10	No further action required.	5	2	10
5	27/03/2014	05/11/2015	Y	EC	Public Support for Plans	Public resistance and objections to plans leading to lack of support for preferred clinical model	AO	4	4	16	Communication and engagement plans to be implemented including extensive pre-consultation public engagement around the case for change/clinical model (supported by NHSE funding).	4	3	12	No further action required.	4	3	12
6	24/11/2014	04/08/2015	Y	EC	Negative Presence in Media	Risk includes distraction to the process including utilisation of resources; it may undermine confidence in the programme which may lead to a financial impact	AO	4	4	16	To implement the Engagement and Communication Strategy and subsequent plans. To undertake more proactive communications including media training with Core Group. Increased SRO engagement with press.	4	2	8	No further action required.	4	2	8
10	24/11/2014	04/08/2015	Y	EC IIA	Powys engagement	Confusion due to a number of programmes impacting Powys healthcare leads to reduced Powys engagement in Future Fit activities and potential challenge	AO	4	4	16	E&C workstream and PHB E&C leads have met and agreed plan of action including tactics to clarify FF Powys engagement plans. E&C workstream will monitor progress on plan over next few months and report to Programme Team. Regular meetings to continue.	4	3	12	No further action proposed.	4	3	12

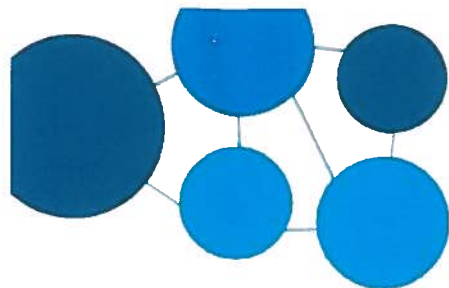
No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Mitigating Actions	Post Mitigation Rating			Risk Appetite		
								C	L	Score		C	L	Score	C	L	Score
12	24/11/2014	04/08/2015	Y	EC	Clinical leadership	Failure to gain and sustain support from clinicians to be visibly leading the programme. Consequences may include dwindling public support and undue burden on small number of leaders.	AO	5	4	20	To implement the Engagement and Communication Strategy and subsequent plans. Particular emphasis on 1. Repositioning leadership in public 2. Changing the message from 'no news' to 'we have achieved...'. Messaging workshops to be held to engage and develop clinical leaders.	5	3	15	5	2	10
14	24/11/2014	04/08/2015	Y	EC	Divergence of proactive plan	Failure to implement a process to agree a plan and all programme to comply appropriately. Risk includes inability to implement a timely plan to meet best practice standards with no subsequent ownership	AO	5	4	20	To implement the Engagement and Communication Strategy and subsequent plans. Additional focus includes creation and maintenance of risk register.	5	3	15	5	2	10
17	04/08/2015	04/08/2015	Y	EC	Failure to comply with Gunning Principles	Inadequate time allowed for consultation fails to comply with Gunning Principles leading to legal challenge	AO	5	4	20	Programme Board to approve plan which complies with Gunning Principles.	5	2	10	5	2	10
19	24/11/2014	04/08/2015	Y	EC	Inadequate workforce engagement	Failure to effectively engage with health and care staff thus raising risk for negative PR, workforce disengagement and 'on ground' lack of support / champions. This applies across commissioners, providers, and Welsh Healthboard	Key partners	4	4	16	Executives to take lead, fully supported by the E&C team. HI to draw up initial opportunities starting with both CCGs and Sath then draw out to all others including colleagues in Powys. Each organisation to provide quarterly update on workforce engagement to workstream.	4	3	12	4	3	12
21	30/10/2014	09/06/2015	Y		Approval Requirements	Lack of clarity about the nature and alignment of external approval processes prevents agreement of a robust timetable.	MS	4	5	20	NHSE/TDA proactively engaged re: approval process requirements and interrelationships.	4	4	16	4	2	8
23	27/03/2014	30/10/2014	Y	AS	Stakeholder Strategies	Development of stakeholder strategies and plans constrains or conflicts with the Programme	SROs	4	4	16	Programme model underpins 5 year plans. Stakeholders to check routinely whether plans fit Programme objectives.	4	2	8	4	2	8
24	29/05/2014	24/08/2015	Y	FI	Sponsor Financial Risk	The need to address short term financial risks in individual sponsor organisations compromises programme progress and/or outcome.	SROs	4	4	16	Programme financial model developed in alignment with sponsor 2 and 5 year plans.	4	3	12	4	2	8
25	27/03/2014	24/08/2015	Y		Political Support for Plans	Lack of political support for large-scale service changes resulting in challenge to preferred option	SROs	4	4	16	Regular engagement with HOSC & MPs, presentations to Local Joint Committees and workshops with Councilors. Further evidence gathered to support case for change, especially re: workforce challenges.	4	3	12	4	2	8

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Post Mitigation Rating			Risk Appetite		
								C	L	Score	C	L	Score	C	L	Score
26	04/08/2014	04/08/2015	Y	WF	Interim A&E Plans (SaTH Risk Register)	Inability to safely staff the Emergency Department with medical workforce. Potential adverse impact on quality and safety of care for patients. Poorer patient flow into and within hospital. Inability to meet national guidance in relation to levels of senior cover. An increase in costs if there is a reliance on internal locum shifts, possible mismanagement of patient care. Difficulty meeting Trauma Network standards for Consultant cover.	SaTH Board	5	5	25	5	4	20	5	3	15
								Mitigating Actions			Further Actions (if required) to reduce risk to acceptable level					
								Attempts to recruit Locum/ Substantive Consultants ongoing. Recruitment and training of Advanced Practitioners. Additional SHO shift allocated to PRH on late shift to support flow and safety to avoid the night shift being left with a backlog leaving the department vulnerable. Negotiation ongoing to cover Trauma Rota and Job Planning to make best use of Consultant resource. We have recruited a fixed-term Locum to cover our ED Consultant who is away on a sabbatical; and a Locum Consultant to work with us until February 2016. Ad hoc consultant on site cover over the weekends to support the department when in extreme difficulties.			Business continuity planning underway and key stakeholders engaged. Options provided to execs however no requirement for change agreed at this point. Need to implement interim plan for sustaining A&E services. Complete job planning process. Development of ED staffing strategy. Gap analysis, development of business case to support recruitment of additional consultants.					
27	04/08/2015	04/08/2015	Y	WF	Non compliance with Critical Care Standards for Intensivist Cover within ITU (SaTH Risk Register)	Critical care standards set out that ITU should have Intensivist cover 24/7 and that Intensivists should undertake twice daily ward rounds. Guidelines from the Faculty of Intensive Care Medicine (FICM) state that there is clear evidence that units with dedicated intensivists are the safest and most clinically effective way to deliver Intensive Care with reduced ICU and hospital mortalities and reduced ICU and hospital lengths-of-stay. In general, the consultant/patient ratio must not exceed a range between 1:8 to 1:15 and the ICU resident/patient ratio should not exceed 1:8. At both sites, these ratios are significantly exceeded. The risk has been exacerbated at PRH due to a high level of medical staff sickness and an imminent retirement.	SaTH Board	5	5	25	5	4	20	5	3	15
								In order to safely staff ITU, the Trust may need to stop elective work and shift sessions to Critical Care. This will affect our ability to staff all elective lists, which will have an impact on waiting lists and patient care unless a timely solution is found as the service and the team are highly vulnerable to further vacancies or unexpected absences. Splitting the Rota at RSH means we can ensure 24/7 cover of both intensive care, by intensivists and also take care of emergency activity. Critical Care is being provided with a mix of general anaesthetists and the small number of intensivists available but consultant presence is still well below recommended levels.			The case has now been presented to Trust Board. The case for further recruitment has been supported. Efforts to recruit will be expedited and prioritised. A business case needs to be drafted and submitted for funding for medical capacity increase. Anaesthetic job planning needs to be completed in conjunction with management team and lead anaesthetists. Business case will be presented on 22 April. A decision will be awaited and then progressed.					

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Post Mitigation Rating			Risk Appetite		
								C	L	Score	C	L	Score	C	L	Score
28	27/03/2014	26/02/2015	Y		Interim A&E Plans	The need to implement interim plan for sustaining A&E services over the interim period adversely affects Programme	DV	4	4	15	4	3	12	4	2	8
29	01/07/2014	05/11/2015	Y	AS	Inter-dependencies	Failure to effectively manage programme interdependencies adversely impacts the implementation of the preferred option	SROs	4	4	15	4	3	12	4	2	8
30	26/02/2015	05/11/2015	Y	EC	Urgent Care Centre Offer	Inability to adequately define UCC offer leads to lack of support for single Emergency Centre.	MS	4	4	15	4	4	15	4	2	8
31	24/08/2015	05/11/2015	Y	EC	Urgent Care Proposals	Failure to articulate rural urgent care offer before consultation adversely affects consultation	MS	4	5	20	4	4	15	4	2	8
32	23/02/2015	20/03/2015	Y		Out of Hospital Services	Lack of clarity on plans for out of hospital services impacts public support for acute and community hospital proposals	SROs	4	4	15	4	3	12	4	2	8

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Mitigating Actions	Post Mitigation Rating			Risk Appetite		
								C	L	Score		C	L	Score	C	L	Score
33	23/03/2015	09/06/2015	Y	WF	Workforce Deliverability	Difficulties in recruiting in line with workforce plan (including new roles) adversely impacts implementation of programme proposals	tbc	4	4	16	Workforce workstream to identify new roles and to liaise with HEE and education providers to ensure supply of required roles. Develop a more comprehensive "work in Shropshire" offer.	4	3	12	4	2	8
34	23/03/2015	09/06/2015	Y	WF	Resistance to Workforce Change	Lack of appetite for change/new roles locally and from Royal Colleges and others adversely impacts definition of a deliverable workforce plan	tbc	4	4	16	Workforce workstream to liaise with Royal Colleges and others to engender support.	4	3	12	4	2	8
35	27/03/2014	24/08/2015	Y		Option Appraisal	The number and/or complexity of shortlisted options identified for appraisal delays the Programme	MS	4	4	16	Shortlist of 6 agreed in line with national guidance. Number of options reduced on affordability grounds.	4	2	8	4	2	8
36	26/02/2015	05/11/2015	Y	FI	SaTH Affordability	Financial analysis demonstrates that one or more shortlisted options are not affordable, potentially leading to reconsidering shortlisting decision and significant delay.	NN	4	5	20	Phase 2 assumptions agreed by SaTH. Financial costs and benefits of options to be set out by Technical Team. A number of options excluded on affordability grounds. Remaining options potentially affordable to SaTH.	4	4	16	4	2	8
38	27/03/2014	27/07/2015	Y	FI	Capital Availability	Lack of availability of capital to fund preferred option delays implementation	AN	4	5	20	Discussion with TDA/DH re: availability of funding. PF2 to be explored if necessary.	4	4	16	4	2	8
39	29/05/2014	05/11/2015	Y	FI	Commissioner Affordability	Lack of revenue affordability to Local Health Economy of capital requirement and of whole system change adversely impacts identification of the preferred option	AN	5	5	25	Affordability assessments to form part of appraisal processes. Extensive work undertaken to reconcile 5 year plans with Phase 2 assumptions and to allow for community investment.	5	5	25	5	2	10
40	05/11/2015	05/11/2015	Y	FI	Local Health Economy Deficit	LHE deficit undermines viability of business cases	SROs	4	5	20	Commissioners and providers to set out nature and scale of deficit and to develop a deficit reduction plan acceptable to regulators.	4	4	16	4	3	12

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Mitigating Actions	Post Mitigation Rating			Risk Appetite		
								C	L	Score		C	L	Score	C	L	Score
42	23/03/2015	09/06/2015	Y	WF FI	Dual Workforce Costs	Sufficient resources are not available to support double-running costs associated with introducing new roles, leading to delayed implementation	VM	4	4	16	Workforce workstream to set out requirements and to liaise with Finance workstream on resourcing.	4	3	12	4	2	8
45	27/03/2014	29/01/2015	Y	FI	Programme Resources	Programme resources / staffing inadequate leading to difficulties in running Programme to agreed timelines	SROs	4	4	16	Core Programme Budget agreed. Additional requirements for each phase to be identified. Budget for 2015-16 agreed.	4	2	8	4	2	8
49	27/03/2014	09/06/2015	Y	AS	NHS Approvals	Failure to secure necessary NHS approvals at key milestones delays the programme	MS	4	4	16	Engagement with NHSTDA, NHSE Project Appraisal Unit and NHSE Regional Team to clarify requirements and duration of approval processes. Sense Check Action Plan monitored monthly by Programme Team and evidence against the Four Tests being assembled. Stage 2 assurance being planned.	4	3	12	4	2	8
50	09/03/2015	05/11/2015	Y	AS	Government Approvals	Uncertainty about timescales for DH/HMT approvals leads to flawed assumptions being made in the Programme Plan and to delay (including to the start of consultation).	MS	4	5	20	Programme Plan contains estimated approval periods for DH/HMT. Advice sought from NHSE Project Appraisal Unit.	4	4	16	4	2	8
51	09/03/2015	05/11/2015	Y	AS	Decision making	Lack of an agreed process for reaching a final commissioner decision (including clarifying the role of Powys THB) prevents a final decision being agreed	SROs	5	4	20	Commissioners to agree approach to final decision making in advance of Stage 2 Assurance. Proposal draft for CCG boards. Legal advice received.	5	3	15	5	2	10



Urgent Care Centres

An update for the Future Fit Programme Board

19 November 2015

1. Introduction

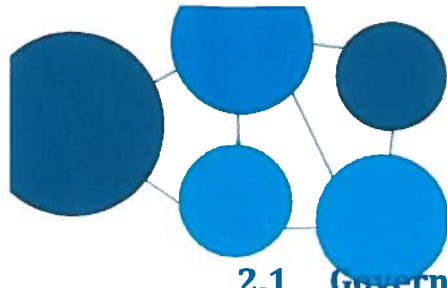
There are two potential types of urgent care centre considered in the Future Fit clinical model: urban and rural. This paper sets out the approach and timelines to finalising and agreeing with all stakeholders the detail of these centres.

2. Urban urgent care centres

It is essential that there is clarity regarding the operation of the two urban centres as the relationship between these Centres and the Emergency Centre needs to be clear before the Acute Trust SOC can be completed. Prototype urgent care Centres are already in operation on both sites and there is a need to understand the learning from these prototypes. A workshop has been scheduled for Monday 3rd December and a small working group has been tasked to plan this workshop to ensure that the following issues can be addressed and signed off in early 2016:

- Lessons to be learned from current models in Shrewsbury and Telford and more widely in the West Midlands and Cheshire
- The activity assumptions and condition types
- The staffing model
- The services on which the UCCs are dependent that will be provided by SaTH or other secondary care providers (eg X ray or specialist opinion)
- The relationship and mutual requirements between the UCCs and the GP out of hours service
- The relationship and mutual requirements between the UCCs and the 111 service
- The relationship and mutual requirements between the UCCs and the West Midlands and Welsh Ambulance services

The Future Fit team are preparing a report describing the operating models and workforce arrangements for a number of urgent care sites currently in place across the West Midlands, and Cheshire and this will be available to inform the workshop discussions alongside the previously shared rapid literature review.



2.1 Governance of urban urgent care centre work

The rural urgent care work is governed by a steering group which report into CCG governing bodies and the Future Fit programme board. The Future Fit programme is responsible for ensuring a specification for the two urban urgent care centres is developed for Future Fit board sign off in early 2016. .

3. Rural urgent care centres

The rural urgent care work is governed by a steering group which reports into the Future Fit Programme Board.

Considerable GP, patient and public engagement has taken place over the past 18 months on the issue of Rural Urgent Care centres. It has become apparent that a solution needs to be found for each of the localities in rural Shropshire. It is also apparent that an urgent care service in a rural setting cannot be considered in isolation from current and future primary care services and other local health and care services.

This work now needs to be brought to a conclusion by March 2016 in order to inform an engagement process with local communities prior to any formal proposals being developed for formal public consultation.

The Programme team will work with the CCGs to develop a detailed plan to ensure a proposal is delivered by March 2016.

Recommendations

The Board is asked to agree the steps and timelines outlined in this paper.

Managing Key Programme Dependencies

Introduction

The purpose of this paper is to highlight two new key Programme Dependencies that have arisen and to propose how we manage them.

Background

At the last Programme Board it was agreed that:

- SaTH would take forward the work on developing the SOC and OBC for new acute hospital facilities. The Programme will no longer be resourcing or managing this work and the technical team have been stood down.
- The SROs would ask the Finance Directors to scope and define a whole system deficit reduction plan, starting with an assessment of the current underlying deficit position for the health economy.

It was decided that this work sits outside of the Future Fit Programme.

Issues

Before the Programme can set out a revised timeline, the scope, milestones and end point of these two pieces of work needs to be agreed.

It is also likely that the SOC cannot be completed without reference to the external context created by the deficit reduction plan.

Therefore, not only is the Programme dependent on these two pieces of work, but the SOC work is likely to be dependent on the outcome of the deficit reduction work. Some parallel running of these two pieces of work is inevitable, but presents a further risk.

The programme can develop a draft timeline but without a clear understanding of the scope and length of time needed for these two pieces of work, the Programme should not publicly commit to a timetable.

Conclusion

The following actions are proposed:

- The Programme Board establishes both pieces of work as key Programme dependencies
- The next Programme Board receives a report at its next meeting setting out the scope, milestones and deadline for each of the above pieces of work to reach a conclusion.
- The Programme Board receives a formal update report for each piece of work at each of its meetings

In handing over the SOC development to SaTH, the Programme makes the following assumptions:

That further development of the current shortlisted options that prioritise the most urgent clinical workforce challenges including A&E and ITU and will allow for the physical creation of the key components of the Clinical Model on the SaTH sites, namely:

- A single Emergency Centre
- A single Diagnostic and treatment Centre
- An Urban Urgent Care centre on the RSH and PRH sites
- Local Planned Care on the RSH and PRH sites
- That the income envelope that is used for the SOC remains the Phase 2 modelling

No assumptions have so far been made about the scope and process for the deficit reduction work as this is an entirely new piece of work that has not been within the scope of the Programme.

Mike Sharon

Report on Programme Interdependency

Acute Hospital Business Cases (Sustainable Services Programme)

What is the objective of the project?

- To develop a Strategic Outline Case (and subsequent Outline/Full Business Cases) that address the Trust's workforce challenges in the short to medium term; focussing on the immediate challenges of emergency/urgent care whilst also understanding the impact and opportunities for planned care.

What is the scope of the project – what is included, and what is excluded?

- Completion of all business case requirements (in line with national guidance) for workforce and facilities on the PRH and RSH sites (see Key Assumptions).
- This includes workforce and facilities options to deliver the whole of the Clinical model including one Emergency Department and associated Urgent Care Centre provision, one Critical Care Unit plus associated interdependent services and beds. A Diagnostic and Treatment Centre and Local Planned Care on both sites
- The Future Fit Programme will have responsibility for:
 - Overall Programme management
 - Rural Urgent Care offer
 - Community Fit Managed as a dependency and overseen by its own steering group)
 - Whole system workforce solutions
 - Production of Pre Consultation Business Case

What are the project deliverables and timescales?

- SOC – February 2016
- The OBC can be completed by Autumn 2016 and a Full Business Case by early 2017 but this is dependent on external approvals which is likely to extend the required by date for these deliverables.

Key assumptions that the project is making

- The deficit reduction plan is completed by the end of January 2016
- That a whole system IT solution is being developed through the health economy IT steering group
- The activity and income assumptions will not be materially different from the Phase 2 modelling outputs without agreement from commissioners, although these will be refreshed to reflect the current position against the 2018/19 trajectory
- Introduction of new information may result in the need for a reappraisal of the Future Fit options
- The SOC and subsequent business cases will be developed in line with TDA guidance
- Patient and public engagement and involvement in relation to the Sustainable Services Programme

Key risks to the project.

- The wider health economy deficit reduction plan materially affects the activity and capacity assumptions within business cases
- Clarity of responsibilities and work plans for Future Fit and the identification of interdependencies

Report on Programme Interdependency

Deficit Reduction Plan

What is the objective of the project?

To develop a plan which will return the local NHS health economy to a sustainable financial position.

What is the scope of the project – what is included, and what is excluded?

1. All NHS organisations within Shropshire.
2. Specialised services which are currently commissioned by NHS England.
3. Organisational five year financial plans commencing 1st April 2016.

What are the project deliverables and timescales?

1. The size and composition of the current financial deficit, broken down by organisation and recurrent and non-recurrent.
2. To establish the phased, five year extrapolated position based on organisational financial strategies and previous submissions to the Future Fit Finance Workstream.
3. To extrapolate forward, on a phased five year basis, the impact of historic commissioner QIPP (Quality, Innovation, Productivity and Prevention) performance on health system stakeholder organisations and to compare the analysis to current plans.
4. To extrapolate forward, on a phased five year basis, the impact of historic provider CIP (Cost Improvement Programme) performance on health system stakeholder organisations and to compare the analysis to current plans.
5. To review the analysis of the cost base of health system organisations in deficit. The analysis will be split in to fixed, semi fixed, standard variable and premium variable.
6. Based on the cost analysis, derive the level of activity that requires “deflection” or to be “lost” to address the deficit. The activity reduction will also need to offset the cost additional investments to fund the “deflected activity”.

Main project milestones for delivery with dates.

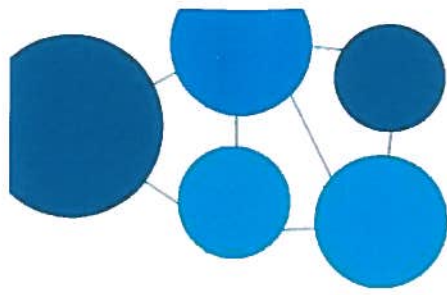
1. Chief Executives and Finance Directors to meet to ratify the scope of the programme and discuss options and opportunities on 7th December 2015.
2. Organisational revised financial plans to be submitted by 11th December 2015.
3. Final report produced by the end of January.

Key assumptions within the project.

1. Future Fit Phase 2 activity projections will be used where applicable.
2. Organisational restructuring within the local NHS has not been considered.

Key risks to the project.

1. Outcome of the Comprehensive Spending Review (CSR).
2. Internal resource availability.
3. Deterioration of the financial position of the local health economy.



[Future Fit Workforce Workstream Update](#)

Background

Workforce challenges are a key driver in the Future Fit case for change. This challenge has initially focused on the acute provider: The Shrewsbury and Telford Hospital NHS Trust (SaTH). The Workforce workstream agreed the need to ensure these challenges were understood and addressed, however the scope of workstream felt too narrow. Discussions with a small membership from across the health economy highlighted similar challenges, for example recruiting adult registered nurses. This led to a collective view that membership needed to be widened and the focus broadened.

Membership has been extended across the health and social care economy over the last four months to support a system view of workforce. Whilst a breadth in membership has happened it is yet to reach across the system, it is hoped this will be achieved over forthcoming months.

At this month's meeting achievement of the system view was discussed, members of the workstream agreed this was vital however concerns were raised regarding the scale of this work.

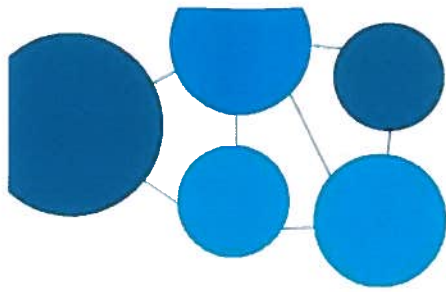
Workforce Challenges

At this month's workforce workstream a view of challenges across the system was presented and agreed to be a fair representation:

Acute Sector

Across the acute workforce a number of staff groups are facing severe challenges leading to workforce and service fragility. Services are being delivered through a heavy reliance on temporary staffing and continued efforts of staff. Looking specifically at the Medical Workforce a number of specialities are unable to recruit the substantive number of consultant and middle grade doctors needed, most notably: Emergency Medicine, Acute Medicine, Critical Care, Gastroenterology and Dermatology. Some specialities have half the substantive workforce required, this leads to onerous on call commitments, a need to work down and reliance on temporary staff. The situation does not support an attractive employment offer; for example on call frequency within SaTH can be as much as five times higher than neighbouring trusts.

It is nationally acknowledged that an under supply in Adult Registered Nurses exists, SaTH has faced continued difficulties to fully recruit to identified staffing levels. Recent efforts to



recruit from overseas have been delayed due to Certificate of Sponsorships. The recent announcement to temporarily add nursing to the shortage occupation list will support better recruitment. However sustainability remains a concern.

In addition to medics and nurses, the Trust has faces difficulties to recruit Bio Medical Scientists (BMS) leaving the service vulnerable particularly when delivering two out of hours rotas.

Specifically at the Royal Shrewsbury site domestic staff are difficult to recruit, this challenge is not seen to same degree at The Princess Royal site, better public transport is highlighted as a key reason.

The Trust has a number of strategies in place to support these challenges including recruitment, workforce transformation and home growing talent.

A full workforce profile will be presented to the Board early in the New Year.

Primary Care

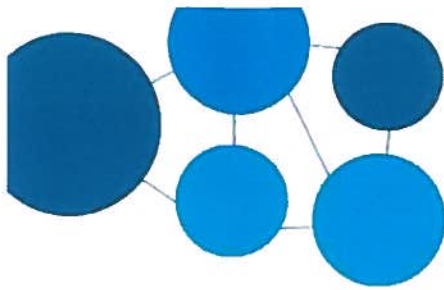
Discussions relating to Primary Care workforce have concluded real challenges in recruiting General Practitioners (GP's. At a national level there is a commitment to train more GP's however this is a longer term solution. Current concerns focus on difficulties to recruit and an ageing workforce. Similarly Practice Nurses carry a substantive vacancy across primary care.

Community Trust

Like the Acute Trust, Community Services face challenges to recruit adult registered nurses, in particular to community hospitals which are further challenged by rural locations. A heavy reliance of agency staff exists, which are often expensive agencies. Psychiatry roles in children's mental health services are identified as difficult to recruit to, with a constant vacancy.

Specialist Hospital

Challenges to recruit and retain Operating Department Practitioners (ODP's) present a persistent vacancy factor. In addition the Trust identifies recruiting operational managers as a real challenge impacting on service delivery.



Mental Health

The Mental Health Trust has identified psychiatry as difficult to recruit to roles and mental health nurses also feature. The Trust covers a wide geographical foot print across the country and for the county.

Local Authority

Across both authorities have difficulties in securing social workers and domiciliary care workers both of whom are critical to support discharge and support people to stay at home.

Conclusion

The Workforce workstream has made progress in terms of a better understanding of the system. However there is still a significant piece of work to further develop a system workforce plan. Membership is yet to cover the whole health and social care system which essential if a system view and plan are to be achieved.

It is important that the workforce challenges facing the acute trust are addressed as Future Fit progresses however when pursuing workforce transformation and ensuring sustainability a system wide strategy and plan are essential.

Funding from the West Midlands Local Education and Training Board has been secured to support this work.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9 DECEMBER 2015

PHARMACEUTICAL NEEDS ASSESSMENT 2015/16 – 2017/18: REVIEW OF PROVISION IN SOUTH TELFORD UPDATE

REPORT OF: HELEN ONIONS (CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL), HITESH PATEL (PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG), DAMION CLAYTON (RESEARCH & INTELLIGENCE OFFICER, TELFORD & WREKIN COUNCIL)

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- The Health and Wellbeing Board approved the Telford & Wrekin Pharmacy Needs Assessment (PNA) 2015/16 – 2017/18 for publication in March 2015, in line with their legal duties¹. The Board agreed the proposed recommendations, but requested that a more in-depth review of pharmacy provision in South Telford be undertaken within six months.
- The South Telford PNA review indicates higher than average levels of need for pharmacy services within the population living in the South Telford cluster. There are areas of poverty and disadvantage and low levels of car ownership. Health needs in the cluster are high, with poor levels of health, particularly amongst older people.
- Community engagement work suggests that people in South Telford have longer journey times to their nearest pharmacy and access to pharmacies in the evenings and at weekends is poorer than the borough population as a whole. These access issues perhaps underpin the lower than average levels of use community pharmacy and awareness of pharmacy services reported. Longer opening times were suggested as an area for improvement by survey respondents.
- Existing pharmacy contractors in South Telford do cover the opening hours of the local GP practices and prescription collection and delivery services are offered. The pharmacy contractors in South Telford consulted and the Local Pharmaceutical Committee consider there is sufficient out of hours service provision (late night and weekends) located in easily accessible centrally located '100' hour pharmacies. There have been no complaints about the current service provision to local pharmacies. However, contractors in South Telford are willing to review provision should this be considered necessary by local residents.

¹ Part 2 of NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

- In line with PNA regulations a Supplementary PNA Statement could now be prepared in light of the South Telford review findings, given the current provision and level of need identified.

2. RECOMMENDATIONS

It is recommended the Board:

- Consider whether a PNA Supplementary Statement on dispensing provision (see current statement below) needs to be issued in light of the South Telford review. It is expected that any Supplementary Statement would not be subject to full consultation prior to September 2016, given the early PNA review date agreed by the HWB.

Telford and Wrekin has reviewed its coverage of dispensing services. The PNA process has highlighted that there is currently sufficient coverage with existing community pharmacies and GP dispensing practice (Newport). The current geographical location and opening hours of dispensing services provides adequate choice and accessibility for the majority of the public.

An early review of this recommendation, will be required within 18 months (by September 2016) to take into account any changes to: primary care and community health services provision and to reflect housing expansion and potential population growth in the Borough.

The Health & Wellbeing Board recognises that there is less community pharmacy provision in the south of Telford and Wrekin, specifically for evening opening and weekend opening hours. A more detailed review of community pharmacy provision in the South of Telford and Wrekin will be completed within six months following publication of the PNA (by September 2015) to better understand needs and demands in this locality.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

- The PNA is being used by NHS England to decide if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.
- The PNA, which is part of the wider JSNA, is also used to make decisions on which services, including public health services, need to be provided by local community pharmacies
- The South Telford review of the PNA provides further detail on pharmacy provision in the south of the borough, taking into account issues with local access and inequalities.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Potentially all health and wellbeing priorities can be influenced by the role of community pharmacy as a key provider of primary health care services.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<ul style="list-style-type: none"> Improving the health and wellbeing of our communities and addressing health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Local pharmacy has a key role in providing primary care services within our local communities.
TARGET COMPLETION/DELIVERY DATE	There was legal requirement for the HWB to publish the PNA by April 2015. The HWB approved the draft PNA and recommendations in March 2015 and requested that a review of pharmacy provision was undertaken by September 2015.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The PNA is used to inform commissioning decisions of NHS England, the Clinical Commissioning Group and local authority in terms of Public Health services.</p> <p>The cost of community views survey fieldwork for the South Telford PNA review undertaken by Health Watch Telford & Wrekin was £1.6k. This was funded jointly by the CCG, the Council and NHS England.</p>
LEGAL ISSUES	Yes	<p>Legal requirements and obligations for the HWBB in relation to the PNA are set out in the main body of this report at the summary of main proposals section.</p> <p>The work referred to in this report is not a full consultation in accordance with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Further, regard would also need to have be given to the Department of Health's supporting document entitled "Pharmaceutical needs assessments, Information Pack for Local</p>

		<p>Authority Health and Wellbeing Boards”.</p> <p>Accordingly it is not advised that any significant changes are made to the PNA as a result of the findings in this report. Any major changes could only follow a full and proper consultation.</p> <p>However, in the event that any changes are made to the PNA following this report it is recommended that the amended version is published in accordance with the same statutory provisions that required the publication of the PNA approved by the HWBB in March 2016. MC 27/11/2015</p>
EQUALITY & DIVERSITY	Yes	<p>The PNA has a significant potential to positively influence health inequalities determined directly, or indirectly, by an individual’s protected characteristics. The process relevance to our Public Sector Equality Duty and as such a Community Impact Assessment was conducted as part of the wider PNA process.</p> <p>There is evidence that community pharmacy has a key role to play in health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.</p>
IMPACT ON SPECIFIC WARDS	No	<p>The South Telford PNA review specifically covered the following electoral wards, Cuckoo Oak, Ironbridge Gorge Madeley and Woodside</p>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Public engagement is a specific requirement of the PNA process. A survey of community views, undertaken in September and October 2014, was a key part of the PNA development.</p> <p>The South Telford PNA review undertaken in 2015 incorporated another survey of community views. The survey report can be found in Appendix II.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<p>The PNA has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programme. The PNA should be used to support these programmes by defining community pharmacy current and future needs and provision.</p>

PART B) – ADDITIONAL INFORMATION

1.1 Background

The Telford & Wrekin Health & Wellbeing Board considered the draft PNA and all the consultation responses on 11th March 2015. The PNA recommendations were approved², however the Board requested that a more in-depth review of pharmacy provision in South Telford be undertaken within six months. The HWB had specific concerns regarding access to dispensing provision in south Telford given the:

- out of hours (evening) and weekend provision of community pharmacies in the area
- perceived low levels of car ownership and access to transport issues in the area
- large numbers of older people in the area

1.2 Scope of the PNA South Telford Review

A core group of members of the PNA Steering Group undertook the review of pharmacy provision in South Telford on behalf of the Health & Wellbeing Board, as follows:

Hitesh Patel, Pharmaceutical Advisor, NHS Telford & Wrekin CCG
Helen Onions, Consultant in Public Health, Telford & Wrekin Council
Damion Clayton, Research & Intelligence Officer, Telford & Wrekin Council
Kate Ballinger, Health Watch Telford & Wrekin
Lynne Deavin, Shropshire Local Pharmaceutical Committee

Key elements of the review included the following:

- Production of population profile for South Telford to explore socio-economic, demographic and health needs information at an electoral ward level.
- A further survey of community views undertaken in GP and dental practice Patient Participating Groups and a variety of community groups, care homes and other relevant venues.
- Engagement with South Telford community pharmacies, GP practices and Shropshire Pharmaceutical Committee to understand professionals views and opinions on local dispensing provision.

1.3 South Telford Population Profile

The production of a profile for the South Telford area was a key element of the PNA review. The profile, which provides information at an electoral ward level, can be found in Appendix I.

² <http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Meeting/MTM1MA%3d%3d>

Key messages from the South Telford profile are as follows:

- The South Telford area, defined as covering the pre 2015 election wards of, Cuckoo Oak, Ironbridge Gorge, Madeley and Woodside, has a population of circa 20,160 people.
- The proportion of children and young people aged under 16 (22.3%) is slightly higher than the borough average (15.7%).
- The proportion of older people aged 65 years and over (15.9%) in South Telford as a whole is similar to the borough average (15.7%). However, Cuckoo Oak, Ironbridge and Madeley wards have higher proportions of older people than the Telford & Wrekin average.
- Levels of long term limiting illness and ill health in South Telford are above the borough average, particularly in Cuckoo Oak and Madeley wards.
- The South Telford area contains some of the most deprived areas in the borough, these are predominately in Cuckoo Oak and Woodside wards.
- Mosaic geo-demographic profiling indicates that the most common household classification is the Family Basics group. Poor health is general a feature of this group, with people more likely to lead unhealthy lifestyles. In Madeley ward almost a fifth households are classified as being in the Vintage Value group, where older residents experience high levels of poor health.
- As predicted car ownership in the South Telford cluster is low, with 28.2% of households not owning a vehicle, compared to the 20.6% in Telford & Wrekin as a whole.

1.4 South Telford Survey of Community Views

An additional survey of community views of pharmacy provision in South Telford was undertaken in August 2015, as part of the South Telford review. (See Appendix II Survey Report). The survey questionnaire mirrored the original PNA survey tool to allow comparability. Health Watch Telford & Wrekin undertook the fieldwork in four South Telford GP practices and a total of 371 people contributed.

The key findings of the South Telford survey were as follows:

- Over half (58%) of South Telford survey respondents reported having a long term illness, disability or infirmity, compared to just over a fifth (21%) of respondents in the original borough survey.
- Responses to the South Telford survey confirmed the findings of the original survey in the following areas:

- The principal reasons for visiting a pharmacy – to collect a prescription or buy over the counter medicines.
 - Preferences for the location of pharmacies – close to their home or GP surgery.
 - The opinion that pharmacies are helpful, friendly and offer helpful advice on NHS services.
- The survey responses highlighted key differences between South Telford and the rest of the borough in respect to the following:
- Frequency of visits – users of pharmacies in South Telford visit less frequently than those who responded to the borough wide survey.
 - Journey times – a greater proportion of users of pharmacies in South Telford have journey times of over 10 minutes to reach a pharmacy.
 - Access to pharmacies in the evenings and at weekends – fewer respondents in the South Telford survey said that they could find a pharmacy open after 5pm or at weekends.
 - Awareness of services – across all services offered by pharmacies, awareness in the South Telford survey was lower than reported in the borough survey.

1.5 Views Professionals of South Telford Pharmacy Provision

Views of the Shropshire Local Pharmaceutical Committee (LPC), local community pharmacy providers and GP surgeries in South Telford were requested as part of the review. Community pharmacies providing pharmaceutical services for people in the South Telford cluster are:

- Anstice Pharmacy, 7 Anstice Square, Madeley
- Ironbridge Pharmacy, The Square, Ironbridge
- Rowlands Pharmacy, Maythorne Close, Sutton Hill
- Woodside Pharmacy, Parklane Centre, Park Lane

The detailed responses received as part of this professional engagement are included in Appendix III. In summary the pharmacy contractor responses indicated that:

- Existing pharmacy contractors in South Telford cover the opening hours of the local GP practices. Pharmacies in the cluster also offer prescription collection and delivery services to local residents to ensure patients have access to essential medicines.
- There is sufficient out of hours service provision (late night and weekends) located in easily accessible centrally located '100' hour pharmacies. Transport links in Telford & Wrekin support access to

centralised services in the Town Centre, reducing the need for late night and weekend pharmacy provision in the south of Telford.

- Pharmacy contractors reported that they felt the current definition of 'South Telford' was not an appropriate representation of the local area. The suggestion was made that any pharmacy located south of the Town Centre could be considered as a 'local provider' to residents of the south of the borough.
- Contractors have not received complaints about current service provision. However, they would be willing to review provision should this be considered necessary by local residents.

1.6 Commissioning of Community Pharmacy Provision

NHS England is responsible for direct commissioning of services beyond the remit of clinical commissioning groups, namely primary care, offender health, military health and specialised services.

The Pharmaceutical needs assessment is a key document used by NHS England to make informed decisions regarding applications it receives for new, or changes to the existing pharmaceutical services in the local health economy. The PNA is also used by NHS England to make decisions in the commissioning of NHS-funded services which can be provided by local community pharmacies. Any additional and updated information about the local health economy aids the Commissioner in their decision making. NHS England are responding to local issues within a national framework, and our way of working across NHS England is to be proportionate in our actions.

1.7 Wider links

There is a key requirement that the PNA process aligns with other strategic plans for health and social care. The Telford and Wrekin PNA is part of the wider Joint Strategic Needs Assessment process and therefore links to the Health and Wellbeing Strategy and associated priorities.

The PNA also has relevance to the work of the Better Care Fund and the wider NHS services reconfiguration Future Fit work programmes. The Futurefit2 phase will involve GPs and other stakeholders to define in more detail the integrated models of care which will provide support for more people for them remain independent and reduce hospital admissions and lengths of stay.

Community pharmacy services and innovations will be important to the development of the models of care developed through these programmes and the PNA should be used to defining community pharmacy current and future needs and provision in an integrated way.

2 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

- See page 3-4 for the Equality and Diversity comment.
- The Equalities Impact Assessment (EIA) for the PNA process can be found at http://www.telford.gov.uk/downloads/download/488/pharmacy_needs_assessment_pna

3 PREVIOUS MINUTES

Health and Wellbeing Board 11th March 2015

Health and Wellbeing Board 24th September 2014, Minute Number – HWB-12

4 BACKGROUND PAPERS

None.

**Report prepared by Helen Onions, Consultant in Public Health
Telephone: 01952 38102**

South Telford Profile

The South Telford cluster is made up of the areas covered by the pre 2015 election wards of, Cuckoo Oak, Ironbridge Gorge, Madeley and Woodside.

In 2014 ONS³ estimated the population of the cluster at 20,164 with the greatest proportion of the cluster population (34.6%) living in Woodside and fewest living in Ironbridge Gorge (12.4%).

Ward	Number	% of cluster
Cuckoo Oak	5,405	26.8%
Ironbridge Gorge	2,492	12.4%
Madeley	5,290	26.2%
Woodside	6,977	34.6%



Age profile

The proportion of people in South Telford aged under 16 (22.3%) is greater than the borough average (20.4%), whilst the proportion of people aged 65 and over (15.9%) is similar to the average for Telford & Wrekin (15.7%).

Within the cluster Woodside has the greatest population proportion aged under 16 (30.4%) and the lowest aged 65 and over (9.9%). Cuckoo Oak (18.7%), Ironbridge Gorge (17.9%) and Madeley (20.1%) all have population proportions aged 65 and over that are greater than the borough average.

Population aged	T&W Average	South Telford	Cuckoo Oak	Ironbridge Gorge	Madeley	Woodside
Under 16	20.4%	22.3%	22.0%	14.4%	15.7%	30.4%
16-24	12.0%	11.2%	10.6%	8.0%	10.6%	13.4%
25-34	12.7%	12.5%	13.5%	9.6%	11.0%	13.9%
35-44	13.4%	12.3%	10.0%	14.2%	13.0%	13.0%
45-54	14.4%	13.3%	12.9%	18.1%	14.9%	10.7%
55-64	11.5%	12.3%	12.2%	17.8%	14.7%	8.7%
65+	15.7%	15.9%	18.7%	17.9%	20.1%	9.9%

Source: ONS 2013 Mid Year Population Estimate Small Area Population Estimates published October 2014

³ ONS 2013 Mid Year Population Estimate Small Area Population Estimates published October 2014

General health and long term limiting illness

A greater proportion of residents in South Telford (7.3%) reported that their general health was bad or very bad in the 2011 census compared with the average for Telford & Wrekin (6.2%).

Similarly, a greater proportion of South Telford residents (20.9%) reported having a long term limiting illness compared with the borough average (18.6%).

Within the cluster, the proportion with bad or very health was greatest in Cuckoo Oak and Madeley (both 8.0%) and fewest in Ironbridge Gorge (5.3%). The proportion of residents with a long term limiting illness was greatest in Madeley (23.4%) and fewest in Ironbridge Gorge (17.0%)

Population with	T&W Average	South Telford	Cuckoo Oak	Ironbridge Gorge	Madeley	Woodside
Health bad or very bad	6.2%	7.3%	8.0%	5.3%	8.0%	6.9%
Long term limiting illness	18.6%	20.9%	22.2%	17.0%	23.4%	19.5%

Source: ONS 2011 census

Deprivation

The South Telford cluster contains some of the most deprived areas of the borough. Four of the five Lower Super Output Areas (LSOAs) within Woodside ward are ranked in the most deprived decile nationally as are two of the four LSOAs that fall within Cuckoo Oak.

By contrast, Ironbridge Gorge and Madeley contain LSOAs which are amongst the least deprived in Telford & Wrekin.

LSOA code	Ward (pre 2015)	2015 IMD Decile (where 1 is most deprived 10% of LSOAs)
E01014118	Cuckoo Oak	1
E01014116	Cuckoo Oak	1
E01014115	Cuckoo Oak	2
E01014117	Cuckoo Oak	6
E01014149	Ironbridge Gorge	5
E01014148	Ironbridge Gorge	7
E01014162	Madeley	2
E01014159	Madeley	3
E01014161	Madeley	4
E01014160	Madeley	8
E01014198	Woodside	1
E01014201	Woodside	1
E01014200	Woodside	1
E01014197	Woodside	1
E01014199	Woodside	2

Source: DCLG English Indices of Deprivation 2015

Health - Mosaic classification

Experian's Mosaic public sector profiling shows that the greatest proportion of households in South Telford (29.4%) belong to Group M Family Basics. This proportion is greater than the average for Telford & Wrekin (16.0%), whilst in Woodside almost two thirds (65.3%) of households are classed as Group M.

Poor general health is a particular feature of this population group with people more likely to smoke and less likely to eat healthily, exercise or play sport than the general population.

In Madeley, the largest single Mosaic group is Group N Vintage Value (19.8%). Consisting of elderly residents this group experience the greatest levels of poor health.

In Ironbridge Gorge the largest Mosaic group is Group G Rural Reality (30.7%). This group is characterised as having average levels of good health.

Mosaic group	T&W Average	South Telford	Cuckoo Oak	Ironbridge Gorge	Madeley	Woodside
A Country Living	3.8%	0.7%	0.0%	5.1%	0.0%	0.0%
B Prestige Positions	5.4%	5.8%	3.6%	17.6%	7.5%	0.6%
D Domestic Success	10.1%	5.9%	3.3%	24.2%	5.8%	0.0%
E Suburban Stability	7.6%	4.3%	5.5%	3.8%	7.1%	0.6%
F Senior Security	7.6%	4.8%	12.6%	2.1%	3.4%	0.0%
G Rural Reality	1.9%	4.1%	0.0%	30.7%	0.0%	0.0%
H Aspiring Homemakers	15.3%	5.2%	2.3%	7.2%	7.8%	4.5%
I Urban Cohesion	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%
J Rental Hubs	1.4%	1.3%	0.0%	5.9%	1.6%	0.0%
K Modest Traditions	7.5%	7.0%	4.9%	0.0%	18.8%	0.4%
L Transient Renters	9.1%	9.3%	13.1%	2.2%	11.5%	6.7%
M Family Basics	16.0%	29.4%	28.1%	0.0%	8.3%	65.3%
N Vintage Value	7.4%	9.3%	6.9%	1.1%	19.8%	4.5%
O Municipal Challenge	6.1%	13.0%	19.7%	0.0%	8.3%	17.5%

Source: Experian Mosaic Public Sector

Vehicle ownership

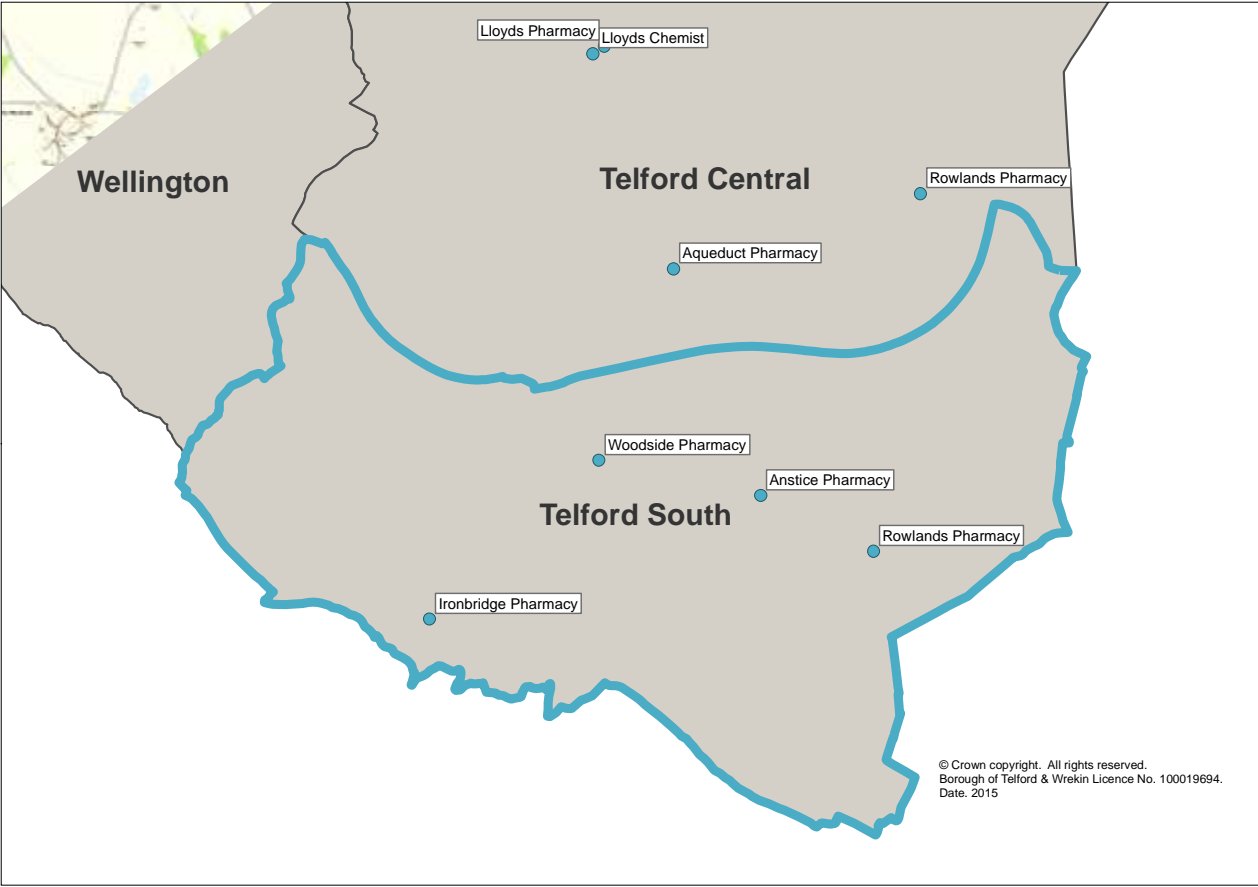
The 2011 census showed vehicle ownership in South Telford to be lower than the average for the borough with 28.2% households having no cars or vans compared to 20.6% for Telford & Wrekin as a whole.

Within the cluster access to vehicles was lowest in Woodside, where greater than one third of households (34.7%) indicated that they did not have a car or van. Vehicle ownership was greatest in Ironbridge Gorge with 91.6% of households having at least one car or van.

Households with	T&W Average	South Telford	Cuckoo Oak	Ironbridge Gorge	Madeley	Woodside
No cars or vans	20.6%	28.2%	31.0%	8.4%	28.2%	34.7%
One or more cars or vans	79.4%	71.8%	69.0%	91.6%	71.8%	65.3%

Source: ONS 2011 census

Location of pharmacies South Telford



South Telford Community Pharmacy Survey 2015

Introduction

The Telford & Wrekin Health & Wellbeing Board approved and published the Pharmacy Needs Assessment (PNA) for 2015/16 – 2017/18 in March 2015. As part of the ongoing PNA process, the Board requested that a more in-depth review of pharmacy provision in South Telford be undertaken. The key concerns were out of hours and weekend dispensing provision and perceived accessibility issues for this locality. An additional survey of community views formed part of the South Telford PNA review.

A total of 371 people contributed to the survey of community views on pharmacy provision in South Telford during August 2015. Health Watch Telford & Wrekin carried out the survey fieldwork, in the following GP practices: Woodside, Madeley, Ironbridge and Sutton Hill.

Headline messages

Over half (58%) of South Telford survey respondents reported having a long term illness, disability or infirmity, compared to just over a fifth (21%) of respondents in the original borough survey.

Responses to the South Telford survey confirm the outcome of the original survey in the following areas:

- The principal reasons for visiting a pharmacy – to collect a prescription or buy over the counter medicines.
- Preferences for the location of pharmacies – close to their homes or GP surgery,
- The opinion that pharmacies are helpful, friendly and offer helpful advice on NHS services.

The survey responses highlighted key differences between South Telford and the rest of the borough in respect to the following:

- **Frequency of visits** – users of pharmacies in South Telford visit less frequently than those who responded to the borough wide survey.
- **Journey times** – a greater proportion of users of pharmacies in South Telford have journey times of over 10 minutes to reach a pharmacy.
- **Access to pharmacies in the evenings and at weekends** – fewer respondents in the South Telford survey said that they could find a pharmacy open after 5pm or at weekends.
- **Awareness of services** – across all services offered by pharmacies, awareness in the South Telford survey was lower than reported in the borough survey.

Methodology

As part of the review of pharmacy provision in South Telford, a further community pharmacy survey was carried out focusing specifically on the requirements of users of pharmacies from the South Telford cluster (the area covered by the pre 2015 wards of, Cuckoo Oak, Ironbridge Gorge, Madeley and Woodside). The survey repeated the questions asked in the original pharmacy needs analysis survey (in 2014) focusing on awareness of and access to pharmacy services. This allows comparability between the South Telford cluster and the wider borough.

To gain additional insight into how respondents access pharmacy services, one new question was asked about how the respondents normally travel to their usual pharmacy.

A copy of the questionnaire is included at appendix A.

A total of 371 responses were received. The original borough wide survey received 417 responses of which 53 were from the South Telford cluster.

Sample make-up

Gender: The gender split of respondents to the survey was 35% male and 65% female. Although the proportion of male respondents from South Telford was 13 percentage points higher than the original survey, they remain under-represented in the survey compared with the 49% male and 51% female actual gender split in the cluster.⁴

Age: The most common age groups represented in the survey were 65-74 (19%) and 35-44 (16%), the most under-represented groups were under 16's (1%) and 85 and over (2%)

Long term limiting illness: The proportion of respondents with a long term illness, disability or infirmity was 58%, this compares with the overall cluster population with a self reported long term limiting illness of 21%.⁵

⁴ ONS 2013 Mid Year Population Estimate Small Area Population Estimates

⁵ ONS Census 2011

Survey Analysis

Key findings

Frequency of visits:

- Respondents to the South Telford survey visit a pharmacy less frequently than respondents to the borough wide survey. One fifth (21%) visiting a pharmacy more than once a month compared with one third (34%) of respondents in the original survey.

Reason for visits and services used:

- The main reasons for using pharmacies in South Telford were the same as for the borough as a whole however a greater proportion of respondents use the pharmacy to collect prescriptions (93% compared to 83%) and buy over the counter medicines (43% compared to 11%).

Access

- Responses to the South Telford survey indicate that journey times to pharmacies are longer in the South Telford cluster than across the borough as a whole. Almost one third of respondents (31%) indicated that their journey took between 10 and 20 minutes compared with around one quarter of respondents (23%) to the borough survey.
- The survey responses suggest that access to pharmacies later in the evening and at weekends is more of an issue in the South Telford cluster than across the borough as a whole. The proportion of respondents who agreed or strongly agreed with being able to find a pharmacy open during the weekend was 18 percentage points lower than in the borough wide survey and 22% disagreed or strongly disagreed.
- 57% agreed or strongly agreed that they can find a pharmacy open after 5pm compared with 72% in the borough survey.

Awareness of services

- As with the borough survey responses indicated differing levels of awareness which varied according to the age of respondents and the need for the service.
- Across all services, awareness in the South Telford survey was lower than in the borough survey. The greatest difference was in awareness of substance misuse services with 39% of South Telford respondents aware of the service compared with 52% in the borough survey.

Analysis of survey responses

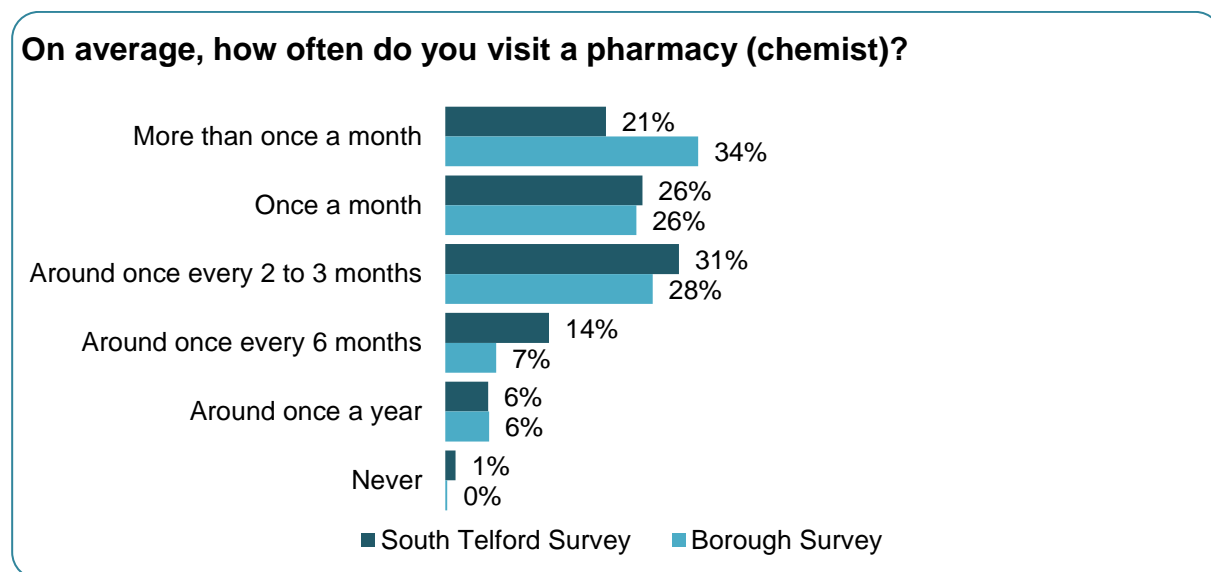
The following section compares the responses to individual questions in the South Telford survey to those of the original borough wide survey. As with the previous borough wide survey, analysis of the survey results has been split into four themes:

- Frequency of visits
- Reason for visits
- Access
- Awareness of services

Frequency of visits

Respondents to the South Telford survey visit a pharmacy less frequently than respondents to the borough wide survey. One fifth (21%) of respondents indicated that they visit a pharmacy more than once a month. This compares with one third (34%) of respondents across the borough in the original survey.

Almost one third of respondents (31%) said that they visited the pharmacy once every two to three months. Over one quarter (26%) visited the pharmacy once a month. 14% said that they visit around once every 6 months compared with 7% in the original borough survey.



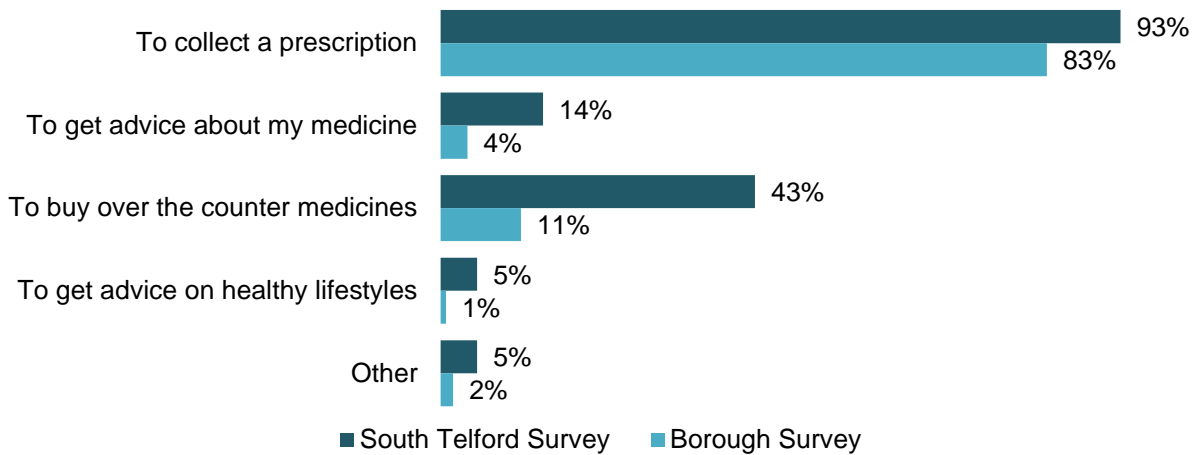
Reason for visits and services used

The main reasons for using pharmacies in South Telford were the same as for the borough as a whole, however the proportion of respondents in South Telford for using the pharmacy to collect prescriptions (93%), was ten percentage points greater than in the borough wide survey.

The proportion of respondents getting advice from pharmacies about medicines (14%) was also ten percentage points greater in the South Telford cluster than across the borough as a whole, whilst the proportion of respondents using the pharmacy to buy over the counter medicines (43%) was nearly four times greater in the South Telford survey than for the borough.

Other reasons given for visiting the pharmacy included to use other co-located services such as post office and general retail.

Why do you visit the pharmacy (chemist)?



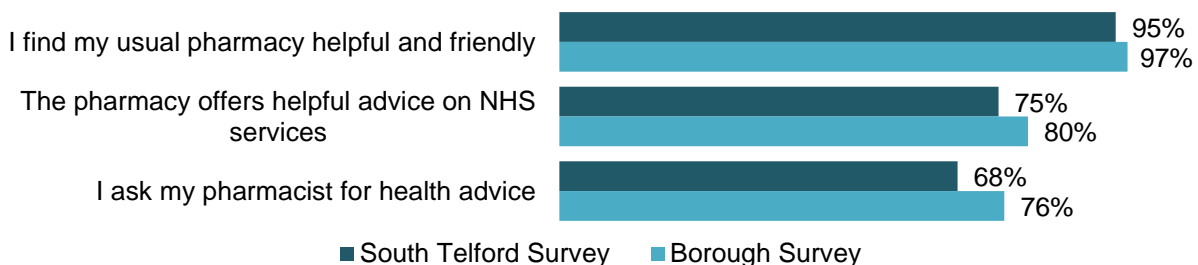
Similar to the borough wide survey, the majority of respondents to the South Telford survey agreed or strongly agreed that their usual pharmacy/pharmacist is helpful, friendly, offers helpful advice on NHS services and can be asked for general health advice.

The proportion of respondents (95%) who agreed or strongly agreed that their usual pharmacy was helpful and friendly was two percentage points lower than that for the whole borough (97%).

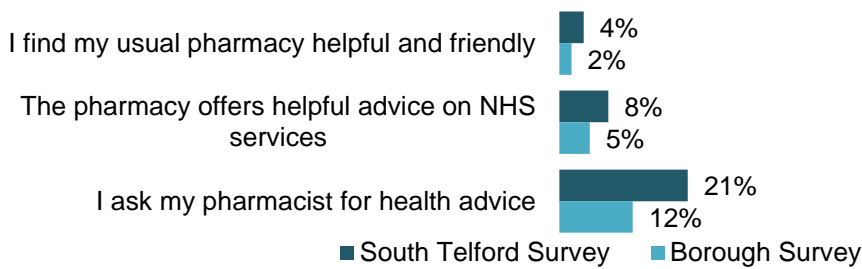
Fewer respondents in South Telford (75%) agreed or strongly agreed that the pharmacy offers helpful advice on NHS services than in the borough survey (80%).

The greatest difference between surveys was the proportion of respondents who agreed or strongly agreed that they ask their pharmacist for health advice. This was eight percentage points lower in the South Telford survey (68%) than for the whole borough (76%). This was also the statement that attracted the greatest disagreement with 21% of South Telford respondents disagreeing or strongly disagreeing.

Percentage who agree or strongly agree that...



Percentage who disagree or strongly disagree that...



Access

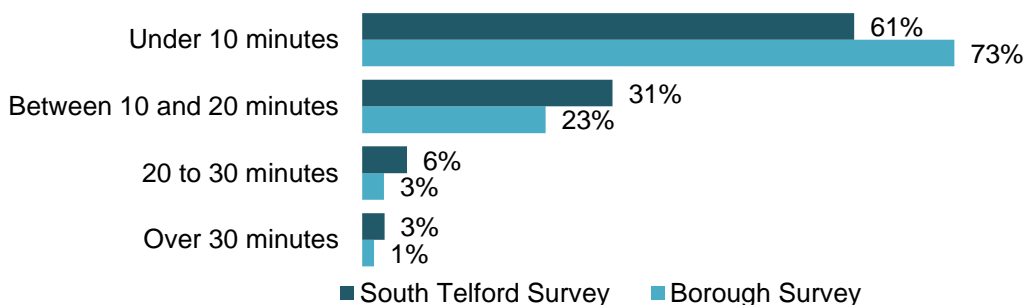
Responses to the South Telford survey indicate that journey times to pharmacies are longer in the South Telford cluster than across the borough as a whole.

Although the majority (61%) of respondents in South Telford were travelling for under 10 minutes to reach their pharmacy this was 12 percentage points fewer than the borough survey.

Almost one third of respondents (31%) in South Telford indicated that their journey took between 10 and 20 minutes. This compares with around one quarter of respondents (23%) to the borough survey.

The proportion of respondents in South Telford travelling between 20 to 30 minutes (6%) and over 30 minutes (3%) was greater than in the borough survey (3% and 1%)

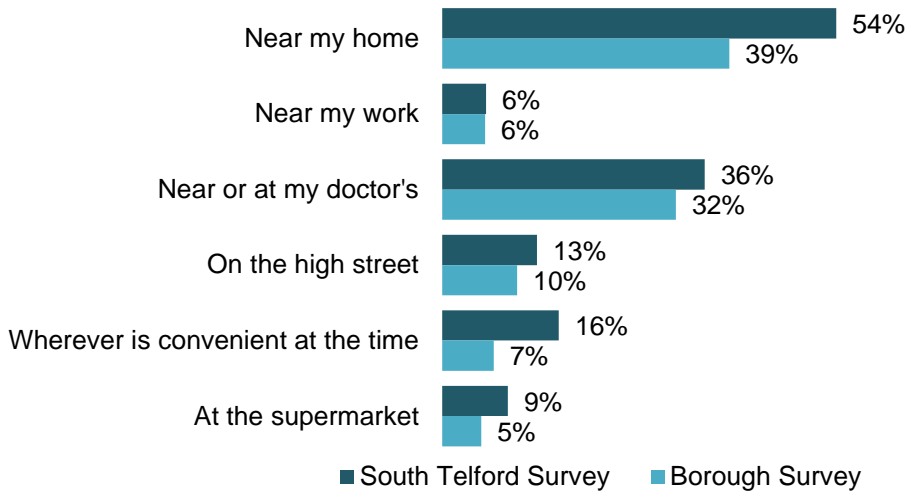
Approximately how long does your journey take...



The majority of respondents (54%) in South Telford visited a pharmacy that is near to their home. This compares with 39% who indicated that this was the case in the borough survey.

Fewest respondents (6%) in South Telford visited a pharmacy near their work, whilst the proportion visiting supermarket pharmacies was higher in the South Telford survey (9%) than in the borough survey (5%)

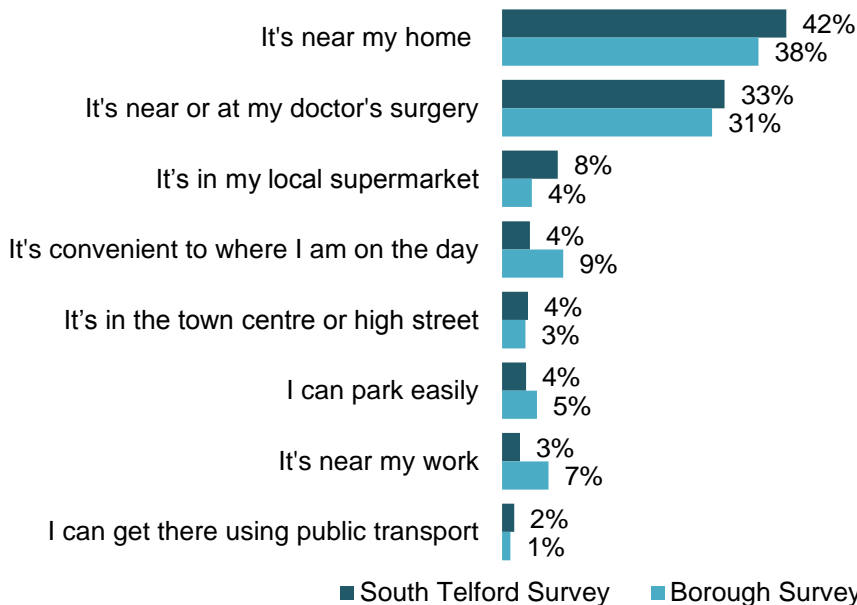
Where do you visit the pharmacy?



As in the borough survey, the majority of respondents in South Telford stated that it was important for the pharmacy to be near their home (42%) or near their doctor's surgery (31%).

Fewest respondents (2%) indicated that getting to the pharmacy using public transport was the most important factor regarding the location.

Thinking about the location of the pharmacy you use regularly, which of the following is most important to you?

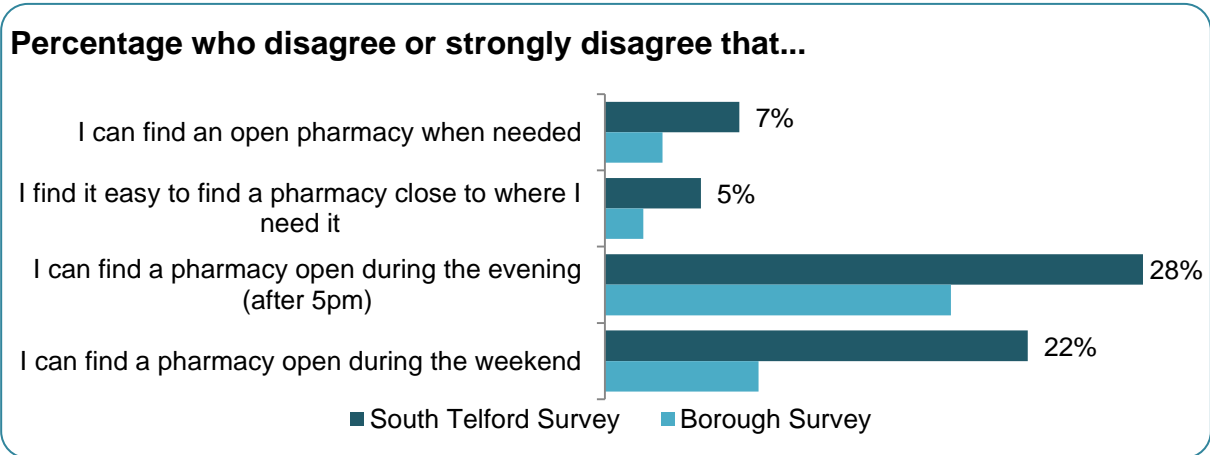
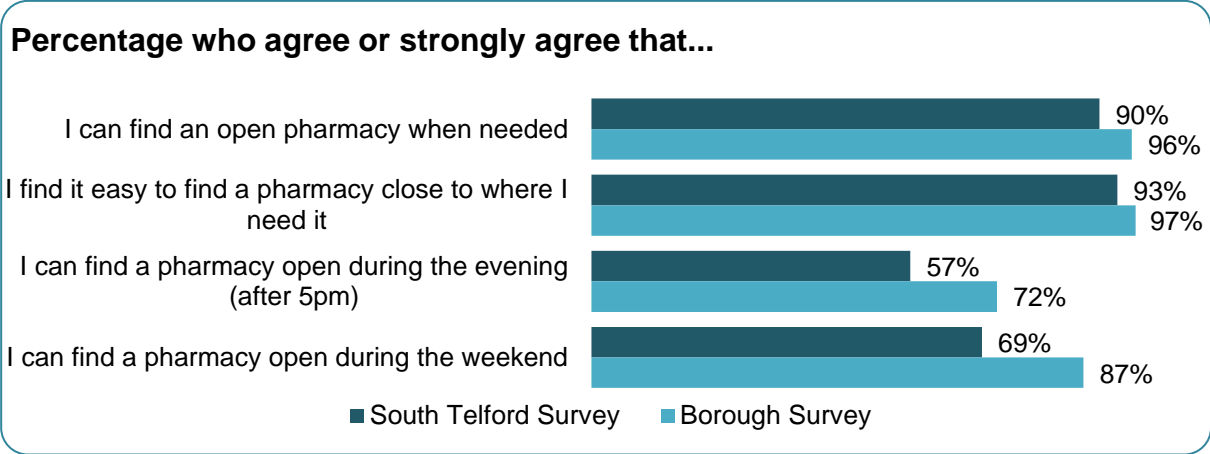


Although the majority of respondents in South Telford agreed or strongly agreed that they can find an open pharmacy when needed (90%) and that they find it easy to find a pharmacy close to where they need it (93%), the proportions in agreement were lower than in the borough wide survey (96% and 97%)

The survey responses indicate that access to pharmacies later in the evening and at weekends is more of an issue in the South Telford cluster than across the borough as a whole. Whilst 69% of respondents agreed or

strongly agreed with being able to find a pharmacy open during the weekend, this was 18 percentage points lower than in the borough wide survey and 22% disagreed or strongly disagreed.

Fewest respondents in South Telford (57%) agreed or strongly agreed that they can find a pharmacy open after 5pm compared with 72% in the borough survey. This statement also attracted the greatest level of disagreement with 28% of South Telford respondents disagreeing or strongly disagreeing.



Respondents to the South Telford survey were asked an additional question about how they normally travel to their pharmacy. The majority of respondents (57%) stated that they normally drive, with 37% walking. Fewest respondents (6%) indicated that they used public transport to access pharmacies.



Awareness of services

As with the borough survey responses indicated differing levels of awareness which varied according to the age of respondents and the need for the service. The lowest overall awareness was for services such as

condom distribution (25%) and Chlamydia screening (23%). Among respondents aged under 25 however, 47% were aware of condom distribution and 40% were aware of the Chlamydia screening and treatment services.

Across all services, awareness in the South Telford survey was lower than in the borough survey. The greatest difference was in awareness of substance misuse services with 39% of South Telford respondents aware of the service compared with 52% in the borough survey.

Percentage who knew that the following “extra” services could be available at the pharmacy?	South Telford Survey	Borough Survey
Stop smoking advice and treatment	75%	80%
Emergency contraception and contraception advice	57%	67%
Medication use review	65%	77%
New medicines service	68%	76%
Prescription collection from your GP surgery	87%	93%
Prescription delivery service	62%	71%
Disposal of your unwanted medication	77%	88%
Minor ailment advice	81%	86%
Substance misuse service	39%	52%
Supply of Healthy Start vitamins by voucher	24%	32%
Advice on healthy lifestyles	56%	67%
Chlamydia screening and treatment	23%	24%
Condom distribution (free supply to eligible people)	25%	32%

Comments

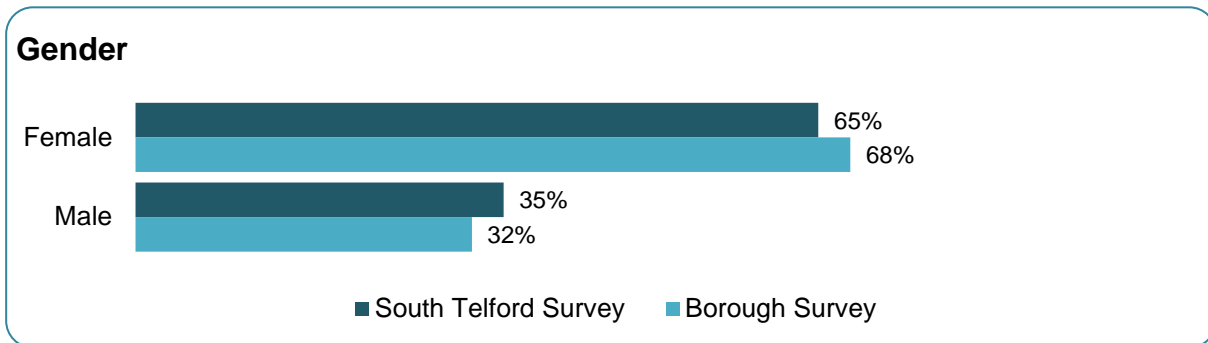
There were 60 responses to the question **are there any other services that you would like your pharmacy to offer?** 36 indicated that there were no other services required. Suggestions included quicker service for repeat prescriptions, blood pressure checks, delivery of prescriptions, disposal of items such as epi-pens, flu vaccinations and longer weekday and weekend opening

Of 75 responses to the question **would you like to add any other comments about community pharmacy services** 21 had no further comments. Of the remaining 54 comments, half (50%) were positive comments about the quality of service and the pharmacy staff.

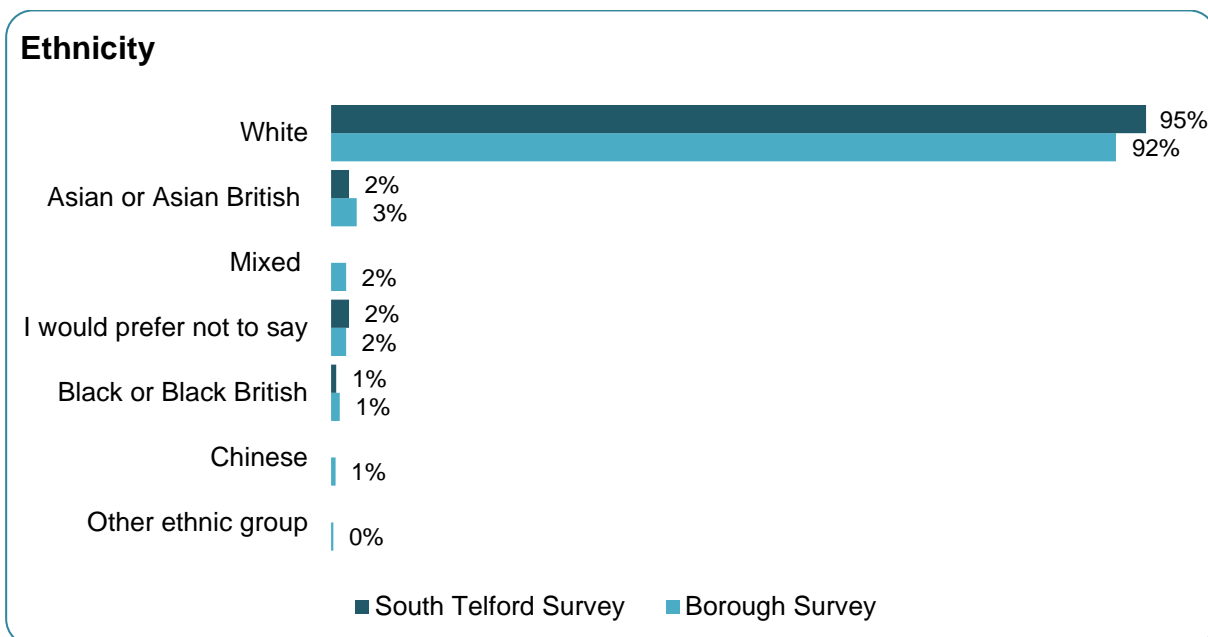
A number of comments were made about the levels of stock held by a specific pharmacy and having to wait for medicines to be ordered in or go elsewhere. Further comments included locating pharmacies closer to GP surgeries, extending opening hours and issues with long wait times for prescriptions.

Demographics

The proportion of male respondents to the South Telford survey (35%) was greater than the borough survey (32%).

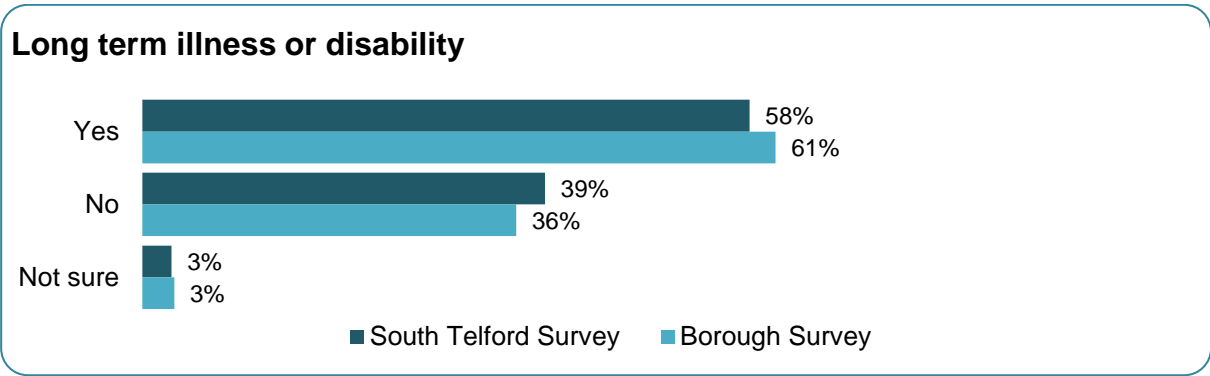


The proportion of respondents from a white ethnic background (95%) was greater than for the borough survey (92%) and compares with the proportion of residents in the cluster from a white ethnic background of 96%.⁶



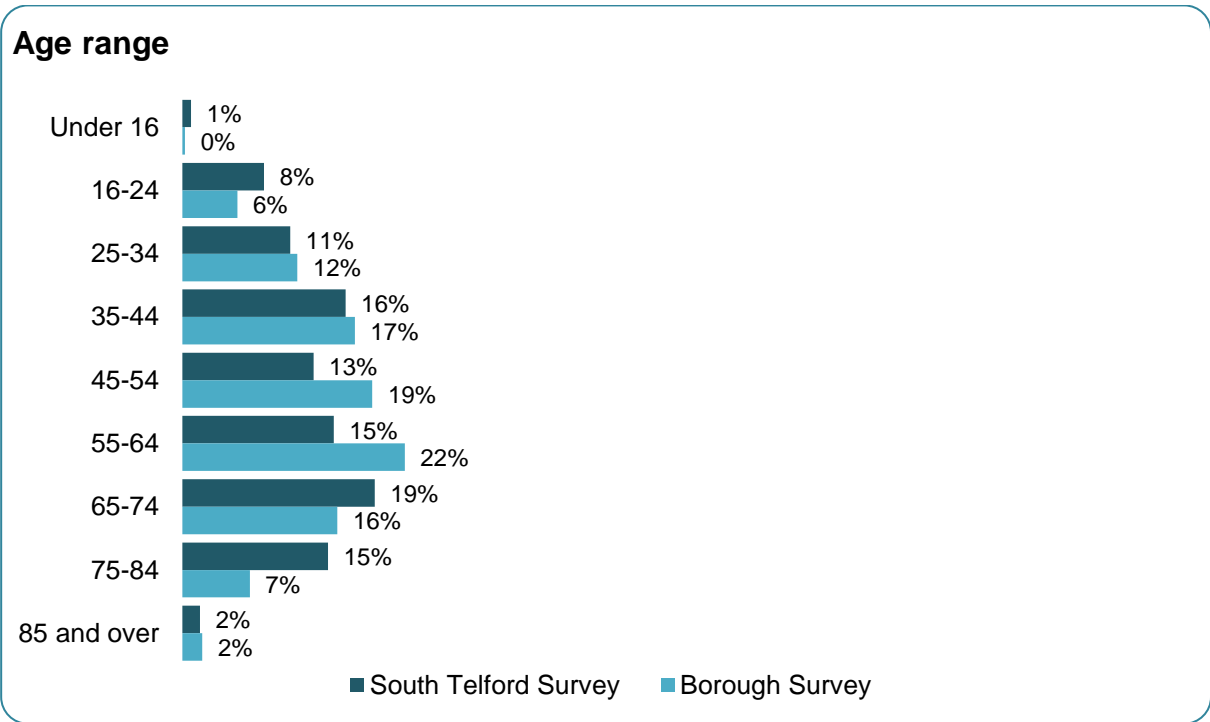
⁶ Source: ONS Census 2011

Fewer respondents to the South Telford survey (58%) had a long term illness or disability than in the borough survey (61%).



A greater proportion of respondents to the South Telford survey (36%) were aged 65 than the borough survey (24%). This compares with the cluster population aged 65 and over of 16%.⁷

The total cluster population aged under 24 (34%) were under-represented in the South Telford survey (9%), while the proportion of survey respondents aged 25-64 (55%) was greater than the proportion of the cluster population in this range (51%).⁸

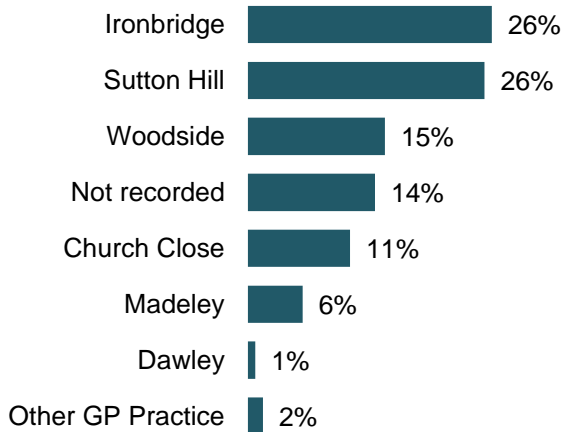


The greatest proportion of survey respondents were registered at Ironbridge and Sutton Hill Medical Practices (both 26%). Madeley was the practice located in the cluster with the fewest patients responding (6%).

⁷ ONS 2013 Mid Year Population Estimate Small Area Population Estimates

⁸ ONS 2013 Mid Year Population Estimate Small Area Population Estimates

Which GP/Medical practice are you registered at?



South Telford population data

Age range	Male		Female		Total	
	Number	%	Number	%	Number	%
Under 16	2,252	23%	2,246	22%	4,498	22%
16-24	1,154	12%	1,114	11%	2,268	11%
25-34	1,183	12%	1,341	13%	2,524	13%
35-44	1,297	13%	1,193	12%	2,490	12%
45-54	1,315	13%	1,369	13%	2,684	13%
55-64	1,247	13%	1,242	12%	2,489	12%
65 and over	1,458	15%	1,753	17%	3,211	16%
Total	9,906	49%	10,258	51%	20,164	100%

Source: ONS 2013 Mid Year Population Estimate Small Area Population Estimates

Appendix A: Questionnaire



Community Pharmacy Survey

You are invited to take part in a short questionnaire about Community pharmacy services in Telford and Wrekin. In order for us to learn from your experience we would be grateful if you could take some time to complete the following questionnaire. All information provided will remain confidential and the results will help us to improve our services to you.

1. On average, how often do you visit a pharmacy (chemist)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Around once a year | <input type="checkbox"/> Around once every 2 to 3 months | <input type="checkbox"/> More than once a month |
| <input type="checkbox"/> Around once every 6 months | <input type="checkbox"/> Once a month | <input type="checkbox"/> Never |

2. Do you have a usual pharmacy (Chemist)?

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|------------------------------|-----------------------------|-----------------------------------|

2.a If yes, where is your usual pharmacy (chemist)?

3. Where do you visit the pharmacy (chemist)? please tick all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Near my home | <input type="checkbox"/> On the high street | <input type="checkbox"/> Near or at my doctor's |
| <input type="checkbox"/> Wherever is convenient at the time | <input type="checkbox"/> Near my work | <input type="checkbox"/> At the supermarket |

4. Thinking about the location of the pharmacy (chemist) you use regularly, which of the following is most important to you - please tick one box:

- | | | |
|--|---|---|
| <input type="checkbox"/> It's near my home | <input type="checkbox"/> It's near my work | <input type="checkbox"/> It's convenient to where I am on the day |
| <input type="checkbox"/> It's near or at my doctor's surgery | <input type="checkbox"/> I can get there using public transport | <input type="checkbox"/> It's in the town centre or high street |
| <input type="checkbox"/> It's in my local supermarket | <input type="checkbox"/> It's near my child's school | <input type="checkbox"/> I can park easily |

5. Approximately how long does your journey take when making a visit to your pharmacy?

- | | |
|--|---|
| <input type="checkbox"/> Under 10 minutes | <input type="checkbox"/> 20 to 30 minutes |
| <input type="checkbox"/> Between 10 and 20 minutes | <input type="checkbox"/> Over 30 minutes |

6. Is the usual pharmacy (chemist) open at the times you want to use it?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6.a If you have answered no please state what time you would prefer the pharmacy to be open?

7. Thinking about the pharmacy services you currently use, please rate how strongly you agree with the following statements - please tick ONE box for each statement:

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>I do not know</i>
I can find an open pharmacy when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to find a pharmacy close to where I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find a pharmacy open during the evening (after 5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find a pharmacy open during the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find my usual pharmacy helpful and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pharmacy offers helpful advice on NHS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask my pharmacist for health advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Why do you visit the pharmacy (chemist)? please tick all that apply.

- To collect a prescription
- To buy over the counter medicines
- Other
- To get advice about my medicine
- To get advice on healthy lifestyles

9. If you have answered other, please state below

10. Did you know that the following "extra" services could be available at the pharmacy -

	<i>Yes</i>	<i>No</i>	<i>I'm not sure</i>
Stop smoking advice and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraception (morning after pill) and contraception advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication use review (advice on your medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX III

New medicines services (advice on taking your newly prescribed medicine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription collection from your GP surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of your unwanted medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor ailment advice (advice and treatment for minor health problems e.g. sore throat, hay fever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse service (methadone supply, needle provision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply of free Healthy Start vitamins by voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on healthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom distribution (free supply to eligible people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are there any other services that you would like your pharmacy to offer?

12. Would you like to add any other comments about community pharmacy services

About you

We will not be able to identify you from any of the information you provide for the following questions

13. Please tell us your postcode

14. How do you normally travel to your pharmacy

- Walk Drive Public transport

15. Gender

- Male Female I would prefer not to say

16. Your age range

- Under 16* *25-34* *45-54* *65-74* *85 and over*
 16-24 *35-44* *55-64* *75-84*

17. Ethnicity

- White* *Asian or Asian British* *Chinese* *I would prefer not to say*
 Black or Black British *Mixed* *Other ethnic group*

18. Do you have a long-standing illness, disability or infirmity? (by long standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time)

- Yes* *No* *I am not sure*

19. Which GP/Medical Practice are you registered at?

Thank you for taking the time to complete this survey.
Please return your completed survey to



Freepost RTET-YBYS-THGU
 Meeting Point House
 Southwater Square
 Telford
 TF3 4HS

Responses received from Shropshire LPC and Local Pharmacy Contractors

Shropshire Local Pharmaceutical Committee (LPC)

Summarised below are the comments from the Shropshire Local Pharmaceutical Committee (LPC) that relate to the concerns raised by the Telford & Wrekin Health & Wellbeing Board regarding access to dispensing provision in south Telford cluster.

The LPC were surprised at the comments from the Health & Wellbeing Board when it is widely accepted that the present geographical distribution of pharmacies in the South of Telford is more than sufficient to give a good balance of pharmaceutical services to offer patient choice and meet the need.

Existing pharmacies services cover all the hours of GP Practices.

The Out of Hours Centres are not located in South Telford but in North Telford and Central Telford with several 100 hour pharmacies. These pharmacies provide services at the point of need.

Pharmacies offer a collection & deliver service a service that the elderly, housebound and those with long term conditions value and rely on for support.

From the PNA it can be seen that the Telford area is generally well served by 100 hour and supermarket pharmacies offering extended hours. The nearest being in the town centre where several operate. Transport links, by road and public transport make these readily accessible with one adjacent to the bus station.

Public transport prioritises in getting residents from the periphery to the Town Centre even at weekends. Residents do not stay local at weekends but visit the retail parks either by private or public transport because of good direct links.

It should be noted that a routine application for a further pharmacy in south Telford was previously turned down, went to appeal and was still not granted.

The PNA states that there have been no complaints neither has this been raised as an issue at local meeting or the annual questionnaires.

There has been no changes in health need, GP services in south Telford since the last PNA.

Telford may have changed over the years but South Telford has seen few changes. Should however GP surgeries extend their hours to meet an increased demand pharmacies would consider a review of hours to cover any change in need to ensure that services are high quality, accessible and meet local need.

Pharmacies in south Telford have not been approached by HWB or CCG regarding extended hours necessary, however pharmacies would be open to discussion.

Rowlands Pharmacy

I've been notified that you are looking into the pharmacy provision in south Telford as part of a concern highlighted during the production of the PNA. I understand that your letter asks for contractors' thoughts on the current provision in the area. Please find below some comments from Rowlands pharmacy:

- Our pharmacy in Sutton Hill is open 5 days a week until 6pm. Since our pharmacy is co-located with a GP practice this reflects GP opening hours. We are not aware of any need for us to open for longer but if that evidence exists we would be willing to negotiate different opening hours.
- The changes to the Control of Entry regulations which allowed 100 hour pharmacies to open resulted in the scaling back and, in many cases, the decommissioning of rota services. If there is a need for late opening we would be willing to discuss participation in a rota service if one was recommissioned.
- It is not clear how far the boundaries of south Telford extend for the purposes of this consultation but we note that there are two other pharmacies (Anstice pharmacy and Woodside pharmacy) within the area. These pharmacies also open, for the most part, until 6pm and also have some Saturday opening (NHS Choices). The presence of these other pharmacies operated by different contractors provides an element of choice to the residents of south Telford.
- You will be aware that in 2013 Lloyds Pharmacy applied for a new pharmacy in the area (unforeseen benefits). This was rejected both by the Area Team and by the Litigation Authority Appeal Unit. By definition, therefore, it was felt that a new pharmacy was not required in the area and there had been insufficient change to the local demographics, etc. to warrant a further pharmacy. You will also be aware that consideration of people with protected characteristics, such as the elderly, are part of the regulatory test for this type of application. Clearly, both panels felt that the needs of this cohort of patients were being adequately met.
- As well as providing a dispensing service our pharmacy also provides EHC and supervised consumption local services.
- It is our understanding that public transport routes, like the road system itself, tend to be focussed on transporting people from the 'suburbs' to the town centre. As a consequence, we believe that there are many more options for receiving pharmaceutical services there and these expand the choice available to residents from south Telford. These include the late opening pharmacy at Asda which is also a key destination for residents to complete their 'weekly shop'. This is evidenced by the very frequent bus service through the area on services 1 and 2 which operate a 20minute service (each route) running in opposite directions. The frequency of these services indicates that they are very well-used and is an indicator that the residents, even with lower car ownership, have little difficulty moving around the area.
- Constructing an area bordered by the A442, A4169 and the river to the south indicates that there are 28.9% of households without access to a car or van with the UK average being 26%. However, as already discussed there is an extensive and frequent bus service to offset this.
- Most pharmacies offer a collection and delivery service. For the most part this offered to any patient who requests the service. While a delivery service may not provide face-to-face contact with a pharmacist these services tend to be used for regular repeat medication and therefore face-to-face contact may not be required on every occasion. Nevertheless the patient is able to contact the pharmacy to discuss any concerns that they have (or vice versa).

We hope that these comments are helpful and constructive. If you would like any further information or explanation, please do not hesitate to contact me.

Woodside Pharmacy, Park Lane Centre, Park Lane, Woodside, Telford

In response to issues raised over PNA and South Telford....I have included here my responses to the matter when it was first raised a couple of years ago There are a couple of points to be added.

Considering Woodside, when the old Community Centre was demolished and we re-located into the new Park Lane Centre, Telford and Wrekin Councils policy was such that the area was without a supermarket for over ten years. This reinforced the direction of residents towards services provided at the Telford Centre.

The Out of Hours services are located in North Telford and the Town Centre, with several 100 hour pharmacies within their immediate vicinity. These pharmacies provide the services at the point of need.

I would request that you re-consider the definition of South Telford. The present definition is too selective, artificially ignoring areas ,south of the Centre such as Lawley, with its huge population increase over the last few years, Stirchley, Dawley and Lightmoor...where a contract specifying extended hours has recently been granted. The whole demographic of the area has shifted greatly

Dudley Taylor Pharmacies Ltd

The Area

You have suggested that the area defined as 'South Telford' should include Ironbridge, Woodside and Madeley. These particular localities are just some of those that are located in South Telford and there seems to be no reason to not include other localities that are in an area that may be called 'South Telford'. South Telford might be considered as anywhere South of the town centre, or South of the M54 that falls within the urban Telford area. It certainly includes the localities of Stirchley, Dawley, Horsehay, Lightmoor, Aqueduct, Sutton Hill and Lawley. It could even include Hollinswood and Randlay, though these areas are also close to the town centre.

Availability of Services

The existing pharmacies are well located throughout the South Telford area and the pharmacies are generally open at the same time as the local Doctors and Dental surgeries. They are also open on a Saturday morning when most surgeries are closed. No Doctors or Dentists in the South of Telford open on a Saturday. There are, however, pharmacies open on a Saturday in Dawley, Madeley, Woodside, Ironbridge, Stirchley and Sutton Hill. Since all the medical practices are closed on a Saturday, there is little demand for pharmaceutical services on a Saturday except for patients collecting repeat prescriptions. Due to changing shopping patterns, most of the population now choose to shop in the town centre or at the other retail parks located in Telford at the weekend. Pharmacies throughout the country, that are located in neighbourhood centres of larger towns and cities or those located in villages and small towns now generally close due to a lack of demand for services on Saturday afternoons and on Sundays. There has never been a Sunday pharmacy rota service commissioned in the South of Telford, though if ever deemed necessary this could

have been commissioned in the past by the PCT or CCG.

There are many pharmacies within Telford that have a 100 hour contract or provide extended opening hours. Most of these are on the retail parks or in the town centre which make them readily accessible to the whole population of Telford and surrounding areas.

Access to Services

Pharmacies in the South of Telford are located within the different communities of this area. They are often within close proximity of medical practices. Many patients visiting their doctors will often then use the pharmacy, however with the advent of electronic prescriptions, patients can now nominate any pharmacy as their preferred pharmacy for the collection of their dispensed acute or repeat prescriptions. If they cannot access the pharmacy by foot and do not have a car, the public bus service in the region is excellent. Most pharmacies, including our pharmacy in Madeley, offer a free prescription collection and delivery service for the housebound.

Out of hours medical services are provided in Telford by either the walk in centre in Telford Town Centre or at the Princess Royal Hospital. Malling Health provide walk in services in the town centre from 8am to 8pm Monday to Friday and 9am to 4pm Saturday. There are no Doctors' surgeries open over the weekend in the South Telford area. They provide services from the PRH from 8am to 8pm Monday to Sunday. Outside these hours, Shropdoc provide services from their centre at the PRH. If patients from South Telford using these services require pharmaceutical services then there are pharmacies in close proximity or on their bus route home in the town centre or on one of the retail parks that open late Saturday or on Sunday.

Access to the town centre by bus is frequent even at the weekends. The bus station in the town centre is close to the Asda superstore where there is a 100 hour pharmacy. Telford has indeed been planned over the years to ensure the centre is accessible by an efficient road network and public transport network.

Many other towns in Shropshire, such as Ludlow and Bridgnorth, have no pharmaceutical services available on a Sunday. Even in such large towns where the population live up to 25 miles from a pharmacy that is open at the weekend, there has been found to be little need for pharmaceutical services on a Sunday and rota arrangements have been stopped. The population of Telford, in contrast have an array of pharmacies available at the weekend within easy reach of all the population of Telford.

Dudley Taylor Pharmacies Ltd has recently acquired the pharmacy contract for Madeley. The pharmacy still trades as Anstice Pharmacy. We have already extended the range of services provided by the pharmacy. We will also continually review our hours of service to ensure it matches local need.

We have indeed recently applied to change our hours of service on a Friday to bring that day in line with the rest of the week. The pharmacy currently closes at 5.30pm but that will shortly be 6.00pm when the application for the change in hours is approved by NHS England.

Conclusion

We believe that access to pharmacy services for the population of South Telford is good and that there would be little demand for additional hours of service. If however the review of services in the South of Telford shows there is any need for additional services to be provided, we would welcome the opportunity of discussing this with the CCG, so that along with the other pharmacy contractors in the area, this need can be met.

Response received from GP Practice (located in south Telford)

I was just making comment on pharmacy provision in South Telford. This is a lot less than other parts of Telford enjoy - nothing after 6pm, Saturday mornings only and nothing on a Sunday. Quite a lot of our patients have no transport of their own and/or are elderly and find it difficult to collect scripts. Here in Madeley access has been improved in week days with the new owners of local pharmacy as they are now open until 6pm - although this can be problematic if we GPs are running late.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9 DECEMBER 2015

CCG QUALITY PREMIUM 2015/16

**TRACEY JONES, DEPUTY EXECUTIVE QUALITY AND ENGAGEMENT,
NHS TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP**

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The purpose of this paper is to inform the Health and Well Being Board of the indicators selected as part of the Quality Premium for 2015/16.

The 'Quality Premium' is intended to financially reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

Guidance relating to the Quality Premium Indicators for 2015/16 was published by NHS England in March 2015 and revised in April and September 2015. The maximum quality premium payable to the CCG is £5 per head of population, calculated using the same methodology as for CCG running costs.

The quality premium, paid to Telford and Wrekin CCG in 2016/17, will reflect the quality of the health services commissioned by the CCG in 2015/16 and will be based on the following measures that cover a combination of national and local priorities.

The national mandated Quality Premium measures are

1. Reducing potential years of lives lost through causes considered amenable to healthcare. Health and Well Being Board are informed this is a continuation of the Quality Premium Indicator in this area for 2014/15. This has a weighting of 10% of the overall value.
2. Improving antibiotic prescribing in primary and secondary care. This had a weighting of 10% of the overall value.
3. Urgent and emergency care indicators. These were selected from a pre-determined menu of measures. CCGs were able to select one, several, or all measures and allocate the proportions of the overall 30 per cent available to be attributed to each measure. The measures selected were

- Reduce Emergency Admissions for causes amenable to healthcare (10% of total premium value)
 - DToC - a reduction in average delayed transfers of care (delayed days) per 100,000 population, attributable to NHS, per month. (10% of total premium value)
 - Seven Day Services – an increase in the proportion of patients discharged on a Saturday, Sunday or English Public Holiday (10% of total premium value)
4. Mental health- This area also had a predetermined set menu of measures worth 30 per cent of the quality premium. The measures selected were
- Mental Illness and Smoking - reducing the number of people with Serious Mental Illness who smoke. (15 % of total premium value)
 - HQoL in Mental Illness - a reduction in the difference between the health related quality of life for people with any long term conditions compared to those with a mental health long term condition (15 % of total premium value)
5. In addition to the National measures , CCG's were required to select two measures based on local priorities such as those identified in joint Health and wellbeing strategies (20 per cent of quality premium -10 per cent for each measure). The measures selected were
- SaToD - a reduction in the number of mothers Smoking at Time of Delivery.
 - Early detection of cancer - an increase in the percentage of new cases of cancer which were diagnosed at stage 1 or 2

The CCG recognises that due to its organisational restructure that this paper is late in being presented to the Health and Well Being Board and that there was missed opportunities to more fully engage with the Board on the selection of optional indicators.

2. RECOMMENDATIONS

That the Board note

- (a) The Quality Premium indicators above submitted to NHS England by NHS Telford and Wrekin Clinical Commissioning Group (CCG).
- (b) The expected impact of these measures as detailed in Section 3 (Impact of Action) of this report.

3. IMPACT OF ACTION

1. Reduction in Potential Years Life Lost (PYLL)

- The impact expected is a reduction in premature mortality. This is an aim which is shared between the NHS and Public Health Frameworks and part of the Health and Well Being Priorities.
- The contribution which can be delivered by the NHS is best measured by Potential Years of life lost (PYLL) from causes considered amenable to healthcare the focus is therefore concentrated on the poorer than average local outcomes for cardiovascular disease, cancer and respiratory disease.
- A PYLL action plan has been developed with the Public Health Team. This Action Plan has been developed based on the priorities identified above as these are likely to make the most significant reduction to PYLLs within the timeframe of the Quality Premium, and as a focus of future work plans.
- The baseline used in Quality Premium Planning was from 2012, when the TW rate was 2615.5. The stated ambition previously agreed between CCG and Health and Well Being Board was to reduce this by 3.2% per annum, giving a target for 2014/15 of 2531.8 and a 2015/16 target of 2450.8.

2. Improved antibiotic prescribing in primary and secondary care

- Improve antibiotic prescribing in primary care.
- Ensure that antibiotics are targeted at people who are most likely to clinically benefit from them.
- Ensure that antibiotics are prescribed in line with local and national guidance.
- CCG already has lower than national antibiotics prescribing target of 11.1%
- There is data available for this indicator which shows that this low of prescribing is continuing in year

Antibiotic QP indicators	Baseline	Target	May 14- Apr 15	Jun 14- May 15	Jul 14 – Jun 15	Aug 14 – Jul 15
Antibiotic items - Items/STAR-PU	1.161	≤1.121	1.158	1.148	1.144	1.101
Co-amoxiclav, cephalosporins and quinolones as a % of selected antibiotics	7.7%	≤11.1%	7.9%	7.9%	7.8%	7.6%

3. Urgent and Emergency Care

a) Reduce Emergency Admissions for causes amenable to healthcare

- Successful achievement of this target requires a reduction or zero % change in the annualised trended change in indirectly standardised rate of emergency admissions
- The aim of this target is to improve the management of long-term conditions so patients are cared for within their familiar environments and prevent unnecessary hospital admissions. This requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and enablement after acute illness.
- Locally there are programmes of work to further integrate local authority, Shropshire Community Health Trust and Acute Hospital staff to deliver approaches which support this aim.
- This aligns with the Health and Well Being Board priority of supporting people to live independently.

b) Reduce Delayed Transfers of Care

- This target a reduction in average delayed transfers of care (delayed days) per 100,000 population, attributable to NHS, per month.
- The impact of this target should be experienced across the Urgent Care system with more timely discharges and availability of beds.
- There are joint schemes of work across all Health and Social care partners and the available data (until end of August) shows an impact has occurred.



c) Seven Day Services

- The target is to increase the proportion of patients discharged on a Saturday, Sunday or English Public Holiday by at least 0.5% points higher in 2015/16 than in 2014/15; OR (b) greater than 30% in 2015/16.

- The impact is expected to support the principles of reducing DToC i.e patients who are ready for discharge are discharged regardless of day of week
- Having a lower number of patients discharged at weekends and bank holidays can be an indicator that patients who are otherwise ready for discharge are inappropriately remaining in hospital. It is an indicator of the availability of seven day services to support discharge.

4. Mental Health Measures

a) Mental Illness and Smoking –

- This measure will be achieved through a reduction in the percentage of people who are current smokers out of all people with Serious Mental Illness as identified through GP data April 2015 and April 2016.
- Smoking is the most important cause of preventable ill health and premature death in the UK. It has been reported that deaths from smoking-related diseases are twice as high among people with schizophrenia
- The CCG is working with its Mental Health Trust Provider to ensure physical assessment of cardio-vascular needs of patients including smoking status and onwards referral to smoking cessation services.

b) HQoL in Mental Illness –

- This measure will be achieved through a reduction in the difference between the health related quality of life for people with any long term conditions compared to those with a mental health long term condition.
- Data to measure this will be a comparison of answers in the GP Patient Survey.
- The current CCG redesign programme will seek to address the issues of parity of esteem between these two patient groups.

8. Local Measures

a) SaToD – Smoking at Time of Delivery

- This local measure aims to reduce the number of mothers smoking at time of delivery (SaToD) to less than 1 in 5.
- The impact of decreasing the number of mothers who smoke will be beneficial to both the mother and the child's health.
- This measure has been carried over from 2013/14 and 2014/15, as it was not achieved in those years however it has been achieved in Q1.

b) Early detection of cancer –

- This measure aims to increase the percentage of new cases of cancer which were diagnosed at stage 1 or 2 for these specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin.
- The expected impact of earlier detection would be increased survival rates.
- It is acknowledged that this is a challenging measure and whilst not expected to deliver in year, the CCG have included it to support the principles of increasing attendance at cancer screening, be clear on cancer campaigns and the wider cancer pathway redesign programmes as part of the CCG refreshed priorities.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improve emotional health and wellbeing Reduce the number of people who smoke Improve life expectancy and reduce health inequalities Support people to live independently</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes/No	
	Will the proposals impact on specific groups of people?	
	Yes	<i>The Quality premium indicators seek to address inequalities and as such they are positively targeted at specific group's e.g. individuals with severe mental illness or pregnant mothers</i>
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<i>The maximum quality premium payable to the CCG is £5 per head of population, calculated using the same methodology as for CCG running costs. If the CCG achieved all indicators, the total the quality premium is worth approximately £857k. Additional information re caveats for this payment and % reductions are provided in Section B</i>
LEGAL ISSUES	No	<i>None</i>
EQUALITY & DIVERSITY	Yes	<i>The projects that support the targeted programmes are tasked with ensuring the appropriate equality and diversity impacts as per CCG Policy.</i>
IMPACT ON SPECIFIC WARDS	No	<i>Borough-wide impact</i>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<i>Shared with the Health Round Table</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<i>None to note</i>

PART B) – ADDITIONAL INFORMATION

1. Limitations to Quality Premium Payments

The Guidance states that a CCG will not receive a quality premium if it:

- a) Is not considered to have operated in a manner that is consistent with Managing Public Money during 2015/16; or
- b) ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
- c) incurs a qualified audit report in respect of 2015/16.

And that NHS England also reserves the right not to make any payment where there is a serious quality failure during 2015/16.

The total quality premium payment earned via achievement of indicators will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients as shown below.

NHS Constitution requirement	Reduction to Overall Payment
1. Maximum 18 weeks from referral to treatment	30%
2. Maximum four hour waits in A&E departments-95% standard	30%
3. Maximum 14 day wait from an urgent GP referral for suspected cancer- 93% standard	20%
4. Maximum 8 minutes responses for Category A (Red 1) ambulance calls- 75% standard	20%

The payment can only be used according to regulations to improve quality of care or health outcomes and/or reduce health inequalities and an explanation of how it was spent published

In 2014/15, 4 of the 6 quality premium (QP) targets were met, making TWCCG eligible for up to £3 per head. However, failure against Constitution targets such as 18-week RTT and 4-hour A&E has made payment less likely. We are currently awaiting notification from NHS England as the formula for payment remains unclear.

Early predictions for 2015/16 indicators that are most likely to meet the agreed targets are:

- Potential Years of Life Lost (PYLL) from causes amenable to healthcare
- Improved antibiotic prescribing in primary and secondary care

- Delayed Transfers of Care attributed to NHS care
- Mothers Smoking at Time of Delivery

These indicators are worth a total of 40% of the premium.

The CCG commitment to pursue the measures in the Quality Premium is not financially based. It is the commitment that these measures bring improvements to patient care that underpin the programmes of work.

2 BACKGROUND PAPERS

<https://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf>

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