



**Telford & Wrekin**  
**C O U N C I L**

**Addenbrooke House Ironmasters Way Telford TF3 4NT**

## **HEALTH AND WELLBEING BOARD**

<b>Date</b>	<b>Wednesday, 8 March 2017</b>	<b>Time 2.00pm</b>
<b>Venue</b>	<b>Meeting Room G3/G4, Ground Floor, Addenbrooke House, Telford TF3 4NT</b>	

### **Enquiries Regarding this Agenda:**

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### **Committee Membership:**

Cllr R A Overton ( <b>Chairman</b> )	Cabinet Member – Housing, Public Health & Protection, TWC
Dr J Leahy ( <b>Vice-Chairman</b> )	Chair, Telford & Wrekin CCG
Cllr K Tomlinson	Lib Dem / Independent Group
Cllr E A Clare	Cabinet Member – Leisure Services & Culture, TWC
J Chaplin	Healthwatch
Cllr A R H England	Cabinet Member – Adult Social Care, TWC
D Evans	Chief Operating Officer, Telford & Wrekin CCG
C Jones	Director: Children’s & Adult Services, TWC
L Noakes	Director of Public Health, TWC
Cllr J M Seymour	Conservative Group, TWC
T Harding	Community Safety Partnership
Cllr P R Watling	Cabinet Member – Children, Young People & Families
R Woods	NHS England (North Midlands – Shropshire & Staffordshire)

## **AGENDA**

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2.	<b>Declarations of Interest</b>	
3.	<b>Minutes</b> To confirm the minutes of the meeting of the Health and Wellbeing Board held on 7 December 2016.	Appendix A 3
4.	<b>Public Speaking</b> <b><u>Strategic</u></b>	

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| 5.                        | <b>Sustainability and Transformation Plan – Progress Report</b><br>To receive the report from David Evans, Accountable Officer, Telford & Wrekin CCG  | Appendix B | 12  |
| 6.                        | <b>Commissioning Priorities 2017/ 2018</b><br>To receive a joint report from Jonathan Eatough, Assistant Director – Legal, Procurement and Commissioning; Liz Noakes, Assistant Director – Health and Wellbeing, Statutory Director of Public Health; Anna Hammond, Deputy Executive Lead, Telford and Wrekin CCG | Appendix C | 15  |
| 7.                        | <b>Draft Telford &amp; Wrekin Cycling and Walking Strategy</b><br>To receive a report from Liz Noakes, Assistant Director – Health and Wellbeing, Statutory Director of Public Health   | Appendix D | 25  |
| 8.                        | <b>Annual Public Health Report 2016/17: our communities at the heart of improving wellbeing</b><br>To receive a report from Liz Noakes, Assistant Director – Health and Wellbeing, Statutory Director of Public Health  | Appendix E | 97  |
| 9.                        | <b>Review of the Terms of Reference and Membership of the Health and Wellbeing Board</b><br>To receive a report from Liz Noakes, Assistant Director - Health and Wellbeing, Statutory Director of Public Health   | Appendix F | 157 |
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| 10.                       | <b>Priority Work Stream: Toxic Trio Scope</b><br>To receive a report from Liz Noakes, Assistant Director - Health and Wellbeing, Statutory Director of Public Health  | Appendix G | 166 |

**For Information**

**None**

## HEALTH AND WELLBEING BOARD

### Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 7 December 2016, at 2pm, Meeting room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

#### Present:

Councillor R A Overton - Cabinet Member for Housing, Leisure & Health TWC (**Chairman**), S Ali –Interim Director T&W CCG, J Chaplin - Healthwatch, T Harding – Community Safety Partnership, Dr J Leahy – Chair of T&W CCG (**Vice Chairman**), Councillor J M Seymour - Conservative Group TWC, C Jones – Director of Children’s & Adult Services TWC, L Noakes - Director of Public Health TWC.

#### **HWB-27      Apologies for Absence**

Councillor E A Clare - Cabinet Member for Culture, Sports, Parks & Green Spaces TWC, Councillor A R H England - Cabinet Member for Adult Social Care & Older People TWC, D Evans – Chief Operating Officer T&W CCG, Councillor K L Tomlinson – Lib Dem Group TWC, Councillor P R Watling – Cabinet Member for Children, Young People and Communities and R Woods – NHS England (North Midlands – Shropshire & Staffordshire).

#### **HWB-28      Declarations of Interest**

None declared

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#### **HWB-29      Minutes**

**Resolved** – that the minutes of the meeting of the Health and Wellbeing Board held on 7 September 2016 be confirmed and signed by the Chairman.

#### **HWB-30      Public Speaking**

No members of the public had registered to speak.

#### **HWB- 31      SUSTAINABILITY & TRANSFORMATION PLAN (STP)**

The Board received the report from David Evans, which was delivered by the Interim Director Salma Ali. It was noted that the STP for Shropshire, Telford and Wrekin had been submitted to NHS England on 21 October 2016 after a request for more granularity following earlier submission in June. Since then high level feedback had been received that NHS England was not satisfied with the current iteration although governance was good and made a number of recommendations including the further development of the Neighbourhood plans and at an accelerated pace.

The neighbourhood structure would be used as a basis for providing health and care services for people who needed professional help but for whom hospital was not necessary. The starting point for the STP was fifteen neighbourhoods across Shropshire in which GPs,

social care, community nurses and therapists, community mental health workers and learning disability practitioners would increasingly work together as a single team to provide a consistent range of services at a local level. For patients who needed hospital care, for emergencies or planned surgery/ treatments the STP proposed two centres of expertise, one specialising in emergency care and the other in routine surgery or planned care.

An outline of the components of the local Neighbourhood work was appended to the report. Three Neighbourhoods covering Telford had been identified, based around General Practices with a number of practices still to be formally linked together, which would bring together health and care services and physical and mental health. Pilot sites would be established in the South Telford and Newport Neighbourhoods.

It was noted that the appropriate level of attention had not been given to this area as it had done with the acute hospital services. The Board expressed their concern about the apparent lack of communication to service users about Neighbourhood plans; it was felt that this should have been a priority from the start. The Board noted that it was important to ensure the proposed changes were explained carefully and comprehensively to local people; that involving them in the design of the new services would be crucial to their success.

The CCG recognised that there needed to be more of a balance between neighbourhood and hospital reconfiguration; that the reason for the focus on acute services was due to concerns being raised initially by the Hospital Trust which is where work started, whereas data on community services and primary care was more difficult to pull together and had taken longer to collate. In terms of financial methodology, it was felt that financial assumptions had also been focussed on acute reconfiguration and that this was not helpful to prevention and Neighbourhood streams. The STP partnership meeting was due to take place shortly, where the balance of the programme would be reassessed. It was also noted that although Powys was part of Neighbourhood working it was not represented on the STP Board. The Board requested that the Minutes be circulated following the meeting of the STP partnership meeting.

The governance arrangements for the STP programme had been set out in Appendix 2 to the report and at Appendix 3, a Compact of Agreement between all the organisations involved had been drawn up by the Partnership Board for consideration by all boards. The STP would continue to be developed over forthcoming months and public consultation was anticipated on FFP in December. A communications strategy had been developed to explain the STP and its relationship with FFP to external and internal audiences.

A question was raised about the STP Compact and whether this had been endorsed by the Partnership, which was a necessary step before the HWB could endorse it. The Board noted the Compact contained some over-statements, that although aspirational, it was unrealistic to aim to be 'the healthiest population on the planet'. The Board suggested that the Compact needed to go back to the STP Partnership before being presented for endorsement to HWB. The recommendation was amended to this effect.

The Board acknowledged that the health and care community faced significant financial challenges. The CCG reported that plans to reconfigure current expenditure to enable a financially sustainable position to be reached were still under discussion.

An update on the Future Fit Programme (FFP) formed part of the report. The Board noted that the outcome of the financial and non-financial appraisal had been submitted to the Programme Board on 5 October but the decision-making on a preferred option had been deferred by the Programme Board and CCG Boards for a month in order to give the Programme the opportunity to respond to concerns raised by TWC about the options appraisal process.

The Board noted that NHS reconfiguration programmes were subject to assurance and approval by NHS England before entering into a public consultation process. The pre-consultation business case would make the case for changing acute hospital services in Shropshire and Telford & Wrekin. The business case would also outline how the proposals would meet the four mandated Department of Health (DH) tests for service reconfiguration and the affordability in capital and revenue terms. The report of the Clinical Senate following its independent clinical review would also form part of the business case submission to NHSE as part of the Stage 2 Assurance process. The business case would be presented to the CCG Boards prior to resubmission to NHSE.

**RESOLVED – that:**

- a) the current position with respect to the STP and Future Fit Programme be noted;
- b) the STP Compact could not be endorsed at this time.

**HWB- 32      DEMENTIA STRATEGY FOR TELFORD & WREKIN**

The Board received the report from Laura Thorogood and Francis Sutherland that provided an update on the development of the dementia strategy and the process to develop a vision for people living with dementia and their carers. The Board noted that the Strategy described present services together with benchmarking against other areas; details about the support provided including spend; the future needs and the gaps; the work streams set up to ensure delivery of the vision.

The Board noted the focus of the delivery of the Dementia Strategy and Action Plan as:

- Improved public awareness of memory problems and addressing stigma to increase numbers of people visiting their GP, as the gateway for a diagnosis.
- Improved professional awareness of dementia to develop early identification of memory problems and ensure seamless transfer to appropriate services for a timely diagnosis, ensuring access to care and support services, as early as possible.
- Improved professional training and awareness to improve quality of care to identify and diagnose people with dementia in the early stages of the disease to prevent crisis and the subsequent need for intensive services.
- Improved consistency and quality of end of life care to improve people's experience of health and social care services.

It was reported that five work streams, subgroups of the Health Economy Dementia Steering Group (HEDSG), had been set up to take forward the work of the footprint. Each was led by either a person living with dementia, third sector or commissioner. HEDSG would monitor the work and feedback to HWB.

The Board noted the previous joint strategy between TWC and T&W CCG 2009 -2013 had achieved significant changes in the landscape to support people living with dementia (PLWD) and their carers. The Dementia Strategy 2016-2019 was appended to the report and outlined the aims to be achieved by 2020. It was proposed that the Kings Fund 'House of Care' model had been adapted to create the T&W House of Care which was a whole system approach that put individuals at the centre of care. The Board was assured that the ethos and principles that underpinned the model would help to address many issues and mirrored what service users and professionals had said.

The Board acknowledged the current landscape where the older population was increasing at a greater rate and the resilience and requisite skills that would need to be built into the service to support this. It was noted that prevention and early intervention services would be needed and the impact of caring on carers mental health and stress levels would need to be considered.

The Board noted the work being done and Members were pleased that an additional Admiral Nurse had been employed, however, it was highlighted that it would be essential for service offers to be clear, otherwise this could lead to possible inequity in the provision of services across the borough. It was noted that a lot of the work would be developed within STP Neighbourhoods, that linkages/ communications between teams, GPs, Neighbourhood workers and specialists were key, together with the development of comprehensive models such as diagnosis and memory services. It was also noted that a Community Hub was in development which would be somewhere for people to receive support in a crisis.

A question was raised about measuring the effectiveness of the strategy and plans. It was confirmed that feedback would be sought from service users and families. It was also highlighted that the CQC inspection (2016) highlighted the local memory service as outstanding taking into consideration safety, caring, effective, responsive and well led. The only issue that had been raised was the high caseload of the home treatment team in Telford. It was reported that the diagnosis rate for Telford and Wrekin was at 63.7% but the target was 66.9% to be achieved by April 2017.

A question was put forward to the Director of Children's and Adult Services about the Council's role in dementia services and whether sufficient support could be provided. A new approach had been adopted for the early help offer; work was being done with patients and families to look at the strengths of family and community support, in order to identify where residential care could be provided later in the process so that patients could stay in their homes for longer and live as independently as possible with domiciliary care provision. New assistive technology was also being invested in, which relied on contributions from the Better Care Fund and the CCG through capital funds linking with STP Neighbourhood work.

**RESOLVED – that**

- a) the update and progress of the development of the Dementia Strategy since receipt of the last Board Report in January 2015 be noted;
- b) constant development be recognised and the strategy be updated with a 'live' Action Plan to include work activity in relation to prevention and Neighbourhood working.

## **HWB- 33 HEALTH & WELLBEING BOARD PROPOSED PRIORITY WORK STREAMS**

The Board received the report from Liz Noakes about the proposal to refocus the work of the HWB on three key priority work streams in order to drive delivery against the Health and Wellbeing strategy in areas where progress has not been as significant as anticipated.

The Board noted that the previous report in June 2016 had outlined an approach to delivering the HWB Strategy and its associated priorities together with a work programme to deliver the strategy. The HWB Strategy Delivery Group had since reviewed the work programme and agreed it reflected work already planned by Commissioning and Transformation Partnerships (CATP) but did not necessarily demonstrate the impact of the Board in driving the priorities. Therefore, it was recommended that cross-cutting work streams be considered that could not be allocated to one CATP to deliver alone to ensure that work would be driven, joined-up, and effective across the local health and social care economy.

The proposed priority workstreams, rationale and reporting timescales had been identified for the Board's approval:

- Excess weight – linked to 'Encouraging Healthier Lifestyles' priority
- Toxic trio (domestic abuse, drug misuse and alcohol misuse and poor mental health) – linked to 'Improve Mental Wellbeing and Mental Health' and 'Encouraging Healthier Lifestyles' priorities. Members of the Board expressed the importance of this issue and were pleased that this had been recognised as a priority.
- Community resilience, the public narrative – linked to 'Strengthen our Communities and Community Based Support' priority.

The Board was assured that progress would be reported following work on scoping the work streams and key deliverables; CATPs would continue to deliver against their own work programmes and would report as planned to the HWB on an annual basis. Progress against the Mental Health Strategy and Action Plan would also continue to be reported to the Board on an annual basis.

### **Resolved – that:**

- a) the proposed priority work streams for:
  - **Developing community resilience: shaping the public narrative**
  - **Whole-systems approach to tackling excess weight**

- **Collaborative approach to reducing harm caused by the “toxic trio” (domestic abuse, alcohol and drug misuse and mental health) be approved; and**

**b) the proposed reporting timescales and next steps highlighted at section 1.2 and 1.4 of the report be approved.**

## **HWB-34 PRIORITY UPDATE: ENCOURAGING HEALTH LIFESTYLES**

The Board received the presentation from Louise Mills which provided information about the whole-systems approach being taken to tackling excess weight. The Board noted it was necessary to:

- develop a shared understanding of the local excess weight issue
- identify and agree opportunities to provide systems leadership to secure collaboration in an area where despite efforts, progress remained limited
- focus on practical actions that made a real difference and for actions to be taken forwards by HWB, partners, officers, teams and communities
- ensure ownership of the issues and the role required.

The Board considered the services that were working well in T&W which included:

- personalised advice and support
- support for the under 5's – Healthy Mums, Healthy Start, breastfeeding, parenting programmes, midwifery and health visiting
- schools delivering activities to support healthy eating and lifestyle choices (school meals and the sport premium)
- good quality leisure provision and green space,
- active travel initiatives & walking and cycling strategy,
- MECC training and signposting

The Board was provided with comparison data on the gap in prevalence of underweight, healthy weight, overweight and obese in T&W and England in 2015/16, which demonstrated the scale of the challenge. The number of children in Reception Year of healthy weight was 1481, in Year Six it was 1,136. In Reception Year 287 children were overweight, 225 were obese; in Year Six 315 children were overweight, 406 were obese. In 2013-2015 the estimated numbers of adults with healthy weight was 27,700, overweight was 54,500 and obese was 42,400. The Board noted that there was already an understanding of local prevalence of overweight and obesity; that obesity did not affect all groups equally; it was more common among people from more deprived areas, older age groups, some black and minority ethnic groups and people with disabilities.

The Board approved the next steps which included greater analysis to identify the priority groups that caused increased costs and further work would be done to gain an understanding of why Telford and Wrekin was amongst the worse areas in the country for obesity. It was proposed that this would include exploring the relationship between obesity and deprivation, educational attainment and additional contributing factors (prevalence of fast food outlets) and comparison with other authorities.

Current partnerships leading the work included

- Early Help Partnership Board
- County Sports Partnership
- School Sport Partnership
- Neighbourhood working (STP) – prevention at scale

The Board was assured that the opportunities outlined in the report would influence activity; supporting early years, working with health partners and through commissioning. It was noted that reaching primary age children was essential but that educating the children alone was not enough, therefore the initiatives to influence parents were welcomed but it was still necessary for the schools to be accountable. The workforce was well resourced for this work and a time limited task force will be assembled. Public messaging and narrative on obesity had to be carefully considered. The Chair of HWB agreed to attend the working group.

### **HWB-35 EARLY HELP UPDATE REPORT**

The Board received the report from Liz Noakes which summarised the progress towards implementing the Early Help strategy and priorities. The Board was reminded that the Early Help strategy set out the programme of work that would be undertaken locally by the partnership (overseen by the Early Help Partnership Board) to provide early help to children and their families. The current strategy was due to be refreshed and updated to reflect the new priorities and to articulate the steps the Early Help Partnership Board would take to support the development of other public sector universal services, the voluntary sector and communities to deliver early help and preventative services.

Performance against outcomes was routinely monitored by the Early Help Partnership Board and the last six months performance was summarised in the main report.

- The Board noted the significant progress in commissioning the Emotional Health and Wellbeing Service for children and young people. The service specification had been informed by comprehensive engagement activities, consideration of local insights and comparison of local to national insights. The Joint Health Overview and Scrutiny Committee had approved the engagement and communication strategy. An update for partners on progress would be available in January 2017 aligned with the procurement timescales and the formal decision making process.
- Funding has been secured from NHS England to develop the Telford and Wrekin Future in Mind (Tackling Wellbeing) Programme - a school led multi-agency programme of training and development for emotional health and wellbeing. It was reported that the programme of work had been highlighted by NHS England for its innovation in engaging the education sector. It was due to be extended early next year to include additional partners including GP's and the voluntary sector.
- Additional resources had been secured from Transformation funding to appoint a mental health practitioner to work across TCAT and New College to align with the new Emotional health and wellbeing service due to launch in May 2017.

- A number of service developments to respond to the unmet needs of parents had been identified by the Board previously. Progress included production of an on-line Parenting Handbook and commissioning of a voluntary led parental befriending service that had provided support to 60 families since October 2015.
- Additional support for parents of children aged 0-2 years had been provided through 23 health professionals across health visiting and midwifery.
- During July, the partnership received notification of a successful Big Lottery Fund bid to further develop the HENRY Parenting Project. Telford and Wrekin Council was one of three partners to work with the national organisation HENRY over the next 4 years. The project was expected to provide training to 140 volunteers and had a target to retain 48 as active volunteers. The first volunteer cohort had been trained to provide support to families from January 2017. It was expected that 260 families would receive support through the project.
- A particular success had been the work undertaken by the Health Visitors working with Children Centre teams and Early Years Consultants to better coordinate the 2 year progress review (Review@2). This had demonstrated added value in joint training, working in a different way and improved data sharing, which would be embedded into all early years' settings over the next academic year.

It was reported that current contractual arrangements for the provision of Family Nurse Partnership, Health Visiting and School Nursing Services were due to end on the 31st August 2017. The Board noted that a programme of consultation and engagement activities was underway, led by public health as the lead commissioner.

The vision for the newly designed Early Help and Support Service was outlined. It would become an all age service working alongside other partners and community members completely immersed in communities supporting adults, children and families. The primary purpose of the service was to reduce demand on statutory higher tier more expensive services such as social care by targeting support to our most complex families whilst strengthening early help prevention working arrangements to ensure individuals are supported to get the "Right Help at the Right Time" to live active healthy independent lifestyles by utilising their own networks and community assets. The Board noted that restructuring was underway and acknowledged that a better offer of support was envisaged, which would add value through the collaboration of TWC and community/voluntary groups who were enthusiastic about providing services in the community.

**RESOLVED – that**

- a) the progress made by Early Help Partnership organisations towards improving outcomes for children and families be recognised; and
- b) it be noted that the Early Help Strategy will be updated to reflect the new priorities of the board.

The meeting ended at 3.47pm

**Chairman:** .....

**Date:** .....

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**8 MARCH 2017**

**SUSTAINABILITY AND TRANSFORMATION PLAN – PROGRESS REPORT**

**REPORT OF: DAVID EVANS, ACCOUNTABLE OFFICER, TELFORD & WREKIN CCG**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

- 1.1. Following the previous submission of the STP in October 16, a refreshed plan was submitted to NHS England and NHS Improvement on 31<sup>st</sup> January 17.
- 1.2. The feedback from NHSE and NHSI recognised the considerable work undertaken since the previous submission and this had resulted in improvement of the overall plan.
- 1.3. The feedback further recognised the partnership work that had taken place and emphasised the need for on- going collaboration.

**2. RECOMMENDATIONS**

The Board is asked to note progress to date on developing the Sustainability and Transformation Plan (STP)

**3. IMPACT OF ACTION**

The aim of the STP is develop a transformed system of care that is high quality, financially sustainable, and efficient and delivers on national standards all the time. Central to this will be our ability to build resilience and social capital into people’s environment so they have the knowledge and skills to help themselves to live healthier and happier lives.

**4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	No	
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	No	
	Will the proposals impact on specific groups of people?	
	No	
<b>TARGET</b>	There are no requirements to submit a further narrative	

<b>COMPLETION/DELIVERY DATE</b>	plan; however the resource section needs to be submitted once the current update has been finalised.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	The final version of the STP will include reference to the financial position of local authorities. It will be important that both the NHS and local authorities understand and negotiate the impact of their actions on each other.
<b>LEGAL ISSUES</b>	No	
<b>EQUALITY &amp; DIVERSITY</b>	Yes	The STP will reference on number of specific groups such as the elderly and people with mental health problems or a learning disability.
<b>IMPACT ON SPECIFIC WARDS</b>	No	
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	There has already been significant public involvement in the development of plans to reconfigure hospital services between Shrewsbury and Telford. A formal consultation will take place on this later in the year.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

1. The latest iteration of the STP was submitted to NHS England and NHS Improvement on 31<sup>st</sup> January 2017 for a joint review. The principle points of feedback were:
  - It was evident that a considerable amount of work had been undertaken to progress the plan since the previous version in October 16 and this had resulted in improved quality of the overall plan.
  - The Executive Summary and Vision sections provided a strong context for the plans included within the STP.
  - The Neighbourhood plans were more developed in terms of narrative, and it was helpful to see inclusion of Powys. Key performance indicators (KPI), whilst identified, need to be more specific.
  - The Prevention at Scale and Primary Care sections would benefit from inclusion of more clearly defined outcomes and associated delivery dates.
  - Strengthening capacity and leadership to enable transformation was crucial and should be seen as a priority. It was noted that the PMO was evolving with interim additional capacity in place to oversee the implementation of STP plans. It was also recognised that the recruitment process was underway for the substantive programme Director and the additional Communications support was in place.
  - The considerable challenges in terms of sustaining services whilst transformation takes place in the system were also acknowledged in reaching an agreed way forward for the acute reconfiguration programme and achieving financial balance across the system. It was therefore all the more important that the STP Partnership

Board worked collaboratively and transparently to progress development and implementation of the STP.

- No further updates of the overall STP plan were required; however, there was a need to submit the updated resources section of the STP which was in the process of being finalised.
- The latest version of the STP will be published in the next few days as a work in progress with a commitment to update the plan on an on-going basis as appropriate.

2. The priorities for the Shropshire, Telford and Wrekin STP are:

- To address the wider determinants of health by undertaking prevention at scale;
- To develop and implement a model for Neighbourhood working;
- To create a co-ordinated system of acute care to improve Quality and Sustainability of services. This referred primarily to the Future Fit programme;
- To build on existing collaborations of care such as the Transforming care Partnership for Mental health and Learning Disability services; and
- To make best use of our resources.

3. Good progress has been made in developing the Neighbourhood models of care for Telford and Wrekin and for Shropshire. These programmes are led by the respective local authorities. The two programmes are different (reflecting their different histories and local circumstances) but have the following common elements:

- A focus on community resilience – which aims to support local people to stay healthy and which is independent of the main statutory agencies;
- Local health promotion initiatives;
- Joint working with the local voluntary sector;
- GP practices increasingly working together and becoming the building blocks for community based teams;
- Care services and community services working with General Practice to provide a consistent level of non-hospital based services;
- The identification of some services that, for reasons of scale, would need to be available across a number groupings of practices; and
- Secondary care clinicians providing support to out of hospital services.

4. The Neighbourhood workstreams have assumed responsibility for work previously undertaken by the Community Fit and Rural Urgent Care groups. Future Fit has continued to refer to the acute reconfiguration project and become part of the overall STP governance structure.

5. Further work on the Deficit Reduction Plan is being undertaken and will be available shortly.

6. Work has been commissioned to review orthopaedic and musculo-skeletal services to ensure that these are as efficient and well organised as possible.

7. Communication leads are developing an ongoing narrative and slide deck to help explain the STP to both internal and external audiences.

**Report prepared by Salma Ali, Interim Programme Director – STP.**

## **TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**8 MARCH 2017**

### **COMMISSIONING PRIORITIES 2017/2018**

**REPORT OF – JONATHAN EATOUGH, ASSISTANT DIRECTOR: LEGAL, PROCUREMENT & COMMISSIONING; LIZ NOAKES, ASSISTANT DIRECTOR, HEALTH AND WELLBEING, ANNA HAMMOND, CCG DEPUTY EXECUTIVE LEAD**

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

- 1.1.** This report provides the Board with the 2017/18 commissioning intentions for the Council and CCG. The purpose of the report is to describe how commissioning programmes for both the Council and the CCG support an integrated approach to the delivery of the Health & Wellbeing Strategy priorities.
- 1.2.** The commissioning priorities also contribute to local delivery of neighbourhood plans as part of the wider Sustainability and Transformation Plan with a particular focus on supporting people to be healthy, increasing patient self care, developing resilient communities and strengthening community based support.

#### **2. RECOMMENDATIONS**

The Board is asked to support the commissioning intentions for the CCG and the Council that will better support integrated delivery of cross-cutting priorities of the Health and Wellbeing Strategy.

#### **3. IMPACT OF ACTION**

It is intended that these commissioning programmes of work will contribute to improve health & wellbeing outcomes within the borough. Each area of work has a specific set of outcomes that are monitored through commissioning processes.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	<i>Do these proposals contribute to a specific HWB Priority?</i>	
	Yes	Commissioning intentions contribute to all of the Health and Wellbeing priorities.
	<i>Will the proposals impact on specific groups of people?</i>	
	Yes	<p>The commissioning intentions for public health are focussed on reducing health inequalities and improving health and wellbeing at a population level.</p> <p>Commissioning intentions for universal, whole population and support for families, vulnerable children, young people and adults will improve outcomes for target populations and will include provision for:</p> <ul style="list-style-type: none"> <li>• Disabled children and adults</li> <li>• Children in Care</li> <li>• Care Leavers</li> <li>• Offenders (and those at risk of offending)</li> <li>• Young and older carers</li> <li>• Older People, including those with dementia and long term conditions.</li> <li>• Children, young people and adults with: <ul style="list-style-type: none"> <li>○ mental health problems</li> <li>○ autism</li> <li>○ learning disability</li> <li>○ physical disability</li> </ul> </li> <li>• Children and families in need</li> </ul>
<b>TARGET COMPLETION/DELIVERY DATE</b>	Commissioning intentions for 2017/18	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The Commissioning intentions set out in this report will contribute to delivering the requirements of the Care Act, will be shaped around the requirements of the Better Care Fund, the requirements of the Public Health grant, meeting the Council's Budget Strategy, and facilitating reablement and prevention. The individual work tasks will be governed by the relevant provisions of the Council's constitution and the financial impacts of for instance the</p>

		<p>process of tendered contracts will be considered as part of the award process.</p> <p>The delivery of this strategy and the detailed work programmes will need to be considered against the context of reducing resources. The Public Health grant received by the Council has been cut by around 10% since 2015/16 with a further At the same time the Council is receiving less Revenue Support Grant(reduced by 25.9% in 2017/18) from the Government and has continued to work on identifying savings, these have totalled £96m since 2009/10 with a further £14m expected to be delivered in 2017/18 and an estimate that they will be required to identify a further £15-20m in the following 2 years.</p> <p>The detailed work programmes, (as far as they are resourced from Council budgets) to support the delivery of this strategy will be need to be met from resources allocated in line with the Council's budget strategy and where appropriate this will be reported as part of future reports to this Board.</p> <p style="text-align: right;"><i>R.P 27.2.17</i></p>
<b>LEGAL ISSUES</b>	Yes	<p>The Health and Wellbeing Board's involvement with the Council's Commissioning intentions, in the work areas set out in this report, contribute to meeting the Board's duties as set out in the Council's Constitution such as; encouraging integrated working between local health, social care and health-related commissioners.</p> <p>Beyond these strategic plans, the procurement/commissioning procedure will be in accordance with EU procurement rules (where required) and with the Council's agreed procedures under its Constitution and will follow existing delegation of powers to tender for and award the resulting contracts.</p>

<b>EQUALITY &amp; DIVERSITY</b>	Yes	Joint Strategic Needs Assessment intelligence informs local authority commissioning intentions to ensure resources are targeted appropriately to improve health and wellbeing and reduce inequalities.
<b>IMPACT ON SPECIFIC WARDS</b>	No	See above.
<b>PATIENTS &amp;/OR PUBLIC ENGAGEMENT</b>	Yes	Consultation and involvement with service users, carers and the care and support sector in the design and evaluation of services and contracts is a key feature of our commissioning process, including: strategy development, service reviews and procurement plans.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	Strong collaboration working with NHS commissioners in the CCG and NHS England is essential to delivering progress against the Health & Wellbeing strategy priorities.

## **PART B) – ADDITIONAL INFORMATION**

### **5. INFORMATION**

**5.1.** This report provides evidence of how commissioners are working together to deliver improved outcomes, in line with the Board's duties to encourage collaborative commissioning and integrated working. This collaboration includes joint working between the CCG and Council and other partners, for example on the criminal justice agenda.

**5.2.** The report describes the progress and key achievements delivered since the last report in March 2016, across the three Health & Wellbeing Strategy priorities. Our commissioning intentions and commitments for 2017/2018 that will contribute to the priorities are then summarised.

#### **5.3. Key Achievements in 2016/17**

##### **5.3.1. Encourage healthier lifestyles**

- Successful launch of the Telford Town Centre based integrated sexual health clinic hub at Bishton Court, with outreach clinics in Wellington, Newport, TCAT and New College. This has greatly improved access to sexual health services, especially for young people. The service improvement work has been strongly focussed on the CSE prevention agenda.

- Further implementation of the Smoke Free Action Plan including:
  - maintaining smoking quit rates above the national average through our stop smoking services despite, the falling demand due to e-cig use
  - collaborative work with maternity services which is reducing smoking in pregnancy rates
  - successful adoption of smoke free homes and cars messages by front line staff, through MECC training
  - smoke free homes promotion and the first official Council Smoke Free event held - drive in movie in May 2016
  
- Continued to advise and support NHS colleagues on the prevention agenda, including:
  - collaborative work on care pathways e.g. for people with diabetes
  - awareness raising campaigns on risk factors for cancer for staff, the public and supporting education for GPs and practice nurses
  - producing best practice toolkit to support SaTH to become smoke free and streamlining of referral process for hospital patients into stop smoking services
  
- Successful launch of Work Well; a coordinated network of 50 plus organisations interested in workplace wellbeing as part of their corporate social responsibility, including the development of an evidence-based toolkit designed to provide local businesses in Telford with the tools to design their own workplace wellbeing programme
  
- Coordination and delivery of Health and Wellbeing MECC (Making Every Contact Count) training to over 300 practitioners from the council, voluntary & community sector to support their delivery of health and wellbeing messages
  
- Continued delivery of the Healthy Lifestyles Hub service including provision of community based support, improved engagement with primary care and programme developments to better support adults with long term conditions and mental health conditions
  
- Development of the Healthy Telford Network to develop our wider public health workforce to cascade healthy lifestyles and prevention messages
  
- Successful implementation of a joint grant framework (Right Help, Time, Place) to provide flexible care and support

### **5.3.2. Improve mental wellbeing and mental health**

- Successful launch of the Future in Mind Programme recruiting 100 lead professionals across education, health visiting and school nursing services to cascade emotional health and wellbeing training within their own settings
- Collaborative commissioning between the council and CCG to procure a new Emotional Health and Wellbeing Service for children and young people
- Engagement with key stakeholders to develop a local Suicide Action Plan.
- Working with the voluntary sector we have jointly commissioned Adult Mental Health provision of a Mental Health Hub to provide early intervention and to prevent escalation of issues. The aim of this service is to support adults within the community setting to avoid crisis escalating by having access to 'Hub' provision and support. In addition, a community skills development team has been created in order to enable and support individuals to enter/return to work.
- Review of the Dementia Strategy endorsed by the Health & Wellbeing Board.

### **5.3.3. Strengthen our communities and community-based support**

- Reviewed lessons learned from the 'Stirchley Locality Project' to inform plans for neighbourhood working.
- Recruitment, training and development of 36 Health Champions who have been trained and supported to deliver a range of initiatives in their local communities.
- Continued implementation of the Telford & Wrekin drug and alcohol strategy, improving local outcomes, including:
  - Further development of our community-based, volunteer-led recovery support offer for people with substance misuse problems through TACT, e.g. successful capital funding bid to develop Telford & Wrekin's first recovery hub at Strickland House in Wellington
  - Service developments with our treatment providers expansion of needle exchange, increased publicity naloxone, CYP developed single point of contact improving access based on need to for people with alcohol problems
  - Establishing comprehensive substance misuse training programme and enhancing prevention work in schools through the Loudmouth Theatre in Education production

- Extensive consultation and engagement with the voluntary sector to establish their future role in local delivery of the Healthy Child Programme and the provision of early help and support for children and families.
- Reviewed with key stakeholders the Joint Care and Nursing Home Strategy.

## **5.4. Commitments for 2017/18**

### **5.4.1. Encourage healthier lifestyles**

- We will work collaboratively with our local provider trusts as part of the STP ambition to radically upgrade the role of the NHS in prevention:
  - continuing to support Shrewsbury & Telford NHS Hospital Trust's commitment to work towards a completely smoke free premises
  - targeting of risky behaviours by supporting hospital processes to screen and treat or advise patients in the context of their alcohol consumption and tobacco use (as part of the Commissioning for Quality and Innovation CQUIN framework)
  - Work with the CCG and NHS on strengthening prevention elements of pathways
  - develop a sustainable collaborative funding arrangement for the Hospital Stop Smoking Service
- We will continue to develop and enhance the integrated sexual health service in collaboration with our providers South Staffordshire and Shropshire NHS Foundation Trust, community pharmacies and GPs to:
  - Develop on-line bookings and increase capacity of the on-line STI testing
  - Integrate the delivery of service into the new hub e.g. substance misuse
  - Develop specialist training in primary care
- We will refresh the Smoke Free Action plan in line with the new national tobacco control strategy, key elements will include:
  - Targeting of stop smoking services to people in routine and manual occupations to reduce health inequalities through a locally agreed incentive scheme
- We will work collaboratively with providers of early help and support services to commission an integrated delivery model for the Healthy Child Programme – this will include a strengthened role for the voluntary sector

- We will jointly commission with the CCG a Maternal Public Health Nurse within SaTH (to focus on perinatal mental health, maternal obesity; smoking in pregnancy and breastfeeding)
- We will work with the councils Commercial Catering Team to seek business sponsorship for the Change 4 Life Eat Well Project as part of our longer term commitment to reduce childhood excess weight
- We will commission the Severn Teaching Alliance to coordinate borough wide support to schools to deliver Relationship and Sex Education – using a similar sustainable model to that developed for Future in Mind
- We will establish an Obesity Task Force to identify key actions the council can take with partners and communities to reduce obesity – this will focus initially on the role of early years and education providers
- We will work collaboratively with the Fire and Rescue Service to deliver MECC training and coordinate Safe and Well Checks

#### **5.4.2. Improve mental wellbeing and mental health**

- Further development of the Future in Mind Programme to include neighbourhood policing, the councils Community Early Help and Support Service and the voluntary sector
- Further development of the Work Well Programme to include Mental Health in the workplace training for local businesses
- Implementation of the Suicide Action Plan
- Working collaboratively with the CCG and South Staffordshire and Shropshire Foundation Trust (SSSFT) to mobilise and quality assure the new Emotional Health and Wellbeing Service for children and young people
- Collaborative working via the Health Economy Steering Group for Dementia to develop action plans to support local implementation of the Dementia Strategy
- Implementation of the Community Skills Development Team (Mental Health)

#### **5.4.3. Strengthen our communities and community-based support**

- Transform Primary, Community, Mental Health and Social Care (in line with Primary/Mental Health Forward Views) via creation of Neighbourhood teams, and more responsive/ accessible/integrated specialist services
- Strengthen our community based Intermediate Care admission and rehabilitation services for older people and people with learning disabilities (Transformation Care Programme)
- Encourage the use of technology to help empower individuals and communities
- Work with CSP strategic partners, providers, service users and carers in partnership to refresh the Telford & Wrekin drug and alcohol strategy, key elements will include the:
  - Re-commissioning of substance misuse treatment services, through a single provider model to ensure full integration of the existing fragmented services to improve outcomes and make efficiency savings, ensuring stronger alignment with mental health services and sexual health services
  - On-going development of the recovery offer for adults, through TACT: supporting the opening of the Strickland House hub, expanding the healthy lifestyles opportunities and the volunteer base
  - Development of recovery peer support programme for children and young people
  - Further development of the substance misuse training programme
- As part of the neighbourhood working approach we will work collaboratively:
  - to develop Wellbeing Care and Support Networks focussed on community hubs and connecting communities
  - to reduce the risk of the main causes of death which contribute to reduced life expectancy, including establishing prevention programme targeting hypertension and diabetes, establishing the link to NHS Health Check and further development of the cancer survival plan
  - to ensure the prevention is systematically embedded across appropriately local NHS care and treatment pathways
  - with local communities pharmacies and the Local Pharmaceutical Committee to support the development of the Healthy Living Pharmacy programme

- to develop and deliver a social prescribing programme with a focus on healthy lifestyles, welfare, arts and culture and self care
- to continue to grow our Healthy Telford Network of frontline practitioners and volunteer Health Champions
- to develop the 'Your community' role of Health Visitors to promote healthy lifestyles and work with communities to build and use the strengths within those communities to improve health and wellbeing and reduce inequalities
- to commission the voluntary sector to provide early help and support for children and families focussing initially on elements of the Healthy Child Programme

### **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None

### **PREVIOUS MINUTES**

- Health and Wellbeing Board Commissioning Intentions Report 9th March 2016.

### **BACKGROUND PAPERS**

None

#### **Report prepared by:**

Helen Onions	Consultant in Public Health
Louise Mills	Service Delivery Manger Health Improvement
Laura Thorogood	Service Delivery Manager, Commissioning Vulnerable People
Anna Hammond	CCG Deputy Executive Lead for Commissioning

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**8 MARCH 2017**

**DRAFT TELFORD & WREKIN CYCLING AND WALKING STRATEGY**

**REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR, HEALTH AND WELLBEING, AND  
STATUTORY DIRECTOR OF PUBLIC HEALTH**

**LEAD CABINET MEMBER – CLLR RICHARD OVERTON**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

- 1.1. The purpose of this report is to present the Health & Wellbeing Board with the draft Telford & Wrekin Council Cycling and Walking Strategy for an opportunity to comment and feedback on its proposals.
- 1.2. Encouraging more residents and visitors to the Borough to walk and cycle more in their everyday lives will support the Health & Wellbeing Board to deliver the Health & Wellbeing Strategy not only through reducing physical inactivity rates but also in improving mental wellbeing. Walking and cycling also has an important role to play in improving air quality, providing access to jobs and services to those without access to a vehicle and much more.
- 1.3. Historically Telford, being a new town, was designed for the car and a result much of the Borough is not sustainable in considering cycling and walking as a reasonable alternative to the use of car. This strategy is not anti-car but seeks longer term behavioural change for people to make lifestyle changes in order consider the use of walking and cycling more actively and frequently. The strategy has an action plan of proposed measures which will help to achieve the vision of the strategy *“To provide a safe and attractive network of walking and cycling routes to support successful, prosperous and healthy communities”*.

**2. RECOMMENDATIONS**

That the Board:

- a) Reviews the draft Cycling and Walking Strategy and provides feedback on the strategy’s proposals.

**3. IMPACT OF ACTION - (How it is intended that action will make a difference)**

Increasing cycling and walking is an effective means to tackling health and well-being

issues. It has been proven that walking briskly for 30 minutes a day can help reduce obesity levels and reduce disease. People that regularly cycle to work take less sick days compared to colleagues who do not cycle to work. But it can also be about getting outdoors and enjoying a short walk or cycle which can help reduce stress and improve general well-being.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Health & Wellbeing Board priority objective(s)?	
	Yes	Contributes to: <ul style="list-style-type: none"> <li>• Encouraging Healthier Lifestyles</li> <li>• Improve Mental Wellbeing and Mental Health</li> </ul>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Contributes to all by improving access within the Borough but specifically: <ul style="list-style-type: none"> <li>• “Protect and create jobs as a Business Supporting, Business Winning Council”</li> <li>• “We will ensure that neighbourhoods are safe, clean and well maintained”</li> <li>• “We will improve the health and wellbeing of our communities and address health inequalities”.</li> </ul>
	Will the proposals impact on specific groups of people?	
	No	
<b>TARGET COMPLETION/ DELIVERY DATE</b>	The Cycling and Walking Strategy will become the Council’s formal approach to these modes following adoption by the Cabinet. This will enable the Council to be better placed to co-ordinate activities to achieve the aims of the strategy and secure funding from external sources over the lifetime of the strategy.	
<b>FINANCIAL/ VALUE FOR MONEY IMPACT</b>	No	<p>There is currently no funding within the Council’s Capital Programme to support the Cycling and Walking Strategy. As the Action Plan detailed in the strategy is developed cost implications will need to be identified and funding sources explored. External funding opportunities will need to be considered and the Council could look to re-priorities its capital programme if it wishes to make Cycling and Walking a higher priority than other schemes. If capital funding is secured through prudential borrowing there would be a cost implication to the Council in relation to the cost of borrowing.</p> <p>Revenue costs of the strategy from marketing activities or maintenance would need to be met from existing budgets within Neighbourhood Services.</p>

<b>LEGAL ISSUES</b>	No	Legal advice will be provided as required going forward, for example regarding changes to the highways/rights of way network and potentially regarding funding and partnership arrangements. Otherwise, there are no specific legal issues arising out of this report.  IR 22.02.17
<b>EQUALITY &amp; DIVERSITY</b>	No	
<b>IMPACT ON SPECIFIC WARDS</b>	No	
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	An upfront initial consultation through the Community Panel was undertaken to understand the barriers to cycling and walking. This was supplemented by a survey of young people to ensure the survey was representative of all age ranges. A wide range of stakeholders have been engaged through the development of the strategy including a workshop held with various stakeholders. This included representatives from Wellington Walkers are Welcome, NHS Trust, Cycle Experience, Local Access Forum, Transition Town Telford, Energize Shropshire Telford and Wrekin, Ironbridge Clarions Cycling Club, Severn Gorge Countryside Trust, Wheels2Work and Living Streets.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

- 1.1. The benefits of cycling and walking as an alternative mode of transport and to improve personal health and fitness levels are widely accepted. In recent years Telford & Wrekin Council has taken a number of steps towards encouraging more people to use their cycles for both leisure and commuting to work and the Council has also sought to promote walking – again for leisure through our gardens and parks and for walking to access work and social facilities.
- 1.2. The Telford & Wrekin Council’s Cycling and Walking Strategy (please see Appendix A for a copy of the draft strategy) sets out a long-term plan to encourage and support the residents and visitors of the Borough to walk and cycle more in their everyday lives. The Action Plan that accompanies the Strategy will guide priorities and funding on those measures, infrastructure schemes and wider supporting initiatives that are considered to be the most effective methods to increase cycling and walking rates in the Borough.
- 1.3. The benefits of walking and cycling are well documented and active travel is able to address a number of issues associated with health and wellbeing, physical inactivity, congestion and the environment.

It can also help to support access to health, employment, leisure, entertainment, retail and tourism sites. Walking and cycling have benefits for both the individual and the community, including:

- An improved economy;
- A healthier population;
- A more attractive borough;
- Environmental benefits; and
- A fitter, happier, more productive community.

1.4. This new approach includes the setting of the context for the need for the Strategy and the purpose of adopting this document. The Strategy reviews recent developments in cycling and walking in the Borough and recent developments in policy regarding these modes at the National and regional level. The Strategy document evaluates the progress that Telford & Wrekin Council has made over recent years, for example the success that has been achieved in areas such as cycle riding training in schools and colleges and installation of cycle lanes across the borough by joint working with property developers.

1.5. The proposed Cycling and Walking Strategy has set a framework of objectives to achieve the required increase in take up of these modes. The objectives of the strategy are shown below:

- Taking a holistic approach to improving health and wellbeing through walking and cycling;
- Create long-term behaviour changes towards more sustainable and healthier travel choices;
- Make the cycle and walking network more accessible to residents and visitors;
- Integrating community resources to deliver the strategy; and
- Integrate walking and cycling with other modes of public transport.

1.6. The proposed Cycling and Walking Strategy contains a detailed Action Plan that sets out new and improved infrastructure measures, awareness raising measures and wider supporting initiatives that are required to achieve success. The measures can be applied across Telford & Wrekin Council and include proposals for all user groups.

1.7. Telford & Wrekin Council will implement the Strategy and Action plan in close partnership with Enterprise Telford, Marches Local Enterprise Partnership, Shrewsbury and Telford Hospital NHS Trust, Telford & Wrekin Public Health, Shropshire Council, Telford and Wrekin Council for Voluntary Service, Shropshire Rural Communities Charity, Community Council of Shropshire, and Cycle Experience along with any further organisations with an interest or expertise in the area.

1.8. This strategy has been developed in a challenging funding environment, where the case for investment in sustainable travel initiatives must be made in the light of competing priorities. By adopting the Strategy the Council will be in a strong position to press for further funding for cycling and walking and to compete when further funding streams become available.

**2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

Nothing further to add at this time.

**3. PREVIOUS MINUTES**

None.

**4. BACKGROUND PAPERS**

Appendix A – Telford & Wrekin Cycling and Walking Strategy

**Report prepared by:**

David Balme, Senior Transport Planner, Customer & Neighbourhood Services, Telephone:  
01952 384806



# Telford & Wrekin Council

## Cycling & Walking Strategy

February 2017



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Appendix 2 – Cycling & Walking policy – national, regional and local

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Appendix 4 – Quality of Service Methodology

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Appendix 6 – Walking Infrastructure review

Appendix 7 – Travel to work analysis

Appendix 8 – Progress to date with cycling & walking facilities and initiatives

Appendix 9 – Figures

Appendix 10 – Engagement results

Appendix 11 – Monitoring review



## Foreword

The benefits of cycling and walking to improve personal health and fitness levels are widely accepted and offers an alternative mode of transport. In recent years Telford & Wrekin Council has taken a number of steps towards encouraging more people to use their cycles for both leisure and commuting to work and the Council has also sought to promote walking – again for leisure through our gardens and parks and for walking to access work and social facilities.

Now, we must build on current progress and make every effort to work towards an environment in which cycling and walking is considered on a daily basis as a safe, attractive and accessible alternative to the car.

At the heart of this strategy and action plan is a commitment to establishing links with all sectors of the community and to continue to work closely with those individuals and organisations that are already engaged with us on delivering a safe, integrated and sustainable transport system for the borough.

It will take some time to change people's attitudes and travel behaviour but the policies and proposals outlined in this strategy have been designed to lead to increased numbers of people cycling and walking throughout Telford & Wrekin not only for leisure purposes, but also for access to a whole range of facilities and opportunities.

The implementation of the action plan of this Cycling and Walking strategy will also assist with the delivery of the borough's Local Transport Plan for 2011-2026 and by encouraging more people to take regular exercise will contribute to people in Telford & Wrekin enjoying healthier, happier and longer lives.



Cllr Richard Overton  
Deputy Leader & Cabinet Member for  
Housing, Leisure & Health



Cllr Angela McClements  
Cabinet Member for Transport,  
Customer & Neighbourhood Services



## 1 Introduction

As a new town developed in the 1960's and 70's Telford was built with the car in mind. The Borough has a high capacity road network that often causes severance for our communities. Generally the Borough has good cycling and walking infrastructure, however infrastructure on its own is not enough in order to change people's behaviour towards actively cycling and walking.

Previous studies have shown that the proportion of people cycling and walking in the Borough is far lower than in many other areas and many of the trips in Telford are only short in length and could be undertaken by cycling and walking. That being said there is evidence of cycling taking off as a sport across the Borough through the new BMX facilities in Dawley and cycling in Newport including the Newport Nocturne. It is this momentum that the strategy needs to capitalise on to increase cycling and walking to everyone.

This strategy therefore seeks to provide a long term vision for increasing cycling and walking in the Borough, ensuring that it becomes part of people's everyday activities whether it's travelling to the shop or going for a walk.

The objectives of the strategy are to increase the number of people cycling and walking, by making these viable and attractive alternative modes of transport for everyday journeys, including leisure and tourism trips. By encouraging greater levels of physical activity in the Borough, the strategy will help contribute towards improving the health and wellbeing of its residents.

The Strategy will be used to influence and complement wider policy documents such as the [Marches LEP Strategic Economic Plan](#); [Telford & Wrekin Health and Wellbeing Strategy 2016-2019](#); the [Telford & Wrekin Local Plan](#); and the [Telford & Wrekin Local Transport Plan 3](#).

## 2 Purpose, Vision and Objectives

### Purpose

The Cycling and Walking Strategy sets out a long-term plan to encourage and support the residents and visitors of the Borough to cycle and walk more in their everyday lives. The Action Plan that supports the Strategy will guide priorities and funding on those measures that are considered to be the most effective methods to improve cycling and walking rates in the Borough. The Action Plan and the Strategy will therefore identify awareness raising measures, new and improved infrastructure and wider supporting initiatives required to be in place. These shall meet the Council and its partner organisations' objectives and emphases, as set out below.

### Vision

The vision adopted for the Cycling and Walking Strategy supports "Vision 2026" developed for the borough Community Strategy and used in the Local Transport Plan 3. The vision for this Strategy is:

*"To provide a safe and attractive network of cycling and walking routes to support successful, prosperous and healthy communities."*

The benefits of cycling and walking are well documented and active travel is able to address a number of issues associated with health and wellbeing, physical inactivity, congestion and the environment. It can also help to support access to employment and education, increase economic activity in town and local centres and attract visitors and tourists.

Cycling and walking have benefits for both the individual and the community, including:



**A healthier population** – it has been proven that walking briskly for 30 minutes a day can help reduce obesity levels and reduce disease. While people that regularly cycle to work take less sick days compared to colleagues who do not cycle to work.

**Improved economy** – Customers who walk or use public transport to get to shops spends more time and money than car users, despite a perception that more parking is needed to increase retail sales

**A more attractive area** – integrating walking and cycling as a leisure activity can allow residents to enjoy their environment more and discover areas which cannot be reached by car.

**Environmental benefits** – cycling or walking short distances rather than using the car can help reduce local traffic congestion, noise and air pollution levels.

**A happier community** – Walking for Health states that *'physically active people have up to a 30% reduced risk of becoming depressed, and staying active helps those who are depressed recover.'* Walking is an accessible exercise which can help prevent and treat certain mental health issues.

## Objectives

Objectives	Goals
<p><b>Objective 1:</b> Taking a holistic approach to improving health and wellbeing through walking and cycling</p>	<ul style="list-style-type: none"> <li>• Decreasing the percentage of people who are physically inactive.</li> <li>• Improving the awareness of the health benefits from healthier and more active lifestyles to school children and their families.</li> <li>• Improving the health of all people in the area by encouraging walking and cycling as attainable exercise modes which can be incorporated into their everyday lives.</li> <li>• Improving mental health as a result of increased physical activity.</li> <li>• Reducing early deaths and costs to the NHS for diseases which may be avoided through a more active lifestyle.</li> </ul>
<p><b>Objective 2:</b> Create long-term behaviour changes towards more sustainable and healthier travel choices</p>	<ul style="list-style-type: none"> <li>• Creating a mode shift away from the car towards public transport, walking and cycling, especially for shorter journeys.</li> <li>• Encouraging all or part of the journey to work, school or other amenities to be conducted by walking or cycling.</li> <li>• Providing additional training and support to people to make these lifestyle changes.</li> </ul>



<p><b>Objective 3: Make the cycle and walking network more accessible to residents and visitors</b></p>	<ul style="list-style-type: none"> <li>• Implementing a programme of improvements and maintenance for the existing infrastructure to include quality of the surface, appropriate segregation from traffic and between pedestrians and cyclist as well as lighting, signage, and planting.</li> <li>• Adding additional infrastructure in any ‘missing gaps’ in the network.</li> <li>• Provision of secure cycle parking stands and lockers in town and village / local centres, schools, workplaces and health centres etc.</li> <li>• Considering a target density for the walking and cycling network in the urban areas, for example, all residents in Telford to be within 300m of a dedicated cycle route.</li> <li>• All schools and employment locations to be subject to a cycle and walk audit and to draft a travel plan to provide improved cycling and walking facilities and support measures.</li> <li>• Ensuring the signage to and along walking and cycling routes is visible, coherent, and consistent. Signage that includes distances and time markers on appropriate routes to be considered as well as ancillary and promotional information about the local area.</li> <li>• Making information more readily available through paper maps, websites and apps.</li> <li>• Implementing a cycle hire scheme or implementing a “try a bike scheme” as well as introducing a recycle or reuse bike scheme in order to provide universal access to cycles.</li> </ul>
<p><b>Objective 4: Integrating community resources to deliver the strategy</b></p>	<ul style="list-style-type: none"> <li>• Ensuring local groups with an interest in walking, cycling, local accessibility etc. are clearly represented at a council level and have clear contact points to the appropriate people within the Council.</li> <li>• Local businesses to increase involvement through implementation of travel plans, providing staff incentives and trials to walk and cycle to work, including sustainable travel and active travel in their corporate responsibility considerations, and including walking and cycling in their promotional products.</li> <li>• Using the extensive and active network of local community and special interest groups to help with maintenance of the network.</li> <li>• Increasing awareness to residents of walking and cycling groups.</li> </ul>
<p><b>Objective 5: Integrate walking and cycling with other modes of public transport</b></p>	<ul style="list-style-type: none"> <li>• Integration with public transport through consideration of cycle and walking access routes to the stations and stops as well as availability for additional storage on board trains (and, where appropriate, on buses).</li> <li>• Providing secure cycle parking stands and lockers at major transport hubs.</li> <li>• Make provision for electronic bikes at stations and town centres, including a network of charging stations to cater for and encourage this growing trend.</li> </ul>



Within the overall principles set out above the Cycling and Walking Strategy will target:

- Improving the walking environment and cycling connectivity around the principle trip attractors – transport hubs; town and village centres; education facilities; hospitals and health centres; and places of employment. Figure 3 in Appendix 9 shows the location of these trip attractors.
- Promoting and signposting links between urban areas and the surrounding countryside to encourage leisure walks and bikes rides.
- Promotion of the tourism aspects of cycling and walking – encompassing shared-use or specific ‘cycling’ only or ‘walking only’ routes to and between tourist attractions such as around Ironbridge Gorge. The promotion of these activities is to be promoted as a tourist attraction in their own right, for example around The Wrekin.
- Behaviour change measures will be tailored to the different target groups. Firstly the ‘Areas of Enhanced Opportunity’ includes people who are already active and may walk or cycle for leisure but where they still use the car for short utility journeys and could be persuaded to walk to the shops, school and work etc. or use good quality pedestrian routes to run or jog. Those encompassed under the ‘Areas of Greatest Opportunity’ include those who are either less active or do not have amenities available to assist in a more active lifestyle. Encouraging a more active lifestyle here will result in the greatest gains in terms of health benefits but it is recognised that a greater level of support and concentrated investment is required. The strategy proposes to use the active local community groups to ensure more sustained results where people are supported to embed walking within their everyday lives, both for commuting and leisure purposes. Cycling is to be encouraged through training and cheap hire or buy schemes and routes to be accessible and attractive to use.
- A focus on children across the Borough is considered to be of prime importance to encourage active lifestyles from an early age and using the children’s influence, to encourage families to adopt healthier lifestyles.

### 3 Telford & Wrekin Cycling & Walking – Why do we need to Change?

- **Nearly a 1/3** of adults are obese
- **Nearly ¾** of people drive to work
- **Child obesity** levels are around 2 percentage points higher than the national average
- Significant variations in **Perceived Health** across the Borough
- 19% of all adults walk as a major part of their **commuting trip**
- **41%** of all resident’s commuter trips are less than 5km
- **2%** of travel to work trips are made by bike

Overweight and obesity levels of adults in Telford and Wrekin is very high in relation to the national statistics and when compared with the wider West Midlands. While the levels for children aged 10-11 are statistically similar to the England average. For example, the prevalence of obesity for 2013-2015 was recorded as 31.1% for adults and 21.8% for children ages 10-11 years of age, in contrast to national statistics of 24.4% and 19.8% obesity levels for adults and children respectively. Having a more active lifestyle and making cycling and walking more attractive and easily integrated into everyday lives is an important aspect to reducing the overweight and obesity rates in the area.



Car ownership data for the area shows that 79.4% of households own a car and 70% using their car to drive to work, in comparison to the national average of 57% and the average across the West Midlands conurbation of 65%.

In contrast car ownership in some areas of the Borough is not a viable economic option. 14% of the Boroughs Lower Super Output Areas (LSOA) are amongst the 10% most deprived on a national level.

Presently there is a reasonably well developed network for cyclists and walkers to use around the Borough but the modal share of cycling and walking remains low.

Participation in general physical and sport activity is statistically similar to the England average. In 2015 53.8% of the borough's population were taking part in at least 150 minutes of physical activity a week compared to 57.0% for England. Physical inactivity in adults in the Borough for 2015 is 28.5% compared to England average of 28.7%. Incorporating cycling and walking into the daily routine could contribute towards more people achieving at least 150 minutes of physical activity a week.

The Borough is served by the National Cycle Network routes NCN 45, NCN 55, NCN 81 and NCN 552; most notable of these is the Silkin Way which routes 23km overall in a North-South direction. Many of the NCN routes are also bridleways and footpaths and these are supplemented by an extensive network of local cycle and walking routes. The rural nature of the Borough means that there are extensive areas of very accessible green space within short distances of peoples' homes that offer significant potential for cycling and walking to become a regular leisure activity for residents.

### Areas of greatest opportunity

Areas of greatest opportunity are areas which will benefit most from increased levels of cycling and walking. The areas include those that suffer from multiple deprivation i.e. low income and high levels of unemployment and poor health, including high levels of obesity and premature mortality. In Telford and Wrekin these areas include Telford Town Centre, Wellington, Dawley and Madeley, shown in **Figure 1**.

People living in these areas may tend to have greater barriers to living healthier lifestyles and incorporating moderately intense levels of exercise into their daily lives and will require a higher level of intervention to encourage and embed behaviour changes. It is recognised that many in these areas do not have access to a car and who walk more to access public transport, school and work. Cycling may not be feasible due to lack of access to a bike, the need for cycle training and support to build confidence.

### Areas of enhanced opportunity

People living in areas of higher affluence tend to enjoy better health and have lower mortality and obesity levels. These include most rural regions of the area, and the southern regions around Ironbridge shown in **Figure 2**. They have a greater inclination to lead more active lifestyles, cycling and walking more for leisure and having gym memberships etc.



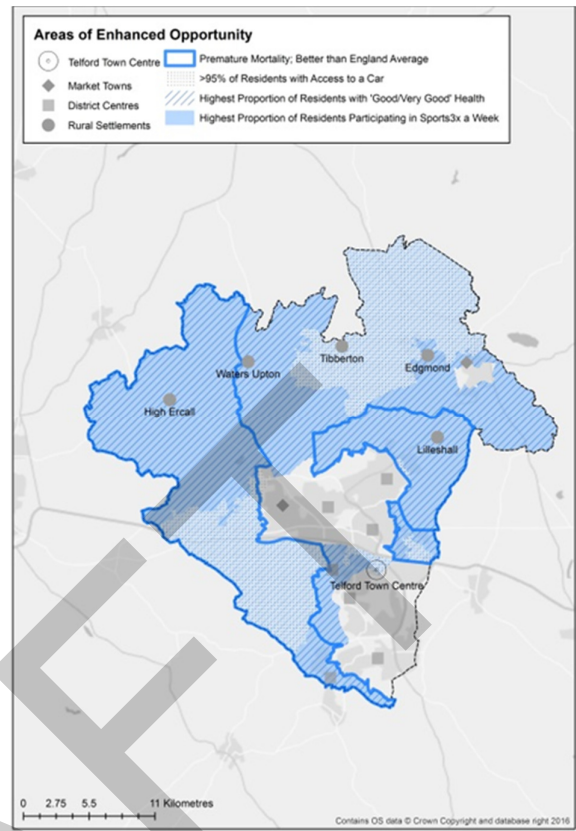
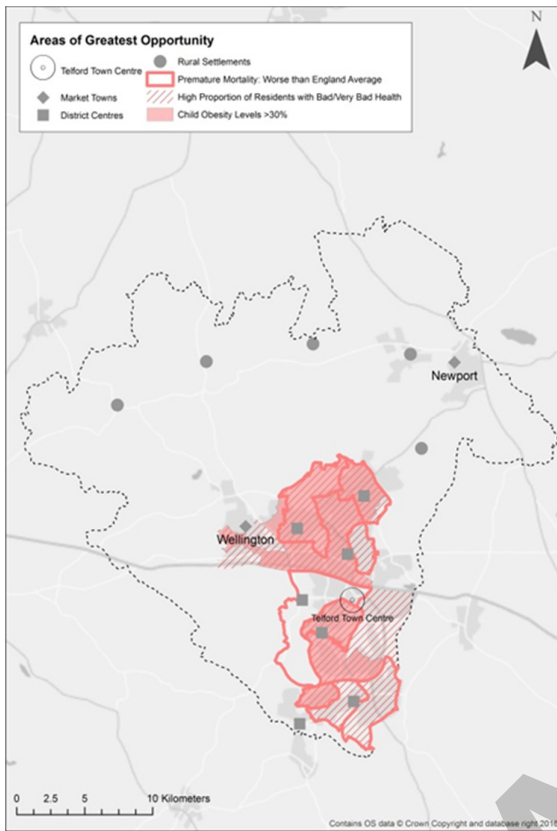


Figure 1: Target Groups for the Areas of Greatest Opportunity Map

*\*Refer to Figure 6 Appendix 9 for detailed view.*



## 4 Cycling & Walking Action Plan – How will we get there?

The measures to be implemented through the Cycling and Walking Strategy have been categorised into three categories – infrastructure, awareness and partnership. These categories respond to the objectives of the strategy, which are to:

- Improve the health and wellbeing of residents;
- Create long-term behavioural changes;
- Make the network accessible to all groups;
- Integrate community resources to deliver the strategy; and
- Integration with other modes of transport.

A full data analysis exercise has been undertaken to identify the current conditions and trends across Telford and Wrekin, to help shape and form the action plan. The results of this analysis are shown in the appendices.

In order to employ the action plan, each strategy action has been allocated an appropriate timescale, as shown in **Table 1: Action Plan Programme.**

Measure	Time period	Description
Short	0-5 years	These schemes are to be implemented immediately, either due to the limited amount of time and resources these endeavour, or due to their impact being required to showcase major impacts of the strategy
Medium	5-10 years	These are schemes which may take longer to complete due to planning and time restrictions
Long	10-15 years / continuous	These schemes may require future funding sources to continue their success, each to be analysed on a case-by-case review. These may be major infrastructure changes or changes which are ongoing

Table 1: Action Plan Programme

### Short term aspirational measures

Looking towards the future of cycling and walking in the region, our aspirations are to:

- Hold a section of a national cycle race such as a section of the Tour of Britain in Telford & Wrekin
- Be involved in an initiative similar to the Vélo Birmingham / Birmingham Cycle Revolution initiative
- Use of the Telford walking routes for a 'Great Run' route
- Win a national Cycle Planning Award
- Bring cycling and walking activity levels closer to the 'Dutch-standard'



## Resources

Telford & Wrekin Council will implement the Strategy and the Action plan in close partnership with Enterprise Telford; Marches Local Enterprise Partnership; Shrewsbury and Telford Hospital NHS Trust and Telford & Wrekin Public Health; Shropshire Council; Telford and Wrekin Council for Voluntary Service (CVS); Shropshire Rural Communities Charity (RCC); Community Council of Shropshire (CCS) and Cycle Experience along with any further organisations with an interest or expertise in the area.

## Funding

This Strategy has been developed in a challenging funding environment, where the case for investment in sustainable travel initiatives must be made in the light of competing priorities. This Strategy aims to position Telford & Wrekin Council to be able to be successful in securing as much funding as possible by taking a plan led approach to increasing walking and cycling in the Borough. As the future funding situation becomes clearer, the action plan for this Strategy will be updated every five years, so as to ensure that the long term objectives can be delivered and vision for the Borough realised.

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## Action Plan

Walking				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
<b>Infrastructure</b>								
Ensure all future transport improvements are considered with other assigned work to provide a holistic multimodal corridor approach	Whole Borough	Short	All Users					✓
Walking routes to be built between Telford station and the Ironbridge Gorge	Ironbridge	Medium	Everyday users			✓		
			Tourism					
			Leisure					
Introduce a crossing over A464 Naird roundabout (by Stafford Park)	Stafford Park	Short	All Users			✓		
Review wayfinding to attractors and ensure is consistent, visible and clear with both time and distance measured signs	Whole Borough	Short	All Users			✓		
Investigate the introduction of a phased programme of 20mph areas/zones in residential areas to support cycling and walking. Undertake monitoring and review of early schemes to inform a wider roll out.	Whole Borough	Short	All Users			✓		
<b>Awareness</b>								
Continue pedestrian training for primary school children and introduce where not currently available, and target further possible interventions	Whole Borough	Short	Schools	✓	✓			



<b>Walking</b>				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
<b>Partnership</b>								
Support and encourage routes for exercise and wellbeing such as interest trails, volunteer walking groups and walking buddies etc.	Whole Borough	Short	Sport		✓		✓	
			Leisure					
Encourage the community to undertake audits, especially on how existing infrastructure impacts vulnerable groups around sites such as schools, medical facilities and retirement homes	Whole Borough	Short	All Users				✓	
Community groups to deliver activities, such as led rides/walks targeted at children and disabled persons.	Whole Borough	Short	Schools		✓		✓	
			Leisure					
Maintain and introduce new walking buses to and from schools	Whole Borough	Short	Schools		✓		✓	

<b>Cycling</b>				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
<b>Infrastructure</b>								
Provision of a new cycle lane on the A5 (between Shrewsbury and Wellington)	A5 roundabout	Short	All Users			✓		



Implement/improve connections of cycle routes from Shifnal into Telford borough	Outside of borough connection	Short	All Users			✓		
			Workplaces					
<b>Cycling</b>				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
Update of the Rough Park/Silkin Way route	Rough Park	Short	All Users			✓		
More defined signage of Silkin Way signposts around Telford centre	Telford Centre	Short	All Users			✓		
Improved cycle link between M54 Junction 6 and Telford Town Centre	M54 Junction 6	Medium	All Users			✓		
Update of NCN 55 from Telford Town Centre to Donnington	NCN 55	Medium	All Users			✓		
Coalbrookdale to Ironbridge (Ironbridge Way Walking Route) to be updated	Ironbridge	Short	All Users			✓		
Update of NCN 81 through Wellington	Wellington	Short	All Users			✓		
Update of NCN 81 from M54 Junction 4 to Oakengates	Oakengates	Short	All Users			✓		
Update of cycle route from Rough Park Way to Dawley	Dawley	Short	All Users			✓		
Update and define route around Stirchley region	Stirchley	Medium	All Users			✓		
Segregated section of cycle route in Dawley to improve condition of route	Dawley	Short	All Users			✓		
Improve both off-road and on-road cycling routes	Whole Borough	Medium /Long	All Users			✓		✓



Maintain current and new cycle infrastructure to a high standard	Whole Borough	Short	All Users			✓		
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<b>Cycling</b>				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
Establish a consistent approach to regional cycling design from existing UK best practice guidelines, and adhere to them for all highway and cycle designs going forward	Whole Borough	Short	All Users			✓		
Increase levels of cycle parking at bus stops, interchanges, train stations and facilities for carrying cycles on board	Whole Borough	Short	All Users			✓		✓
Provision of safe and secure cycle parking in schools, with sufficient cycle parking at secondary schools for 20% of the total number of students.	Whole Borough	Short	Schools	✓		✓		
Complete further feasibility studies and/or business cases for other schemes ranked highly in the scheme prioritisation programme, and build on the existing short term schemes to provide a long term cycle network	Whole Borough	Short	All Users			✓		
<b>Awareness</b>								
Annual audit programme of existing cycle infrastructure in line with Wales/TfL audit tools	Whole Borough	Short	All Users		✓			✓



Establish protocol for district-wide data collection & data assembly to support monitoring and review process	Whole Borough	Short	All Users			✓		
Invest in smart technology for data collection	Whole Borough	Short	All Users			✓		
Use a range of marketing tools to promote the benefits of cycling, including engaging with media and social media.	Whole Borough	Short	All Users	✓	✓			

<b>Cycling</b>				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
Investigate options for a cycle hire or loan scheme; this could include a Brompton Bike style hire scheme, a public bike share scheme and/or an electric bike hire scheme with docks located at strategic centres, attractor sites and public transport interchanges	Whole Borough	Short	Commuters		✓			
			Leisure					
			Tourism					
<b>Partnership</b>								
Organisation of cycle maintenance groups and awareness/Awareness of these groups	Whole Borough	Short	All Users				✓	
Engage with schools/ universities, businesses, communities and residential developments to establish/ review Travel Plans	Whole Borough	Short	Schools	✓	✓			
			Workplaces					
Affordability schemes set up in deprived areas for reduced rates on bikes	Whole Borough	Short	Everyday users					
			Commuters					



Ensure Bikeability is offered to all primary schools across the region	Whole Borough	Short	Schools	✓				
Set up second hand bike shops	Whole Borough	Short	Everyday Users			✓		
			Schools					
			Commuters					
All major employers signed up to 'Cycle to Work Guarantee'	Whole Borough	Short	Commuters		✓			✓

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General				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
<b>Infrastructure</b>								
Update signage and review lighting throughout country lanes	North of Borough	Medium/Long	All Users			✓		
Improve connections and safety between residential areas and Halesfield Industrial Estate	Halesfield	Short	Commuters			✓		
Improve connections and safety between residential areas and Stafford Park	Stafford Park	Short	Commuters			✓		
Improve connections and safety between residential areas and Hortonwood Industrial Park	Hortonwood	Short	Commuters			✓		
At planned new developments ensure provision of a high quality cycling and walking route that are in line with this strategy	Whole Borough	Ongoing	Everyday Users			✓		
Take a whole route approach to review and improve walking and cycle routes and public rights of way	Whole Borough	Short	Everyday Users			✓		
Develop and fund a consistent cycling way-finding programme	Whole Borough	Short	All Users		✓			
<b>Awareness</b>								
Provide clear route maps in a range of formats including using smart technology, apps, personal journey planning etc.	Whole Borough	Short	All Users			✓		



Promote cycling and walking apps currently available.	Whole Borough	Short	All Users			✓			
<b>General</b>				<b>Objectives Met</b>					
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport	
Updates of the Telford and Wrekin website periodically of issues and additional routes	Whole Borough	Ongoing	All Users			✓			
Provide the public with links to online cycling and walking resources through Local Authority and other relevant websites	Whole Borough	Short	Everyday Users						
			Tourism						
			Sport						
			Leisure			✓			
Set up tailored groups for women, less-able bodied, ethnic minorities etc. to support and encourage cycling and walking within these groups	Whole Borough	Ongoing	Leisure		✓	✓	✓		
Introduction of timed, timed/distance signage and wayfinding to destinations	Whole Borough	Short	All Users			✓			
Work with agencies across sport, health and transport agendas to promote the wide range of benefits of active travel and for leisure.	Whole Borough	Medium / Long	Sport						
			Leisure		✓		✓		
Support leisure events and facilities to nurture and develop a culture of cycling and active travel	Whole Borough	Short	Leisure						
			Everyday Users						



			Sport	✓	✓			
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General				Objectives Met				
Measure	Area	Timescale	Target Groups	Health and Wellbeing	Awareness and Behavioural Change	Accessibility	Community Integration	Integration with other transport
Encourage more schools to join Travel Telford School Network which includes Modeshift STARS (online Travel Plan tool) and Junior Road Safety Officer scheme (JRSO) as well as an audit	Whole Borough	Short	Schools				✓	
<b>Partnership</b>								
Integrate local businesses with giving away promotional offers as incentives	Whole Borough	Short	Work Places				✓	
			Commuters					
Engage with schools/ universities, businesses, communities and residential developments to establish/ review Travel Plans	Whole Borough	Ongoing	Workplaces					
			Schools					
			Everyday Users	✓	✓		✓	
Work with local businesses to set up cycling parking outside of shops	Whole Borough	Short	Everyday Users			✓	✓	
After school clubs to deliver walking and cycling activities	Whole Borough	Short	Schools	✓				
Actively promote and incentivise walk to work and bike to work days	Whole Borough	Short	Commuters					
			Workplaces	✓			✓	



Co-ordinate volunteers groups to deal with maintenance of the cycle and walking network	Whole Borough	Ongoing	All Users				✓	
Promote Everyday Telford app to report any issues	Whole Borough	Ongoing	All Users				✓	

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## Appendix 1 – Telford & Wrekin Cycling & Walking Strategy in context

Telford & Wrekin supports a population of 166,413 (based on 2011 census data) concentrated in the Telford urban area and the market towns of Wellington, situated in the centre of the borough and Newport to the north of the Borough. There are also a number of rural communities such as Little Wenlock, High Ercall and Lilleshall. The mixed urban and rural nature of the area means that distances to shops, health centres, schools and jobs varies considerably across the Borough with many people having little alternatives other than the car for these journeys. There are good public transport services in the urban centres, with railway stations at Oakengates, Telford Central and Wellington along with a good urban bus service network. The strategy shall incorporate using cycling and walking as a way to reach these modes of public transport for longer journeys.

The Borough has three distinct areas. The urban area of Telford covers 7,200 hectares, including the town of Wellington, the market-town of Newport covers 300 hectares, and a large rural area of 21,400 hectares covers almost three quarters of the Borough. The rural landscape consists of the flatness of the Shropshire Plain in the north, the high ground of The Wrekin hill (the northern most extent of the Shropshire Hills) in the west and the steeply sloping wooded sides of the Ironbridge Gorge in the south. The River Severn flows from west to east through the Ironbridge Gorge.

As stated in the Telford & Wrekin [Transport Growth Strategy](#) (January 2016) *'Telford was designed for the car and has a high capacity road network which means currently there is relatively little congestion, which is an attractive incentive for encouraging businesses to invest in the area.'* However, despite the lack of traffic congestion, the Telford Urban Area was declared as one of the 65 areas in England affected by annoyance evoked from road and rail transport noise.

Whilst the area's connectivity to strategic roads nationally, particularly the excellent links to the M54 from the centre of Telford are an asset to the local economy, these strategic highways and major traffic junctions also present a barrier to movement for walkers and cyclists. Walking and cycling is a growing leisure and tourist activity across the area, particularly around The Wrekin, Ironbridge and enhancing cycle routes and walking facilities can support this important economic activity.

Within Telford and Wrekin an extensive walking network already exists with segregated walkways within the Telford urban area with many highways providing footways on both sides elsewhere in the Borough. There are a few notable longer-distance leisure walking routes that also support tourism. Walking for utility trips requires direct routes, connected street and path networks, good links between residential areas and public transport and other trip attractors. As identified through the stakeholder's workshop, residents were either unfamiliar with them or found routes disconnected. An audit of parts of the network also shows a variation in the quality of the routes, with maintenance of the surface and vegetation being particular issue on some routes.

## Appendix 2 - Cycling & Walking policy – national, regional and local

A review of policies and strategies has been undertaken to determine the national, regional and local context for the development of this strategy.

Of particular relevance to this Strategy are the following documents;

- Local Plan Telford & Wrekin 2011-2031
- Telford and Wrekin Health and Wellbeing Strategy (2016-2019)
- Sport England: Towards an Active Nation (2016-2021)
- Everybody Active, Every Day (Public Health England, 2014)
- Telford and Wrekin Local Transport Plan (2011-2026)
- National Cycling and Walking Investment Strategy (Department for Transport 2016)

These collectively seek to create a culture of participating in physical activity on a daily basis. Cycling and walking are seen as physical activities available to almost everyone.

### Telford and Wrekin Local Transport Plan (2011-2026)

The transport plan sets out how the transport network will be managed, maintained and developed across the borough. The borough has six Local Transport goals, including:

1. Making travel more reliable and efficient, to attract jobs and support growth and regeneration.
2. Maintain highways effectively and efficiently.
3. Reduce carbon emissions to help tackle climate change.
4. Allow everyone to access jobs, education, healthcare, shops and leisure.
5. Improve safety and security on the transport network and promote active travel choices which encourage people to be healthier.
6. Improve the quality of life by reducing the visual, noise, air quality and other impacts of transport on people and the local environment.

The goals and the overarching vision set out in the Local Transport Plan have influenced the objectives and vision of this strategy. Objectives and actions have been considered in line with the Local Transport Plan in order to assist in achieving the goals that are highlighted above.



### Telford & Wrekin Health & Wellbeing Strategy (2016-2019)

A site visit and audit (Appendices 4-6) were conducted using the attractors map to assess the present use and purpose of each route. Through auditing the area it became evident that within Telford and Wrekin to maximise their potential through their health and wellbeing.

Three priorities have been highlighted in the strategy, these include: Encouraging *Healthy Lifestyles, Improve mental wellbeing and mental health* and strengthen our communities and community based support.

It is considered that the Walking and Cycling Strategy will help to achieve these priorities and will be able to support the following deliverables;

- 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

### Sport England: Towards an Active Nation (2016-2021)

*'We want everyone in England, regardless of their age, background or level of ability to feel able to engage in sport and physical activity.'*

The focus of this strategy is to contribute to the Government's five outcomes of *physical wellbeing, mental wellbeing, individual development, social and community development and economic development*.

This strategy will align with and support these outcomes.

### Everybody Active, Every Day (Public Health England, 2014)

This evidence based approach document recognises the importance of embedding a culture of physical activity across Britain.

*'Physical activity needs to be made easy, made fun and made affordable. If we want everyone to be active every day, exercise and active recreation must be available to all, at every stage of life in every community across England.'*

The document sets out four domains of action at national and local level:

- **Active society:** creating a social movement with a communication strategy aimed at turning around attitudes toward physical activity. It is set out as a long-term promotion with a common vision to get everybody active every day. e.g. Change4life '10 minute shake-up' campaign.
- **Moving professionals:** activating networks of expertise. To connect and activate professionals in spatial planning, social care, psychology, sport and leisure, the media, trades unions, education and business to bring about radical change.
- **Active lives:** creating the right environments. Linking transport and housing planning with local health policy not only to create new networks of expertise but also to design with physical activity as a priority and find new ways of reversing the downward trends in activity levels.
- **Moving at scale:** scaling up interventions that make us active: to increase the appetite for a revolution in physical activity and health in partnership with the support and of the local and national government, professionals in schools, the health sector, transportation and the sports, leisure and voluntary sectors.

This strategy will support the four areas of action through the action plan and the measures to be implemented.



### National Cycling and Walking Investment Strategy (DfT, 2016)

Ambition: *'make cycling and walking the natural choice for shorter journeys, or as part of a longer journey.'*

The Department for Transport's Cycling and Walking Investment Strategy is the first step in a long term transformative change process to grasp the opportunities and benefits available associated with cycling and walking;

- for *People* – through improved health and cheaper travel
- for *Businesses* - through increased productivity of employees and increased footfall in shops
- for *Society* – through lower congestion, better air quality and vibrant and attractive communities

The Government's target is to double cycling activity by 2025 and reverse the recent trend of a decline in walking.

This investment strategy has strongly influenced our methodology to ensure our strategy and action plan is evidence led. Telford & Wrekin's Strategy will also support the ambition and targets of National Strategy by removing the barriers that prevent Telford and Wrekin residents making active travel choices.

### Local Plan of Telford & Wrekin 2011-2031

The Local Plan sets out policies and priorities for development in relation to housing, green space, shops, businesses, transport and community facilities. It recognises that with work places and homes being segregated as part of the new town principles, and with good link roads, Telford is relatively unsustainable in terms of travel behaviour although it does have an extensive cycling and walking network albeit parts of which are unsafe and poorly lit. The challenge for the Borough is to use the Local Plan to re-shape and create an urban form and density that is more conducive for cycling, walking and viable public transport provision.

The strategy shall use the selected aims to focus the strategy targets specifically for the area:

- **Aim: Promoting prosperity and opportunity for everyone**
  - The strategy will expand the Borough's leisure, tourism and business visitor offer
- **Aim: Promote more socially cohesive, healthy and active communities**
  - The strategy will focus on enabling healthier lifestyles and improve the health and wellbeing of the population;
  - Address social and economic deprivation;
- **Aim: Enhance the infrastructure for improved access and communication**
  - The strategy will support the continued provision of a highly accessible and integrated transport network;
  - Encourage and help enable greater access by non-vehicular means to local green space, services and locations of employment;
- **Aim: Reduce the environmental impact of new development**
  - The strategy will aim to reduce car trips by promoting alternatives modes of transport for new development.



## Appendix 3 – Policy Analysis

### Objective List-

1. Taking a holistic approach to improving health and wellbeing through walking and cycling.
2. Create long-term behaviour changes towards more sustainable and healthier travel choices.
3. Make the cycle and walking network more accessible to residents and visitors.
4. Integrating community resources to deliver the strategy.
5. Integrate walking and cycling with other modes of public transport.

Document Title/Project and date	Level of Document	Vision	Policies/Priorities	Relevant Objectives Met					
				1	2	3	4	5	
Health and Wellbeing									
<b>Telford and Wrekin Health and Wellbeing Strategy (2016-2019)</b>	Local	This strategy sets out the vision and approach to allow people within Telford and Wrekin to maximise their potential through their health and wellbeing.	Of the three priorities, Priority 1 – Encouraging healthy lifestyles is where walking and cycling can play an important role. The Walking and Cycling strategy will be able to support the following deliverables: <ul style="list-style-type: none"> <li>• More people having a healthy diet and taking enough exercise</li> <li>• Halt the increase in overweight and obesity in children</li> <li>• Reduce the number of people who die from preventable diseases and improve life expectancy, across the borough and closing the gap with national rates</li> </ul>	✓					
<b>Obesity and the Environment: Increasing Physical Activity and Active Travel (2013)</b>	National	The health benefits of active travel are clear and supported in this document, which endorses the use of active travel as a way to improve public health. It suggests that creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic approach to increasing physical activity and may be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits. It stipulates that local authorities have important influence over whether planning applications for new developments prioritise the need for people to be physically active as part of their daily life. It suggest the strategic leadership of local authority and health and wellbeing boards by identifying a senior councillor responsible for active travel to be a champion on behalf of the local authority, to provide leadership, and work with district councillors in two-tier areas to be responsible for promoting walking and cycling.	The document recommends setting realistic but ambitious targets for walking and cycling within the local authority, and considers a dedicated town-wide programme along the lines of the sustainable travel towns and cycling demonstration towns. It also recommend local authorities to consider training for public health and planning colleagues in the use of the HEAT tool for walking and cycling to estimate the value of different scenarios of increasing walking and cycling levels and working with transport planners on how public health evidence can support their work.	✓	✓				
<b>Healthy Lives and Healthy People: Our Strategy for Public Health in England</b>	National	The Department of Health's White Paper (2010) recognises the detrimental impact of poor air quality on health whilst simultaneously promoting active travel. It suggests that active travel and physical activity need to become the norm in communities	The document specifies that the Department of Health will support local areas by providing good evidence on how to make regular physical activity and healthy food choices easier for their populations, for example by sharing learning from the experiences of the nine 'Healthy Towns', as well as sustainable travel and cycle towns.	✓					✓
<b>Get Britain Cycling (2013)</b>	National	The Get Britain Cycling inquiry is an initiative of the All Party Parliamentary Cycling Group (APPC) a cross party body with members in both the House of Commons and the House of Lords, with the aim to enable more people across the UK to take up cycling, cycle more often and cycle more safely.	Recommendations are divided into five broad topics and below are the recommendations that local authorities can implement: A new priority for investing public funds <ul style="list-style-type: none"> <li>• Create a cycling budget of at least £10 per person per year, increasing to £20</li> <li>• Ensure local and national bodies, such as Highways England, Department for Transport, and local government allocate funds to cycling of at least the local proportion of journeys done by bike.</li> </ul> Redesigning Our Roads, Streets And Communities <ul style="list-style-type: none"> <li>• A statutory requirement that cyclists' and pedestrians' needs are considered at an early stage of all new development schemes.</li> </ul>	✓	✓	✓			

			<ul style="list-style-type: none"> <li>• Revise existing design guidance.</li> <li>• Local authorities should seek to deliver cycle-friendly improvements across their existing roads, including small improvements, segregated routes, and road reallocation.</li> <li>• Safe Driving And Safe Speed Limits</li> <li>• Extend 20 mph speed limits in towns, and consider 40mph limits on many rural lanes.</li> <li>• Improve HGV safety by vehicle design, driver training, and mutual awareness with cyclists;</li> <li>• promote rail freight and limit use of HGVs on the busiest urban streets at the busiest times, and use public sector projects to drive fleet improvements.</li> <li>• Training and Education</li> <li>• Provide cycle training at all primary and secondary schools</li> <li>• Offer widespread affordable (or free) cycle training and other programmes to encourage people of all ages and backgrounds to give cycling a try, as evidenced by NICE.</li> <li>• Promote cycling as a safe and normal activity for people of all ages and backgrounds.</li> <li>• Political Leadership</li> <li>• Central and local government and devolved authorities should each appoint a lead politician responsible for cycling.</li> </ul>					
<b>Tackling Physical Inactivity: A Coordinated Approach</b>	National	In 2014 the All Party Commission on Physical Activity published this document which set out a number of recommendations to get the country more active. The long term vision is that the villages, towns and cities are designed so that more people walk and cycle to school or work.	<p>Recommendations include:</p> <ul style="list-style-type: none"> <li>• Re-focus transport strategy over time, to provide long-term continuity of resources to incentivise and facilitate walking and cycling as regular daily transport.</li> <li>• Existing and planned new developments and infrastructure to be 'health-checked' to ensure that walking, cycling, active recreation and other forms of physical activity are prioritised.</li> <li>• Employers are encouraged to support their employees, suppliers and visitors to be active while at work, or travelling to or from it.</li> </ul>	✓		✓		
<b>Moving More, Living More (2014)</b>	National	In 2014 'Moving More, Living More' was published, a cross-government commitment to increase physical activity for all age groups and carry on the legacy of the London 2012 Olympic and Paralympic Games. It recognises making an alternative "active" travel choice for some or all of a journey as a cheap, convenient and easy way to introduce a level of physical activity into everyday routines. It gives recommendations for encouraging walking in cycling among children and young people (e.g. provision of cycle parking, safe routes to schools, campaigns to promote cycling and walking to school, cycle training), employees (the cycle to work scheme, providing cycle parking facilities; shower/changing facilities, publicising the approved mileage for using cycles for business travel, and making it easier for employees to reclaim cycle hire costs used for business travel) and transport providers. The document also highlights that generally areas with higher levels of deprivation tend to have lower levels of physical activity and it is therefore important that opportunities to be physically active are provided in disadvantaged areas that are safe and free or low cost	<p>Transport providers can support that choice by providing:</p> <ul style="list-style-type: none"> <li>• cycle parking at stations</li> <li>• linking better places for local growth and engaging with Local Enterprise Partnerships</li> <li>• embedding excellent cycling and walking infrastructure into all communities</li> <li>• introducing more 20mph limits and other design and traffic management measures</li> <li>• local authorities engaging communities</li> <li>• actively promoting 'better streets' principles</li> <li>• promotion campaigns, trial days, and working with national organisations</li> <li>• creating community cycle clubs which are targeted at any group in society</li> <li>• conducting an audit of local street environments with residents</li> <li>• joining up with employers to encourage walking and cycling to work</li> <li>• enforcement action to tackle anti-social pavement behaviour</li> <li>• championing good quality street and pavement maintenance</li> <li>• traffic-free city centre days.</li> </ul>	✓	✓	✓	✓	✓
<b>Walking and cycling: measures to promote walking and cycling as forms of travel or recreation</b>	National	<p>This guideline, produced by NICE in 2012, sets out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. This will help meet public health and other goals (for instance, to reduce traffic congestion, air pollution and greenhouse gas emissions). The main recommendations are as follows:</p> <ul style="list-style-type: none"> <li>• High-level support from the health sector</li> <li>• Ensuring all relevant policies and plans consider walking and cycling</li> <li>• Developing programmes</li> <li>• Personalised travel planning</li> <li>• Cycling programmes</li> <li>• Walking community-wide programmes</li> <li>• Walking individual support</li> <li>• Schools</li> <li>• Workplaces</li> <li>• NHS</li> </ul>	<p>Actions that need to be taken within cycling and walking programmes are the following:</p> <p>Cycling programmes</p> <ul style="list-style-type: none"> <li>• Address infrastructure and planning issues</li> <li>• Implement town-wide programmes to promote cycling</li> <li>• Ensure programmes include theoretical framework for behaviour change</li> <li>• Ensure cycle parking and residential storage issues are addressed</li> <li>• Ensure travel by cycle and public transport is integrated to support longer journeys</li> <li>• Ensure training is available and ensure all training is sensitive to cultural issues</li> <li>• Consider providing free cycle safety checks</li> <li>• Use local media to publicise activities</li> </ul> <p>Walking programmes: community-wide programmes</p> <ul style="list-style-type: none"> <li>• Address infrastructure issues that may discourage people from walking</li> <li>• Programmes based on an accepted theoretical framework for behaviour change</li> <li>• Ensure walking programmes link to existing national and local walking initiatives</li> <li>• Ensure all programmes address safety, cultural and disability issues</li> <li>• Ensure all programmes offer a variety of routes, paces and distances</li> <li>• Ensure walking routes are integrated with accessible public transport links</li> <li>• Provide information tailored for individuals who want to go walking without joining a group or club</li> <li>• Develop and implement a publicity strategy</li> <li>• Provide support to help people who have started walking as a leisure activity to also consider walking as a means of transport.</li> </ul> <p>Walking: individual support, including the use of pedometers</p> <ul style="list-style-type: none"> <li>• Ensure individual support is available for anyone who is walking on their own</li> <li>• Ensure additional, one-to-one support is offered at regular intervals</li> <li>• Provide general information</li> <li>• Only use pedometers as part of a package</li> </ul>	✓	✓	✓	✓	

Cycling and Walking Investment Strategy	National	<p>The Department for Transport strategy sets out a clear ambition to transform the way we travel in England by 2040 making "cycling and walking the natural choice for shorter journeys and part of a longer journey".</p> <p>The strategy identifies a set 5 measurable objectives and targets to track progress being made by 2040, which are:  1. Double cycling, where cycling activity is measured as the estimated total number of bicycle stages made each year, from 0.8 billion stages in 2013 to 1.6 billion stages in 2025;  2. Reverse the decline in walking activity, measured as the total number of walking stages per person per year;  3. Reduce the rate of cyclists killed or seriously injured on England's roads, measured as the number of fatalities and serious injuries per billion miles cycled, each year;  4. Increase the percentage of children aged 5 to 10 that usually walk to school.</p>	<p>These objectives will be achieved by a set of three specific activities themes:</p> <ul style="list-style-type: none"> <li>• Better Safety - "A safe and reliable way to travel for short journeys" <ul style="list-style-type: none"> <li>- streets where cyclists and walkers feel they belong, and are safe</li> <li>- reduced community severance</li> <li>- safer traffic speeds, with 20 mph limits where appropriate</li> <li>- cycle training opportunities for all children</li> </ul> </li> <li>• Better Mobility - "More people cycling and walking - easy, normal and enjoyable" <ul style="list-style-type: none"> <li>-cycling facilities that are recognised by business as in the top ten globally</li> <li>-Urban areas that are considered as amongst the most walkable globally</li> <li>-dense networks of routes around public transport hubs and town centres, with safe paths along busy roads</li> <li>-better links to schools and workplaces</li> <li>-technological innovations which promote walking and cycling</li> <li>-behaviour change interventions</li> </ul> </li> <li>• Better Streets - "Civilised places where people come first" <ul style="list-style-type: none"> <li>- places designed for people, with walking and cycling put first</li> <li>-improved public realm</li> <li>-planning for walking and cycling</li> <li>-community based activities</li> <li>-A wider green network of walkways, cycleways and open spaces that lets people actively incorporate nature into their daily lives</li> </ul> </li> </ul>	✓	✓	✓	✓	✓
DfT cycling and walking programmes	National	<p>The DfT runs a number of programmes dedicated to cycling and walking, in addition to larger Government local transport programmes, such as Bikeability, Cycle Ambition Cities, Highways England and access fund. There are also DfT local transport programmes, such as Local Growth Fund, DfT highways maintenance block and Integrated Transport Block. All of these schemes have the collective vision of improving cycling and walking at a national and local scale.</p>	<p>There are a number of Government initiatives and programmes for promotion of walking and cycling, including:</p> <ol style="list-style-type: none"> <li>1. NHS Healthy New Towns: a multiagency programme where stakeholders from public bodies, housing associations and the construction sector are to come together to identify development projects where they would like the NHS support in creating "health-promoting" towns and neighbourhoods.</li> <li>2. Department of Health - Walking Cities: A £1.2m programme over 2 years to incentive more people to walk in five main cities such as Birmingham and Manchester.</li> <li>3. Public health: Everybody Active, Every Day, evidence base report acknowledges the detriments effect on public health due to the lack of physical activity.</li> <li>4. Government's new sport strategy: <ul style="list-style-type: none"> <li>• In December 2015 the Department for Culture, Media and Sport published the Government's new sport and physical activity strategy Sporting Future: A New Strategy for an Active Nation. This contains a range of cross-Government measures to reduce physical inactivity and spread the benefits of sport and physical activity to everyone.</li> <li>• Sporting Future also states that Government will work with others to ensure that all children have the opportunity to learn to cycle, through the Bikeability cycle training programme. And it stresses Government's commitment to outdoor recreation.</li> </ul> </li> <li>5. Local and city programmes: In London where cycling is a major mode of transport, the Mayor's Vision for Cycling has been to continue building on this using robust planning to target investment to maximise impact and attract further the use of the network. The majority of the funding will be directed to on-street cycling routes and infrastructure. These can help to overcome the barriers to cycling of 'fear and vulnerability' and a 'lack of cycling infrastructure', supported by behavioural change interventions to encourage more people to cycle. Major Vision programmes include: <ul style="list-style-type: none"> <li>• Substantially segregated new Cycle Superhighway routes;</li> <li>• A network of lower traffic 'Quietways' following backstreets and through parks;</li> <li>• The 'Central London Cycling Grid' of connected cycle routes;</li> <li>• A 'Better Junctions' programme of major safety improvements for cyclists; and</li> <li>• The 'Mini-Hollands programme', giving three outer London boroughs the funding to help make them as cycle friendly as their Dutch equivalents.</li> </ul> </li> </ol>	✓	✓	✓		
Everybody Active, Every Day	National	<p>An evidence based approach document evidencing the importance of embedding a culture of physical activity across the country calling at all professionals, providers and commissioners in health, social care, transportation, planning, education, sport and leisure, culture, the voluntary and community sector and both public and private employers to engage and help make a case for a more active Britain.</p>	<p>The document sets out four domains of action at national and local level:</p> <ul style="list-style-type: none"> <li>• Active society: creating a social movement. A communication strategy aimed at turning around attitudes toward physical activity. It is set out as a long-term promotion with a common vision to get everybody active every day. e.g. Change4life '10 minute shake-up' campaign.</li> <li>• Moving professionals: activating networks of expertise. To connect and activate professionals in spatial planning, social care, psychology, sport and leisure, the media, trades unions, education and business to bring about radical change.</li> <li>• Active lives: creating the right environments. Linking transport and housing planning with local health policy not only to create new networks of expertise, but also to design with physical activity as a priority and find new ways of reversing the downward trends in activity levels.</li> <li>• Moving at scale: scaling up interventions that make us active: to increase the appetite for a revolution in physical activity and health in partnership with the support and of the local and national government, professionals in schools, the health sector, transportation and the sports, leisure and voluntary sectors.</li> </ul>	✓	✓	✓	✓	

<p><b>Sports England: Towards an Active Nation Strategy (2016-2021)</b></p>	<p>National</p>	<p>Vision as outlined in the report: "We want everyone in England regardless of age, background or level of ability to feel able to engage in sport and physical activity. Some will be young, fit and talented, but most will not. We need a sport sector that welcomes everyone – meets their needs, treats them as individuals and values them as customers". The focus of this strategy is to contribute to the government's five outcomes of physical wellbeing, mental wellbeing, individual development, social and community development and economic development. To do this public funding will be targeted towards:</p> <p>1. More people from every background regularly and meaningfully engage in sport and physical activity:</p> <ul style="list-style-type: none"> <li>• Inactive people becoming active</li> <li>• More resilient habits</li> <li>• More positive attitudes among young people</li> <li>• More diverse volunteers</li> <li>• Improved progression and inclusion in talent development</li> </ul> <p>2. A more productive, sustainable and responsible sport sector</p> <ul style="list-style-type: none"> <li>• A more demand-led sport sector that welcomes everyone</li> <li>• Improved governance</li> <li>• Improved financial efficiency</li> <li>• Increased and more diverse revenue generation</li> <li>• Increased diversity in leadership</li> <li>• A diverse and productive workforce</li> </ul>	<p>Public funding will be directed towards seven investment programmes which will be underpin by a new Workforce Strategy and a new Coaching Plan. The investment programmes are:</p> <ul style="list-style-type: none"> <li>• Tackling inactivity: it is the most important features of this strategy recognizing a stronger focus to tackle this issue and target under-represented groups in the society who are less active. There is a dedicated £120m fund for this purpose.</li> <li>• Children and young people: £40 million into projects which offer new opportunities for families with children to get active and play and sport together:</li> <li>• Volunteering: create a new strategy for volunteering in sport and physical activity in England.</li> <li>• Taking sport and activity into the mass markets: Identify and back innovations that offer clear potential for growth at scale, especially in under-represented groups. Cycling is an appealing sport/ activity with a potential to widening the number of users, especially in underrepresented groups. It is already enjoyed by millions of people but also because it can easily fit in with people's busy life.</li> <li>• Supporting sport's core market: Provide insight, advice and funding to those who deliver to regular players, focusing on customer needs and delivering excellent experiences.</li> <li>• Local delivery: Invest at least £130 million over the next four years in 10 places in England to develop and implement local strategies for physical activity and sport. They will be a mix of urban and rural areas. As recommended by Sporting Future, these will be pilots to learn lessons we can then apply elsewhere.</li> <li>• Facilities: Work with the industry to develop a single customer-facing quality standard for all sports facilities and concentrate on two areas: <ul style="list-style-type: none"> <li>- A strategic capital programme: for large, usually multi-sport facilities</li> <li>- Community Asset Fund : offering grants of between £10,000–£150,000 to support and improve existing local infrastructure</li> </ul> </li> </ul>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	
<p><b>Action Plan for implementation of the European Strategy for the Prevention and Control of No communicable Diseases (2012-2016)</b></p>	<p>International</p>	<p>This EU Action Plan focuses on priority action areas and interventions for 2012–2016 within a comprehensive and integrated framework.</p>	<p>Among supporting interventions is promoting active mobility with an aim to promote increased physical activity through cycling and walking by means of modifications of the urban environment (by developing safe infrastructures, fostering the establishment of accessible green spaces for leisure time physical activity and encouraging behavioural change). It also stresses that policies, which promote cycling and walking as means of transport, have a great potential to reduce the gap in inequalities.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	
<p><b>European Charter of Counteracting Obesity</b></p>	<p>International</p>	<p>The policy addresses the growing challenge posed by the epidemic of obesity to health, economies and development, adopted by the Ministers and delegates attending the WHO European Ministerial Conference on Counteracting Obesity (2006). It suggests that impact on public health objectives should have priority consideration when developing economic policy, as well as policies in the areas of transport and urban planning.</p>	<p>Particular importance is attached to settings such as the means of transport, communities, schools, workplaces, the urban environment, housing, leisure facilities etc. A package of essential preventive actions should be promoted as measures, including promotion of cycling and walking by better urban design and transport policies.</p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	<p></p>	
<p><b>WHO Global Strategy on Diet, Physical Activity and Health</b></p>	<p>International</p>	<p>The WHO Strategy suggests that multi-sectoral policies are needed to promote physical activity.</p>	<p>National policies to promote physical activity should be framed, targeting change in a number of sectors and national and local governments should frame policies and provide incentives to ensure that walking, cycling and other forms of physical activity are accessible and safe; and that transport policies include non-motorized modes of transportation.</p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	<p></p>	
<p>Transport Link Improvements</p>									
<p><b>Road safety strategy (2015)</b></p>	<p>Local</p>	<p>This strategy will target a reduction in the number of casualties on the highway network between 2015 and 2025 to align with the delivery of Local Transport Plan 3. The vision set out in the Strategy is: "To develop a plan led approach to reducing the risk &amp; severity of collisions occurring across Telford &amp; Wrekin to create a safer and more reliable road network."</p>	<ul style="list-style-type: none"> <li>• To reduce the number of casualties on the Boroughs road network, and targeting locations which represent a high benefit to cost ratio.</li> <li>• To implement effective and appropriate speed limits and management measures on a consistent basis, in relation to road function, type of users, traffic speeds and consideration of local conditions.</li> <li>• To improve the perception of road safety for all users within the local communities, by encouraging a positive, responsible and co-existence with other users attitude to travelling through the Borough.</li> </ul>	<p></p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	
<p><b>Local Transport Plan (2011-2016)</b></p>	<p>Local</p>	<p>The Local Transport Plan 2011-2026 (LTP3) sets out the goals and objectives in relation to transport following a review of issues and challenges within the Borough.</p>	<p>The Local Transport Plan notes that walking and cycling:</p> <ul style="list-style-type: none"> <li>• Reduces carbon emissions to help tackle climate change</li> <li>• Allow everyone to access jobs, education, healthcare, shops and leisure</li> <li>• Improve the quality of life by reducing the visual, noise, air quality and other impacts of transport on people and the local environment.</li> <li>• Accommodates increasing travel without increasing carbon emissions and maintain the reduction in road accident casualties.</li> <li>• Through regeneration and new development creates an urban form that encourages cycling and walking trips.</li> </ul> <p>The Council plans to maintain and improve on infrastructure by:</p> <ul style="list-style-type: none"> <li>• Implement road safety schemes and consider the introduction of 20mph speed limits and Home Zones in urban areas and Quiet Lanes in rural areas.</li> <li>• Target road safety engineering, education, training and enforcement measures in association with promotional campaigns.</li> </ul>	<p></p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	

			<ul style="list-style-type: none"> <li>Use regeneration and development projects to encourage greater levels of active travel through better urban design and planning and creating strategic links to walking, cycling and bridleway networks.</li> <li>Personal safety issues in urban and rural areas will be addressed during project development.</li> </ul> <p>It also assumes that increased levels of active travel can be achieved through:</p> <ul style="list-style-type: none"> <li>Improved safety on the transport network, including safety education and training.</li> <li>Improved public realm and transport networks.</li> <li>Better levels of personal safety.</li> <li>Promotion of active travel and its associated benefits (for example health, financial, climate change).</li> </ul>					
<b>Marches LEP SEP</b>	Regional	Investing in infrastructure is one of the themes of the Strategic Economic Plan (SEP) of the Marches Local Enterprise Partnership (LEP). Transport and infrastructure are a fundamental focus for the Marches SEP and make up a major proportion of the 'ask' with regard to investment. Ageing infrastructure and strategic road networks, poor site access, public transport difficulties and high levels of congestion are acting as restraints on the levels of major growth that could be delivered. The projects proposed will help to remove these constraints – they are the enabling infrastructure which will allow the Marches to accelerate growth.	The plan proposes a series of infrastructure priorities which would serve the Marches; these projects would unlock land to deliver more sites and provide improved transport networks, including public transport and sustainable transport such as walking and cycling. In Telford, Telford Growth Point Package received support for implementation. The package (in addition to highway improvements) is also supported by sustainable transport improvements across the Borough enhancing the cycle network providing linkages into the employment areas.				✓	
<b>Active Travel Strategy</b>	National	The Active Travel Strategy (2010) emphasises the need for better infrastructure in increasing the modal share of active travel. It also makes reference to Britain's continuing poor levels of air quality, the measureable cost of which is around £10 billion per year. The National Active Travel Strategy targets the increased uptake of cycling and walking as a way of increasing air quality whilst bringing with it various health, economic and environmental benefits. The National Active Travel Strategy also continually highlights the correlation between congestion and economic productivity and the role of Active Travel in alleviating the former to increase the latter. The strategy targets technological advancements in transport as well sustainable and active travel choices as the two main weapons in combating congestion. The National Active Strategy endorses moderate physical activity citing its potential to reduce the risk of major chronic diseases such as coronary heart disease, strokes and type 2 diabetes.	The strategy commits to substantial investment in cycling infrastructure with the aims to provide: <ul style="list-style-type: none"> <li>Cycle parking within easy reach of every public building</li> <li>Sufficient secure bike parking at every rail station to be delivered through the Rail Integration Taskforce</li> <li>Provide fully supervised cycle-hubs -</li> <li>Extend the network of 20mph streets</li> <li>Increase the number of cycling hubs at UK rail stations, providing bike hire, parking and repair</li> <li>Improve cycling facilities on the UK rail network – support four train companies to come 'bike and ride' flagship operators</li> <li>Provide improved and safer links to approximately 500 schools</li> <li>Engage more employers in the Cycle to Work scheme – provide the relevant cycling infrastructure that allows employees to cycle to work and store their bicycle safely.</li> <li>Continue to support development in areas with good pedestrian and cycling access to local amenities</li> </ul>	✓		✓		✓
<b>Highways England: Cycling Strategy</b>	National	HE is in charge of operating, maintaining and modernizing the strategic road network but also supporting the needs of vulnerable road users such as cyclists. The ambitious £11 billion Route Investment Strategy encompasses integrated schemes aimed at improving cyclists' facilities.  The Delivery Plan will commit £100m of ring-fenced funding in 200 cycling schemes to 2021 aligning with the government vision to make cycling a natural choice for journeys and the development of the Government's Cycling and Walking Investment Strategy.  It will contribute towards the development of integrated, safe, comprehensive and high quality cycling network, but it also recognizes the limitations of the network such as prohibitions of using motorways and incompatibilities with major parts of the network.	HE strategy aims at improving cycling environment by: <ul style="list-style-type: none"> <li>Reviewing the extent and quality of the existing cycling network.</li> <li>Identifying, prioritising and investing in ways to improve cycling conditions.</li> <li>Progressively creating comprehensive and coherent cycle networks with their stakeholders and delivery partners.</li> </ul> <p>And additionally it will also bring about:</p> <ul style="list-style-type: none"> <li>Training and developing our planners, designers, engineers and service providers to think differently about cycling infrastructure.</li> <li>Working more collaboratively with our partners and stakeholders.</li> <li>Improving how HE plans for cycling.</li> <li>Supporting the overall development of cycling related infrastructure design and planning.</li> </ul> <p>The benefits of the HE cycle strategy take into account the favourable effects on the community from the environmental point of view as it has negligible climate change, air pollution and noise repercussions.</p>			✓	✓	
<b>Transport White Paper: Roadmap to a Single European Transport Area - Towards a competitive and resource efficient transport system</b>	International	The European Commission (EC) adopted in 2011 40 concrete initiatives to build a competitive transport system that will increase mobility, remove major barriers in areas and fuel growth and employment. It suggests that facilitating walking and cycling should become an integral part of urban mobility and infrastructure design.	One of the initiatives of the Paper is "promoting more sustainable behaviour"; particularly, to promote awareness of the availability of alternatives to individual conventional transport (e.g. walk and cycle)".					✓
<b>Europe 2020</b>	International	This report is the European Union's ten-year growth strategy and it puts forward three mutually reinforcing priorities: Smart growth, Sustainable growth and Inclusive growth. The aim of this is to support the shift towards a resource efficient and low-carbon economy and to decouple the economic growth from resource and energy use, reduce CO2 emissions, enhance competitiveness and promote greater energy security. The Commission will work on proposals to modernise and decarbonise the transport sector thereby contributing to increased competitiveness.	One of the Flagship Initiatives of the strategy is the "Resource efficient Europe", which will secure growth and jobs for Europe.					✓






<b>Road Safety Policy Orientations 2011-2020</b>	International	One of the EC's sub-objectives in this policy document is the protection of vulnerable road users – riders of powered two-wheel vehicles, pedestrians and cyclists. The EC notes that potential or perceived road safety risks remain a decisive obstacle for potential cyclists.	The EC acknowledges the significant environmental, climate, congestion and public health benefits of cycling and it identifies the Action Plan on Urban Mobility as the main means of improving the safety of cyclists.		✓	✓			
<b>Pan-European Master Plan for Cycling Promotion (2014)</b>	International	In the 2014 Paris Declaration, adopted by Transport, Health, Environment Pan-European Programme (THE PEP), revealed that they "Decide to initiate the development of a pan-European Master Plan for Cycling Promotion, supported by guidelines and tools to assist in the development of cycling promotion policies at the national level. This new initiative will be undertaken within the framework of THE PEP partnerships."	The exact content of a draft master plan will be developed by the end of 2016 and its official adoption is foreseen in 2019.			✓			
Sustainable Transport									
<b>Telford &amp; Wrekin Council Sustainable Modes of Travel Strategy (2016-2021) (Draft)</b>	Local	This strategy outlines how Telford and Wrekin intend to meet the requirements of the Education and Inspections Act 2006 and in so doing it would work towards meeting the sustainable transport aims and objectives of the Telford & Wrekin Local Transport Plan and Accessibility Strategy. In particular, this strategy promotes choice for children and young people to use sustainable travel alternatives, develop healthy, safe & active lifestyles and to help protect our future environment. A number of initiatives and travel events are outlined in the document which schools take part in. The Walking and Cycling Strategy will aim to complement these measures.	<ul style="list-style-type: none"> <li>Improving the quality of the local and global environment, by reducing carbon emissions associated with school travel and reducing local congestion</li> <li>Helping to reduce child casualties</li> <li>Widening choice by improving accessibility to educational establishments and activities</li> <li>Improving the physical and mental health of children and</li> <li>Contributing to improving educational achievement and attendance</li> </ul>	✓	✓				
<b>Action Plan on Urban Mobility</b>	International	This EU document proposes twenty measures to encourage and help local, regional and national authorities in achieving their goals for sustainable urban mobility. Under Theme 1 (Promoting integrated policies) Action 3 (Transport for healthy urban environments) can be found, which stresses that sustainable urban transport can play a role in creating healthy environments and contribute to reducing non-communicable diseases such as respiratory diseases, cardiovascular diseases and injury prevention.	The EC supports the development of partnerships towards healthy environments and will explore, in the context of its work on public health, further synergies between public health and transport policy. Under Theme 6 — Optimising urban mobility it recognises that affordable and family-friendly public transport solutions are to encourage citizens to become less car-dependent, use public transport, walk and cycle more, and explore new forms of mobility.	✓		✓			✓
Shaping of the area									
<b>Shaping Places - Local Plan of Telford &amp; Wrekin (2011-2031)</b>	Local	The Local Plan will set out policies and priorities for development in relation to housing, green space, shops, businesses, transport and community facilities. It recognises that with work places and homes being segregated as part of the new town principles, and with good link roads, Telford is relatively unsustainable in terms of travel behaviour although it does have an extensive cycling and walking network albeit parts of which are unsafe and poorly lit. The challenge for the borough is to use the Local Plan to re-shape and create an urban form and density that is more conducive for cycling, walking and viable public transport provision.	<p>The aims and associated objectives of the documents that walking and cycling could contribute the most to are the following:</p> <ul style="list-style-type: none"> <li>Aim 1: Promoting prosperity and opportunity for everyone <ul style="list-style-type: none"> <li>-to expand the borough's leisure, tourism and business visitor offer (by increase in X visitor numbers/%);</li> </ul> </li> <li>Aim 4: Promote more socially cohesive, healthy and active communities <ul style="list-style-type: none"> <li>- Enable healthier lifestyles and improve the health and wellbeing of the population;</li> <li>- Address social and economic deprivation;</li> </ul> </li> <li>Aim 5: Enhance the infrastructure for improved access and communication <ul style="list-style-type: none"> <li>- Support the continued provision of a highly accessible and integrated transport network;</li> <li>- Encourage and help enable greater access by non-vehicular means to local green space, services and locations of employment;</li> </ul> </li> <li>Aim 7: Reduce the environmental impact of new development</li> </ul> <p>Across different policies, developers will be expected to:</p> <ul style="list-style-type: none"> <li>take into consideration the needs of pedestrians and cyclists;</li> <li>provide safe, appropriately lit, accessible and convenient internal routes in the development for a range of modes including walking, cycling;</li> <li>design development blocks (avoiding cul-de-sacs) of a size that encourages filtered permeability for walking and cycling and traffic calming measures;</li> <li>fund enhancement of local and strategic walking and cycling routes;</li> <li>appropriately locate development that is accessible by walking, cycling and public transport;</li> <li>provide secure, covered, convenient on plot space to park cycles within all residential developments;</li> <li>provide public cycle parking in convenient, overlooked, locations to serve on site</li> <li>facilities such as shops and recreational areas;</li> <li>encourage walking and cycling in the layout and design of streets and open space and design for the car without harming the quality of the place;</li> <li>to adapt to climate change and provide measures to encourage greater levels of sustainable travel.</li> </ul>	✓	✓	✓	✓	✓	






<p><b>Shaping our Future Community Strategy (2013)</b></p>	<p>Local</p>	<p>Sets out the vision for the Borough until 2020.</p>	<p>The strategy identifies 4 themes and three most important ones that relate to walking and cycling are:</p> <ul style="list-style-type: none"> <li>• Live – a place people choose to live and feel they belong whatever their background. We will continue our efforts to (...) improve health and address health inequalities, (...) work to ensure that all of our communities are safe and feel safe.</li> <li>• Visit – to continue to attract more visitors to the Borough. For more sporting visitors the Borough hosts a range of events and these will flourish as the Council and partners work with local sports clubs to support and promote these events and develop new ones too: promoting the Borough and civic pride, whilst increasing participation in sport to improve the health and wellbeing of the local population.</li> <li>• Play – to encourage positive and active lifestyles and community participation (...) to work with our communities to protect and maintain this infrastructure which links the Borough through footways and cycle paths – such as the Silkin Way. By encouraging 'active lifestyles', the environment will play a central role in the improvements to the health and wellbeing of the Borough.</li> </ul> <p>Two outcome measures to deliver by 2020 where walking and cycling could play a core role were identified:</p> <ul style="list-style-type: none"> <li>• Reduced early deaths from cancer and heart disease to the national rate</li> <li>• Reduced child obesity to the national rate</li> </ul>	<p>✓</p>	<p>✓</p>				
<p><b>Cycle Delivery Plan</b></p>	<p>National</p>	<p>This draft Cycling Delivery Plan is a 10 year plan for England, setting out government's vision for cycling and walking and the role everyone has to play in achieving this vision. In delivering this plan, the Government plans to set up partnerships with local authorities, where - in exchange for signing up to a series of actions that we believe are necessary to deliver ambitious changes in cycling and walking - local authorities will receive access to supporting tools and incentives, including knowledge sharing, priority access to funding and sector expertise.</p>	<p>In forming a partnership with government, local authorities would be expected to:</p> <ul style="list-style-type: none"> <li>• Set a clear and specific vision for their area which outlines how cycling and walking will be increased and supported in a defined area over a defined period;</li> <li>• Develop a local walking and cycling delivery plan, supported by their own local partners - such as voluntary sector organisations;</li> <li>• Appoint an influential cycling and walking champion locally (be that an elected member, supported by senior officer or a public figure);</li> <li>• Demonstrate a commitment to door-to-door journeys, and to creating safe cycling and walking provision through cycle proofing and pedestrian proofing new transport infrastructure and, where relevant, a planned and funded cycling and walking investment programme;</li> <li>• Demonstrate that their walking and cycling plans include steps to meet the needs of people from hard to reach groups – including disabled people, older people and others - where those needs are different from the needs of other people.</li> </ul>			<p>✓</p>	<p>✓</p>		
<p>Environmental</p>									
<p><b>A Climate for Change (2008-2026)</b></p>	<p>Local</p>	<p>The Council's strategy 'A Climate for Change' 2008-2026 aims "to address the causes of climate change by reducing greenhouse gas emissions and preparing for the impacts of a changing climate". A target was set for the reduction of emissions as to reduce annual CO2 emissions by 60% from 1990 levels, by 2050 (36% by 2026).</p>	<p>According to the strategy, road transport accounts for 23% of CO2 emissions in Telford and Wrekin, whilst based on consumption this figure increases to approximately 29%. Transport therefore plays an important role in tackling climate change, both by being at risk due to climate change and through its impact on the GHG emissions.</p>	<p>✓</p>					
<p><b>Telford &amp; Wrekin Local Green Infrastructure Needs Study (2013)</b></p>	<p>Local</p>	<p>The study identifies the areas of greatest need for green infrastructure in relation to health and wellbeing. Specifically, it looked at the need for green routes based on the current population movement gradient between residential areas and workplaces and/or residential areas and schools and future population movement gradient (for each housing option) between residential areas and workplaces and/or residential areas and schools. This way it suggested the areas of the borough where large numbers of people are likely to want to pass through regularly and found that the green travel routes between people's homes and places where they shop, work or go to school are most needed in urban parishes.</p>	<p>Strong concentrations of need include:</p> <ul style="list-style-type: none"> <li>• Newport</li> <li>• Central Telford: the shopping facilities, institutions and other work places clustered in Telford Town Centre are a major destination and as such generate the strongest needs for accessibility through green(er) travel routes</li> <li>• Parishes in northern Telford, particularly: <ul style="list-style-type: none"> <li>- Around Wellington town centre and the areas immediately to the north</li> <li>- Hadley and Leegomery – where the hospital as well Hadley Park and Hadley Learning Community are likely destinations for surrounding communities</li> <li>- Wrockwardine Wood and Trench as well as Muxton and Donnington (respectively in Wrockwardine Wood and Trench, and Lilleshall, Muxton and Donnington)</li> <li>- In Oakengates around the train station, the Sports &amp; Learning Community and retail and other facilities around Market Street</li> <li>- In St Georges and Priorslee – where St Georges Primary School and the Priorslee Campus are expected to be likely destinations for surrounding communities</li> </ul> </li> <li>• Parishes in the south of Telford, particularly: <ul style="list-style-type: none"> <li>- Around schools and communities in Stirchley and Brookside</li> <li>- Across Woodside and Sutton Hill in Madeley, as well as around the Madeley Centre and Tesco Superstore</li> </ul> </li> </ul>	<p>✓</p>					

<p><b>Creating Growth, Cutting Carbon: Making Sustainable Local Transport Happen</b></p>	<p>National</p>	<p>The White Paper produced by the Government in 2011 supports the active travel strategy in which the Government's commitment to facilitating travel by active travel is reaffirmed along with a commitment to infrastructure improvements. In addition to the infrastructure commitments outlined in the Active Travel Strategy, the white paper commits to the continued development of the cycling journey planner which allows the user to select a route between two points based on skill and confidence but also provides the most recreational route if so desired. It highlights the tangible benefits of localised active transport initiatives as a method for improving air quality. It recognises that while technology is more expensive and not always yet suitable, sustainable travel choices are an opportunity that exists now.</p>	<p>Expenditure on encouraging and facilitating walking and cycling travel is inexpensive and provides far greater value for money than traditional road schemes. The White Paper suggests in economic terms, public realm improvements which increase the appeal of local centres to those on foot or cycle are proven to be economically beneficial with public realm improvements providing between 5% and 15% uplift in high street expenditure. Health benefits also save the NHS money, with the cost of obesity alone costing the NHS £4.2 billion per year. In addition to the obvious weight management benefits of active travel, active travel can contribute to the promotion of a healthier lifestyle which stands to reduce absenteeism which costs around 172 million working days and the economy over £13 million.</p> <p>Behaviour change is a crucial element in the shift from car dominated journeys to active travel. An approach called the 'nudge' is supported in the White Paper; to qualify as a 'nudge' an intervention must be easy and accessible and not reduce choice. Choices become well informed, in transport terms this could mean better signage or clearly designated cycle ways, they gently encourage users to make choices which are better for them. The white paper encourages place makers to be aware of their local needs and tailor nudges accordingly. Nudges, however, are seldom effective in isolation. They are suited to forming a package of measures targeted at increasing the uptake of active travel which could include marketing and the increased provision of infrastructure.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p></p>	<p></p>	
<p>Financial</p>									
<p><b>The British Cycling Economy - 'Gross Cycling Product' Report (2011)</b></p>	<p>National</p>	<p>Findings of the report find that the full extent of cycling contributions to the British economy include saving £2 billion over a ten year period in terms of absenteeism; • A 20 per cent increase in current cycling levels by 2015 could save the economy £207m in terms of reduced traffic congestion, £71m in terms of lower pollution levels, £107m through the reduction of premature deaths and £52m reduction in NHS costs; and the latent demand for cycling could amount to £516 million.</p>	<p>facilitators in the cycling ecosystem include:</p> <ul style="list-style-type: none"> <li>• Cycling has been made appealing to the widest number of user groups</li> <li>• Coordinated and preferential traffic signals that facilitate faster and safer journeys</li> <li>• 'Short cut' routes in dense urban areas that join arterial road routes</li> <li>• Traffic calming initiatives that include road narrowing and speed restrictions</li> <li>• Extensive parking and in some areas, designated women-only spaces</li> <li>• Established bike rental schemes</li> <li>• Long-running training programmes for children</li> <li>• The prevalence of strict 'liability laws'</li> </ul>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p></p>	<p>✓</p>	

## Appendix 4 – Quality of Service methodology

Table 1 - Quality of Service Grade Rating by Criteria

RATING	DESCRIPTION	EXAMPLE
<b>Criteria 1 – Surface Condition</b>		
A+	High quality well maintained surface no manholes, gullies other ironworks (or any such fully integrated with the pavement and no loss of surface friction).	
A	High quality well maintained surface. But manholes, gullies other ironworks with perceivable lack of surface friction.	
B	Surface with deteriorating surface or poorly maintained with debris evident.	
C	Undulating, cracked, generally an unsatisfactory ride experience	
D	Very poor ride quality - cyclist experiences jolts - with severe undulations due to e.g. concrete aprons, and/or very poorly maintained surface. Unsuitable and needs action.	

RATING	DESCRIPTION	EXAMPLE
<b>Criteria 2 – Cycle Track/Lane Width (Equivalent to Number of Adjacent Cyclists)</b>		
A+	2.5m	2 +1 
A	2 to 2.5m	1 +1 
B	1.8 to 2.0m	1 +1 
C	1.5m to 1.8m (Mixed traffic, bus lanes, advisory cycle lanes)	1 +0 
D	<1.5m (Mixed traffic without appropriate traffic regime and heavy traffic - <2.0m on mixed Ped./Cycle Paths)	1 +0 
<b>Criteria 3 – Number of Conflicts (per km)</b>		
A+/A	<=1	Entrances to petrol stations and retail centres, bus stops located within cycle facilities, side roads, side roads, signalised junctions, parking areas (up to 4 spaces = 1 conflict), taxi ranks (up to 2 spaces = 1 conflict), loading bays, and gaps in cycle network.
B	2 - 3	
C	4-10	
D	>10	

RATING	DESCRIPTION	EXAMPLE
<b>Criteria 4 – Junction Time Delay (If cyclist has priority over junction no time delay assumed)</b>		
Not Significant A+/A	Cyclists experiences little or no delays at junctions, crossings etc.	Few junctions along a route, therefore cyclists rarely required to stop.
Perceivable B/C	Cyclists experiences some delay at junctions, crossings etc.	Cyclists required to stop at some junctions; however the delay is not too significant.
Excessive D	Cyclists stopped at regular intervals with significant wait times.	Stopped very regularly at junctions and likely that many cyclists will pass through red signals as delays are too long.
<b>Criteria 5 – Comfort Factor</b>		
A+	Greenway / off-road premium route.	-
A	Off road, separated by verge / next to very quiet road	-
B	Segregated cycleway of adequate width / On road compulsory cycleway on a quiet, wide road / quiet shared street	-
C	On road compulsory cycleway on a busy, wide road / On road advisory cycleway (or shared bus lane) in low speed (actual – not theoretical 30kph zone!) quiet road / moderately trafficked shared street	-
D	On road advisory (or shared bus lane) with heavy competing flows and a general feeling of discomfort.	-

## Appendix 5 – Cycling Infrastructure Review

### Aim

To carry out a strategic review of existing cycling infrastructure in Telford & Wrekin in order to establish the quality and conditions of the existing cycling network.

### Methodology

The strategic review of existing cycling infrastructure provision was undertaken within the Access Fund Areas. The review involved a Quality of Service Assessment, which allowed the measurement of the quality of cycling routes using grading system (A\*-D) and these were determined against five criteria.

Additionally, the importance of each cycling route was also assessed and each route was categorised in terms of importance. This was determined through a number of criteria based on connectivity. The table of criteria can be found below.

Importance	Criteria
Most	<ul style="list-style-type: none"><li>• Connection between residential and trip attractors</li><li>• Links over and under major roads</li><li>• Provides access to a primary or secondary school</li><li>• Links major routes together</li></ul>
Medium	<ul style="list-style-type: none"><li>• Provides routes to parks or green spaces</li><li>• Routes for general leisure</li><li>• Isolated stretches of routes that provide local connectivity</li></ul>
Low	<ul style="list-style-type: none"><li>• No connection between origins and attractors</li><li>• Isolated short piece of route providing no purpose</li><li>• Complete rural routes away from residential areas</li></ul>

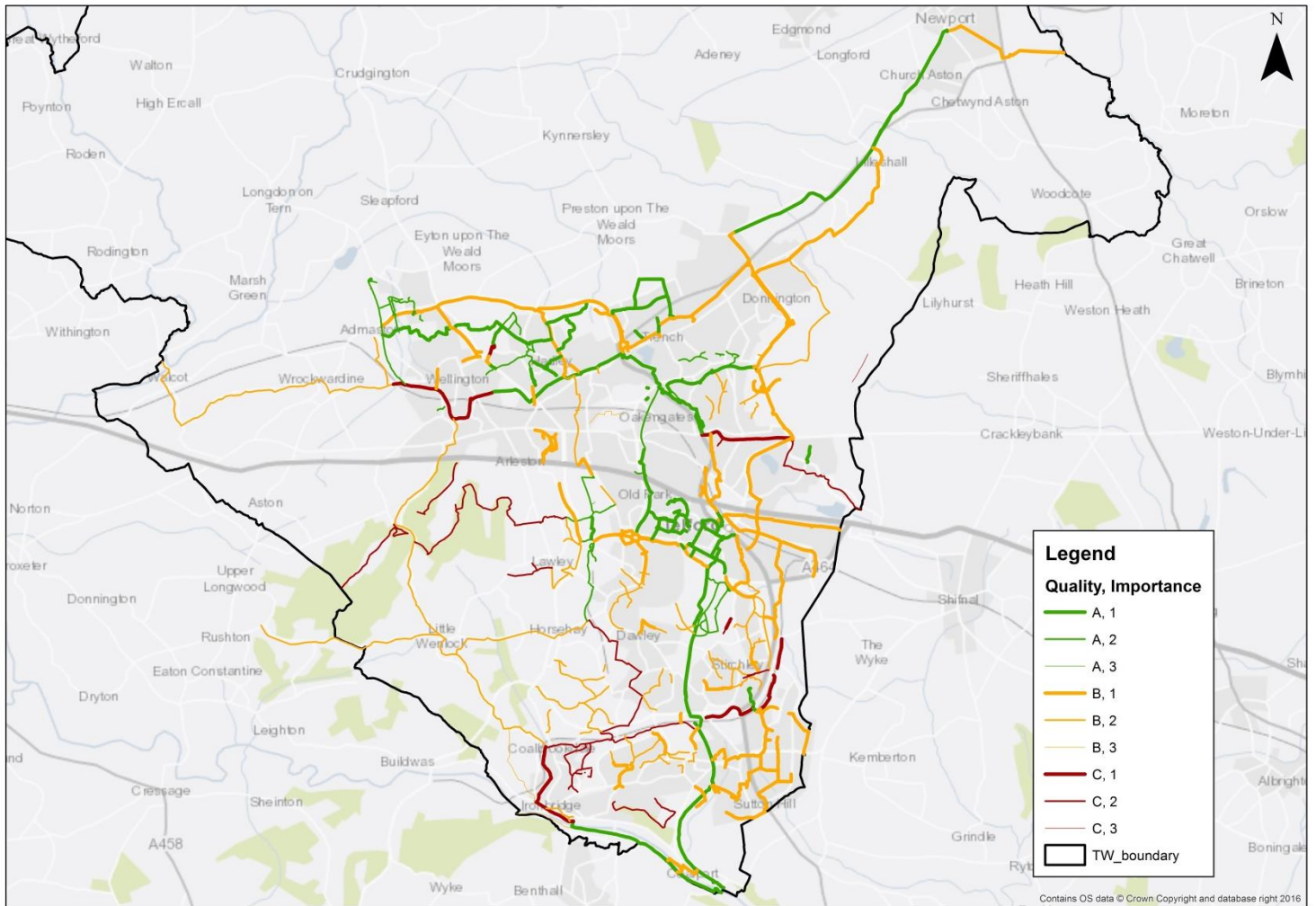
Through the assessment of both the importance and the quality of cycling routes and information was analysed and both data from quality and importance assessments were combined and can be seen through the Quality versus Importance map.

### Results

Results from the site audit are highlighted in detail on the plan below. However, overall a significant number of routes were classed as a grade B with a handful of routes being evaluated as a grade C. It should be noted that no routes received a grade lower than C. Additionally, some routes received grades of A\* and A and many of these were routes that were recently upgraded through the Local Sustainable Transport Fund. These included the Silkin Way, which provides a high quality traffic free route for walkers and cyclists' through urban areas of Telford and provides direct access to the Town Centre, Town Park and a number of residential areas in the South. These are in addition to the Box Road project within Telford Town Centre and the NCN 55 connecting Telford Town Centre to Newport.

The outcome of the exercise highlighted the routes and areas that require intervention. More specifically, routes that were deemed to be important but are of a poor quality would be considered as priorities. Improvements are considered to be made to the directness, safety and consecutiveness of routes through improving maintenance, surface conditions and the shared use of routes.

The figure below shows the Quality vs Importance map.



Evidence of these findings can be seen through the following images:



Silkin Way, South of Telford Town Park



Rough Park Way



Woodside Estate



Ironbridge Way

## Appendix 6 – Walking Infrastructure Review

### Aim

To establish the use and accessibility of the walking network in the Telford & Wrekin borough. Through conducting a site visit, the quality of certain routes shall be evaluated and categorised into their most appropriate use.

### Methodology

Sites were established based on a review of Open Street maps<sup>1</sup> walking routes and the Travel Telford Cycling Map<sup>2</sup> in relation to the geographical focus areas (Active North, Attractive Centre and Accessible South). It was recognised that the assessment being undertaken by the cycling audit at the same time would cover a number of shared-use routes, therefore attention was focused more on walking-only routes and where there were connections to various landmarks, local centres, town centres or industrial parks.

To assess the whole of the Telford and Wrekin borough appropriately, a number of small local centres were reviewed to ensure the focus areas were representative of the region as a whole.

As such, the following sites chosen were:

Site	Area	Site	Area
1	Lilleshall	7	High Ercall
2	Newport (Church Aston)	8	Longdon upon Tern
3	Forton (outside of borough)	9	Wellington
4	Newport/Harper Adams University	10	Oakengates
5	Tibberton	11	Telford
6	Waters Upton		

At each site, an evaluation was conducted using the following survey template:

#### Walking Survey

**Site:**

**Reason for site choice:** Residential walking connections

**Route focus:**

*In this section, rate on a 1-5 scale (1 being poorest quality, 5 being no change needed) and/or make comments when necessary. Please also provide any relevant photos as evidence.*

**Areas to comment/focus on:**

Lighting:

Security:

Signage Quality (rustiness, readability etc.):

Surface Quality: Accessibility of the road/walkway: Number of adjacent cyclists (please refer to QoS ratings):

Connectivity to areas:

Directness:

Severance/barriers:

Type of route:

**Any other comments:**

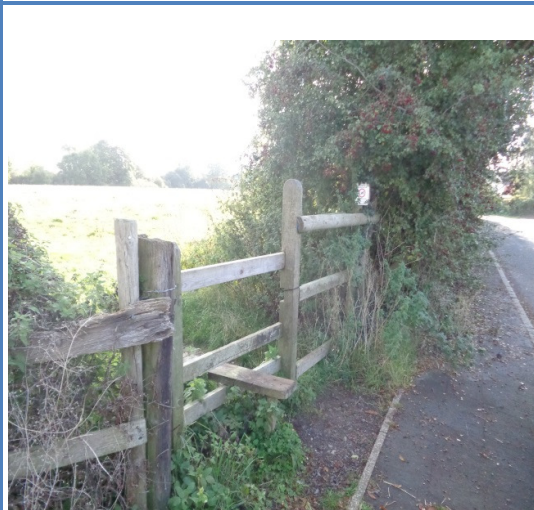
**Evidence:**

## Results

Trends of route use were found to be:

- Sites 1,3 and 5-8 were mostly used for recreational purposes being country walks through green space
- Site 2 and 4 (Newport region) displayed an area of both recreational and commuter uses of walking paths, including linkages between Newport town and Harper Adams University
- Sites 9-11 were more urbanised and therefore the primary use for most routes was

Evidence of these findings was captured through the use of photos, examples as shown.



Example of a style along a walkway in Lilleshall



Canal walk linking Newport and Harper Adam's University

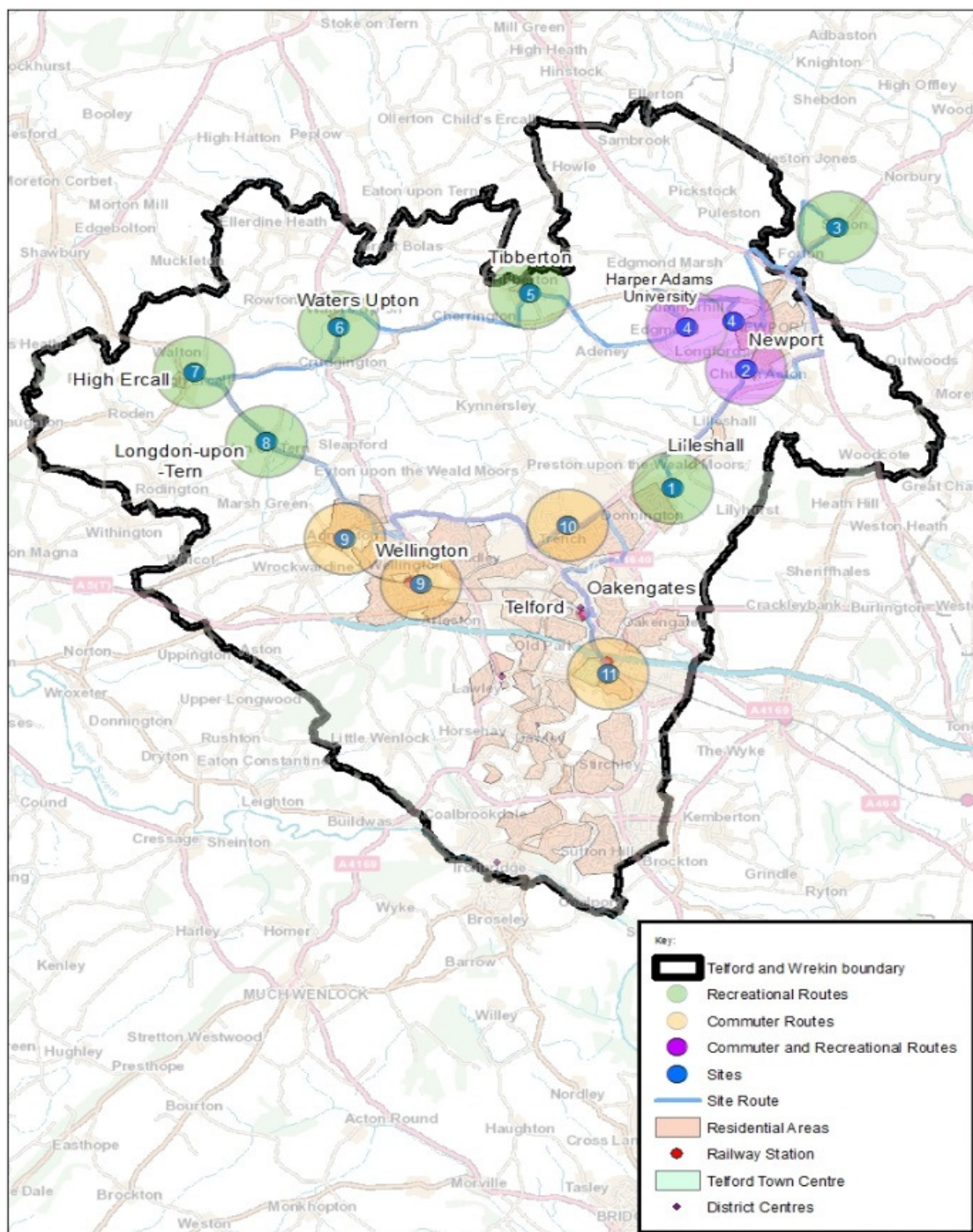


Overgrown walking route in Wellington



Off-road walking and cycling route adjacent to the M54

To compliment these results, the following map was created:



<sup>1</sup><http://www.openstreetmap.org/search?query=telford#map=12/52.6566/-2.4242&layers=C>

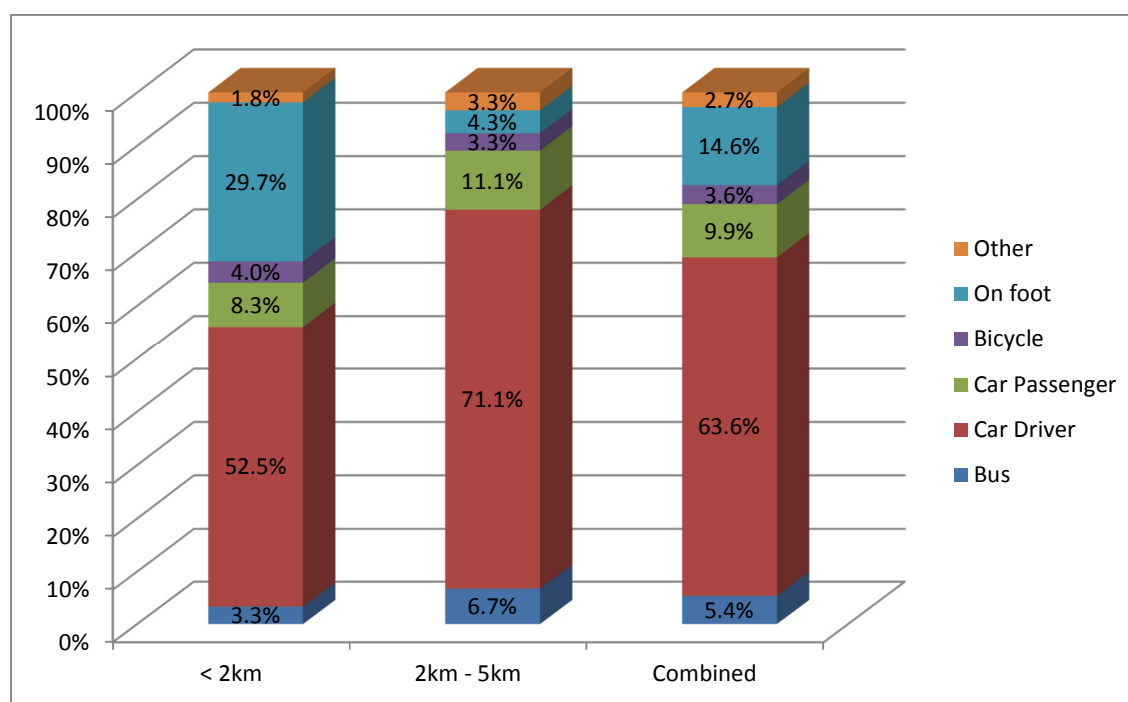
<sup>2</sup>[http://www.telford.gov.uk/downloads/file/1743/walking\\_and\\_cycling\\_map\\_of\\_telford\\_and\\_wrekin](http://www.telford.gov.uk/downloads/file/1743/walking_and_cycling_map_of_telford_and_wrekin)

## Appendix 7 – Travel to Work analysis

### Travel to Work

Short commutes can easily be made by walking or cycling, or as part of a longer commute when using public transport. It is also a way of incorporating physical activity into people's existing daily routines and addressing a number of issues associated with both physical inactivity and local congestion. Telford has particularly high levels of people commuting by car with 70% of all Telford and Wrekin residents drive to work, compared to 65% across the West Midlands conurbation and 57% across England.

Whilst for some there are time restrictions in their commute, for the majority of people the potential for walking and cycling as a method of travel to work is appropriate for most journeys under 5km. It takes 15 minutes on average to cycle 5 kilometres, and 25 minutes to walk 2 kilometres. Figure 3 shows the distance travelled to work in Telford and Wrekin broken down by mode.



**Figure 1: Distance Travelled to Work by Method of Travel to Work with Telford and Wrekin**

Source: 2011 Census Data

**Figure 1** shows that travelling to work by bike on journeys below 5km is very low at 3.6%. Nearly 30% of people travelling less than 2 kilometres for work do so by foot but over half of people drive for these journeys. A significant mode shift for this journey to walking and cycling would seem very achievable and improve people's activity levels and wellbeing as well as significantly reducing local congestion and the demand for car parking.

Nearly 50,000 commuter trips are made every day within Telford and Wrekin (i.e. by Telford and Wrekin residents who also work in the Borough). 45% of these trips are made to the major employment areas of;

- Telford Town Centre (7,200 trips of which 21% are within 5km),
- North Telford (6,590 trips of which 44% are within 5km),

- Stafford Park (4,399 trips of which 41% are within 5km) and
- Halesfield (4,016 trips of which 38% are within 5km).

These employment sites are bordered by a number of residential areas where it would be expected that many of the workforce is drawn from and, and as such it would be expected that walking and cycling would represent a greater proportion of total commuter trips. Workflow patterns are shown the following maps.

Figure 2a – Workflow patterns to Telford Town Centre

Figure 2b – Workflow patterns to Hortonwood

Figure 2c – Workflow patterns to Stafford Park

Figure 2d – Workflow patterns to Halesfield

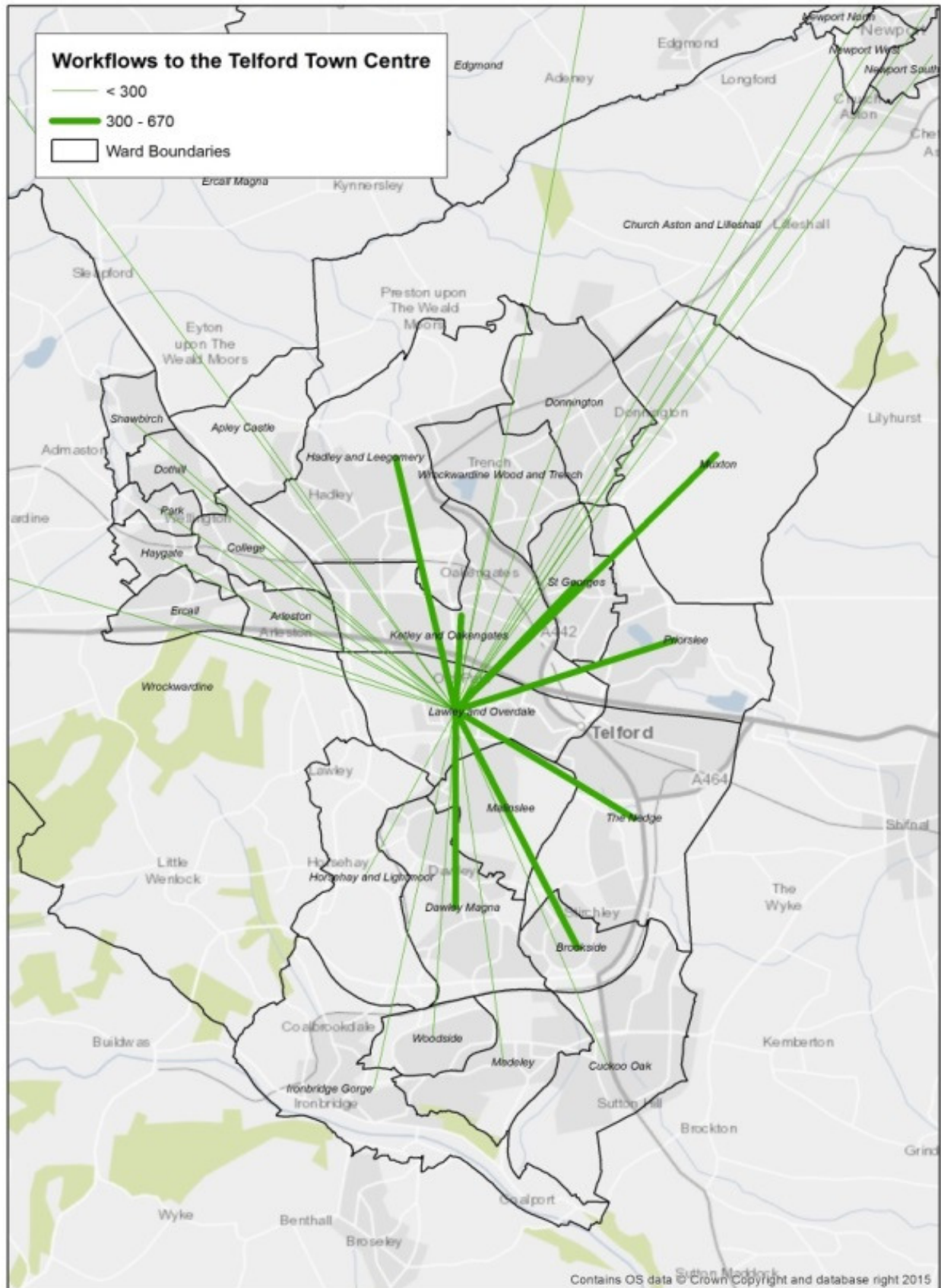


Figure 2a: Workflow patterns to Telford Town Centre

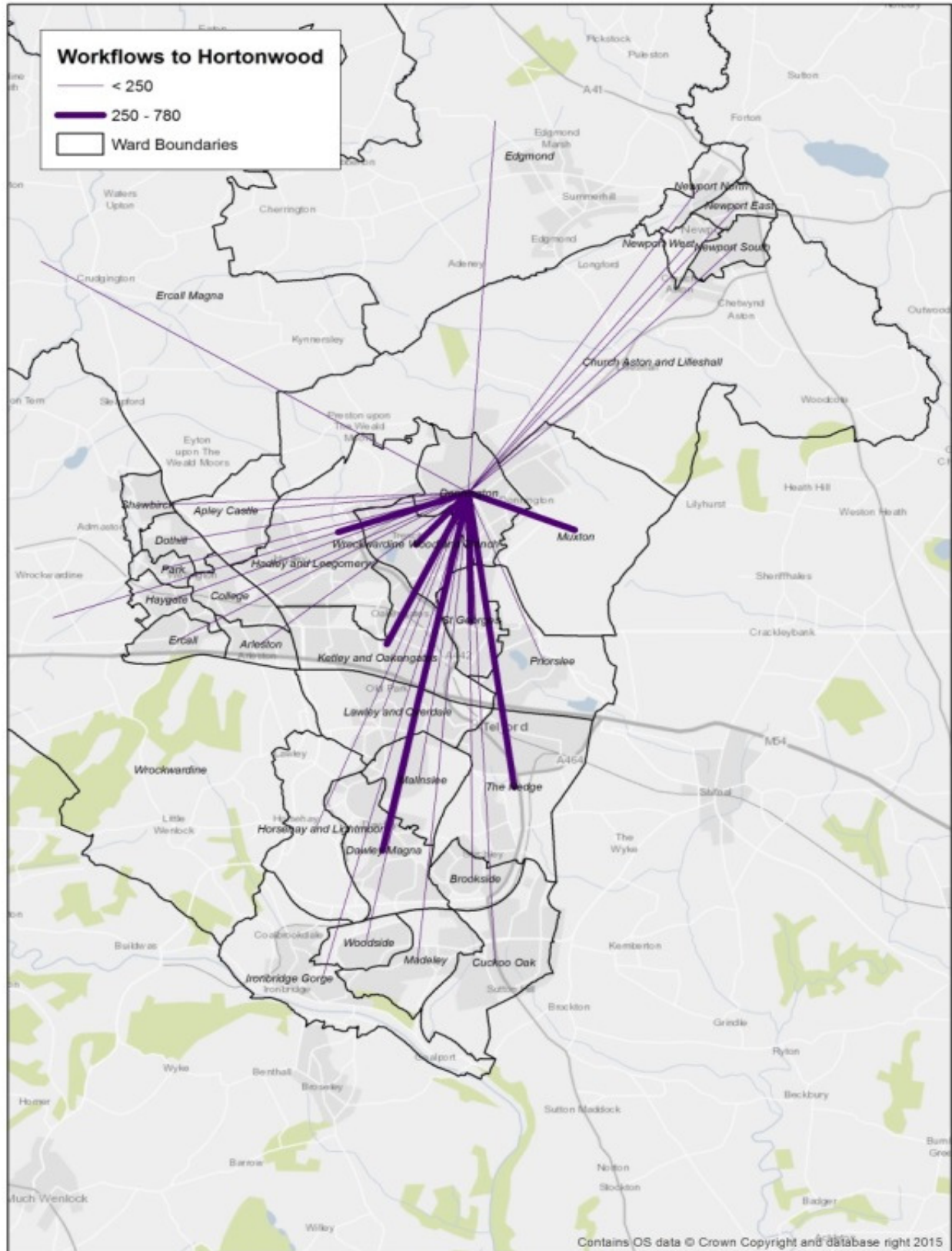


Figure 2b: Workflow patterns to Hortonwood

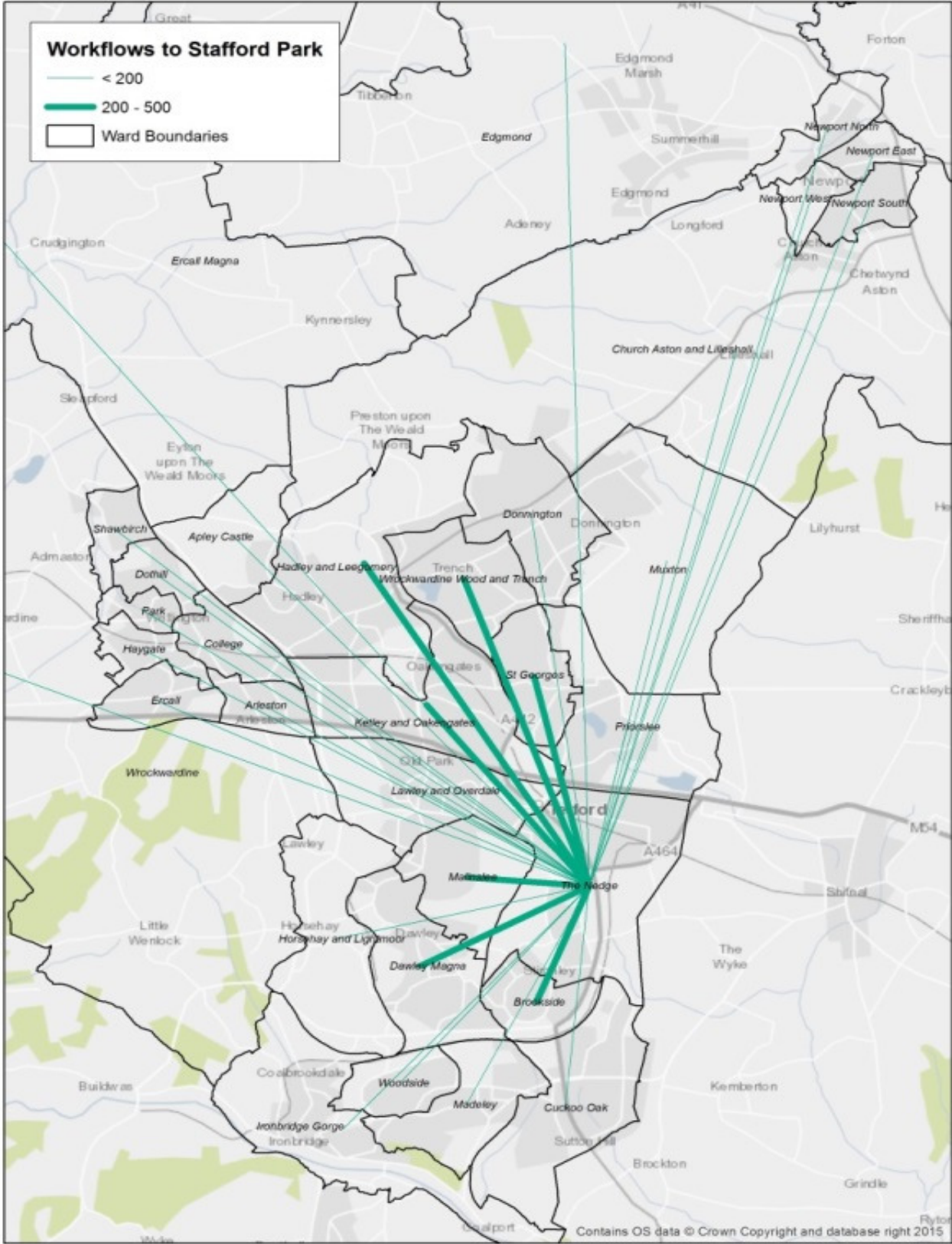


Figure 2c: Workflow patterns to Stafford Park



## Appendix 8 – Progress to date with cycling & walking facilities and initiatives

Similar to other 'New Towns', the development of the Telford urban area in the 1960s and 1970s, as well as the construction of the M54, A442 and other major roads, created a transport network with segregated and traffic free walkways and cycleways with underpasses and bridges across the major roads. This has many advantages in terms of providing traffic free routes but many of these are poorly lit and are not well used in the evenings and early mornings. This will discourage people from using these as routes to and from work or school etc. and measures need to be considered to improve lighting, maintain vegetation and improve natural surveillance.

Many of the housing estates created in the 1960s and 1970s are of a 'Radburn style' design where there are no through-routes for cars but a series of footways and cycleways providing connectivity through the estates, overlooked by surrounding houses. In this sense, there is a distinct advantage for journeys to be undertaken by cycling and walking as the routes can be much more direct than driving. However, as with the wider highway and walkway network, having segregated routes can raise safety and personal security issues if they are not well used, overlooked or well lit.

### Types of Infrastructure

There are predominately two types of infrastructure provided across the Borough for cycling and walking; shared use paths with line markings delineating use between pedestrians and cyclists and shared use paths with footways slightly elevated.



In addition to the shared paths for walking there are pedestrianised areas within the local centres and footpaths bordering the pre 'New Town' roads and those recently built. There are also off-road walking paths in more rural areas such as the 'Shropshire Way' walking route that provides pleasant leisure routes. A number of routes in Telford are classed as 'shared-use', being suitable for both walkers and cyclists. The cycle routes are broadly categorised as;

- National Cycle Network routes
- Strategic Cycle Routes



- Local (Other) Cycle Routes

The infrastructure of the National Cycle Routes (45, 55, 81, and 552) varies between on-road routes and traffic free cycle paths. The vast majority of Route 55 (The Silkin Way) is traffic free shared-use, whilst large proportions of the NCN 81 and NCN 45 are on-road.

Strategic Cycle Routes provide connections between the national cycle routes. These are varying quality with some being unmetalled tracks, some being rural lanes and roads and others being tarmacked, and shared use facilities.

Local Cycle Routes are mostly within residential and industrial estates and are shared use paths and quiet ways that provide access to a strategic or national route.

The recently improved Silkin Way National Cycle Route provides a high quality traffic free route for both walkers and cyclists through the Telford urban area with access to Telford town centre, Telford Town Park and a number of residential areas to the south. This provides a 'backbone' route through the Borough and in many respects can be viewed as a 'showcase route'; although the route audit undertaken for this strategy highlighted that there are opportunities for further improvements along some sections and to better integrate and make more accessible. Those sections which are deemed to be of a high quality and provide clear connections set the bar for the quality of future routes.

A review of the current infrastructure was been undertaken for the existing routes across the Borough. As the majority of routes are shared use, it also provided a review of many of the walking routes. The routes have been scored on their importance in terms of connectivity and access to attractors, and the quality of the surfaces and maintenance, the width of the routes, and the number of conflicts and wait times at junctions, through the use of a systematic 'Quality of Service' checklist approach.

With regards to assessing walking-specific routes, a site visit and audit was also conducted. The sites were selected for an audit based on a review of walking routes identified in OpenStreetMaps, taking into account also the locations of the market towns, district centres and rural settlements. This work assessed the present use and purpose of each route, whether it be for recreational, commuting or as a shared-use route.

The cycling routes in the borough are mostly shared-use. Barriers along these routes include a lack of crossing facilities or poor quality crossings over the motorway and other busy highways and major road traffic junctions. The railway line also creates a barrier in a few locations.

	
<p><b>Overall rating of Grade A based on the QoS ranking (Silkin Way, Telford Town Park to Sutton Hill)</b></p>	<p><b>Walkway with no signage and blocked path (East of Newport region)</b></p>



## Review Findings overview

### Cycling

- 
- ✓ There is an established network, with a number of routes that are generally pleasant to use
- 
- X Sections of the network need improvements with regards to maintenance, safety (in particular the need for lighting and cutting back vegetation) and signage.
- 
- Concluding remark** Whilst there is a network for cyclists which is considered to be broadly acceptable, the network needs to be developed to achieve greater densities and to provide more connectivity to reach DfT Cycling and Walking Investment Strategy standards as well as the quality of the route and facilities such as parking improved.
- 

### Walking

- 
- ✓ There is good provision of pedestrian facilities for both leisure and commuting routes, particularly in the urban areas.
- 
- X Some of the routes are segregated rather than alongside the carriageway which, with reduced opportunities for natural surveillance and poorer lighting levels, could impact on user's perceptions of personal safety. There were also some maintenance issues in relation to cutting back of vegetation and surface quality noted in the audits.
- 
- Concluding remark** Whilst some routes are advertised as tourist attractions, some of the routes offered a relatively poor environment which could deter people from using these, especially out of season and early or late in the day. There is significant potential to integrate tourism more effectively with a well-maintained, more connected network.
- 



## Appendix 9 – Figures

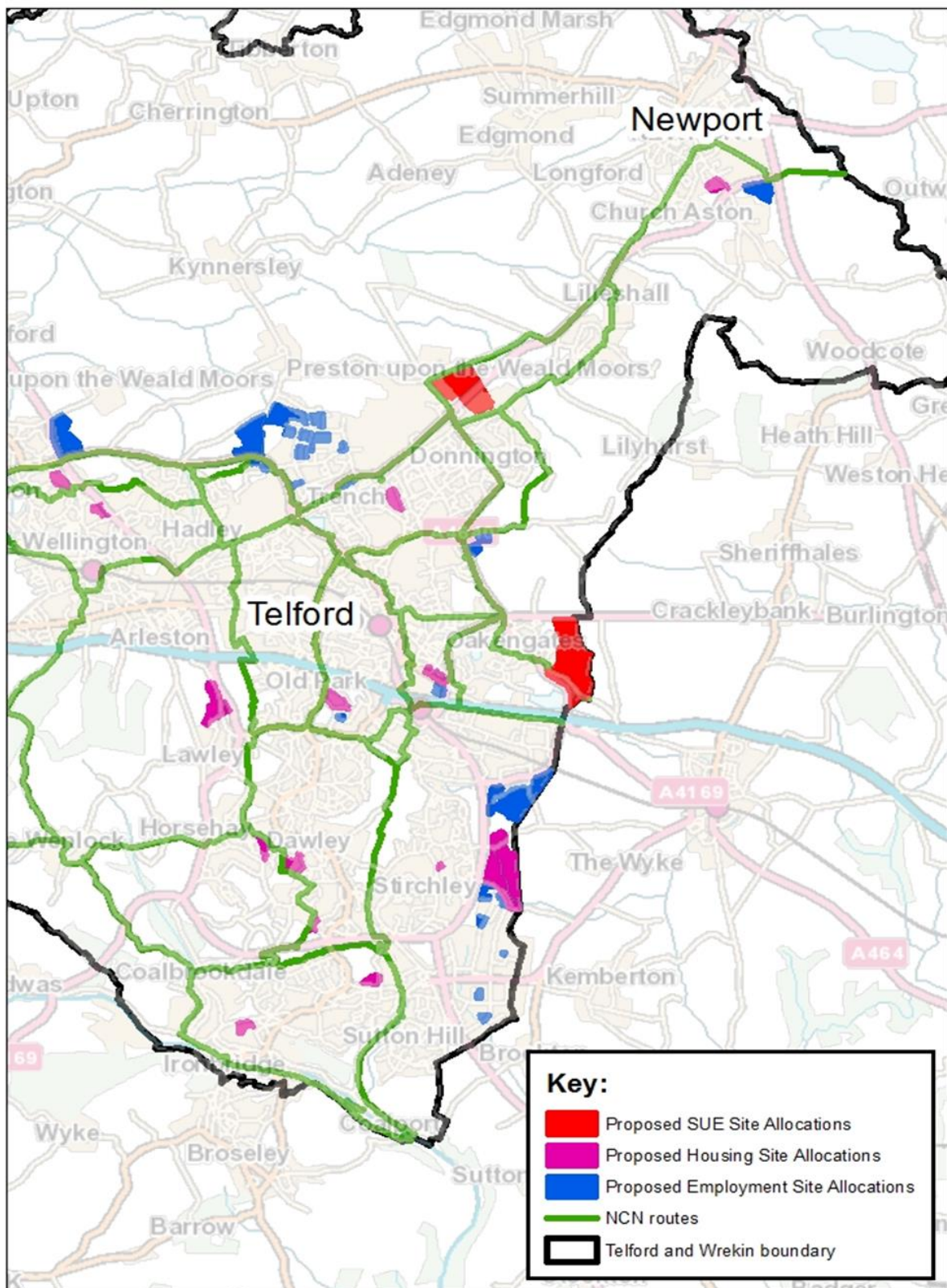


Figure 1 - Local Plan Emerging dwellings and employment sites

The above map exemplifies the spread of proposed SUE Site Allocations, Housing Site Allocations and Employment Site Allocations to come forward by 2031. This data has come from the Telford and Wrekin Local Plan 2011-2031.

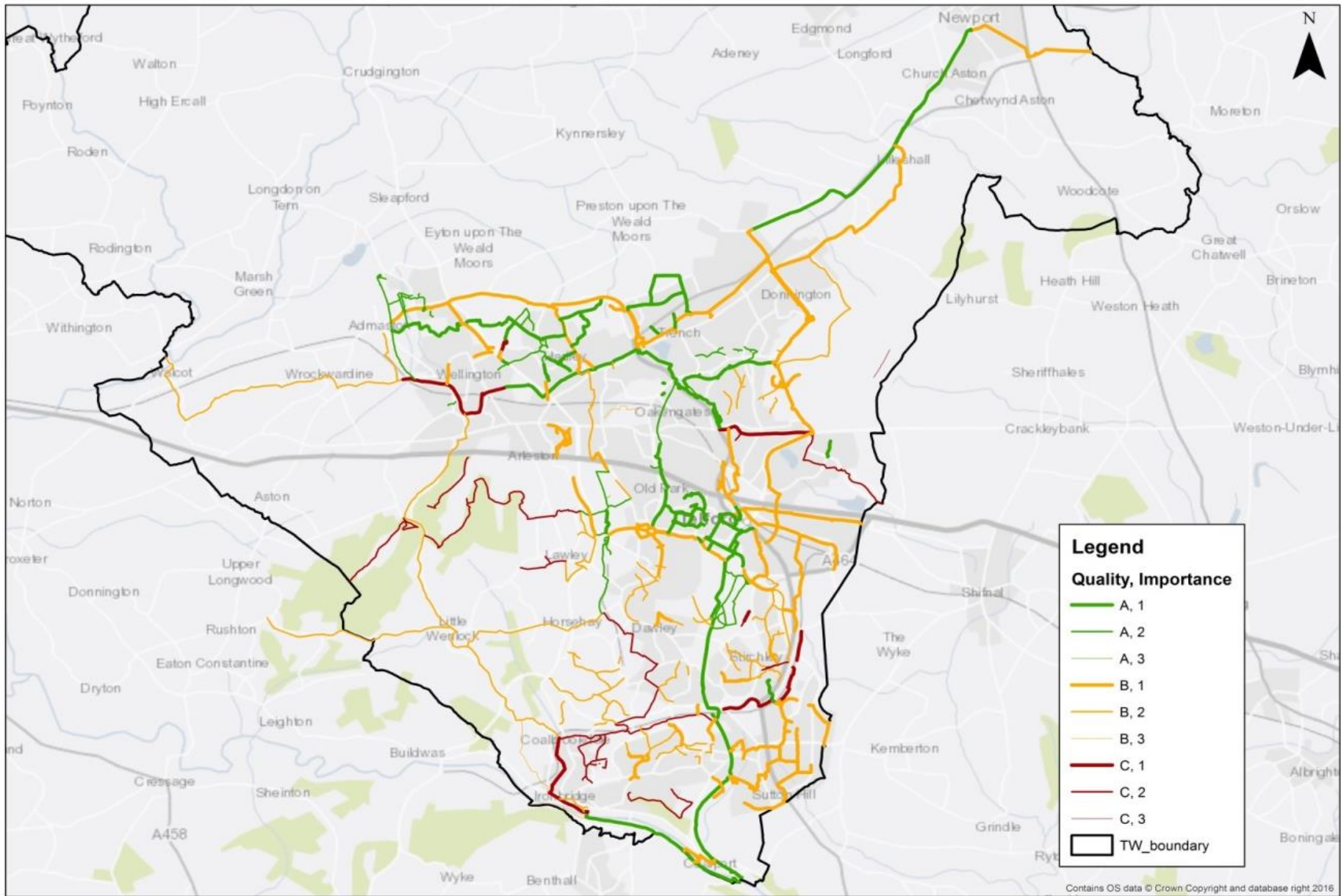


Figure 2: Cycling Network Categorised by Quality and Importance of the Route

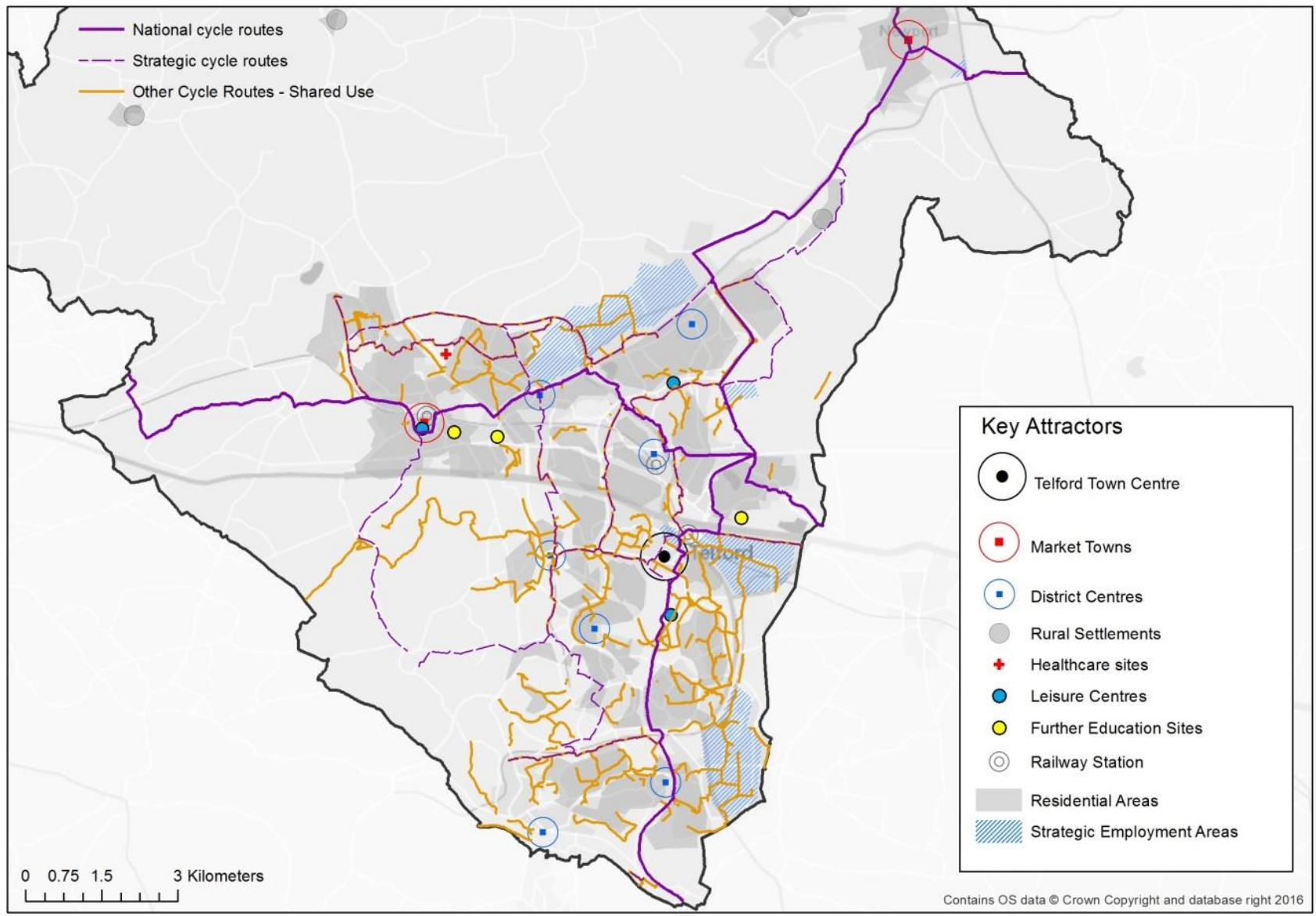


Figure 3: Key Attractors Map

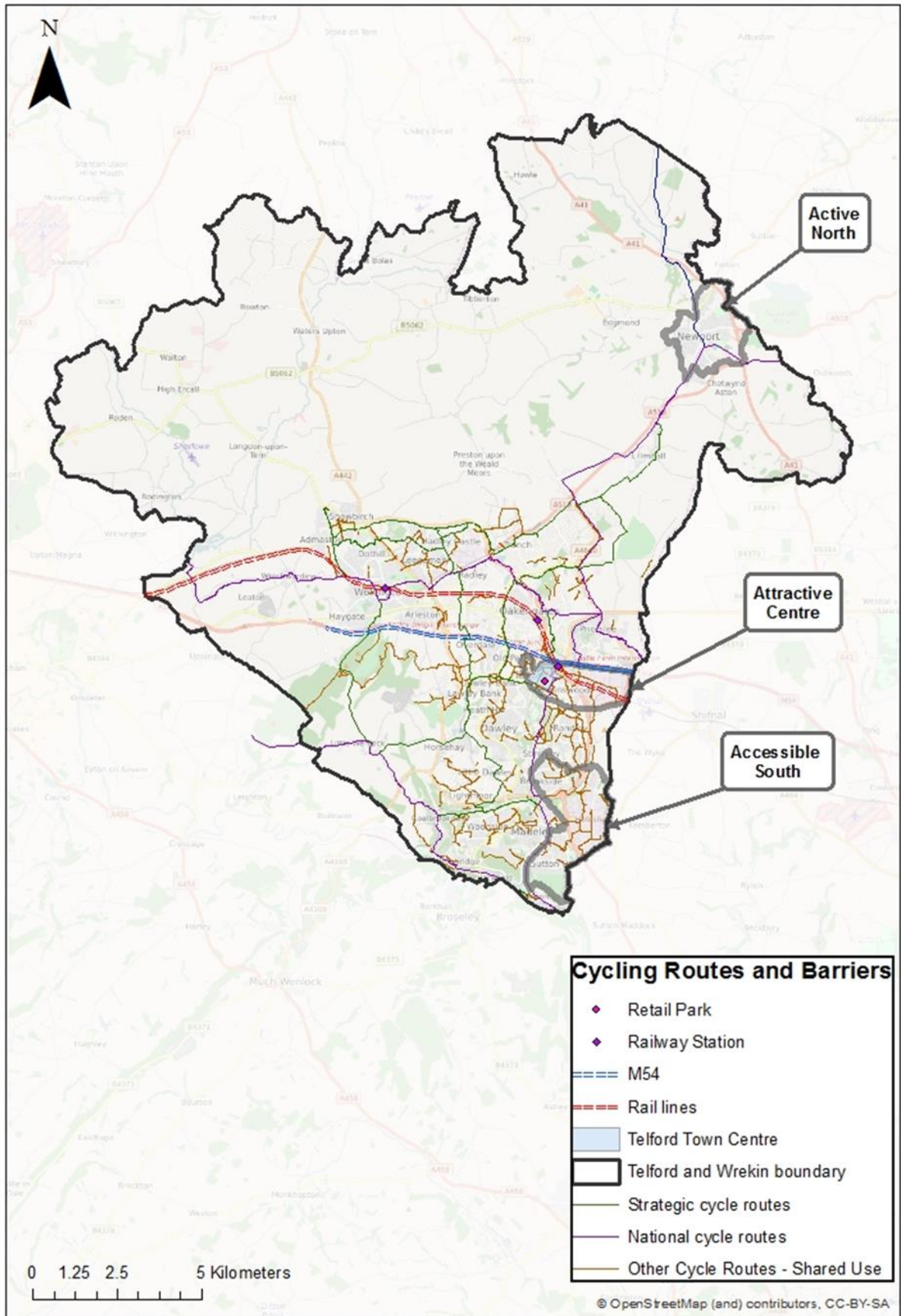


Figure 4: Key Barriers Map

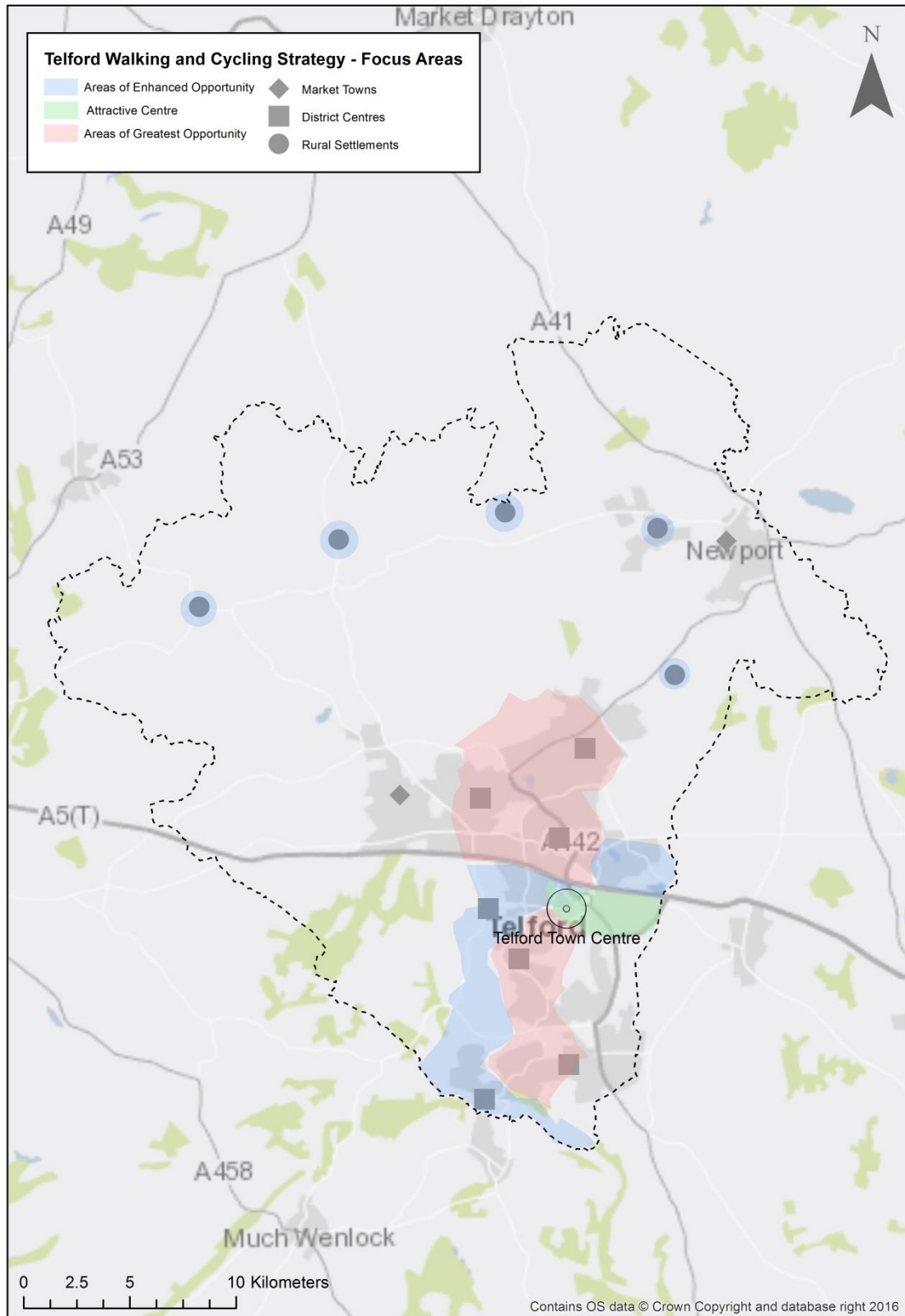


Figure 5: Focus for Investment Map

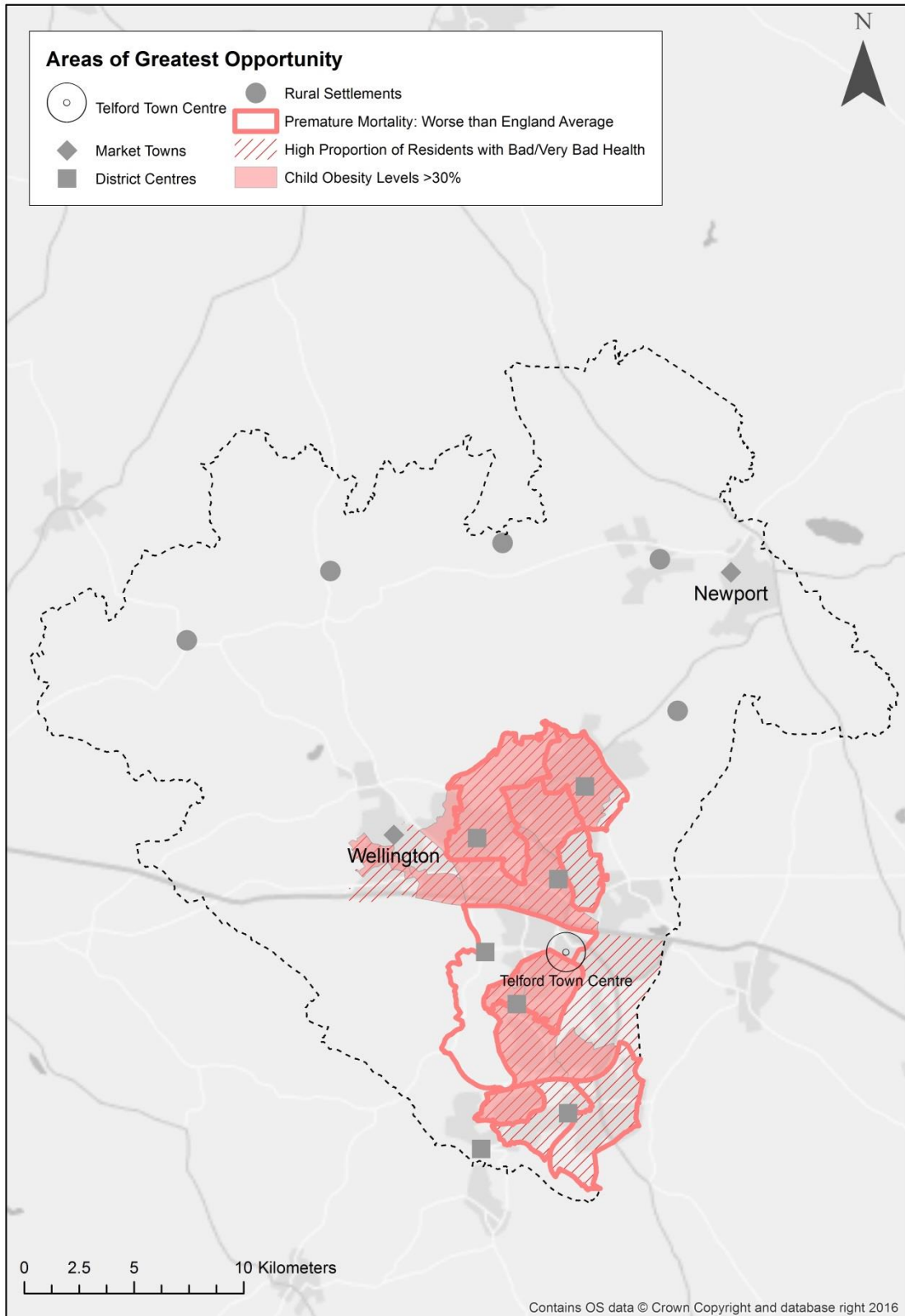


Figure 6: Target Groups for the Areas of Greatest Opportunity Map

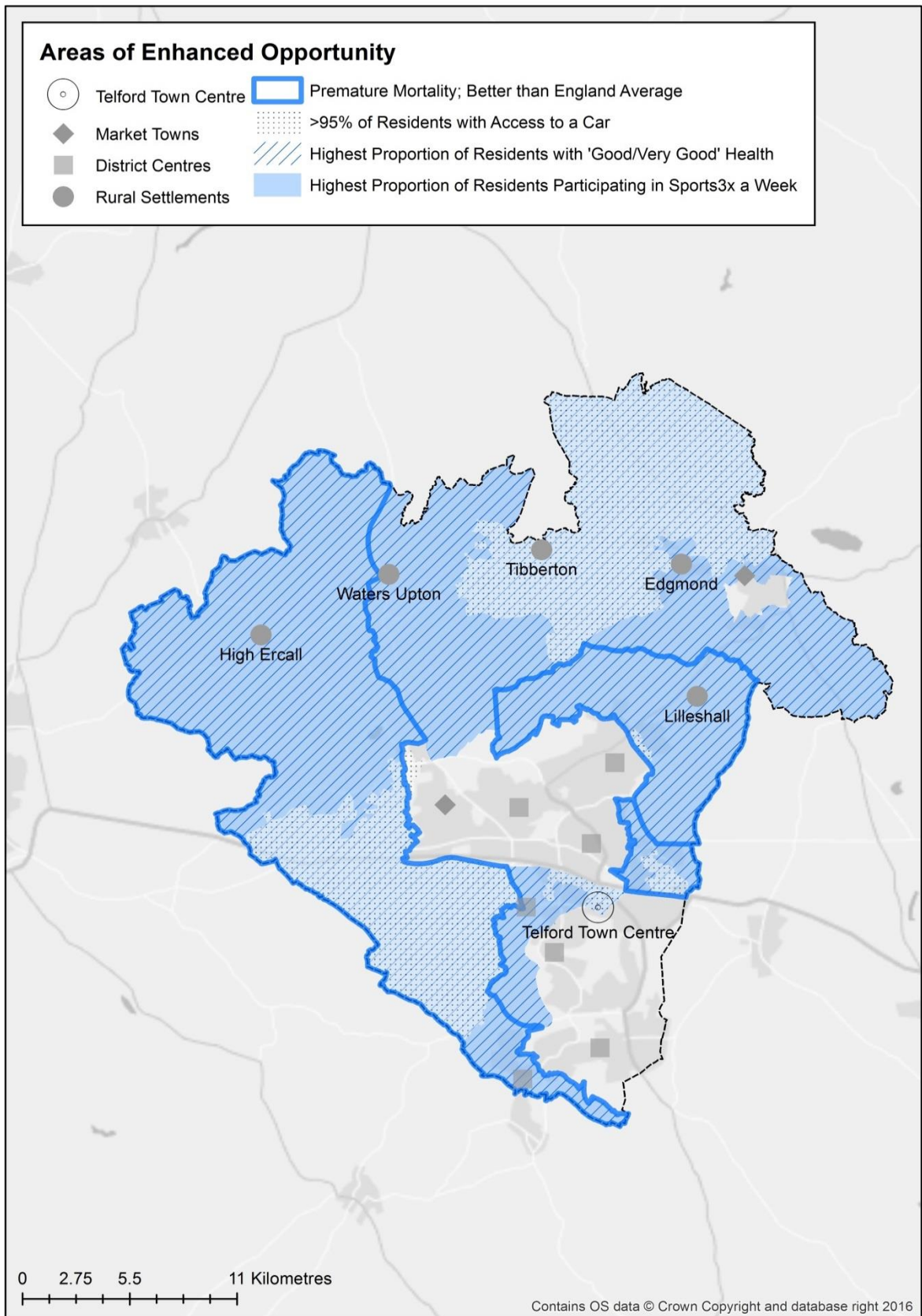


Figure 7: Target Groups for the Areas of Enhanced Opportunity Map

## Appendix 10 – Engagement Results

### Community Panel Survey

A Community Panel Survey undertaken by Telford and Wrekin Council in January 2015 provided the views of panel members on cycling and walking in the Borough. People aged 55 and over were over-represented in the survey, whilst those under 24 were under-represented. The survey was repeated as a Young Persons survey specifically targeting residents from the Under 24 age range. **Table 1** the findings from the two surveys.

Table 1: Survey Findings

	Community Survey	Young Persons Survey (Under 24)
<i>Participation in some form of cycling</i>	38% of respondents	76% of respondents
<i>For leisure purposes</i>	77%	53%
<i>For commuter purposes</i>	11%	19%
<i>Reasons for not cycling</i>	1. Health Reasons (47%)	1. Not liking cycling (31%)
	2. Concerns over safety (44%)	2. Not able to ride a bike (24%)
		3. Cost of buying a bike (21%)
<i>Respondents who thought improving infrastructure would encourage more people to cycle</i>	-	38%

The survey results are complemented by the results of the British Social Attitudes Survey (2014) that focuses on public attitudes to transport;

- 39% had participated in cycling in the last 12 months
- 66% of respondents never travel by bike
- The proportion of cyclists significantly decreases for older age groups (55+)
- 64% of all respondents said that they agree or strongly agree with the statement 'it is too dangerous for me to cycle on the road'

### Stakeholder Engagement

The Strategy and the Action plan have been developed with stakeholder input, through the means of a workshop. The workshop highlighted a number of areas of focus for the Strategy and vision and has informed where funding should be directed. This is summarised below.

The five major focuses for the strategy:

- Improving accessibility to all routes
- Reducing reliance on the car as the only mode of transport
- Improving the health and wellbeing of residents through a more active lifestyle
- Making active transport modes more attractive and attainable
- Focus on increased leisure use and tourism to promote economic regeneration

#### Messages on cycling:

The five major barriers to cycling in the Telford and Wrekin Council are:

- Lack of bike storage and facilities at businesses and at major transport hubs
- Crossing of major roads and roundabouts are difficult/non-existent in sections
- Lack of information of available routes
- Confidence, safety and darkness/weather conditions
- Car is a preferable mode of transport in terms of time and comfort

The five most popular initiatives to encourage more cycling are:

- Electric bike scheme with frequent charging hubs available
- There should be a focus on improving the present network, 'plugging gaps' and updating signage
- Cycle parking to be more secure and plentiful
- Apps/media use for all routes to be made available in the region
- Highway verge maintenance

#### Messages on walking:

The five major barriers to walking in the Telford and Wrekin Borough are:

- Safety and weather conditions
- Lack of consistent signage throughout the network
- Crossing of major roads and roundabouts difficult/non-existent in sections
- Lack of information of available routes
- Car is a preferable mode of transport in terms of time and comfort

The four most popular initiatives to encourage more walking are:

- Signage to specify time to walk to destinations as well as distance
- Consistent and high quality maintenance of the network Information made more readily available on leisure routes
- More involvement with local and national organisations teaching in schools about the health benefits of walking
- Incorporate walking campaigns and fundraising in the local community

To enable stakeholder engagement, a workshop was undertaken on 30<sup>th</sup> November 2016 at Telford Council, with 16 attendees and 4 presenters. Minutes for this workshop are below:

Minutes of the Telford and Wrekin Cycling and Walking Strategy Stakeholders Workshop		
<b>Date</b> Wednesday 30 <sup>th</sup> November 2016	<b>Time</b> 12.30-14.30	
<b>Where</b> Telford Council House, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT		
<b>Hosts</b>	With thanks given to Telford Council AECOM staff – Lydia Barnstable (Technical Director) Timothy McCann (Project Manager) Siân Spear (Graduate Consultant) Sakhi Sumaria (Graduate Consultant)	
<b>Attendees List</b>	Dominic Proud (speaker) Helen Onions (speaker) David Balme Heather Bolton Sian Skelton Naomi Wrighton Alexander Ford Benjamin Smith Malcolm Morris Alison Hughes Paula Doherty Chris Child  Robert Wade Cadi Price Susan Homden Becki Cox	Telford & Wrekin Council Telford & Wrekin Council Telford & Wrekin Council Telford & Wrekin Council Telford & Wrekin Council Wellington Walkers are Welcome NHS Trust Cycle Experience Local Access Forum Transition Town Telford  Energize Shropshire, Telford and Wrekin Ironbridge Clarions Cycling Club Severn Gorge Countryside Trust Wheels2Work Living Streets
<b>Session</b>	<b>Notes</b>	<b>Speaker</b>
	Attendees were split into 3 groups to discuss and partake in the exercises conducted. All notes in these minutes are representative for overall feedback rather than being split by individuals or groups.	
Welcome / Introductions	Welcome outlining importance of strategy to the Telford and Wrekin region.	Dominic Proud
	Welcome of AECOM team and an overview given of the purpose of the strategy. AECOM's work done so far was outlined. The importance of the strategy in being integrated and led by other policy documents such as the Telford Infrastructure Plan, Emerging Local Plan and Access Forum were highlighted.	Lydia Barnstable

	<p>The importance of encouraging more walking and cycling in the borough for the health benefits was discussed, with particular statistics outlining the high levels of obesity in the area in comparison to the rest of the West Midlands and also at a national level.</p>	Helen Onions
Barriers	<p>Groups were given resources of a map of Telford, maps showing statistics for indicators of poor health, sports participation rates, indications of near market areas, work flows to different industrial parks, cycling audit of quality vs. importance, walking audit of route use and a summary of the three central focal areas of the strategy (the active north, the attractive centre and the accessible south). They were also provided with a list of major barrier issues which prevent people from walking and cycling and asked to annotate the map accordingly.</p> <p>Outcomes: A number of issues were raised between all groups, some of which included –</p> <ul style="list-style-type: none"> <li>○ More signage needed throughout the network</li> <li>○ Old A5 road needing a cycle lane</li> <li>○ Electric bike scheme could be ideal but then implications around costings, having regular and accessible charging points</li> <li>○ Market towns, centres and industrial estates all difficult to access and have lack of bike storage</li> <li>○ Leaf fall and maintenance issues</li> <li>○ Public transport stations and space do not allow/have restricted and often unsafe storage for bikes</li> <li>○ Lack of information or promotion of available routes</li> <li>○ No defined routes for walking or cycling</li> <li>○ Physical infrastructure gaps in the network</li> <li>○ Confidence of cycling on roads a barrier</li> <li>○ Safety issues and darkness major deterrents</li> <li>○ Lack of road space for cyclists</li> <li>○ Need of more integrated technology with information e.g. a cycling and walking map</li> <li>○ Time as a main barrier – car more appealing</li> <li>○ The Silkin Way Ironbridge new bridge is an issue</li> <li>○ Roundabouts and major roads with no way of crossing</li> <li>○ Security issues and lack of a route when off the Silkin Way</li> </ul>	Timothy McCann
Vision	<p>Groups were given a list of visions and asked to choose their top 5 focuses for the strategy. The option of creating their own initiatives was also welcomed.</p> <p>Outcomes: Overall, the groups came up with a combined list of visions, of which shall be used to supplement the aims and objectives also in the strategy –</p>	Timothy McCann

	<ul style="list-style-type: none"> <li>○ Improving accessibility – all access routes; identification; management and improvements of routes (x2)</li> <li>○ Reducing reliance on the car – particularly fossil fuel powered cars</li> <li>○ Improve air quality</li> <li>○ Integrating a cycling and walking strategy into other strategies/ policies/development plan</li> <li>○ Encouraging healthy lifestyles</li> <li>○ Improving health and wellbeing of residents and employees (x2)</li> <li>○ Supporting growth sustainability (x2)</li> <li>○ Making active transport modes more attractive</li> <li>○ Supporting the local economy (x2)</li> <li>○ More active/lower obesity</li> <li>○ Enjoy environment</li> <li>○ Considering Active Travel</li> </ul>	
Solutions	<p>Groups were given a table of some solutions with regards to where funding could be targeted to help encourage more cycling and walking. They were then asked to prioritise these by 'ticking' up to 10 options they thought would be best to target funding to.</p> <p>Outcomes: After discussion, particular themes and focusses with all groups came up. The major solutions which were prioritised included –</p> <ul style="list-style-type: none"> <li>○ Improving present walking and cycling route connections rather than creating new routes</li> <li>○ Improving signage throughout the network</li> <li>○ Maintaining and documenting any issues on routes</li> <li>○ Cycle parking to be more secure at railway stations and exist at bus stations/at major bus stops</li> <li>○ Have cycle hubs outside of shops/supermarkets</li> <li>○ Highway verge maintenance</li> <li>○ Create campaigns, connect to local and national events and more fundraising activities</li> <li>○ Have an app of all cycling and walking routes in the region</li> <li>○ Encourage and teach more in schools about the benefits of cycling and walking, leading to a long-term behavioural change</li> <li>○ Get more involvement with the active travel network, such as energize, sustrans, sports England etc.</li> <li>○ Local businesses to donate and lend temporary use of e-bikes and walking boots</li> <li>○ More involvement with local businesses, smaller local authorities and community groups</li> <li>○ Need to make a long-term travel behaviour change</li> <li>○ Encourage more volunteering to sustain maintenance of all routes</li> </ul>	Timothy McCann

Overview	Participants thanked for their time and contributions.	Timothy McCann
Next steps	AECOM endeavours to keep all stakeholders involved in the progression of this strategy. Any additional resources or thoughts are welcomed.	

## Stakeholders List

### Local Authorities and Organisations

Telford & Wrekin Council  
 Shrewsbury and Telford Hospital Trust  
 Cycle Experience  
 Local Access Forum  
 Transition Town Telford  
 Energize Shropshire, Telford and Wrekin  
 Severn Gorge Countryside Trust  
 Destination Telford, Tourist Information Centre  
 Business Environmental Support Scheme for Telford  
 Wellington Local Agenda 21 Group  
 Safer Roads Partnership in Warwickshire and West Mercia  
 Ironbridge Gorge Museum Trust  
 Shropshire Rural Community Charity  
 The Marches Local Enterprise Partnership

### Local Community Groups

Ironbridge Clarions Cycling Club  
 Ramblers Footpath Group  
 Wrekin Sports Cycling Club  
 Wellington Walkers are Welcome  
 Newport Shropshire Cycling Club  
 Severn Spokes  
 Walkabout Wrekin

### National Partnerships

Sustrans  
 Living Streets  
 Department for Transport (DfT)  
 Chamber of Commerce

## Appendix 11 – Monitoring review

Monitoring seeks to check progress against planned targets and can be defined as the formal reporting and evidencing that spend and outputs are successfully delivered, milestones met and changes in outcomes are tracked over time. Effective monitoring is vital to ensuring that the investment in this strategy leads to the realisation of the overall vision for the Borough.

To monitor how the strategy has delivered against each of these objectives, a range of outcome indicators have been identified, with associated data collection requirements as shown below:

<i>Measure</i>	<i>Outcome Indicator</i>	<i>Data Collection Method</i>
<b>Infrastructure</b>	Length of route improved	Length of cycle routes, walking routes, shared routes and bridleways improved  Annual audit of existing cycle infrastructure
<b>Infrastructure</b>	Signage improved	Annual survey of section of routes signage quality and frequency
<b>Infrastructure</b>	Number of facilities provided increased	Manual counts and records from workplaces, schools and major transport hubs. Annual update report on type of facility and proportion based on usage.
<b>Infrastructure</b>	Numbers of people walking increased	Measured by target-group, area and borough-wide
<b>Infrastructure</b>	Numbers of people cycling increased	Measured by target-group, area and borough-wide automatic cycle counters
<b>Infrastructure</b>	Inclusion of active travel infrastructure and supporting measures in policies and strategies	Review of policy documents
<b>Infrastructure</b>	Cycle parking use	On-site surveys
<b>Infrastructure</b>	Active Travel Expenditure	Annual measure of city council capital and revenue spend on cycling
<b>Infrastructure</b>	Use of bike hire schemes	Annual/quarterly monitoring from scheme provider
<b>Infrastructure</b>	Speed reduction of motor vehicles in residential areas	Phased programme monitored for select residential areas with 20mph zones introduced
<b>Infrastructure</b>	Disability access	Cohesion with work and annual reports from disabled user access groups
<b>Infrastructure</b>	Maintenance of network	Regular monitoring of popular sections and feedback from community involvement
<b>Awareness</b>	Number of overweight or obese children when compared to the England lower than average	Public Health Outcome Framework
<b>Awareness</b>	Brand awareness	Number of hits on monitored websites and general brand awareness surveys
<b>Awareness</b>	Number of adults learning to ride a bike increased	Training centre records



<b>Awareness</b>	Information of routes available via apps and social media used	Monitoring of downloads of apps and website monitoring
<b>Awareness</b>	Information of routes available via printed maps used	Regular audit of leaflets by businesses
<b>Awareness</b>	Number of adults walking to work increased	Annual update from major employee surveys Census 2021 data
<b>Awareness</b>	Number of children walking to school increased	Annual travel to school survey data
<b>Awareness</b>	Number of adults cycling to work increased	Annual update of employees which use the 'Cycle to Work Guarantee' scheme.
<b>Partnership</b>	Local businesses promoting active wear	Partnership set up with local businesses with annual quotas included; monitoring from each individual business
<b>Partnership</b>	Users of local groups increased	Regular monitoring of memberships and group attendance

The proposed monitoring activities will provide a framework for translating how the wide range of interventions, and their associated outcomes, will contribute towards the delivery of the overall objectives of this strategy.



**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD****8 MARCH 2017****ANNUAL PUBLIC HEALTH REPORT 2016/17: OUR COMMUNITIES AT THE HEART OF IMPROVING WELLBEING****REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR - HEALTH AND WELLBEING,  
STATUTORY DIRECTOR OF PUBLIC HEALTH****LEAD CABINET MEMBER – CLLR RICHARD OVERTON****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

- 1.1. This paper introduces the 2016/17 Annual Public Health Report of the Statutory Director of Public Health. Each year the report takes a thematic approach to better understand matters affecting local health and wellbeing and make recommendations which contribute to the delivery of the Health & Wellbeing Strategy.
- 1.2. An update on the local position across the Public Health Outcomes Framework is also included every year to give a fuller picture of population health indicators across the life course
- 1.3. The 2016/17 Annual Public Health Report focuses on community-centred approaches and includes the sections:
  - Doing things differently - the case for change
  - Making it real – our local commitment and ambition
  - What are community-centred approaches to health and wellbeing?
  - Facilitating Stronger Communities
  - Growing volunteer and peer roles
  - Maturing collaborations and partnerships
  - Improving access to community resources and assets
- 1.4. It is well acknowledged that when people are connected and contributing to their communities, both communities and individuals become stronger and more resilient leading to better outcomes. Community resilience can make a significant, positive impact on people's health and wellbeing, including supporting them to retain their independence and reducing loneliness.
- 1.5. One of the priorities of the Health & Wellbeing Strategy is to strengthen our communities and community-based support. There is significant strategic ambition and commitment between the Council and local NHS to build community resilience, for example through the Council's restructuring programme and the development of the neighbourhood working approach.

- 1.6. The report looks at what we know works demonstrating local examples, some of these are well-established, whilst others are just developing. As such it recognises that collectively the Council and partners are trying to step up and encourage more, while highlighting that we need to learn from each other as we go and celebrate what's happening in Telford & Wrekin.
- 1.7. The recommendations will be used to ensure that Health & Wellbeing Board partners take a systematic and comprehensive approach to community-centred approaches, building on and developing our valuable community assets.
- 1.8. The report is interactive in style and includes video clips of local case studies, which can be accessed from the document. A summary slide set, similar in style to the communications material for last year's annual report which was well received, will also be available.

## **2. RECOMMENDATIONS**

The annual report of the Director of Public Health 2016/17 makes the following six recommendations:

### **Recommendation 1:**

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

### **Recommendation 2:**

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

### **Recommendation 3:**

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

### **Recommendation 4:**

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

### **Recommendation 5:**

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

**Recommendation 6:**

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

**3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<ul style="list-style-type: none"> <li>• Encourage healthier lifestyles</li> <li>• Improve mental wellbeing</li> <li>• Strengthen our communities and community-based support</li> </ul>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	No	However, community-based approaches will often focus on engaging vulnerable people and those in disadvantaged communities.
<b>TARGET COMPLETION/ DELIVERY DATE</b>	This is a statutory report and an update on the recommendations from the previous year's report will be presented in the next Annual Public Health Report.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The ring fenced allocation of Public Health Grant for 2016/17 was £12.984m. The 2017/18 grant allocation of £12.664m has been confirmed by Public Health England.</p> <p>The grant enables the authority to discharge its Public Health responsibilities, which are detailed in the Annual Public Health report.</p>
<b>LEGAL ISSUES</b>	Yes	<p>The Director of Public Health has a statutory duty to prepare an annual report on the health of the people in the area of the local authority under Section 73B (5) of the National Health Service Act 2006 (as amended).</p> <p>The report has to be published by the local authority under Section 73B (6).</p>

		The attached report is produced by the Director of Public Health in order to meet these statutory responsibilities. <i>KF 24.02.2017</i>
<b>EQUALITY &amp; DIVERSITY</b>	Yes	The report and recommendations are designed to ensure community-centred approaches better meet the needs of our population, particularly for those people in vulnerable groups.
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide impact but particularly wards with poorest health outcomes.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	Community engagement and community-based activities are a key part of all community-centred approaches and examples are included throughout the report.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

- 4.1. One of the statutory functions of the Director of Public Health in local authorities is to produce an annual public health report. This is an independent report with the primary purpose of describing the health of their population, highlighting health issues and making recommendations for actions.
- 4.2. The focus of the Annual Public Health Report for Telford & Wrekin 2016/17 is community-centred approaches and report draws together collaborative action being taken by Health and Wellbeing Board partners strategically through various plans and with our residents, showcasing a wide range of community-based activities and programmes.
- 4.3. The report uses the Public Health England's guide to community-centred approaches for health and wellbeing<sup>1</sup> as a framework to help better understand the evidence base for the family approaches and to structure the local action being taken.

<sup>1</sup> Public Health England (2015) A guide to community-centred approaches for health and wellbeing  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417515/A\\_guide\\_to\\_community-centred\\_approaches\\_for\\_health\\_and\\_wellbeing\\_full\\_report\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf)

4.4. A review of the recommendations from the 2015/16 report is also included as well as a summary of the Borough's current position on the range of measures across the Public Health Outcomes Framework.

**5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None

**6. PREVIOUS MINUTES**

The previous last Annual Public Health Report was presented to the Health and Wellbeing Board on 9th December 2015.

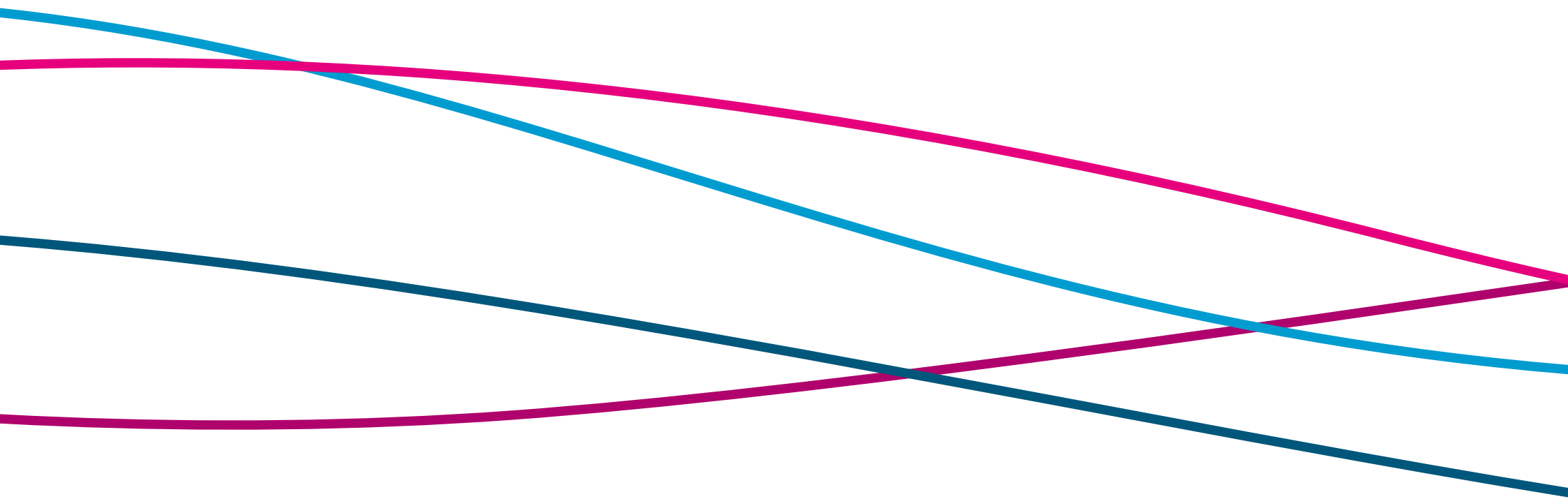
**7. BACKGROUND PAPERS**

The Annual Public Health Report for Telford and Wrekin 2016/17

Report prepared by Helen Onions, Consultant in Public Health  
[helen.onions@telford.gov.uk](mailto:helen.onions@telford.gov.uk)

# Our communities at the heart of improving wellbeing





# Foreword



Welcome to the 2016/17 Annual Public Health Report for Telford & Wrekin. Last year I focussed my report on encouraging all of us to age well – taking steps in our mid and later years to improve our health and wellbeing. For me, I continue to try to be more

active and my new dog has certainly kept my ‘step count’ up and also helped me get outdoors and keep up with my neighbours and what’s going on in my neighbourhood.

I am a passionate advocate for how people and communities can take steps to improve their own and other people’s health and wellbeing – family, friends, neighbours, colleagues all are key influences on our wellbeing at every stage of our lives! When people are connected and contributing to their communities, both communities and individuals become stronger and more resilient leading to improved wellbeing. This year I have chosen the theme for my report of developing more community-centred approaches to improving health and wellbeing. These types of approaches try to harness the powerful influence people can play in improving their own and other people’s wellbeing.

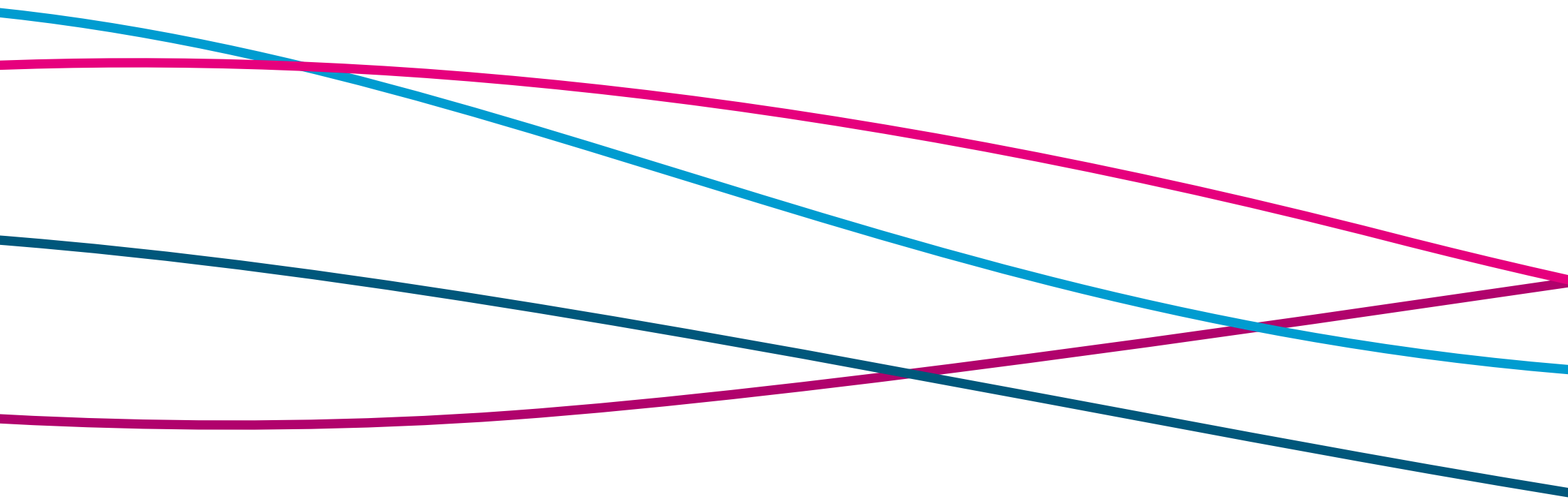
There is a real ambition amongst health and wellbeing board partners to make this a reality in all of our communities – through encouraging more resilient communities, developing more volunteer or peer-led roles, connecting people with other people or activities that help them live well and bringing it together through collaborative working with a full range of partners.

Making this ambition a reality takes time and commitment, but there are already many local examples of where these types of approaches are already being taken in Telford and Wrekin. There is nothing like real examples to bring this to life, especially directly from those involved through video stories. We have showcased some of these in this report and I am grateful to all those who agreed to tell us what they are doing, from the Newport Men’s Shed to Randlay Colts Girls Football Club. However, I know for every example in this report – there are lots more equally valued examples we could have included – which I would also like to acknowledge. Some of the examples are well-established whilst others are just starting out and that’s also important to recognise – we are trying to step up and encourage more, but we need to learn from each other as we go and celebrate what’s happening in Telford & Wrekin.

I am delighted to have produced this Annual Public Health Report and would like to thank all those involved in its production. I hope the stories we captured show how communities are taking control and connecting with others to improve their own wellbeing. I am sure this will be an encouragement to others to see how they can make a difference to the quality of life of their friends, families and neighbours.

**Liz Noakes**

Statutory Director of Public Health  
Telford & Wrekin Council



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# Acknowledgements

<b>Richard Atkins</b>	Marketing Team Leader	Telford & Wrekin Council
<b>Kate Ballinger</b>	Chief Officer	Healthwatch Telford & Wrekin
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<b>Helen Cottrell</b>	Assistive Technology Development Officer	Telford & Wrekin Council
<b>Janine Dandy</b>	Communications Officer	Telford & Wrekin Council
<b>Becky Eade</b>	Parks, Healthy Places and Events Team Leader	Telford & Wrekin Council
<b>Ja Edwards</b>	Senior Graphic Designer	Telford & Wrekin Council
<b>Valerie Graham</b>	Development Manager	Citizens Advice Telford
<b>Russell Griffin</b>	PR Specialist	Telford & Wrekin Council
<b>Clare Harland</b>	Public Health Commissioner	Telford & Wrekin Council
<b>Psyche Hudson</b>	Service Delivery Manager: Culture and Wellbeing Services	Telford & Wrekin Council
<b>Rachael Jones</b>	Service Delivery Manager: Health Improvement	Telford & Wrekin Council
<b>Chris Kowalik</b>	Communications Officer	Telford & Wrekin Council
<b>Ann-Marie McShane</b>	Public Health Nurse	Telford & Wrekin Council
<b>Louise Mills</b>	Service Delivery Manager: Health Improvement	Telford & Wrekin Council
<b>Sam Morley</b>	Communications Officer	Telford & Wrekin Council
<b>Nigel Newman</b>	Communications Manager	Telford & Wrekin Council
<b>Helen Onions</b>	Consultant in Public Health	Telford & Wrekin Council

<b>Heather Osborne</b>	Chief Executive	Age UK Shropshire Telford & Wrekin
<b>Jools Sanders</b>	Graphic Designer	Telford & Wrekin Council
<b>Alison Smith</b>	Executive Lead Governance and Engagement	NHS Telford & Wrekin CCG
<b>Sharon Smith</b>	Patient Engagement Lead	NHS Telford & Wrekin CCG
<b>Kellie Thompson</b>	Communications Officer	Telford & Wrekin Council
<b>Laura Thorogood</b>	Service Delivery Manager: Commissioning	Telford & Wrekin Council
<b>Jennifer Tinkler</b>	Senior Enablement Worker	Telford & Wrekin Council
<b>Deb Williams</b>	Service Delivery Manager: My Options	Telford & Wrekin Council
<b>Lois Winstanley</b>	Communications Officer	Telford & Wrekin Council

The Think Local Act Personal Care and Support Jargon Buster has been used throughout the report to describe common terminology. The Care and Support Jargon buster is copyright of Think Local Act Personal (TLAP). For further details go to:

<http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/>

# Section 1

## Doing things differently - the Case for Change

The Telford & Wrekin Health & Wellbeing Board's Strategy 2016-2019<sup>1</sup> recognises that our population is set to grow and age and become more diverse. Health and wellbeing partners are stepping up to ensure that future generations will live healthier lives for longer. To do this requires the approach taken by professionals and services to become more holistic, considering people's physical, mental and social needs in the round. This type of approach can improve health and wellbeing outcomes for everybody in Telford & Wrekin, particularly those adults and children with complex and multiple needs and those who are most disadvantaged.

It is well acknowledged that when people are connected and contributing to their communities, both community and individuals become stronger and more resilient leading to better outcomes. Everyday, across all our communities, people support and care for their neighbours, friends and family members who 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. One of the priorities of the Health & Wellbeing Strategy is to strengthen our communities and community-based support. The principle here is to build on and nurture the current strengths and assets within our communities so that people improve their own and each other's wellbeing.

The local strategy for the NHS - the Shropshire and Telford & Wrekin Sustainability and Transformation Plan<sup>2</sup> also includes an ambition to develop a community-centred approach across local neighbourhoods. The plan aims to build social capital and improve community wellbeing so people have the knowledge and skills to help them to live healthier and happier lives.

There is a wealth of evidence which clearly demonstrates that communities can improve health and wellbeing and reduce health inequalities. Connected and empowered communities can be more: confident, inclusive, organised, co-operative and influential. Further, it is well recognised that communities which are connected and empowered are often the healthiest<sup>3</sup>.

the chance to be involved in the work of the Health and Wellbeing Board through Healthwatch Telford & Wrekin.  
[www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)

### ???

#### Jargon Buster

##### What we mean by... social capital

The connections that are made between people who live in the same area or are part of the same community, and who are able to do things with and for each other. Strong neighbourhoods, clubs and groups help create a sense of community, enabling people to trust each other, work together and look out for each other.

### ???

#### Jargon Buster

##### What we mean by... the health and wellbeing board

Every council area in England has a health and wellbeing board to bring together local GPs, councillors and managers from the NHS and the council. Their job is to plan, through their health and wellbeing strategy, how to improve people's health and make health and social care services better in their area. Members of the public have



## Jargon Buster

### **What we mean by... community wellbeing**

An approach that looks at the health and wellbeing of the whole community, focusing on a wide range of things that can affect how people feel. This approach recognises that being well is about more than just not being ill: social and emotional factors are important too.

## Jargon Buster

### **What we mean by... health inequalities**

Health differences between people or groups due to social, geographical, biological or other factors, for example gender, ethnicity or social disadvantage. Health inequalities have a huge impact, because they often result in people who are worst off experiencing poorer health and shorter lives<sup>4</sup>.

## Jargon Buster

### **What we mean by... community assets-based approaches**

A way of helping people by looking at what they have, rather than what they lack. Community asset approaches help people make use of their existing skills, knowledge and relationships and by promoting what is good about a community rather than focusing on problems.

## Section 2

# Making it real – our local commitment and ambition

Health and wellbeing partners in Telford & Wrekin have clear ambition and commitment to adopt more community and person-centred approaches. The Council and the NHS Clinical Commissioning Group, as commissioners of health and wellbeing services have major plans to ensure these approaches are developed more systematically and at scale.

The Council's Vision for Telford & Wrekin - Being the Change, sets out the principles to ensure that local authority services transform and improve outcomes for individuals, their families and communities, despite the challenging financial position. Building community capacity to improve outcomes and address demand on public services is a key principle which runs throughout Being the Change. As such a commitment to facilitate stronger communities underpins the Council's restructuring programme, in particular the transformation of the Early Help and Support Service and the Community Participation Team.

The Council's Early Help and Support Service, is transforming into an all age service, to work alongside other partners and community members, immersed in communities to support adults, children and families. The service will effectively target support to the most complex families, whilst strengthening early help prevention work to ensure people are supported to get the

“Right Help at the Right Time”. The expectation is that more local people will be supported to live active healthy independent lifestyles by utilising their own networks and community assets.

The new service is clearly demonstrating transformation into a more community-centred approach through the following priorities:

- Promotion of volunteering and seeking of community-based solutions
- Development and maximising the assets available within communities
- Development of self-help systems, so residents do more to help themselves and others
- Sustaining independence, using an asset-based approach to meeting the needs of older people and growing more informal social care arrangements

The Council's Community Participation Team is working directly with communities, as part of the Council's vision, to build community capacity and support Elected Members as community leaders. The team will coordinate community capacity building activity across the Council, supporting work on consultation, equality and volunteering.

To build community capacity, the Community Participation Team will provide advice and support to develop community projects, establish a wide range of community-based organisations, facilitating community self-help and support the development of alternative service provision. It is expected that the team's work will enhance co-production of Council services with residents and also strongly encourage volunteering. A key role for the team is to ensure that local voluntary and community sector organisations have access to information and resources to enable them to secure external funding.

The Shropshire and Telford & Wrekin NHS Sustainability and Transformation Plan, the strategy for our local NHS, prioritises a community-centred approach through a neighbourhood working model<sup>5</sup>. This aligns to the NHS Telford & Wrekin Clinical Commissioning Group's Model of Health and Care, which puts patients at the centre of their treatment and care, underpinned by community resilience.



Neighbourhood working is at the heart of the Shropshire and Telford & Wrekin NHS Sustainability and Transformation Plan. Through the collaborative leadership of the Clinical Commissioning Group and Council, key partners are working with communities to ensure the health of our population improves. Our shared vision for neighbourhood working focuses on community-centred approaches to: build resilience, develop integrated neighbourhood-based teams and offer some specialities that do not need to be delivered from a hospital building. This approach makes it possible to know and use the local resources, build and support formal and informal networks and initiate prevention activities to enhance health and wellbeing.

## ??? Jargon Buster

### What we mean by... The NHS Sustainability and Transformation Plan

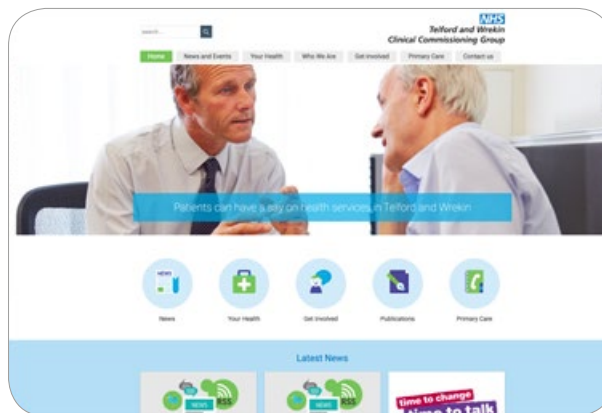
The Five Year Forward View<sup>6</sup> is the national vision and strategy for the NHS which describes the opportunities and challenges facing the NHS. All areas across the country have been developing their local five-year Sustainability and Transformation Plans to describe their overall approach to achieving an improved and more sustainable health and care system in line with this Five Year Forward View.

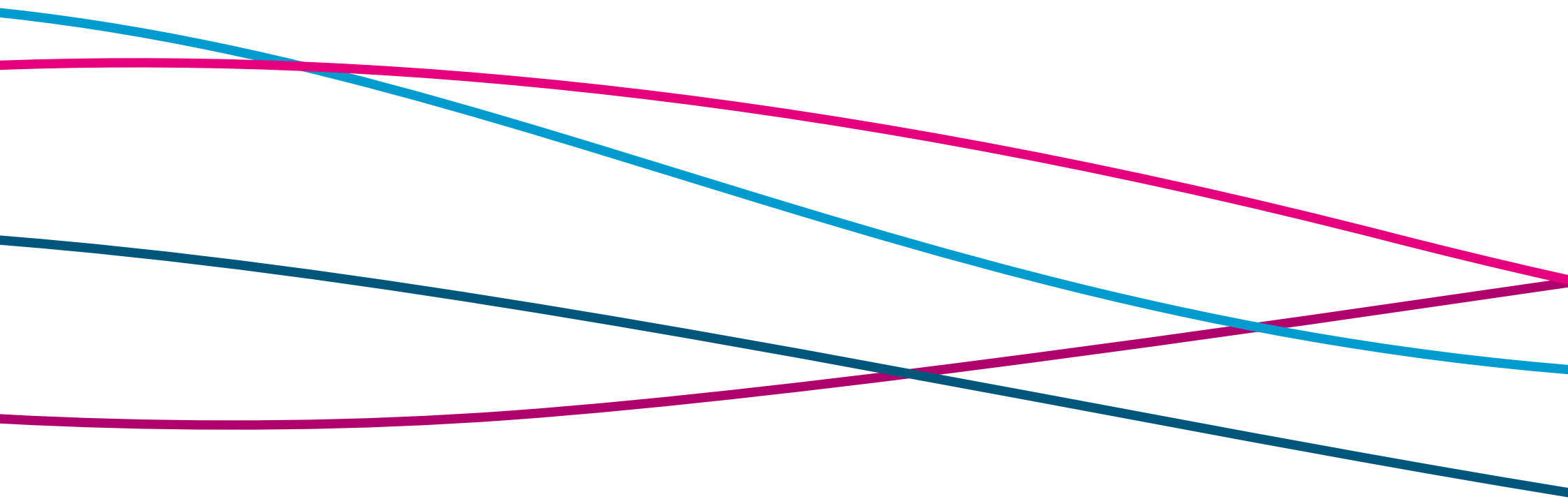
## ??? Jargon Buster

### What we mean by... NHS Clinical Commissioning Group

CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

[www.telfordccg.nhs.uk](http://www.telfordccg.nhs.uk)





# Section 3

## What are community-centred approaches to health and wellbeing?

The term “family” is used to describe community-centred approaches<sup>7</sup>, which can be diverse and wide ranging models, methods and interventions used to improve health and wellbeing and address the social determinants of health. The family reference is meaningful as it helps reflect the importance of relationships and connections between people, professionals, services and interventions, for example individual’s treatment, care or behaviour change.

### Community-centred approaches seek to...

- recognise and mobilise local community assets, including the skills, knowledge and time of individuals, and the resources of community organisations and groups
- focus on promoting health and wellbeing in community settings, rather than service settings using non-clinical methods
- promote equity in health and healthcare by working in partnership with individuals and groups that face barriers to good health
- seek to increase people’s control over their health and lives
- use participatory methods to facilitate the active involvement of members of the public

### The four strands of the community-centered approaches<sup>7</sup> family are

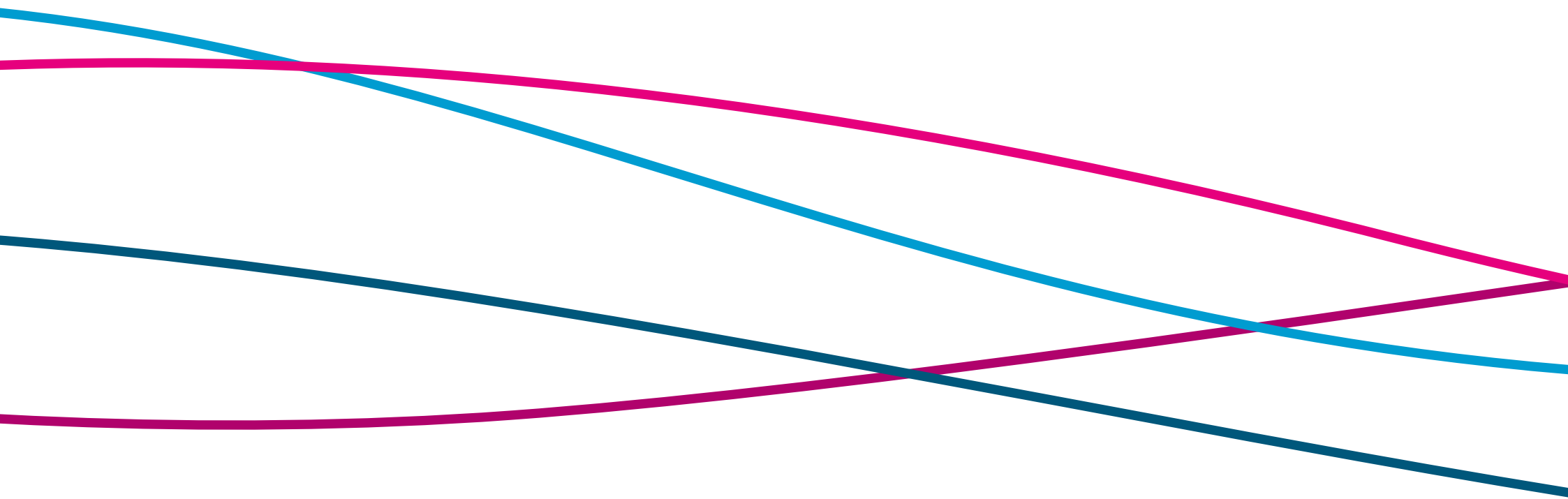
- **strengthening communities** – building community capacity to take action on health and the social determinants of health
- **volunteer and peer roles** – enhancing individuals capabilities to provide advice, information and support or organise activities around health and wellbeing in their communities

- **collaborations and partnerships** – working in partnership with communities to design and/or deliver services and programmes
- **access to community resources** – connecting people to community resources, information and social activities

The next four sections of the report describe what we know is effective to support and deliver community-centred activities across this family of approaches. Alongside this we look at local examples and video cases studies of groups, projects and programmes which are already thriving or in development in Telford & Wrekin.



Ref 7: PHE, NHS England - A guide to community-centred approaches



# Section 4

## Facilitating Stronger Communities

This group of approaches aim to draw on and strengthen community capacity, supporting and encouraging collective action, which impacts on health or the social determinants of health. The concepts here involve empowering communities by building social cohesion, supporting community development and using social network and asset-based approaches.

### What works?

There is good evidence of factors which have been shown to be key in strengthening communities<sup>8</sup>, these include:

- ✓ Using established communities, networks and venues as the existing enthusiasm, familiarity and trust enables people to engage in new initiatives more easily
- ✓ Professionals having a positive attitude and respect of the community's knowledge of their own experience and issues, their expertise and the ability to devise solutions
- ✓ Commitment and involvement from key respected people and organisations to provide expertise, support, endorsement
- ✓ Recruiting or identifying the right people for the right roles

- ✓ Spending time developing projects and ensuring flexibility so relationships and links to existing networks and activities are convenient
- ✓ Communities having a sense of ownership of the projects
- ✓ Cultural adaptation of training and resources to suit the community needs
- ✓ Good communication in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people
- ✓ Working in partnership with other local organisations
- ✓ Having sufficient funding and support in applying for funding
- ✓ Professionals providing feedback and respond rapidly on "quick wins" to show they have listened to community members

Despite the evidence for these factors it is important to avoid any pitfalls to ensure community development approaches are meaningful and effective. For example a lack of funding and complicated application processes can limit engagement, as can the lack of childcare facilities or adequate and culturally-sensitive advertisement of opportunities to get involved. The support and commitment from professionals is important too so that leadership and direction is offered appropriately.



### Jargon Buster

#### What we mean by... co-production

When individuals are involved as equal partners in designing the support and services. Co-production recognises that people who use health and care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need those services.

### Local examples

The following examples demonstrate local activities in place which are facilitating stronger communities.

#### Neighbourhood Working

Each emerging neighbourhood group in Telford & Wrekin includes a group of GP practices each working with their community to design and deliver solutions to their own specific needs. This includes closer working with existing social assets through voluntary and community groups who are well placed to work with groups of practices to help deliver: community activities, self-care and peer support groups. Each neighbourhood will offer health promotion programmes and access to telehealth tools to help promote healthy lifestyles and self-care for people with long term conditions.

### Telford After Care Team

TACT is an impressive local example of the power that volunteers and peers, as experts through their lived experiences, have had in strengthening our recovery community in Telford & Wrekin. TACT was started in 2012 as a “one man band” by Rob Eyers who wanted to give back and support others, as part of his own recovery from drug and alcohol misuse. TACT firmly believes that people can go on to lead a productive and fulfilling life in the community following addiction and that mutual aid is crucial. This peer-led support service, which is now established as a Community Interest Company, has helped countless people by empowering them to continue their recovery after their substance use. In the past five years the team has grown from helping a handful of individuals to coordinating 25 trained peer volunteers who currently support on average 300 people per month on their recovery journeys.

TACT is commissioned by the Council, to provide recovery peer support and service user engagement insight. TACT has won several awards for their work and in 2017 they will be developing the Borough’s first Recovery Hub in Wellington Telford, following the award of a substantial capital grant from Public Health England.

email: [info@tacteam.org.uk](mailto:info@tacteam.org.uk)

[www.tacteam.org.uk](http://www.tacteam.org.uk)

[www.facebook.com/telfordact](https://www.facebook.com/telfordact)



### Men’s Sheds

Men's Shed in Newport is a place where men (usually older, but not restricted to this group) can meet like minded people and work on their own project, get involved in a community project and help pass on or learn practical skills that they may have. At the same time they are making friends and enjoying one another’s company in a safe and pleasant environment. Participants are able to work on something at their own pace with no pressures or to simply to be there to drink tea and talk. The health benefits of Men’s Sheds are notable with the men who become involved acknowledging it has made a big contribution to their sense of good health and wellbeing. For further information contact:  
email: [meninshedsshrops@btinternet.com](mailto:meninshedsshrops@btinternet.com)  
[www.misis.org.uk](http://www.misis.org.uk)



 [Click image to watch video](#)  
[Newport Men's Shed](#)

### Let’s Grow

Let's Grow is a community gardening project that brings local people together to grow fruit and vegetables, develop their cookery skills and help their community. Volunteers participate in a range of activities in communities across Telford, these include cooking courses, creating community growing spaces, bulb planting and family activities. Some of the volunteers have gone on to complete the Community Gardeners Course, providing them with the skills and confidence to lead groups in their own communities.



## Galleries Alive

Galleries Alive is a community project based in Telford Town Centre offering exhibition space to up and coming and established artists who wish to display their individual pieces of art and craft for others to enjoy. The gallery is managed by local volunteers whose mission is to bring art and people together, promoting and encouraging artists of all levels. Billed as 'The People's Gallery' the project is striving to create a sense of community and inspire and encourage a love of art.  
[www.galleriesalive.co.uk/lookbook](http://www.galleriesalive.co.uk/lookbook)



## Telford Park Run

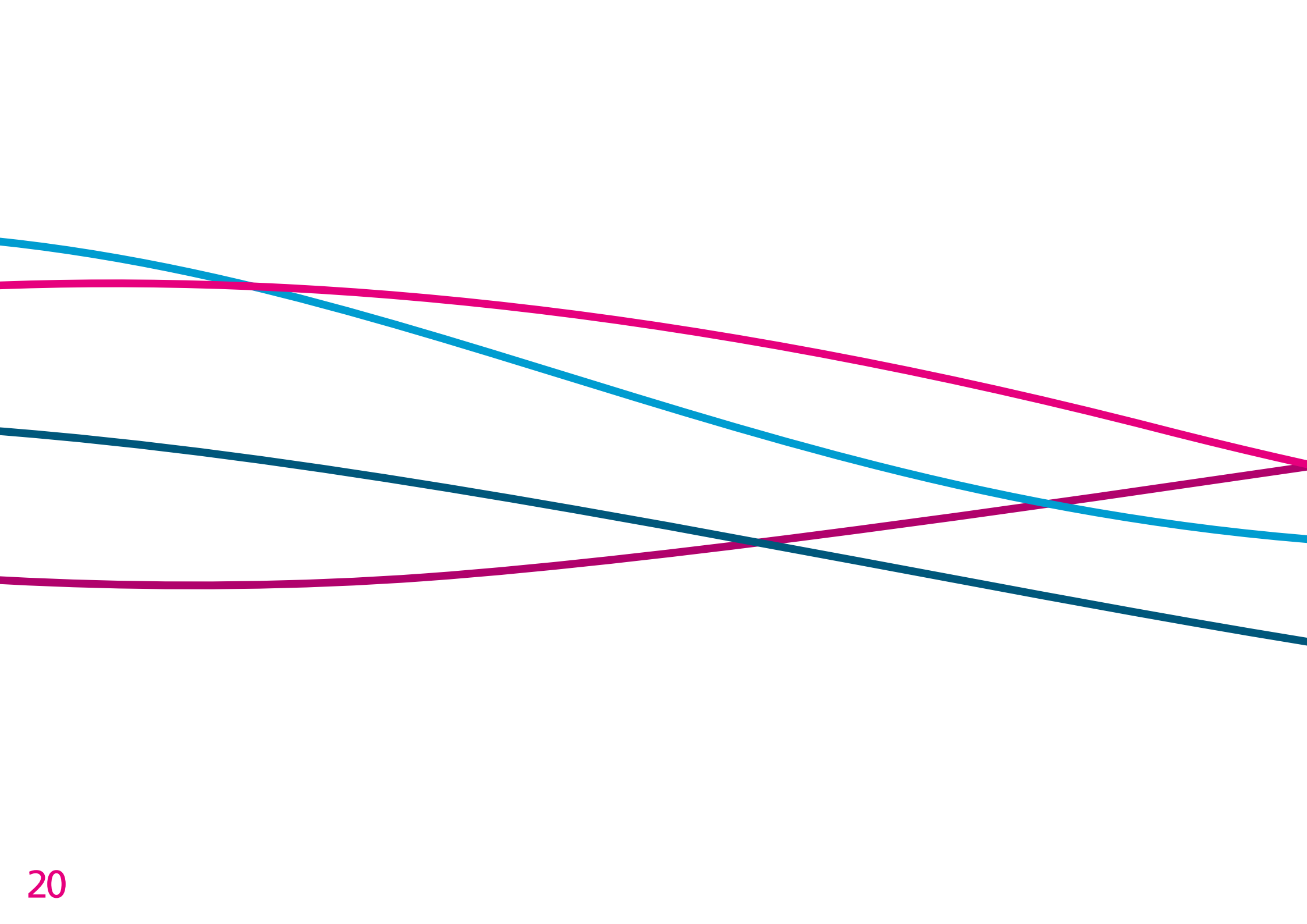
Telford Park Run takes place every Saturday morning in Telford Town Park. The timed 5km free to enter run attracts an average of 275 runners every week. Walkers and runners of all standards are welcomed as are dogs and pushchairs and the participants are encouraged by enthusiastic marshals. The events are organised by a team of volunteers and supported by staff at Telford Town Park. Telford Town Park also hosts a range of other community and volunteer led running events, often raising money for charity, including Race for Life, Colour Run and the Dark Run.  
[www.parkrun.org.uk/telford/photos](http://www.parkrun.org.uk/telford/photos)  
[www.severnospice.org.uk/shropshire-colour-run](http://www.severnospice.org.uk/shropshire-colour-run)



## Up-Beat

Up-Beat is a community project in Dawley that uses music making to bring local people together. Up-Beat has received funding from the Council, through the Pride in Your High Street initiative, and delivers a collaborative approach through the involvement of a wide range of local groups and individuals.





# Section 5

## Growing volunteering and peer roles

This group of approaches focuses on enhancing the capabilities of people to give advice, information and support to organise activities in their own communities. Typically working in a lay, rather than professional, capacity individuals are experts through experience or trained to provide services or interventions. Usually the roles are undertaken on a voluntary basis and involve reaching out to and connecting with groups experiencing deprivation or social exclusion. The power of these roles lies in the way people use their life experience, interests and commitment to relate to other people. Volunteers and peers can communicate in a culturally sensitive way that people understand. In this way they provide meaningful opportunities for people who potentially may not relate so well to professional advice. Volunteers and peers can be seen as powerful agents of change.

### What works?

There is good evidence that the most effective peer and lay approaches include the following:

- ✓ Volunteer health roles whereby community members get involved in organising and delivering activities, such as health promotion advice or personal care
- ✓ Bridging roles to establish effective links between statutory, community and voluntary

organisations and the local community and to determine which types of communication would most effectively help get people involved

- ✓ Peer interventions where training and supporting enables people to offer information and support to others from the same community or from similar backgrounds
- ✓ Community health champions who aim to reach marginalised or vulnerable groups and help them get involved
- ✓ The offer of training and mentoring support to community members in volunteer, lay and peer roles, and potentially more formal recognition of their contribution and opportunities for development such as accredited training

Potential barriers which could prevent the successful growth and expansion of peer and volunteer roles need to be considered as schemes are developed<sup>8</sup>. Community members could potentially be put off taking part due to the time needed to complete the training or concerns about the nature of the training. There could also be worries regarding the bureaucracy of becoming involved in community roles such as: the time, skills or experience needed to complete paperwork or the formal checks required. More informal training programmes and support for new volunteers from those more experienced can help with such barriers.

This section highlights the work of some of our local volunteers and peer supporters, describing the valued contribution and impact of their contribution to themselves personally and to others.

### Local examples

#### Telford & Wrekin Health Champions

Telford & Wrekin Health Champions are local community volunteers who are passionate about the health and wellbeing of those around them. Our champions bring their own life experiences to improve health and wellbeing within their communities, including their individual circles of families, friends and workplaces. A pilot project led by the Council has trained a group of Health Champions, supporting them in the first steps to develop health initiatives in their own communities. The approach is now being rolled out across the Borough so that many more local people have the opportunity to make a difference in their communities.

The Council's My Options Activity Wellbeing and Care service provides a wide range of care and support services to vulnerable people of all ages



and abilities in order to promote independence, choice and wellbeing, whilst maximising community engagement for those people it supports.

A number of customers and staff from the My Options Services have recently become Health Champions. Working with the Council's Healthy Lifestyles team, the My Options Health Champions meet on a monthly basis to discuss 5 Ways to Wellbeing and ideas in which they can inform and encourage other vulnerable people think about their lifestyles and how they improve their physical, nutritional and mental wellbeing.

In January 2017 the Health Champions worked collaboratively to host a Healthy Living day at the Place in Oakengates, where over 150 attendees joined in in a range of activities such as: Tai chi, seated yoga, tag rugby, Zumba, art and craft activities, beauty and healthy food workshops. Shropshire Gold Paralympian Micky Bushell supported the event by hosting a boot camp, which was thoroughly enjoyed by those attending. This is set to become an annual event and the My Options Health Champions are planning further activities during 2017 and also continue their joint work with the Healthy Lifestyles team.



### Randley Colts Girls Football Club

Telford-based couple Delwyn and Charlotte Delo have set up three football teams for girls as part of Randley Colts Junior Football Club. Working on a voluntary basis, the couple have grown the teams over the last two years giving girls in the area a new opportunity to play football. The girls aged 6-13 years train twice a week as well as playing matches which has increased their confidence and skills and given opportunities to make new friends. [www.randlaycoltsjfc.co.uk](http://www.randlaycoltsjfc.co.uk)



 [Click image to watch video](#)  
[Randlay Colts Girls Football Club](#)

### Jane Sargent Foundation

The Jayne Sargent Foundation was set up in March 2014 in memory of Jayne Sargent, a local business woman, wife, mother and grandmother who fought a ten year battle with breast cancer. Colin Sargent, Jayne's husband wanted to make a difference in Telford as he felt that there was limited resources to help him and his family when they needed it most. Along with six other trustees, Colin and his family set up the Jayne Sargent Foundation with the aim of providing the support that people affected by cancer and their families need in the Telford and Wrekin area.

The support group, which meets on the last Tuesday morning of every month at Meeting Point House, provides valuable advice and friendship to people affected by cancer. This group offers the opportunity for people to meet and share concerns and feelings with others who understand through first hand experience.

For further information contact Sarah Bennett, email [hello@jaynesargentfoundation.org.uk](mailto:hello@jaynesargentfoundation.org.uk) [www.jaynesargent.co.uk](http://www.jaynesargent.co.uk)



 [Click image to watch video](#)  
[Jane Sargent Foundation](#)

### Assistive Technology at Home - Experts by Experience

The AT Home campaign encourages people to think about how technology and devices can help people to continue to live independently in their own homes. This type of support, known as assistive technology, is becoming increasingly important as local authority social care budgets come under increasing pressure due to cuts in Government grants. Telford & Wrekin Council and Telford Citizens Advice are part of a regional collaborative of 13 areas across the West Midlands promoting AT Home to raise awareness of the simple technology.

A small group of volunteers, who are experts by experience, support the project in Telford & Wrekin. The experts offer weekly drop-in sessions to the public to demonstrate and recommend kit to people who are often not aware of how assistive technology could help them remain independent due to their age or disability. For further information contact Helen Cottrell, Assistive Technology Development Officer, email [helen.cottrell@telford.gov.uk](mailto:helen.cottrell@telford.gov.uk) <https://telford.mylifeportal.co.uk/atnew.aspx>



 [Click image to watch video](#)  
**Assistive Technology at Home**

### Princess Royal Hospital Volunteers

Volunteers play an important role within both hospitals at the Shrewsbury and Telford Hospital NHS Trust, working alongside staff in a variety of different departments. Hospital volunteers come from a diverse range of backgrounds and the value the different skills, outlooks and experiences that our volunteers bring to the organisation is well recognised. Volunteers provide non clinical support to patients, their relatives and visitors to our hospitals. The Trust provides a variety of different roles which aims to be interesting and fulfilling for our volunteers, whilst benefiting and making a difference to patients and visitors. There are volunteer roles available on most of the wards and clinical areas as well as the outpatient and administrative departments.

For further information contact Hannah Roy, email [hannah.roy@sath.nhs.uk](mailto:hannah.roy@sath.nhs.uk)



 [Click image to watch video](#)  
**Princess Royal Hospital Volunteers**

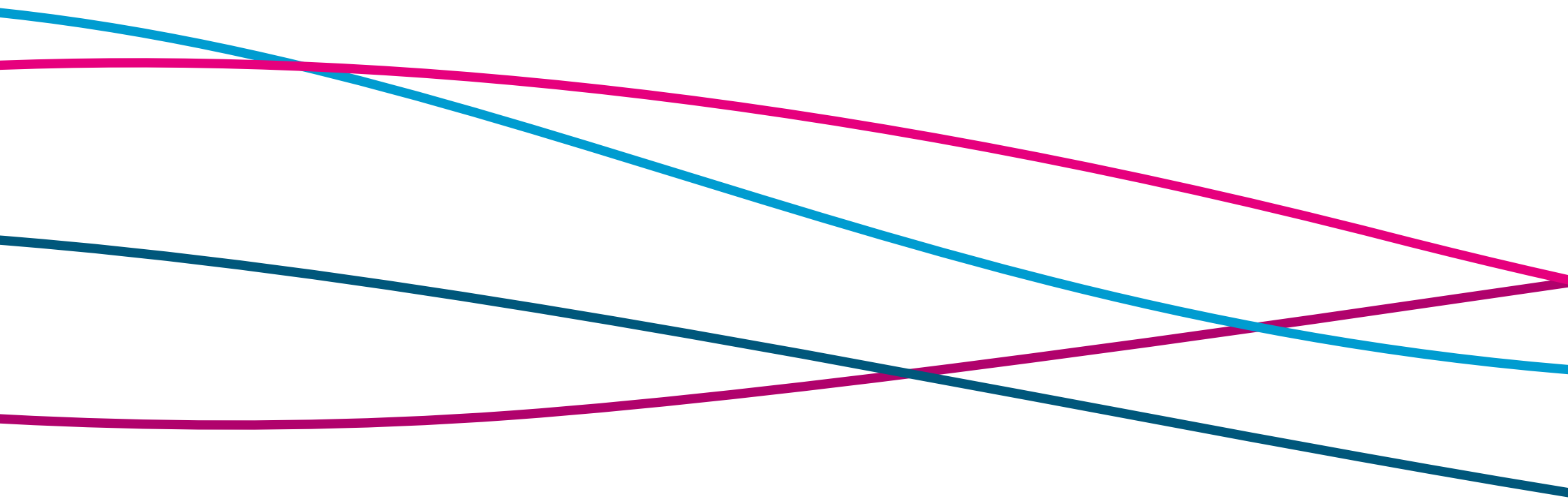
### Friends of Dawley Park

The Friends of Dawley Park have successfully created a sense of local pride, linked to those involved feeling better about themselves through improved well being and physical activity. Local volunteers Paul and Sue Wolfe have been developing the volunteering within Dawley Park for well over a decade and won a Telford & Wrekin Active Lifestyle Award in 2016. Groups of school children from the neighbouring school have been involved in activities and older people have been enabled to become involved in 'gardening' in the park through this group.

For further information contact Becky Eade, email [becky.eade@telford.gov.uk](mailto:becky.eade@telford.gov.uk)



 [Click image to watch video](#)  
**Friends of Dawley Park**



# Section 6

## Maturing collaborations and partnerships

This group of approaches hinges on partnership working with communities to improve planning and decision-making, which is often called co-production. Programmes involve community-professional partnerships and community engagement. These can be neighbourhood-based and may include participatory research and community-based budgeting. The strength in this type of collaboration is the premise that health, wellbeing and care services will be better matched to local needs through community involvement.

### What works?

There is good evidence of the approaches which are effective in developing collaborations and partnerships to meet local needs and priorities<sup>10</sup>, these include using and supporting:

- ✓ Asset-based approaches to build on the strengths and capabilities of local communities
- ✓ Community development to give local communities at risk of poor health support to help identify their needs and tackle the root causes
- ✓ Community-based participatory research to provide collaborations and partnerships with background knowledge and insights into the nature of the community they are working with

- ✓ Area based initiatives to work with local communities to improve health and education and support urban regeneration and development to tackle social or economic disadvantage
- ✓ Co-production methods to ensure statutory organisations and the community can participate on an equal basis to design and deliver health and wellbeing initiatives

However, there can potentially be limitations to the success of such collaborative approaches and partnerships<sup>8</sup>. For example if there is a history of poor relationships between commissioners of services, service providers and community members. This type of experience could make residents cynical or sceptical and therefore unwilling to engage because they find it difficult to believe anything is going to change in future. There also needs to be respect for or belief in the ability of the community to influence decisions in a useful and meaningful way.

### Local examples

The following examples demonstrate the ways in which Health and Wellbeing Board organisations in Telford & Wrekin are working together to further develop and mature our local collaborations and partnerships.

#### Telford & Wrekin SOCS (Sustain Our Community Solutions) - Community-led Living Well Hubs

In Telford & Wrekin key community and voluntary sector organisations in the borough are collaborating in an innovative way to provide community-based solutions in response to the on-going savings challenges faced by the council and NHS. The SOCS – Sustain our Community Solution group, led by Citizen’s Advice Telford and supported by Telford & Wrekin Council, has agreed the following vision:



*Everyone in Telford & Wrekin should be able to access support and the opportunity they need to remain socially included and involved within our community.*

The SOCS objectives aim to:

- provide a support network for new and established community groups and agencies that provide social inclusion activities, facilities, services or support
- encourage and increase volunteering
- work together to identify and secure additional resources for social inclusion activities
- increase involvement in community activity from all sectors of the community
- increase community cohesion and resilience

Telford & Wrekin SOCS is in the process of seeking funding to set up from scratch Community-led Living Well Hubs across the Borough. The hubs will provide a suite of information, advice and support for low level interventions to help people:

- remain independent in their own homes
- reduce their dependence and demand on statutory health and care provision
- reduce feelings of social isolation

The project is designed to have a positive impact on social inclusion and actively develop community involvement through the promotion of:

- community involvement and engagement
- healthy improvement activity and skills sharing
- opportunities to meet new people

The plan is that Telford & Wrekin Community-Led Living Well Hubs will provide information such as:

- directory of local services and information on how to access them
- assisted access to services
- assistive technology – try before you buy aids and adaptations

- help with hearing aids
- care of equipment – e.g. replacing ferrules on walking aids
- help with benefit applications e.g. Personal Independence Payments (PIP) and blue badges

Valerie Graham, Development Manager at Citizens Advice Telford is heading up the development of the hubs, She says:

*“The community will be very much at the heart of this innovation, driving the work and enabling people to understand what support is available for their needs. It is envisaged that the hubs will be established and housed within buildings which provide easy access and familiarity to local people. In a change from the traditional service delivery pattern, we hope that hubs will be open on Saturdays, allowing more employed people to become involved in offering support. In future we see the hubs being run by social champions from the community, who may want to establish as charities or community interest companies. This approach would ensure sustainability so that funding is generated to keep the hubs alive and continue supporting their community.”*

The next steps...

- The SOCS group aim to secure funding to pilot the Community-Led Living Well Hub approach
- A multi-agency steering group, supported by SOCS, will establish, develop and grow the hub pilots, recruiting and training social champions to deliver the service
- A coordinator will be employed to oversee the hub developments and report impacts regularly to the multi-agency steering group

### Telford & Wrekin Health Round Table

The Telford & Wrekin Health Round Table was set up in 2012 so that patients would have a simple way of making their views known to NHS Telford and Wrekin Clinical Commissioning Group. The Health Round Table, a small group of around 12 volunteers, represents local organisations that support patients or have a concern or interest in health matters. These include groups that support people with long-term conditions or have a disability or mental health needs, as well as carers. The Health Round Table members, supported by the CCG Patient Engagement Lead, have been proactively contributing to a series of projects and activities, including; attending events and groups, including: the Life after Retirement Event at Wellington Methodist Church, the Stroke Carers and Rheumatoid Arthritis groups and establishing the Telford & Wrekin Patients Working Together Group.

More recently the Health Round Table has focussed its efforts on responding to the NHS England Five Year Forward View strategy aim of enabling patients to take responsibility for managing their own health, it is looking at ways that local NHS organisations could help to support and nurture supportive communities though:

- Acknowledging that support comes from not only friends and family but importantly from the voluntary sector and often small voluntary groups
- Helping these small third sector organisations is to help them to become more sustainable

The Health Round Table, with financial support from the CCG, has hosted two sustainable community events, inviting small local voluntary groups to attend to:

- get a better understanding of the strategic vision of the NHS in Telford and Wrekin and how they could be contributing to it
- provide information and master classes on how they as voluntary groups can become more sustainable; for example using social media, applying for grants both locally and nationally, making key contacts in the local community and become better at networking.

This initial groundwork is being fed into the new neighbourhood working model the NHS and Council have adopted.

For further information contact Sharon Smith, Patient Engagement Lead, email [sharon.smith90@nhs.net](mailto:sharon.smith90@nhs.net)

The Round Table Chair is Christine Choudhary and the Vice Chair is Patrick Spreadbury <http://www.telfordccg.nhs.uk/get-involved/health-roundtable>



 [Click image to watch video](#)  
**Health Round Table**

### Hadley Children's Centre

Home-Start Telford & Wrekin, is a not for profit organisation which believes that children need a happy and secure childhood and that parents play the key role in giving their children a good start in life and helping them achieve their full potential. A new, exciting collaboration between Telford & Wrekin Council and Home-Start Telford & Wrekin means that Home-Start will take on the running of existing services and groups, such as: chatterbox Wednesday, playing together, Childminders Network and Telford Twins at Hadley Children's Centre. Also new groups will be introduced such as a "chatterbox" group with Polish bi-lingual facilitators. There are also plans to introduce a group for parents and children which will focus on school readiness - a key priority for the Hadley Children's Centre.



In addition to the groups there will be a range of courses and volunteer training opportunities run from the centre, including an antenatal parenting programme, Big Hopes Big Futures facilitator training and a volunteer training programme. Home-Start have already recruited a number of volunteers to work within the groups and are keen to meet anyone interested in volunteering and becoming involved in this successful venture. This innovative partnership was informed by insight gained during the Council's budget consultation with the public last year.

Caia Bryant Griffiths, Manager of Home-Start Telford and Wrekin, says *"we are delighted to have this opportunity to expand our provision and reach*

*more families to sustain and enhance the provision within the Hadley Children's Centre area, we have strengthened our relationship with Telford and Wrekin Council and pleased to be able to support their ongoing work."*

Helen Clover, the Council's Senior Practitioner for Early Help and Support, says *"I am pleased to have been able to work with Home-Start to ensure that there will be continuing provision with the Hadley Children's Centre area that meets the needs of the local community"*.

For further information contact Helen Clover, Early Help and Support Senior Practitioner or Caia Bryant-Griffiths, Manager at Home-Start Telford & Wrekin, email [homestarttelfordandwrekin1@gmail.com](mailto:homestarttelfordandwrekin1@gmail.com) [www.homestarttelfordandwrekin.co.uk](http://www.homestarttelfordandwrekin.co.uk)



### Healthwatch Telford & Wrekin

Healthwatch Telford & Wrekin aims to help people get the best out of local health and social care services, making sure that local voices influence the delivery and design of local services. Healthwatch focus on understanding the needs, experiences and concerns of all those who use services and to speak out on their behalf. The service is predominately funded by Telford & Wrekin Council and the Clinical Commissioning Group and is underpinned by a valuable team of volunteers.

There are currently in excess of 60 volunteers working with HWTW across a variety of roles:

- **in the office...**volunteers assist with everything from data entry and general administration, to preparing engagement packs and materials.
- **at engagement events...**volunteers support various events across the borough.
- **on projects...**volunteers who are interested in gathering information for specific pieces of work.
- **attending meetings...**volunteers who have a particular interest in attending, and bringing information back to HWTW from health and care meetings.
- **in Enter & View roles...**volunteers who undertake a full training programme to become authorised representatives, enabling them to carry out E&V visits.
- **as Directors...**all members of the HWTW board are volunteers, devoting significant time to their roles.

Key areas of recent work include:

- **Your Own Unique Telford Healthwatch -** YOUTH network and Child and Adolescent Mental Health Services Survey 2015/16

Find out more at:

[www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)

## ??? Jargon Buster

### What is Healthwatch?

Health watch is the independent consumer champion, created to gather and represent the views of the public across the country. Health watch Telford & Wrekin listen to the local community, hearing about their experiences of health and social care services across the borough, and use this feedback to help improve services for everybody.

### The Dawley Christian Centre

The Dawley Christian Centre is a hands-on community church which cares for the people of Dawley and surrounding areas. In addition to being a centre for worship, they have a volunteer run coffee bar and are involved community partnerships particularly those that help with local social and educational needs. They welcome many community groups to run activities from the centre and work collaboratively with the public and third sector providing rooms for delivery of services to local people including health and debt advice and support.



### Telford Green Spaces Partnership

Telford Green Spaces Partnership is a network representing organisations that are actively involved in the conservation and improvement of the green spaces in and around Telford. Membership includes statutory bodies, charities, third sector organisations and community groups. The partnership objectives aim to:

- promote the conservation, protection and improvement of the physical and natural environment for the benefit of the public
  - advance the education of the public in the conservation, protection and improvement of the physical, natural and historic environment
  - provide a forum which brings together relevant professionals and local volunteers with the aim of improving the effectiveness of their activity by coordinating the efforts of the organisations and individuals involved
- [www.tgsp.org.uk/index.html](http://www.tgsp.org.uk/index.html)



# Section 7

## Improving access to community resources and assets

This group of approaches is about connecting individuals and families to community resources, services, practical help and activities. Community and voluntary sector organisations have a key role to play here, as well as specialist services and those which give advocacy for underserved or vulnerable groups. The emphasis is on maximising ways to tap into community assets and improve pathways to participation. Key concepts include the following:

**Social prescribing** - non-medical community referral routes, such as exercise or arts on prescription, which can reduce barriers to accessing services and encourage social participation.

**Community hubs and networks** can be locality-based in community buildings or centres or operate as a network and offer a wide range of activities alongside more formal services such as libraries or community health services.

**Community-based commissioning** to consider the holistic needs of vulnerable people, considering social issues alongside health and care needs. Key themes are community engagement to understand needs and assets, tapping into the knowledge and expertise of the third sector.

### What works?

There is some evidence of the effectiveness of approaches which improve access to community resources and assets<sup>7</sup> including:

- ✓ The Healthy Living Centre approach, along with hubs or settings which layer with other social, faith or primary health care settings or services
- ✓ Non-traditional providers to deliver preventative and care services, which can create social value through the engagement with the community
- ✓ Social or community prescribing given that the evaluations of well-established schemes provide convincing results and the hallmarks (getting people involved in community life, keeping them active and improving social connections) are well recognised as positively affecting health<sup>11</sup>.
- ✓ Placed-based commissioning or frameworks to meet the needs of underserved groups such as community budgets or services for homeless people<sup>12</sup>.

However, the types of approaches used need to be sensitive to the needs of communities in order to be successful. The people and organisations engaged in decision-making processes need to be representative of the community, reflecting local diversity<sup>7</sup>. Meaningful feedback is also crucial to

provide regular feedback to the local communities who have contributed to keep them informed about the positive impact of their involvement and offering the opportunity to raise issues or concerns. With social or community prescribing it is recognised that a comprehensive, systematic approach and sound evaluation is needed in order to clearly demonstrate large scale benefits and impacts.



### Jargon Buster

#### What do we mean by...social prescribing

The process healthcare practitioners use to work with patients and service users to select and make referrals to non-clinical community-based services based on people's social, emotional or practical needs.

#### Social or Community Prescribing

Social Prescribing or Community Prescribing is a means of enabling primary care professionals (for example GPs and practice nurses) to refer patients with social, emotional or practical needs into non-clinical services. The prescriptions can include referrals for anything from arts groups to activities involving exercise such as gardening and dance clubs. Most schemes have a link worker who GP practices refer patients on to and they organise the social prescription. Commonly prescriptions

are for a set length of time, between six and 12 weeks, using quality assured programmes with measurable outcomes. As patients are tracked and supported through the process this prescribing approach differs from simpler signposting to local groups and activities. NHS England identify social prescribing as one of the top 10 high impact actions in *Making Time to Care in General Practice*<sup>13</sup>.

In Telford and Wrekin elements of the community prescribing approach already exist and are being used as the foundation for the local model. The key elements already in place locally are:

- people operating in enabler or roles such as Care Navigators and Healthy Lifestyles Advisors
- structured programmes supporting behaviour change

There are a wide range of local options for signposting and moving people on following participation in the structured programmes. Many of these follow on activities are provided by voluntary and community groups in Telford & Wrekin, which have the capacity to welcome and support more participants.

The Telford & Wrekin community prescribing programme will aim to provide opportunities to improve patient outcomes, including:

- improve mental and physical health
- reduce the negative impact of wider determinants on health (such as debt, housing, employment, etc)
- reduce isolation and increasing wellbeing
- promote self-care

## Local examples

The following examples highlight the local programmes and activities being developed to improve access to our community assets and resources.

### Community prescribing in action

Colleagues from the Council's Public Health and Arts & Culture Teams have been collaborating on an innovative project with Creative Inspiration Shropshire. Established by Dr Jane Povey in 2014, the community interest company aims to connect, inspire and enable wellbeing and resilience in our community through participation in creative arts.

### The next steps...

Through collaborative working in local areas the referral processes are being simplified and clarified, existing activity is being linked up and identified gaps filled. The framework for community prescribing, which is a key part of the new neighbourhood working approach, will be made standard across Telford and Wrekin, but the solutions will need to be on a very local scale to be effective.

For further information contact  
Clare Harland,  
Public Health Commissioner,  
email [clare.harland@telford.gov.uk](mailto:clare.harland@telford.gov.uk)



 [Click image to watch video](#)  
**Social Prescribing GP**

### Wellbeing, Support and Care Networks - A Telford and Wrekin Concept

The Council and CCG have been working together using a community-based commissioning approach to co-produce solutions with local stakeholders for communities to enable citizens to access the 'Right Help, Right Time - Promoting Independence.

The main areas of focus are to improve services for vulnerable people such as the frail elderly, people with learning disabilities of all ages, reduce social isolation, provide more flexible access to care and support, build resilience for carers and increase volunteering.

Key partners, carers and people who use these services are involved. The aspiration is that only where appropriate, GPs and other health and care professionals are accessed rather than a matter of course.

The concept aims to evolve community hubs in a variety of areas across Telford & Wrekin, connecting community to place-based community provision, such as care homes, day care, leisure activities, access to information, advice and access to technology.

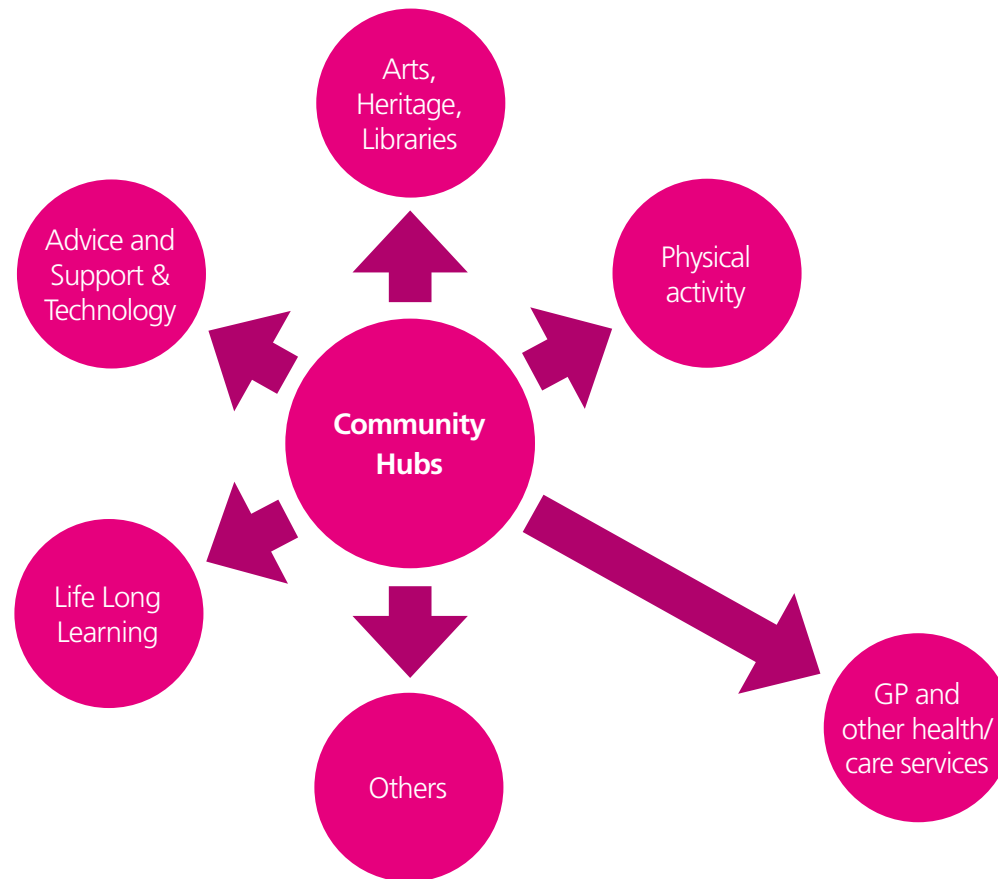
The idea is that these care and support hubs connect communities and become valuable flexible care and support provision for people, families and resilience for carers.

The next steps...

- The Wellbeing Support and Care network approach will be piloted in Wellington. Wellington is an area with high levels of older people with dementia, people with disabilities, a diverse ethnic population and young people that can access the identified Hubs. Older People Enjoying Life - Age UK Shropshire, Telford & Wrekin support a network of local Older People Enjoying Life - OPEL Centres that are identified as Community Hubs. The weekly day sessions offer a hot meal, a chance to meet friends and have a bit of fun. The average age of members is 85. In Telford & Wrekin 300 members cared for by 65 volunteers in 16 OPEL centres, supported by one paid member of staff.
- Engaging through arts and culture to involve the community and provide training to community hub staff. Involve carers and other volunteers to design and develop the hubs.
- Establish evaluation and measures of benefits to the community and reduction of demand on health and social care provision and assist in ensuring that successful services become sustainable.

For further information contact  
Laura Thorogood, Commissioning - Service Delivery Manager  
email [Laura.Thorogood@telford.gov.uk](mailto:Laura.Thorogood@telford.gov.uk)  
Michael Bennett, Commissioning Manager,  
NHS Telford & Wrekin CCG

## Telford & Wrekin Wellbeing Support and Care Network Model



Source: Creative Inspirations C.I.C

Other examples of local projects which improve access to community assets and resources

- **Telford Green Heroes** aims to improve mental and physical health through 'green exercise'. During the 12 week programme participants get involved with activities such as practical conservation tasks, horticultural activities and guided walks. The volunteers also contribute to local community projects such as clearing paths and building steps so that others can also enjoy their local natural environment. The programme is delivered by Shropshire Wildlife Trust.

## Kreative Kidz

- **Kreative Kidz** provides children who have additional needs with an opportunity to come together and get creative for a couple of hours every Saturday at Oakengates Theatre. This provides a safe and reassuring environment where children are encouraged to express themselves through the arts whilst making new friends and supporting their self esteem and confidence. Activities include Taiko drumming, dance, stories, arts and sculpture, drama & creative movement, music. [www.ican2.org.uk/ican2/info/15/short\\_breaks/6/kreative\\_kids](http://www.ican2.org.uk/ican2/info/15/short_breaks/6/kreative_kids)
- **Oakengates targeted mental health art group** provides support and a safe environment for those accessing mental health services to meet and take part in arts & crafts activities. The group, which is linked to the Redwoods Centre, meet every week at Oakengates Theatre and are led by a local artist.



- **Older People Enjoying Life** - Age UK Shropshire, Telford & Wrekin support a network of local Older People Enjoying Life - OPEL Centres. The weekly day centre sessions offer a hot meal, a chance to meet friends and have a bit of fun. The average age of members is 85. In Telford & Wrekin 300 members cared for by 65 volunteers in 16 OPEL centres, supported by one paid member of staff.

### Some more local examples of our valued community health assets

Assets are things which impact on people's health and wellbeing – protecting and promoting factors which act a buffer against life's stresses. Assets can be considered in the following types<sup>15</sup>...

Practical skills, capacity and knowledge of local residents, such as:



- **Ican2 sports and Leisure** - short breaks programme providing activities for children and young people living in Telford and Wrekin with a disability or additional need [www.ican2.org.uk](http://www.ican2.org.uk)

- **Wellington Walkers are Welcome** – group which promotes the interests of local walkers in Wellington, and to promote Wellington to walkers elsewhere [www.wellingtonwalkersarewelcome.org.uk](http://www.wellingtonwalkersarewelcome.org.uk)

Passions and interests of local residents which give the energy for change, such as:



- **Telford Bikes** is run by volunteers and owned by the community for the benefit of all cyclists across Telford. The number one aim is to get people cycling, stop bikes going to landfill and help members of the community in any way they can. [www.telfordbikes.co.uk/community](http://www.telfordbikes.co.uk/community) [www.facebook.com/telfordbikes.co.uk](https://www.facebook.com/telfordbikes.co.uk)
- **Arts Activities** - Newport Cottage Care and the Alzheimer's Society, funded by the Council through a town planning agreement, this has developed a programme of arts activities for isolated older people living in Newport. The clients and participants agree the programme of activities, which include artist visits, arts & craft sessions and trips out to theatre and galleries. [www.newport-care.org](http://www.newport-care.org)

Network and connections in the community – also known as social capital, including friends and neighbourliness, such as:

- **Noor's Women's Coffee Morning** - a social support group for Muslim women in the Arleston area
- **Brookside Big Local** - local residents working together to make Brookside a better place to live, supported by the national Big Local programme  
[www.brooksidebiglocal.co.uk](http://www.brooksidebiglocal.co.uk)

#### Local community and voluntary associations

- **Parents Opening Doors** - improving the lives of families who have a disabled child or additional need, in the Telford & Wrekin area  
[www.podstelford.org](http://www.podstelford.org)
- **Listen Not Label** - providing help and support to adults with autism  
[www.listen-not-label.org](http://www.listen-not-label.org)



- **Carer's Centre** - providing support, information and advice for carers in Telford & Wrekin  
[www.telfordcarers.org.uk](http://www.telfordcarers.org.uk)

#### Resources of public, private and third sector organisations available to support communities



- **Telford & Wrekin CVS** - helping voluntary organisations in Telford and Wrekin  
[www.telfordandwrekin cvs.org.uk](http://www.telfordandwrekin cvs.org.uk)



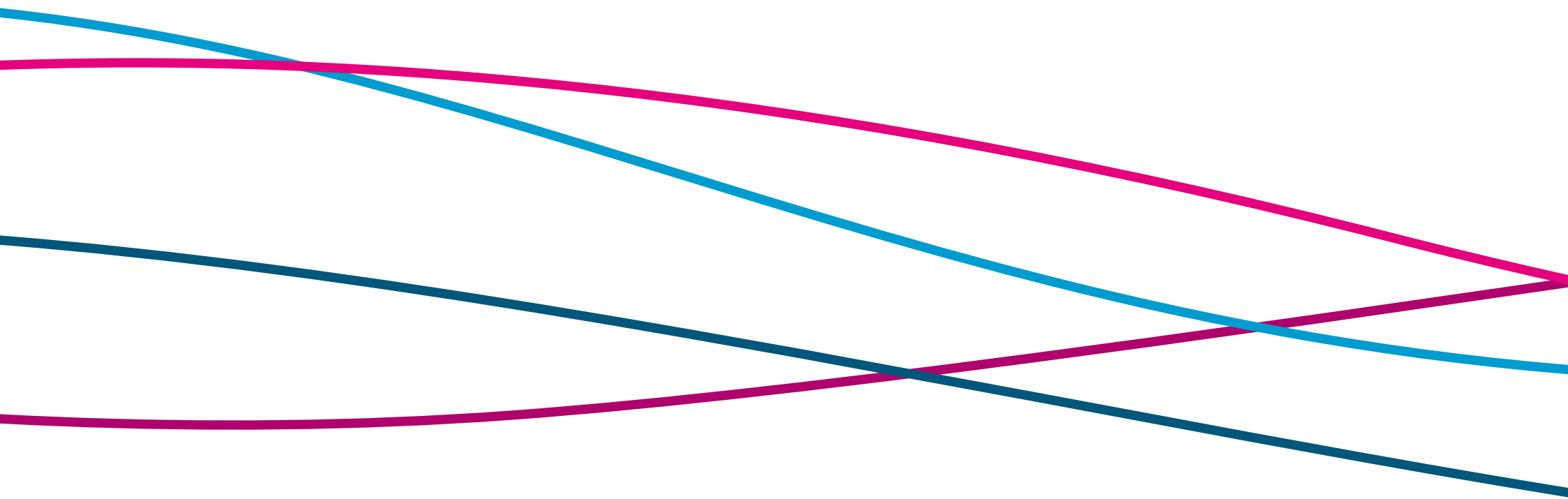
- **Citizen's Advice Telford** - providing information and advice on areas including: Benefits, Consumer, Debt, Discrimination, Employment, Housing, Immigration, Legal and Relationships  
[www.telfordcab.co.uk](http://www.telfordcab.co.uk)
- **Age UK Shropshire, Telford & Wrekin** - enabling older people across the Borough to love later life  
[www.ageuk.org.uk/shropshireandtelford](http://www.ageuk.org.uk/shropshireandtelford)

#### Physical and economic resources which enhance health and wellbeing, such as:

- **Friends of Dothill Local Nature Reserve** - an active volunteer group who maintain and develop the reserve  
[www.dothillnaturereserve.co.uk/the-friends](http://www.dothillnaturereserve.co.uk/the-friends)



- **Walkabout Wrekin** - leading health walks across Telford and Wrekin  
[www.walkaboutwrekin.org.uk](http://www.walkaboutwrekin.org.uk)



# Section 8

## Recommendations

Building on the local ambition and commitment and the wide range of valued community assets and approaches I make the following recommendations in order to further develop community-centred activities and make the approaches more systematic.

### Recommendation 1:

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

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### Recommendation 2:

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

### Recommendation 3:

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

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### Recommendation 4:

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

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### Recommendation 5:

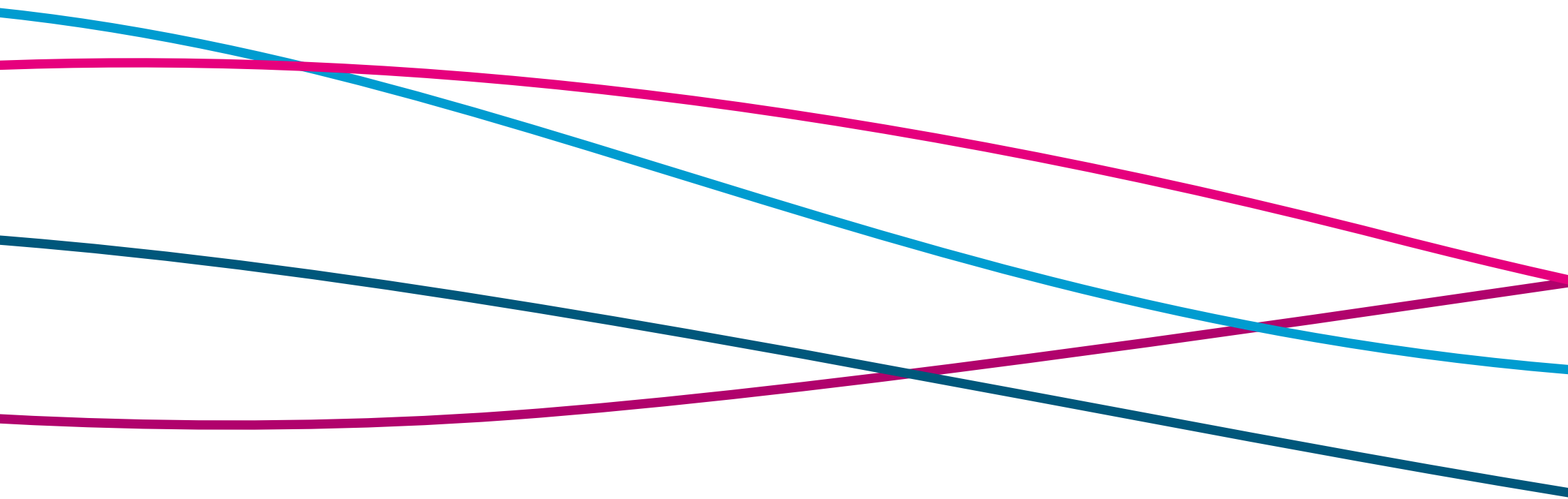
Commissioners of health and wellbeing services in Telford & Wrekin, as part of their duty to reduce inequalities in health, should proactively engage people at risk of social isolation in the design and delivery of solutions to narrow inequities.

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### Recommendation 6:

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

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# Section 9

## Review of last year's recommendations

I made seven recommendations in my last annual public health report. Progress made towards delivering these recommendations with our partners during the past year is outlined below.

**Recommendation 1: Action should be taken by the Council and partners to encourage and support people over 50 to adopt healthy lifestyle behaviours, which incorporate opportunities to volunteer and ensure advice, signposting into services by health and social care professionals is systematic.**

A range of initiatives have been adopted in this area. Strong promotion of the national OneYou campaign, which is particularly aimed at promoting healthy lifestyles in the over 50's, is being supported by the Council, particularly through Healthy Telford Twitter account. Stop smoking support for the over 50s continues to be available throughout the Borough and has been offered to local employers through the Work Well in Telford programme. In addition, the Healthy Lifestyles service continues to provide a one stop shop for local people wishing to get active and improve their health. Clients are given one to one support and encouraged to access the wide range of activities in their communities. Work is ongoing with health and social care professionals to increase referrals to behaviour change programmes.

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**Recommendation 2: The Council's public health team should work with key partners to develop the wider public health workforce to expand our local capacity and capability to improve the health and wellbeing for our ageing population.**

Health and Wellbeing MECC (Making Every Contact Count) training has been delivered to 200 frontline staff and volunteers from a range of organisations working with local people particularly those in older age. Age UK, Telford Senior Citizen's Forum, members of SPIC (Shropshire Partners in Care) and Social Housing providers have all benefited training. In addition, 120 officers from Shropshire Fire & Rescue Service have completed Health and Wellbeing MECC training, which they are now proactively using in their Home Safety Checks for the elderly living alone. Further training is now available to all these staff and volunteers enabling them to better support their clients' health and wellbeing.

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**Recommendation 3: Action should be taken by the Council, NHS Telford and Wrekin Clinical Commissioning Group and partners to ensure good access to healthy lifestyle support for the most vulnerable adults, such as those with long term conditions or mental health illness.**

Local Public Health advice has shaped the development of Telford and Wrekin NHS clinical

pathways for people with diabetes, cancer and respiratory disease. More systematic access to healthy lifestyles advice is an important goal for this work. The Healthy Lifestyles team have made adjustments to their programme to better support those with Long Term Conditions and Mental Health conditions, the team continue to work with vulnerable groups who are at higher risk of poor health, including faith groups and older people.

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**Recommendation 4: The Council, its partners and communities should support and promote a range of group, one-to-one and volunteering activities that meet the needs and interests of local older people.**

Five Ways to Wellbeing continues to be promoted through Council media routes and cascaded to partners. It is also embedded within delivery in several Council service areas. The Healthy Telford Twitter feed has generated relationships and partnerships which did not previously exist, signposting to local events and opportunities and linking up new groups and organisations.

Work is ongoing in the Carers Partnership Board and the Carers Contact Centre to ensure access to healthy lifestyles services. Work has also been completed with Registry to engage with those recently bereaved and offer appropriate support.

Staff at Job Centre Plus has received Health and Wellbeing MECC training and are better able to support older clients.

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**Recommendation 5: Building on work already underway, the Council and partners should take a community-centred approach to improving the health and wellbeing of our ageing population.**

This work has been supported by priorities in the following local strategy documents:

- The new Health & Wellbeing Strategy, which includes strengthening communities and community-based support as a priority
- Telford & Wrekin Council Being the Change Strategy, which includes building community capacity as a key principle
- Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan which prioritises building community resilience, to be delivered through the neighbourhood working model

Examples of the approach being embedded include a cohort of 36 Health Champions who have been trained and supported to deliver a range of initiatives in their local communities, and local groups supporting older people including Senior Citizen's Forum, Senior Gym Club, Walkabout Wrekin and Friends Of groups who have contributed to the development of programmes of work including the healthy lifestyles offer.

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**Recommendation 6: Action should be undertaken by the Council with local employers to raise awareness of the links between work, healthy lifestyles and wellbeing and the action employers can take to increasing employment opportunities and retention for older people.**

The Work Well in Telford programme provides a range of advice and support to local business through the website, seminars, training and sharing best practice. Work Well in Telford includes information and advice on supporting older people in the workplace. Members are also encouraged to engage with campaigns such as One You and Time to Change.

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**Recommendation 7: Action should be taken, by NHS Telford & Wrekin CCG with the Council and other partners to maximise every opportunity for awareness raising and early detection of risk factors and symptoms, ensuring early diagnosis and treatment for cancer, cardiovascular disease (heart disease and stroke) and Type 2 Diabetes.**

Work is developing with the public health team and the CCG, as part of the neighbourhood working approach, to establish a reduce your risk programme as part of the radical upgrade in prevention expected in the NHS.

This has included a funding bid for NHS Transformation funds to improve the local treatment and care for people with diabetes. Examples of other awareness raising include the BeClear Campaigns (blood in pee and Respiratory Symptoms this year) which have been strongly publicised within Council, including Local radio

interviews, poster and flyer distributions, Twitter promotion and building links with local groups for example the Jane Sargent Foundation. A lung cancer awareness event took place in Telford Town Centre in November 2016.

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# Public Health Outcomes Framework

## Summary of key changes to the health of people in Telford and Wrekin

Since the last annual public health report there have been some significant changes on certain indicators which measure the health of our population.

### For life expectancy and mortality rates

There has been slight improvements in the life expectancy rates for both men and women, however the figures for both men and women still remain significantly worse than the England average.

- There have been further improvements in death rates for certain causes including:
  - The under 75 mortality rates from preventable cancers – rates for persons and males are no longer significantly worse than the national average
  - The mortality rate from communicable (infectious) diseases, including influenza is now significantly better than the England average
  - The under 75 mortality rate from preventable cardiovascular diseases in men has decreased
- Despite these notable improvements in death rates from certain major causes of death, there have been increases in rates for some causes:

- Infant mortality rate under one year, which makes a significant contribution to reduced life expectancy
- Early death rates from liver disease have increased and are significantly worse than the England average and the rate for women is now rated worse than the national average for the first time
- Early death rates from respiratory disease (for persons and females) have risen and are significantly worse than the England average for the first time
- The ratio of male excess winter deaths (for all ages) has risen and become worse than the England average for the first time.

### In terms of health improvement

- The proportions of people with substance misuse problems successfully completing treatment has improved for those with alcohol problems and non-opiate drug issues
- Smoking in pregnancy rates continue to fall slowly, but levels are still worse than the England average and levels of breastfeeding have remained static with rates still worse than the national average
- Excess weight levels in both adults and children have remained the same and are still worse than the national average

- The uptake of bowel cancer screening has improved, but remains worse than the national average
- Teenage pregnancy rates continue to fall
- The proportion of adults who are physically active has fallen slightly.

### With respect to the wider determinants which impact on health

- The percentage of people aged 16-64 in employment has improved again for both men and women and rates are similar to the England average
- School readiness measures have improved further
- The level of children living in poverty still remains significantly worse than the national average
- The levels of 16-18 year olds not in education, employment or training (NEET) remains significantly worse than the England average
- The level of people classified as being in “fuel poverty” has fallen and the rate is now significantly better than the England average.

## Introduction

The Public Health Outcomes Framework (PHOF) for England, was first published in January 2012 by Public Health England (PHE). The overarching vision of the PHOF is improving and protecting the nation's health and wellbeing, and improving the health of the poorest fastest. This vision is encompassed in the framework's two high level outcomes:

**Outcome 1: Increased healthy life expectancy**

**Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities**

The framework aims to deliver these outcomes through improvement across 63 public health indicators and a series of sub indicators grouped into five domains.

## Key Headlines for Telford & Wrekin 2016/17

### New or updated indicators showing improvement

- **The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check**, although showing a very slight increase (71% to 72%) is now rated similar to the England average where previously it was rated better.
- **Cancer screening coverage for bowel cancer** has seen a statistically significant improvement from 53.9% to 56.3% of the eligible population screen adequately, however this indicator remains worse than the national average.

- **The percentage of male children with free school meal status achieving a good level of development at the end of reception** has improved from 39.7% in 2014/15 to 45.1% in 2015/16. This indicator remains similar to the national average.
- **The gap in female life expectancy between Telford and Wrekin and England as a whole** has narrowed from -1.29 to -1.12. This indicator is showing improvement for the second period in a row, but remains worse than the national.

### New or updated indicators showing deterioration

- **The percentage of female Year 1 pupils with free school meal status achieving the expected level in the Phonics screening check** has decreased slightly from 79% in 2014/15 to 77% in 2015/16, this has resulted in a change in rating from better to similar to the England average.
- Child excess weight in 4-5 year olds has increased with 25.5% of 4-5 year olds measuring overweight or obese in 2015/16 compared to 23.4% in 2014/15. This indicator is now worse than the national average for the first time in five years.
- There has been a reduction in **Abdominal Aortic Aneurysm Screening Coverage** with 79.8% of eligible men conclusively tested in 2015/16 compared to 83.4% in 2014/15. This has resulted in a change of rating for this indicator, from better than the England average to similar.

- **Health related quality of life for older people** has seen a slight decline with the average health status score for adults aged 65 and over decreasing from 0.72 in 2014/15 to 0.71 in 2015/16. This decline has resulted in a change in rating from similar to worse than the England average.
- **The proportion of dependent children under 20 living in low income families** has seen an increase from 22.0% in 2013 to 22.9% in 2014. Although this increase is slight, it is statistically significant, this indicator remains worse than the national average.
- **Cervical cancer screening** has seen a decline with the percentage of eligible women adequately screen decreasing from 74.7% in 2015 to 73.7% in 2016. Although this percentage change is small it is a statistical difference. This indicator remains better than the national average.
- **Population vaccination coverage for MMR for two doses (5 years old)** has seen a statistically significant decrease from 94.0% in 2014/15 to 91.6% in 2015/16. This indicator remains better than the national average.
- **The gap in male life expectancy between Telford and Wrekin and England as a whole** has increased from -0.86 for 2012-14 to -1.10 for 2013-15. This indicator had previously been showing improvement since 2010-12, but has remained worse than the national since 2005-07.

### Change in new and updated indicators with no RAG rating

- There has been a statistically significant decrease in the **percentage of those aged 70 who have been vaccinated for shingles** from 58.7% in 2014/15 to 50.7% in 2015/16.

### PHOF Summary for Telford & Wrekin February 2017

#### Domain 0 - Overarching determinants of health

There are two primary indicators with a total of 12 sub-indicators in this domain with reported data.

The Telford & Wrekin position is significantly worse than the England average for all eight sub-indicators that have been compared.

#### Worse than average indicators:

- Healthy life expectancy at birth (male, female)
- Life expectancy at birth (male, female)
- Life expectancy at 65 (male, female)
- Gap in life expectancy at birth between each local authority and England as a whole (male, female)

#### Domain 1 – Wider determinants of health

There are 17 primary indicators with 51 sub-indicators with reported local data in this domain.

The Telford & Wrekin position is significantly worse than the England average for four sub-indicators and significantly better for eight sub-indicators

#### Better than average indicators:

- School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons, male, female)
- Killed and seriously injured (KSI) casualties on England's roads
- Violent crime (including sexual violence) - hospital admissions for violence
- The rate of complaints about noise
- Statutory homelessness - households in temporary
- Fuel poverty

#### Worse than average indicators:

- Children in low income families (under 20, under 16)
- First time entrants to the youth justice system
- 16-18 year olds not in education employment or training

#### Domain 2 – Health improvement

There are 23 primary indicators with 61 sub-indicators with reported local data in this domain.

Overall, Telford & Wrekin is significantly better than the England average in 17 of the sub-indicators and significantly worse in 16.

#### Better than average indicators:

- Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review
- Smoking prevalence at age 15 – (current smokers, regular smokers)

- Successful completion of drug treatment - non-opiate users-Persons
- Cancer screening coverage - (breast cancer, cervical cancer)
- Newborn Blood Spot Screening - Coverage
- Newborn Hearing Screening - Coverage
- Injuries due to falls in people aged 65 and over (Persons/male/female, aged 65-79 persons/male/female, aged 80+ persons/male/female)

#### Worse than average indicators:

- Breastfeeding - (initiation, prevalence at 6-8 weeks current method, prevalence at 6-8 weeks historical method)
- Smoking status at time of delivery
- Under 18 conceptions
- Child excess weight (4-5 year olds, 10-11 year olds)
- Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years, aged 0-4 years)
- Average number of portions of fruit consumed daily (adults)
- Average number of portions of fruit consumed daily at age 15
- Excess weight in Adults
- Cancer screening coverage - bowel cancer
- Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check-Persons

- Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check- Persons
- Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check- Persons

### Domain 3 – Health protection

There are seven primary indicators with 26 sub-indicators that have reported local data in this domain.

The Telford & Wrekin position is significantly better than the England average for 11 of the sub-indicators and significantly worse for one.

#### Better than average indicators:

- Population vaccination coverage - Dtap / IPV / Hib (1 year old)-Persons
- Population vaccination coverage - Dtap / IPV / Hib (2 years old)-Persons
- Population vaccination coverage - PCV- Persons
- Population vaccination coverage - Hib / MenC booster (2 years old)-Persons
- Population vaccination coverage - Hib / Men C booster (5 years old)-Persons
- Population vaccination coverage - PCV booster- Persons
- Population vaccination coverage - MMR for one dose (2 years old)-Persons
- Population vaccination coverage - MMR for one dose (5 years old)-Persons
- Population vaccination coverage - MMR for two doses (5 years old)-Persons

- Incidence of TB- Persons
- Adjusted antibiotic prescribing in primary care by the NHS- Persons

#### Worse than average indicators:

- Population vaccination coverage - PPV- Persons

### Domain 4 – Healthcare and premature mortality

There are 16 primary indicators with a total of 63 sub-indicators with reported local data in this domain.

The Telford & Wrekin position is significantly worse than the England average for 13 of the sub-indicators. There is just one local indicator better than the national average.

#### Better than average indicators:

- Mortality rate from a range of specified communicable diseases, including influenza

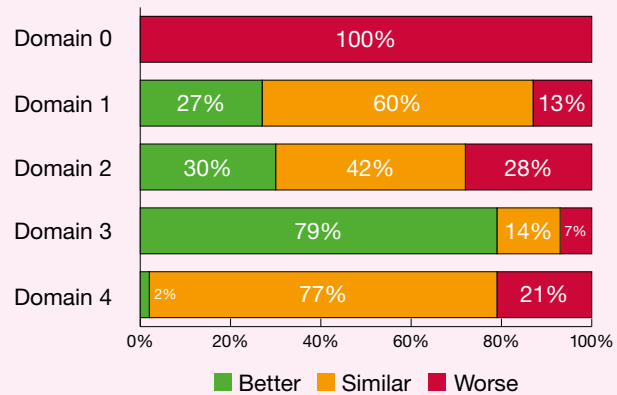
#### Worse than average indicators:

- Infant mortality
- Mortality rate from causes considered preventable
- Under 75 mortality rate from cancer (Persons, male)
- Under 75 mortality rate from liver disease (Persons)
- Under 75 mortality rate from liver disease considered preventable (Persons, female)
- Under 75 mortality rate from respiratory disease (Persons, female)
- Under 75 mortality rate from respiratory disease considered preventable (Persons)

- Proportion of adults in the population in contact with secondary mental health services
- Health related quality of life for older people
- Excess winter deaths index (3 years, all ages) - Male

### Summary of benchmarked indicators

- **Domain 0: Overarching Determinants of Health** has the greatest proportion of indicators where the Telford & Wrekin position is worse than the England average, with 100% of benchmarked indicators rated red. (total 8 indicators)
- **Domain 4: Healthcare and Premature Mortality** is the area where the benchmarked Telford & Wrekin position is closest to the England average. This domain has the highest proportion of indicators that are statistically similar to the England average, with 77% of benchmarked indicators rated amber. (total 62 indicators)
- **Domain 3: Health Protection** is the area where Telford & Wrekin has the highest proportion of indicators rated better than the England average, with 79% of benchmarked indicators rated green. (total 14 indicators)



### Key to RAG rating

**RED:**

Telford & Wrekin position statistically significantly worse than the England average or goal

**AMBER:**

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**GREEN:**

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The RAG rating in these tables uses the statistical significance as calculated and presented by Public Health England (PHE) in the PHOF release February 2017. Indicators without RAG ratings are those where PHE have not applied statistical comparisons.

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Domain 0 - Overarching determinants of health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
0.1i	Healthy life expectancy at birth - Male	59.54	63.39	2013 - 15
0.1i	Healthy life expectancy at birth - Female	58.55	64.11	2013 - 15
0.1ii	Life Expectancy at birth - Male	78.36	79.46	2013 - 15
0.1ii	Life expectancy at birth-Female	81.99	83.11	2013 - 15
0.1ii	Life expectancy at 65-Male	18.10	18.68	2013 - 15
0.1ii	Life expectancy at 65-Female	20.21	21.08	2013 - 15
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area-Male	6.95	-	2012 - 14
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area-Female	2.84	-	2012 - 14
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole-Male	-1.10	0.00	2013 - 15
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole-Female	-1.12	0.00	2013 - 15
0.2vi	SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas -Male	11.81	-	2009 - 13
0.2vi	SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas -Female	12.10	-	2009 - 13
	Deprivation score (IMD 2010)-Persons	23.63	21.69	2010
	Deprivation score (IMD 2015)-Persons	24.85	21.78	2015
	% population aged <18-Persons	22.86	21.32	2015
	% population aged 65+-Persons	16.37	17.73	2015
	% population from Black and Minority Ethnic (BME) groups-Persons	7.34	14.58	2011

Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.01i	Children in low income families (all dependent children under 20)-Persons	22.90	19.90	2014
1.01ii	Children in low income families (under 16s)-Persons	23.50	20.10	2014
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception-Persons	69.12	69.29	2015/16
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception-Male	60.66	62.15	2015/16
1.02ii	School Readiness: the percentage of children achieving a good level of development at the end of reception-Female	77.67	76.81	2015/16

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception-Persons	54.18	54.41	2015/16
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception-Male	45.08	45.84	2015/16
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception-Female	64.04	63.49	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check-Persons	84.06	80.51	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check-Male	80.14	76.91	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check-Female	87.90	84.29	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Persons	72.49	68.64	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Male	67.26	63.61	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Female	77.35	73.97	2015/16
1.03	Pupil absence-Persons	4.56	4.62	2014/15
1.04	First time entrants to the youth justice system-Persons	641.18	368.65	2015
1.05	16-18 year olds not in education employment or training-Persons	7.91	4.18	2015
1.06i	Adults with a learning disability who live in stable and appropriate accommodation-Persons	53.75	73.32	2014/15
1.06i	Adults with a learning disability who live in stable and appropriate accommodation-Male	55.32	73.23	2014/15
1.06i	Adults with a learning disability who live in stable and appropriate accommodation-Female	51.52	73.11	2014/15
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation-Persons	65.10	59.70	2014/15
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation-Male	65.80	58.40	2014/15
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation-Female	64.50	61.30	2014/15

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate-Persons	9.70	8.80	2015/16
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate-Persons	69.40	66.90	2014/15
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate-Male	73.40	71.80	2014/15
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate-Female	65.60	62.30	2014/15
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Persons	64.10	66.10	2014/15
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Male	69.30	72.60	2014/15
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Female	58.80	59.30	2014/15
1.08iv	Percentage of people aged 16-64 in employment-Persons	74.90	73.90	2015/16
1.08iv	Percentage of people aged 16-64 in employment-Male	78.80	79.20	2015/16
1.08iv	Percentage of people aged 16-64 in employment-Female	71.10	68.80	2015/16
1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week-Persons	2.75	2.40	2012 - 14
1.09ii	Sickness absence - the percent of working days lost due to sickness absence-Persons	1.48	1.46	2012 - 14
1.10	Killed and seriously injured (KSI) casualties on England's roads-Persons	23.02	38.50	2013 - 15
1.11	Domestic abuse-Persons	17.78	20.42	2014/15
1.12i	Violent crime (including sexual violence) - hospital admissions for violence-Persons	31.27	47.49	2012/13 - 14/15
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population-Persons	26.58	17.18	2015/16
1.12ii	Violent crime (including sexual violence) - rate of sexual offences per 1,000 population-Persons	3.34	1.69	2015/16
1.13i	Re-offending levels - percentage of offenders who re-offend-Persons	25.51	25.44	2014
1.13ii	Re-offending levels - average number of re-offences per offender-Persons	0.80	0.82	2014
1.13iii	First time offenders-Persons	288.60	242.42	2015
1.14i	The rate of complaints about noise-Persons	4.47	7.13	2014/15
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime-Persons	0.83	5.17	2011

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time-Persons	2.02	8.01	2011
1.15i	Statutory homelessness - Eligible homeless people not in priority need-Persons	-	0.85	2015/16
1.15ii	Statutory homelessness - households in temporary accommodation-Persons	0.71	3.12	2015/16
1.16	Utilisation of outdoor space for exercise/health reasons-Persons	17.29	17.91	Mar 2014 - Feb 2015
1.17	Fuel poverty-Persons	10.14	10.55	2014
1.18i	Social Isolation: percentage of adult social care users who have as much social contact as they would like-Persons	50.50	45.40	2015/16
1.18ii	Social Isolation: percentage of adult carers who have as much social contact as they would like-Persons	34.50	38.50	2014/15

Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.01	Low birth weight of term babies-Persons	2.47	2.86	2014
2.02i	Breastfeeding - breastfeeding initiation-Female	67.48	74.33	2014/15
2.02ii	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method-Persons	36.32	43.15	2015/16
2.02ii	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method-Persons	41.06	43.82	2014/15
2.03	Smoking status at time of delivery-Female	18.12	10.65	2015/16
2.04	Under 18 conceptions-Female	32.61	22.80	2014
2.04	Under 18 conceptions: conceptions in those aged under 16-Female	5.90	4.38	2014
2.05ii	Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review-Persons	100.00	81.33	2015/16
2.06i	Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds-Persons	25.54	22.14	2015/16
2.06ii	Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds-Persons	37.43	34.17	2015/16
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)-Persons	136.27	104.20	2015/16
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)-Persons	189.78	129.63	2015/16

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Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)-Persons	130.84	134.06	2015/16
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March -Persons	15.00	14.00	2015/16
2.08ii	Percentage of children where there is a cause for concern-Persons	34.00	37.00	2014/15
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)-Persons	5.98	8.20	2014/15
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)-Persons	4.06	5.45	2014/15
2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)-Persons	1.92	2.74	2014/15
2.10ii	Emergency Hospital Admissions for Intentional Self-Harm-Persons	206.94	191.43	2014/15
2.11i	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)-Persons	48.60	52.30	2015
2.11ii	Average number of portions of fruit consumed daily (adults)-Persons	2.20	2.51	2015
2.11iii	Average number of portions of vegetables consumed daily (adults)-Persons	2.17	2.27	2015
2.11iv	Proportion of the population meeting the recommended "5-a-day" at age 15 -Persons	49.70	52.40	2014/15
2.11v	Average number of portions of fruit consumed daily at age 15 (WAY survey) -Persons	2.22	2.39	2014/15
2.11vi	Average number of portions of vegetables consumed daily at age 15 (WAY survey) -Persons	2.30	2.40	2014/15
2.12	Excess weight in Adults-Persons	71.12	64.80	2013 - 15
2.13i	Percentage of physically active and inactive adults - active adults-Persons	53.80	57.05	2015
2.13ii	Percentage of physically active and inactive adults - inactive adults-Persons	28.47	28.65	2015
2.14	Smoking Prevalence in adults - current smokers (APS)-Persons	18.18	16.93	2015
2.14	Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)-Persons	32.01	26.51	2015
2.15i	Successful completion of drug treatment - opiate users-Persons	7.06	6.72	2015
2.15ii	Successful completion of drug treatment - non-opiate users-Persons	44.26	37.26	2015
2.15iii	Successful completion of alcohol treatment-Persons	36.97	38.36	2015
2.15iv	Deaths from drug misuse-Persons	-	3.89	2013 - 15
2.16	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison -Persons	27.27	30.28	2015/16
2.17	Recorded diabetes-Persons	6.62	6.37	2014/15
2.18	Admission episodes for alcohol-related conditions - narrow definition-Persons	667.79	640.78	2014/15
2.18	Admission episodes for alcohol-related conditions - narrow definition-Male	877.80	826.92	2014/15

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Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.18	Admission episodes for alcohol-related conditions - narrow definition-Female	476.09	474.24	2014/15
2.19	Cancer diagnosed at early stage (experimental statistics)-Persons	48.60	50.66	2014
2.20i	Cancer screening coverage - breast cancer-Female	79.41	75.47	2016
2.20i	Cancer screening coverage - cervical cancer-Female	73.74	72.71	2016
2.20iii	Cancer screening coverage - bowel cancer-Persons	56.28	57.89	2016
2.20iv	Abdominal Aortic Aneurysm Screening - Coverage-Male	78.75	79.85	2015/16
2.20xi	Newborn Blood Spot Screening - Coverage -Persons	98.00	95.59	2015/16
2.20xii	Newborn Hearing Screening - Coverage -Persons	99.42	98.72	2015/16
2.22iii	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check-Persons	55.71	56.44	2013/14 - 15/16
2.22iv	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check-Persons	40.32	48.59	2013/14 - 15/16
2.22v	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check-Persons	22.46	27.42	2013/14 - 15/16
2.23i	Self-reported wellbeing - people with a low satisfaction score-Persons	5.27	4.55	2015/16
2.23ii	Self-reported wellbeing - people with a low worthwhile score-Persons	4.23	3.55	2015/16
2.23iii	Self-reported wellbeing - people with a low happiness score-Persons	10.82	8.75	2015/16
2.23iv	Self-reported wellbeing - people with a high anxiety score-Persons	20.79	19.37	2015/16
2.24i	Injuries due to falls in people aged 65 and over-Persons	1402.00	2124.61	2014/15
2.24i	Injuries due to falls in people aged 65 and over-Male	1134.49	1739.76	2014/15
2.24i	Injuries due to falls in people aged 65 and over-Female	1669.51	2509.46	2014/15
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79-Persons	716.14	1011.97	2014/15
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79-Male	533.23	825.71	2014/15
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79-Female	899.06	1198.22	2014/15
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+-Persons	3390.98	5351.28	2014/15
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+-Male	2878.15	4390.51	2014/15
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+-Female	3903.81	6312.04	2014/15

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Domain 3 - Health protection				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.01	Fraction of mortality attributable to particulate air pollution-Persons	4.03	4.72	2015
3.02	Chlamydia detection rate (15-24 year olds)-Persons	2013.00	1887.00	2015
3.02	Chlamydia detection rate (15-24 year olds)-Male	1236.10	1276.00	2015
3.02	Chlamydia detection rate (15-24 year olds)-Female	2845.80	2492.10	2015
3.03i	Population vaccination coverage - Hepatitis B (1 year old)-Persons	100.00	-	2014/15
3.03i	Population vaccination coverage - Hepatitis B (2 years old)-Persons	83.33	-	2014/15
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old)-Persons	96.38	93.56	2015/16
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old)-Persons	97.40	95.20	2015/16
3.03iv	Population vaccination coverage - MenC-Persons	97.06	-	2015/16
3.03v	Population vaccination coverage - PCV-Persons	95.90	93.50	2015/16
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old)-Persons	94.70	91.60	2015/16
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years old)-Persons	94.60	92.60	2015/16
3.03vii	Population vaccination coverage - PCV booster-Persons	95.03	91.53	2015/16
3.03viii	Population vaccination coverage - MMR for one dose (2 years old)-Persons	95.08	91.92	2015/16
3.03ix	Population vaccination coverage - MMR for one dose (5 years old)-Persons	96.10	94.80	2015/16
3.03x	Population vaccination coverage - MMR for two doses (5 years old)-Persons	91.60	88.20	2015/16
3.03xii	Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) -Female	91.34	89.43	2014/15
3.03xiii	Population vaccination coverage - PPV-Persons	67.30	70.11	2015/16
3.03xiv	Population vaccination coverage - Flu (aged 65+)-Persons	71.12	70.99	2015/16
3.03xv	Population vaccination coverage - Flu (at risk individuals)-Persons	49.07	45.14	2015/16
3.03 xvii	Population vaccination coverage - Shingles vaccination coverage (70 years old)-Persons	50.69	54.88	2015/16
3.03xviii	Population vaccination coverage - Flu (2-4 years old)-Persons	30.91	34.36	2015/16
3.04	HIV late diagnosis -Persons	40.00	40.31	2013 - 15
3.05i	Treatment completion for TB -Persons	-	84.45	2014
3.05ii	Incidence of TB-Persons	5.11	11.96	2013 - 15
3.06	NHS organisations with a board approved sustainable development management plan-Not applicable	60.00	56.51	2014/15
3.08	Adjusted antibiotic prescribing in primary care by the NHS-Persons	1.09	1.10	2015

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

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

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

Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.01	Infant mortality-Persons	6.50	3.89	2013 - 15
4.02	Proportion of five year old children free from dental decay -Persons	77.02	75.20	2014/15
4.03	Mortality rate from causes considered preventable-Persons	202.53	184.46	2013 - 15
4.03	Mortality rate from causes considered preventable-Male	251.63	232.46	2013 - 15
4.03	Mortality rate from causes considered preventable-Female	155.24	139.64	2013 - 15
4.04i	Under 75 mortality rate from all cardiovascular diseases-Persons	79.18	74.65	2013 - 15
4.04i	Under 75 mortality rate from all cardiovascular diseases-Male	108.36	104.71	2013 - 15
4.04i	Under 75 mortality rate from all cardiovascular diseases-Female	51.14	46.20	2013 - 15
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable-Persons	49.81	48.09	2013 - 15
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable-Male	70.06	72.45	2013 - 15
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable-Female	30.34	25.04	2013 - 15
4.05i	Under 75 mortality rate from cancer-Persons	152.62	138.78	2013 - 15
4.05i	Under 75 mortality rate from cancer-Male	178.21	154.84	2013 - 15
4.05i	Under 75 mortality rate from cancer-Female	128.51	123.93	2013 - 15
4.05ii	Under 75 mortality rate from cancer considered preventable-Persons	89.47	81.12	2013 - 15
4.05ii	Under 75 mortality rate from cancer considered preventable-Male	102.39	88.38	2013 - 15
4.05ii	Under 75 mortality rate from cancer considered preventable-Female	77.44	74.48	2013 - 15
4.06i	Under 75 mortality rate from liver disease-Persons	22.67	17.98	2013 - 15
4.06i	Under 75 mortality rate from liver disease-Male	28.45	23.71	2013 - 15
4.06i	Under 75 mortality rate from liver disease-Female	17.04	12.49	2013 - 15
4.06ii	Under 75 mortality rate from liver disease considered preventable-Persons	21.05	15.89	2013 - 15
4.06ii	Under 75 mortality rate from liver disease considered preventable-Male	26.51	21.36	2013 - 15
4.06ii	Under 75 mortality rate from liver disease considered preventable-Female	15.74	10.64	2013 - 15
4.07i	Under 75 mortality rate from respiratory disease-Persons	39.44	33.07	2013 - 15
4.07i	Under 75 mortality rate from respiratory disease-Male	42.13	38.51	2013 - 15
4.07i	Under 75 mortality rate from respiratory disease-Female	36.87	27.98	2013 - 15
4.07ii	Under 75 mortality rate from respiratory disease considered preventable-Persons	22.94	18.09	2013 - 15
4.07ii	Under 75 mortality rate from respiratory disease considered preventable-Male	25.51	20.26	2013 - 15
4.07ii	Under 75 mortality rate from respiratory disease considered preventable-Female	20.50	16.07	2013 - 15

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Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.08	Mortality rate from a range of specified communicable diseases, including influenza -Persons	6.98	10.48	2013 - 15
4.08	Mortality rate from a range of specified communicable diseases, including influenza -Male	-	11.53	2013 - 15
4.08	Mortality rate from a range of specified communicable diseases, including influenza -Female	-	9.63	2013 - 15
4.09i	Excess under 75 mortality rate in adults with serious mental illness-Persons	553.70	370.00	2014/15
4.09ii	Proportion of adults in the population in contact with secondary mental health services -Persons	5.92	5.36	2014/15
4.10	Suicide rate-Persons	10.95	10.15	2013 - 15
4.10	Suicide rate-Male	17.00	15.84	2013 - 15
4.10	Suicide rate-Female	-	4.74	2013 - 15
4.11	Emergency readmissions within 30 days of discharge from hospital-Persons	11.45	11.78	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital-Male	11.57	12.13	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital-Female	11.27	11.46	2011/12
4.12i	Preventable sight loss - age related macular degeneration (AMD)-Persons	135.86	118.08	2014/15
4.12ii	Preventable sight loss - glaucoma-Persons	15.63	12.82	2014/15
4.12iii	Preventable sight loss - diabetic eye disease-Persons	4.20	3.23	2014/15
4.12iv	Preventable sight loss - sight loss certifications-Persons	43.67	42.38	2014/15
4.13	Health related quality of life for older people-Persons	0.71	0.73	2015/16
4.14i	Hip fractures in people aged 65 and over-Persons	548.02	571.34	2014/15
4.14i	Hip fractures in people aged 65 and over-Male	394.30	425.07	2014/15
4.14i	Hip fractures in people aged 65 and over-Female	701.73	717.62	2014/15
4.14ii	Hip fractures in people aged 65 and over - aged 65-79-Persons	250.61	239.18	2014/15
4.14ii	Hip fractures in people aged 65 and over - aged 65-79-Male	102.94	166.78	2014/15
4.14ii	Hip fractures in people aged 65 and over - aged 65-79-Female	398.27	311.57	2014/15
4.14iii	Hip fractures in people aged 65 and over - aged 80+-Persons	1410.50	1534.63	2014/15
4.14iii	Hip fractures in people aged 65 and over - aged 80+-Male	1239.25	1174.08	2014/15
4.14iii	Hip fractures in people aged 65 and over - aged 80+-Female	1581.76	1895.17	2014/15
4.15i	Excess winter deaths index (single year, all ages)-Persons	31.37	27.67	Aug 2014 - Jul 2015
4.15i	Excess winter deaths index (single year, all ages)-Male	42.52	23.56	Aug 2014 - Jul 2015
4.15i	Excess winter deaths index (single year, all ages)-Female	20.88	31.59	Aug 2014 - Jul 2015

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

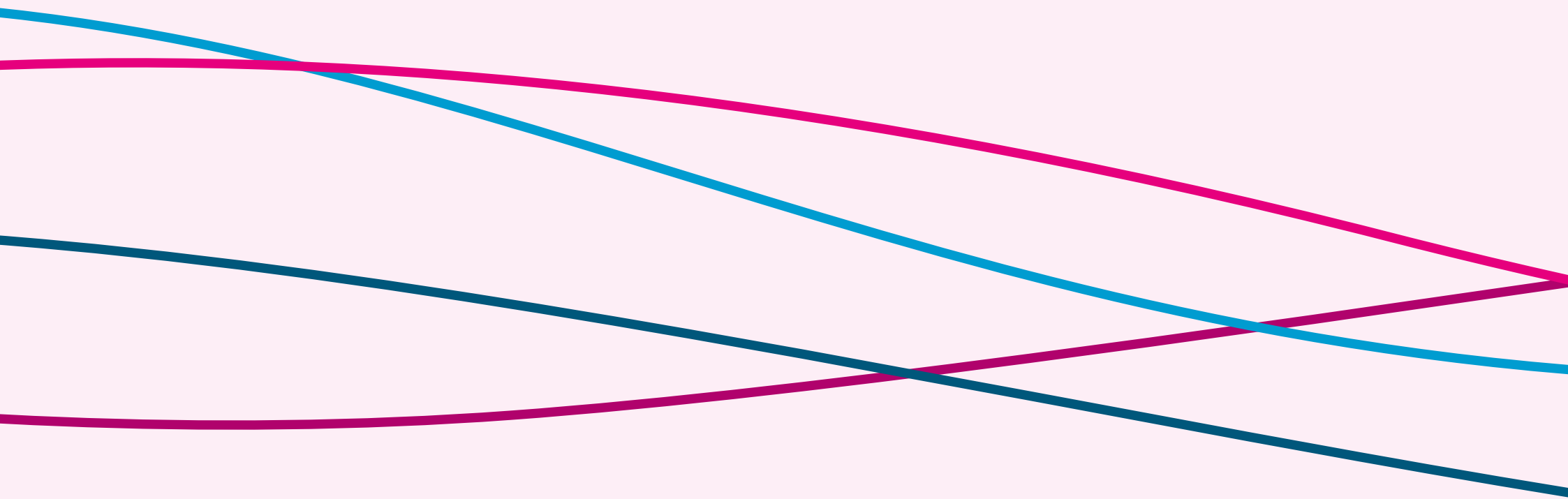
**AMBER:** Telford & Wrekin position statistically significantly similar to the England average or goal

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

Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.15ii	Excess winter deaths index (single year, age 85+)-Persons	36.00	40.09	Aug 2014 - Jul 2015
4.15ii	Excess winter deaths index (single year, age 85+)-Male	39.29	36.27	Aug 2014 - Jul 2015
4.15ii	Excess winter deaths index (single year, age 85+)-Female	34.04	42.38	Aug 2014 - Jul 2015
4.15iii	Excess winter deaths index (3 years, all ages)-Persons	23.08	19.56	Aug 2012 - Jul 2015
4.15iii	Excess winter deaths index (3 years, all ages)-Male	33.17	16.64	Aug 2012 - Jul 2015
4.15iii	Excess winter deaths index (3 years, all ages)-Female	13.78	22.36	Aug 2012 - Jul 2015
4.15iv	Excess winter deaths index (3 years, age 85+)-Persons	32.93	28.19	Aug 2012 - Jul 2015
4.15iv	Excess winter deaths index (3 years, age 85+)-Male	36.84	26.55	Aug 2012 - Jul 2015
4.15iv	Excess winter deaths index (3 years, age 85+)-Female	30.67	29.17	Aug 2012 - Jul 2015
4.16	Estimated diagnosis rate for people with dementia-Persons	-	52.50	2013/14

Source: [www.phoutcomes.info](http://www.phoutcomes.info)

Published by Public Health England February 2017



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- 10 <https://www.nice.org.uk/guidance/ng44/chapter/recommendations#collaborations-and-partnerships>
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- 14 Anthony Morgan, Associate Director, National Institute for Health and Clinical Excellence (2009)
- 15 I&DeA Improvement and Development Agency for Local Government. A glass half-full: how an asset approach can improve community health and well-being (January 2014) [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2&groupId=10180)

## **TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**8 MARCH 2017**

### **REVIEW OF THE TERMS OF REFERENCE AND MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD**

**REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR, HEALTH & WELLBEING AND STATUTORY DIRECTOR OF PUBLIC HEALTH**

**LEAD CABINET MEMBER – CLLR RICHARD OVERTON**

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

A review of the Terms of Reference for the Health and Wellbeing Board ('the Board') has been completed. It recommends two changes to membership of the Board.

#### **2. RECOMMENDATIONS**

That the Board:

- a. Approves the proposed changes in Board membership and that the Council Constitution Committee considers the proposed changes; and
- b. Consider whether any other changes to the Terms of Reference are required.

#### **3. IMPACT OF ACTION - (How it is intended that action will make a difference)**

Any changes to the Board membership, meeting frequency and rules on quorum will require changes to the Council's constitution, programme of meetings and their administration.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	The review ensures that the terms of reference are up to date and relevant to the work of the Board.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	The review contributes to the Council meeting the 'Health and Wellbeing' objective.
	Will the proposals impact on specific groups of people?	
	No	N/A
<b>TARGET COMPLETION/DELIVERY DATE</b>	If the Board recommends any changes to the terms of reference; they will proceed to Council Constitution Committee and then, if approved, onto full Council at the earliest opportunity.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	No	There are no financial implications arising from proposed changes to the current terms of reference. Any proposed changes agreed at the HWB meeting which may impact on future costs will be considered by Council Officers in the context of the existing budgetary envelope.  TS 20.02.2017
<b>LEGAL ISSUES</b>	Yes	<p>Section 194 of The Health and Social Care Act 2012 [as amended] requires the Council to establish a Health and Wellbeing Board, which is a formal committee of the Council and it is to be treated as such under Section 102 of the Local Government Act 1972 [as amended] (subject to some exceptions).</p> <p>Accordingly the conduct and procedure of the Board must comply with the appropriate statutory requirements that relate to matters such as the publication of meeting agenda and the publishing of reports.</p> <p>Section 194 of the Health and Social Care Act 2012 also prescribes the membership requirements for the Health and Wellbeing Board, which is reflected in the Membership section of the Terms of Reference at Appendix 1.</p> <p>Any changes to the membership as part of the review of the Terms of Reference must comply with the requirements of Section</p>

		194.  In order to give effect to any changes full Council has to approve the changes which will result in the consequent amendment to the Council's Constitution to incorporate the new arrangements. The Council Constitution Committee also has involvement in the structure and content of Committee terms of reference and procedures.  <i>KF 24.02.2017</i>
<b>EQUALITY &amp; DIVERSITY</b>	No	N/A
<b>IMPACT ON SPECIFIC WARDS</b>	No	Borough-wide impact
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	N/A
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	It is recommended that the Board take the opportunity to review their Terms of Reference on at least an annual basis.

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

- 1.1. It is good practice for Boards and Committees of the Council to review their terms of reference. In June 2015 the Terms of Reference of the Board was reviewed and no changes were made.
- 1.2. Attached at Appendix 1 are the current terms of reference including the membership of the Board and the quorum.
- 1.3. Officers are proposing the following membership changes to the Terms of Reference in order to strengthen the Board's links with the NHS and the voluntary sector.
  - 1.3.1. With the emergence of the Sustainable Transformation Plan (STP) and the clear alignment the plan has to the Health & Wellbeing Strategy. It is proposed that governance arrangements are strengthened by inviting a representative from the STP to be a member of the Board.
  - 1.3.2. The Health and Wellbeing Strategy focuses on supporting and developing community assets and strengths. Harnessing the power of local organisations and groups as a means of building resilience in individuals and communities. In order for the Board to do this, officers propose that the involvement of the voluntary sector is key and that a representative from the CVS Chief Officers Group (Wendy Condlyffe, the Chief Executive Officer of IMPACT) on the Board would enable this approach.

1.4. Officers are not proposing any other amendments to the terms of reference but it is a matter for the Board to consider the current terms of reference and decide whether any changes are needed.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

The impact will depend upon whether the Board decide to make any changes to the current terms of reference at Appendix 1 of this report.

## **3. PREVIOUS MINUTES**

17th July 2013 – Health and Wellbeing Board

15<sup>th</sup> May 2014 – Health and Wellbeing Board

10<sup>th</sup> June 2015 – Health and Wellbeing Board

## **4. BACKGROUND PAPERS**

Health and Wellbeing Boards – A practical guide to governance and constitutional issues. Issued by the Local Government Association, March 2013

The Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents>

**Report prepared by Sarah Constable, Partnership Manager, Telephone: 01952 380599.**

## Appendix 1

### Telford & Wrekin Health and Wellbeing Board Terms of Reference

The Committee has the responsibility on behalf of the Council in respect of public health and health and wellbeing responsibilities within the Borough.

#### TERMS OF REFERENCE

1. The Health and Wellbeing Board is responsible for guiding and overseeing:
  - 1.1. The ongoing development of the joint strategic needs assessment (JSNA)
  - 1.2. Developing a high-level joint health and wellbeing strategy based upon the findings of the JSNA
  - 1.3. The establishment of sound joint commissioning arrangements
  - 1.4. The development of HealthWatch forum for public and patient engagement and involvement
  - 1.5. Public Health responsibilities and arrangements in the local authority
2. The Health and Wellbeing Board will provide a key forum for public accountability of NHS, social care for adults and children and other commissioned services that the Health and Wellbeing Board agrees are directly related to health and wellbeing in Telford and Wrekin.
3. The Health and Wellbeing Board has a duty to encourage integrated working between local health, social care and health-related commissioners.
4. The Health and Wellbeing Board will work with, and receive reports from, the Children, Young People and Families Board, Community Safety Partnership, Better Care Fund Management Group and the Living Well Board.
5. The Health and Wellbeing Board will have a link to the overarching Telford and Wrekin Local Strategic Partnership but will also very much function in its own right. In addition it will link with the existing adult and children safeguarding boards in order to ensure the focus on the improved health and wellbeing outcomes for the whole population of Telford and Wrekin.
6. The Health and Wellbeing Board will lead on the development of a Telford and Wrekin Joint Health and Wellbeing Strategy for residents which drives health improvement, plans to deliver this strategy and keeps the implementation of these plans under review.
7. Through the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board will oversee a commissioning programme of service and/or pathway redesign to better meet the needs of patients and service users and to deliver improved outcomes. Successful delivery of this will be dependent on the Health and Wellbeing Board developing effective management mechanisms with both primary care and secondary care providers where relevant or appropriate.
8. The Health and Wellbeing Board will link into the Local Strategic Partnership, Strategic Boards and associated Partnership Boards, making recommendations to Full Council, NHS England, and the Clinical Commissioning Group Board, as appropriate.

9. The Health and Wellbeing Board will analyse the priorities for deployment of health and care resources in the area based on information collected through the JSNA and other sources.

10. The Health and Wellbeing Board will consider options and opportunities to maximise the impact of aligning the deployment of resources of the health and care agencies in the area on agreed priorities. This will include the joint commissioning of health and social care services for children, families, and adults in Telford and Wrekin, to meet identified needs and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

11. The Health and Wellbeing Board will oversee the development of this proposed joint commissioning activity, ensuring any proposed activity is aligned with local priorities and levels of need and is undertaken within available resources. To consider options for joint commissioning and procurement between relevant organisations to support this work.

12. The Health and Wellbeing Board will oversee all areas of health and social care commissioning activity for people of all ages, to ensure that commissioning priorities are in line with those set through analysis of the JSNA and the local Joint Health and Wellbeing Strategy. This commissioning activity includes all local services commissioned by Telford and Wrekin CCG, Telford and Wrekin Council, Joint Commissioning CCG/Council, Public Health England and NHS England, which could include local specialised services; secondary dental care; general dental services; GP services; general ophthalmic services; pharmaceutical services; any services for the Armed forces or Offenders; and other primary care.

13. The Health and Wellbeing Board will keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

14. The Health and Wellbeing Board will identify and act upon changes that may be required following any new guidance in relation to the Health and Wellbeing Board.

15. The Health and Wellbeing Board will propose recommendations, as appropriate to:

15.1. Telford and Wrekin Full Council

15.2. NHS England Board

15.3. Telford and Wrekin Clinical Commissioning Group Board

16. The Health and Wellbeing Board will ensure that the Health and Wellbeing Board works to promote the achievement of the objectives of the organisations represented on the Board, including the Council's health improvement responsibilities.

## **General**

17. Annually at the first meeting after the Annual Council Meeting consider its terms of reference

## **PROCEDURE**

### **General**

1. Unless specifically provided for in these Terms of Reference the Council Procedure Rules govern the way that committees operate but these may be varied

or suspended<sup>1</sup> at the discretion of the Chairman of the Committee in the interests of efficient and effective management of the committee.

1 With the exception of paragraph 12

### **Membership**

2. Members of the Health and Wellbeing Board will comprise representatives from the Clinical Commissioning Group, Telford & Wrekin Council, HealthWatch and NHS England Local Area Team. The core members are:

- 2.1. Cabinet Member responsible for Public Health and Public Protection (Chairman of the Health and Wellbeing Board)
- 2.2. Cabinet Member for Adult and Social Care
- 2.3. Cabinet Member for Children, Young People and Families
- 2.4. Cabinet Member for Leisure Services and Culture
- 2.5. Director responsible for Adult Social Care
- 2.6. Director responsible for Children's Services
- 2.7. Director of Public Health
- 2.8. NHS England Local Area Team representative
- 2.9. Chair of Telford and Wrekin Clinical Commissioning Group (CCG) (Vice Chair Health and Wellbeing Board)
- 2.10. Non-Executive Director from Clinical Commissioning Group
- 2.11. Chief Officer from Clinical Commissioning Group
- 2.12. Representative of local HealthWatch
- 2.13. Chair of the Community Safety Partnership
- 2.14. Each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights.
- 2.15. Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate

3. Attendance and support from such other persons, according to the agenda, including:

- 3.1. Assistant Directors responsible for Commissioning (AD Family, Cohesion and Commissioning)
- 3.2. Executive Lead for Commissioning, CCG

4. This reflects the statutory minimum membership in the Health and Social Care Act 2012.

5. The members of the Board will be advised and supported by officers from the local authority and CCG.

6. Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

### **Disqualification for Membership**

7. Any person who would be disqualified from being able to stand for election as a councillor will be disqualified from being a member of a committee or sub-committee of a local authority.

The regulations state that these disqualifications will be retained for Health and Wellbeing Board, but the regulations will ensure the disqualifications do not apply to Health and Wellbeing Board in so far as they cover disqualifications in respect of members of the board holding any paid employment or office in the local authority – this allows the Directors of Adult Social Services, Children’s Services and Public Health to be formal members of the Health and Wellbeing Board.

8. The following disqualifications will be retained for members of the Health and Wellbeing Board:

8.1. Being the subject of a bankruptcy restrictions order or interim order

8.2. Having been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

### **Voting Rights**

9. All Members of the Health and Wellbeing Board will be able to vote alongside the elected representatives. This applies to any additional board members appointed in addition to the statutory membership set out in the Health and Social Care Act 2012.

### **Meetings**

10. The Health and Wellbeing Board will meet quarterly. Dates and times of meetings will be agreed and published in advance.

11. Agendas and supporting papers will be issued at least five clear days before each meeting and action notes will be produced, confirmed as a true record of the meeting and signed by the Chair.

12. Members of the public and press will have access to the meetings. A Protocol will be developed and agreed by Health and Wellbeing Board.

13. There will be a public speaking section at each Health and Wellbeing Board meeting. A procedure for public speaking at the Health and Wellbeing Board is in place and is available on the Council’s website or by contacting Democratic Services.

### **Quorum**

14. Quorum of one quarter is required, with a minimum of one Councillor Board member from Telford and Wrekin Council and one Board member from the CCG required in attendance.

### **Code of Conduct and Declaration of Interest**

15. The Health and Wellbeing Board will adopt the Council’s code of conduct. Any interests in item(s) on the agenda should be declared at the start of the meeting.

### **Access to Information/Transparency Provisions**

16. Meetings of the Health and Wellbeing Board will be held in public, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.

17. The agenda and papers for meetings of the Board, except for any documents that may disclose confidential or exempt information, will be made available for public inspection five days before the meeting.

### **Reporting Mechanisms/Accountability**

18. The Health and Wellbeing Board, as a Committee of the Council, will report to Full Council.

19. The Health and Wellbeing Board will regularly update the Telford and Wrekin Local Strategic Partnership with its progress and specific contributions to achieving the vision and priorities of Telford and Wrekin.

20. The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

21. The Board will review its structure, membership and activities in response to any further guidance.

### **Establishment of Sub-Committees**

22. The Health and Wellbeing Board will be able to establish sub-committees and delegate functions to them.

### **Scrutiny**

23. Health scrutiny function and powers will be delegated by Full Council to the relevant Scrutiny Committee and the power of referral to the Secretary of State is also delegated to the relevant Scrutiny Committee. The relevant Scrutiny Committee will notify Full Council of an intention to refer a matter to the Secretary of State before a referral is made.

## **TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**8 MARCH 2017**

**PRIORITY WORKSTREAM: TOXIC TRIO SCOPE**

**REPORT OF: LIZ NOAKES, ASSISTANT DIRECTOR, HEALTH AND WELLBEING AND  
STATUTORY DIRECTOR OF PUBLIC HEALTH**

**LEAD CABINET MEMBER – CLLR RICHARD OVERTON**

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

- 1.1. The “toxic trio” is domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health. These three areas are viewed as indicators of increased risk of harm to children and young people.
- 1.2. There is already strong collaborative work underway amongst HWB partners on individual strategies plans for these three areas. The specific aim of this priority work stream is to strengthen our partnership approach to addressing the toxic trio in a more integrated and joined up way to reduce the risk, and improve outcomes, for those families who are most vulnerable.

#### **2. RECOMMENDATIONS**

That the Board notes the:

- a) scope of the Toxic Trio priority work stream outlined in Section B) 1.5; and
- b) governance and reporting arrangements proposed in Section B) 1.7 and 1.9

#### **3. IMPACT OF ACTION - (How it is intended that action will make a difference)**

By aligning the actions within the three aspects of the toxic trio this will enable a strengthened approach to reducing the risk of the Borough’s most vulnerable families.

The joining up process will ensure that actions and interventions are systematic, and comprehensive, across the partnership and organisations in the Borough. A key aspect of this join up will be monitoring the impact this alignment has.

The final outcome will be a common narrative for the community and professionals about what the local offer around the toxic trio is.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<p>Connecting work on the so called “toxic trio” has been agreed as a priority work stream given the cross cutting context for all three priorities:</p> <ul style="list-style-type: none"> <li>• Encouraging Healthier Lifestyles</li> <li>• Improve Mental Wellbeing and Mental Health</li> <li>• Strengthen our communities and community-based support</li> </ul>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<ul style="list-style-type: none"> <li>• put our children and young people first</li> <li>• improve local people’s prospects through education and skills training</li> <li>• protect and support our vulnerable children and adults</li> <li>• improve the health and wellbeing of our communities and address health inequalities</li> </ul>
	Will the proposals impact on specific groups of people?	
Yes	The toxic trio work stream will impact on the most vulnerable children and adults in the borough.	
<b>TARGET COMPLETION/DELIVERY DATE</b>	<ul style="list-style-type: none"> <li>• Initial scope reported to HWB in March 2017</li> <li>• Work programme developed by June 2017</li> <li>• Annual update on progress to HWB in March 2018.</li> </ul>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	<p>The Council holds a budget in support of Substance Misuse services which is funded from Public Health Grant. In 2016/17 this budget is £2.528m. As part of the Council’s 2017/18 Budget Strategy, savings of £0.070m have been identified.</p> <p>The Public Health grant allocation to the Council has been reduced by around 10% over the last 3 years and further reductions and changes in this grant and other Council funding is expected in future years.</p> <p>Further savings in 2018/19 and 2019/20, which have yet to be agreed, could impact on the funding for this work stream.</p>

		<p>It is anticipated any work associated with the recommendations in this report will be met from within existing resources but this will be kept under review as part of the programmed monitoring process.</p> <p>The focus for this work stream will be the connections between actions in the various plans to ensure systematic and comprehensive collaborative action and this approach should promote a more effective and efficient use of the resources available in order to deliver the desired outcomes.</p> <p style="text-align: right;"><i>TS 27.02.2017</i></p>
<p><b>LEGAL ISSUES</b></p>	<p>Yes/No</p>	<p>Under Section 195 Health and Social Care Act 2012 the Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.</p> <p>Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.</p> <p>The Public Health Outcomes Framework Indicators were last updated on 7<sup>th</sup> February 2017. Domestic abuse, substance abuse and mental health are included in a range of the listed indicators.</p> <p>In respect of the governance arrangements:</p> <ul style="list-style-type: none"> <li>• The Care Act 2014 Section 43 requires each local authority to establish a Safeguarding Adults Board (“SAB”) for its area. The objective is to help and protect adults in its area in cases as described in Section 42.</li> <li>• The SAB must seek to achieve its objective by coordinating and ensuring the effectiveness of its member’s activities and may do anything which appears to it to be</li> </ul>

		<p>necessary, or desirable, for the purpose of achieving its objective.</p> <p>The Children Act 2004 at Sections 13-16 sets out the statutory responsibilities of local authorities to establish Local Safeguarding Children Boards, the required membership and funding arrangements. The objective is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established; and to ensure the effectiveness of what is done by each such person or body for those purposes.</p> <p>The outcomes of the workstream are likely to inform the Joint Strategic Needs Assessment in due course.</p> <p style="text-align: right;">KF 24.02.2017</p>
<b>EQUALITY &amp; DIVERSITY</b>	No	N/A
<b>IMPACT ON SPECIFIC WARDS</b>	No	However, the prevalence and impact of the complex trio of substance misuse problems, mental health issues and domestic abuse are greater in our most disadvantaged communities.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	There is extensive public, patient and service user engagement work undertaken on an on-going basis for both the drug and alcohol and mental health strategies for Telford & Wrekin Further specific engagement work will be carried out to support the work stream development.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	This links to work across the Safeguarding Children and Adults Boards as well as the Community Safety Partnership.

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

#### ***Introduction***

- 1.1. The “toxic trio” is domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health. These three areas are viewed as indicators of increased risk of harm to children and young people.
- 1.2. There is evidence of the overlap of these parental risk factors with cases of child death, serious injury and generally poorer outcomes for children across all ages. In Ofsted’s [Learning from Serious Case Review report](#) (2010) it is noted that the most common issues relating to children’s families were domestic violence, mental ill-health and drug and alcohol misuse. This was reiterated in the Department for Education’s [Triennial analysis of serious case reviews 2011 to 2014](#) (published in May 2016).
- 1.3. The ‘Toxic Trio’ is a common presenting issue for the most vulnerable and complex residents of all ages in our communities. This complexity means that these residents are also the ones that place the greatest demands on our services.
- 1.4. There is already strong collaborative work in action amongst HWB partners on plans for substance misuse, mental health and domestic abuse. The specific aim of this priority work stream is to strengthen that partnership approach to addressing the toxic trio in a more integrated way, joining up and connecting actions across the partnership to reduce the risk and improve outcomes for those who are most vulnerable.

### ***Toxic Trio Work Stream Scope***

- 1.5. It is proposed that the scope of the toxic trio work programme will include the following elements:
  - 1.5.1. Understanding our local context, including:
    - better use of data and intelligence (including strengthening families intelligence) and
    - gaining insights from people affected and professionals through an engagement workshop.
  - 1.5.2. Reviewing the current domestic abuse safeguarding pathways to ensure that they are fit for purpose, evidence based and meet the needs of the Borough.
  - 1.5.3. Reviewing the current targeted support services available and ensuring they are sustainable and meet the needs as outlined in 1.5.2, including:
    - strengthening contractual requirements for commissioned services were required,
    - developing a sustainability plan for the Changing Futures Project; and
    - scoping the local implementation of a Family Drug & Alcohol Court Process.
  - 1.5.4. Establishing shared actions across the relevant strategies and partnerships (e.g. Community Safety Partnership), ensuring that appropriate linkages are made.
  - 1.5.5. Raising awareness, training and education of professionals;
  - 1.5.6. Evaluation and monitoring of progress.

1.6. As the broader content of the strategies and action plans for mental health, drugs and alcohol and domestic abuse are reported elsewhere these plans will not be considered within this scope in their entirety. Rather the focus for this work stream will be the connections between actions in the various plans to ensure systematic and comprehensive collaborative action.

### ***Oversight and governance***

1.7. The Telford & Wrekin Safeguarding Children and Adults Boards are in the process of scoping this piece of work through a task and finish group of relevant officers. It is proposed that the two safeguarding boards, through joint working, will continue to lead on this work. This work will provide the basis from which to build on as outlined in the work stream's scope (Section 1.5).

1.8. 'Toxic Trio' impacts on all agencies work within the borough and through the programme of work a variety of organisations and teams (statutory and voluntary) will be involved, for example Social Care, Early Help and Support, West Mercia Police, Healthwatch, Women's Aid, Youth Offending Service and NHS trusts.

1.9. The ongoing monitoring of the progress will be through the already existing governance structures of the Safeguarding Children and Adults Boards. However, the overall progress of this work stream will be reported regularly to the Health and Wellbeing Board.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

Nothing further to add at this time.

## **3. PREVIOUS MINUTES**

- Health & Wellbeing Board 6<sup>th</sup> December 2016: Proposed Priority Work Streams report

## **4. BACKGROUND PAPERS**

None.

### **Report prepared by:**

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