Telford & Wrekin
COUNCIL

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

# HEALTH & WELLBEING BOARD

| | | | |
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| Date | **Wednesday 14 June 2017** | Time | **2:00pm** |
| Venue | **Meeting Room G3, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT** | | |

**Enquiries Regarding this Agenda**:

| | | |
|---|---|---|
| Democratic Services | Jessica Tangye | 01952 382061 |
| Media Enquiries | Corporate Communications | 01952 382403 |
| Lead Officer | Jon Power | 01952 380141 |

**Committee Membership**:

| | |
|---|---|
| **Cllr A R H England (Chair)** | Cabinet Member – Communities, Health & Wellbeing, TWC |
| **Dr J Leahy (Vice Chair)** | Chair, Telford & Wrekin CCG |
| D Evans | Chief Operating Officer, Telford & Wrekin CCG |
| Superintendent Tom Harding | Community Safety Partnership |
| C Jones | Director of Children's & Adult Services, TWC |
| L Noakes | Director of Public Health, TWC |
| Cllr J C Minor | Cabinet Member – Leisure, Green Spaces & Parks, TWC |
| Cllr S A W Reynolds | Cabinet Member – Education & Skills |
| Cllr J M Seymour | Conservative Group, TWC |
| G Stewart | Healthwatch |
| Cllr K L Tomlinson | Liberal Democrat/Independent Group , TWC |
| R Woods | NHS England (North Midlands-Shropshire & Staffordshire) |
| Cllr P R Watling | Cabinet Member – Children's & Adult's Early Help & Support, TWC |

## AGENDA

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes** — Appendix **A**
   To confirm the minutes of the meeting of the Health and Wellbeing Board held on 8 March 2017.

4. **Public Speaking**

5. **Terms of Reference** — Appendix **B**
   To agree the Terms of Reference for the Health and Wellbeing Board in accordance with the delegation from Council on 25 May 2017.

Continued ...

**Strategic**

| | | |
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| 6. | **Transforming Care Partnership For People With A Learning Disability And/ Or Autism With Behaviours That May Challenge**<br>To receive the report of the Assistant Director: Early Help and Support, and the Assistant Director: Governance, Procurement and Commissioning | **Item deferred to next meeting** |
| 7. | **Mental Health Strategy and Suicide Prevention Update**<br>To receive the report from Steph Wain - TWC, Frances Sutherland - NHS Telford & Wrekin CCG, Clare Harland - TWC | Appendix **C** |
| | **Performance** | |
| 8. | **JSNA Update: Understanding Telford and Wrekin 2017 – A Demographic, Health and Socio-Economic Profile of Our Communities**<br>To receive the report of the Assistant Director: Health & Wellbeing and the Director of Public Health | Appendix **D** |
| 9. | **Life Expectancy Analysis Update**<br>To receive the report from Helen Onions, Consultant in Public Health, Telford & Wrekin Council | Appendix **E** |
| 10. | **Priority Work Stream Update: Building Community Resilience and Neighbourhood Working**<br>To receive the report **(verbal update)** from Louise Mills and Anna Hammond | |
| 11. | **Telford & Wrekin Safeguarding Board Annual Update**<br>To receive the report of the Independent Chair of the Telford & Wrekin Safeguarding Children and Adults Boards | Appendix **F**<br>**To Follow** |

**For Information**

None

# A

## HEALTH AND WELLBEING BOARD

**Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 8 March 2017, at 2pm, Meeting room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

**Present:**

D Bell – Vice Chairman Healthwatch, 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, Superintendent T Harding – Community Safety Partnership, C Jones – Director of Children's & Adult Services TWC, Dr J Leahy – Chair of T&W CCG **(Vice Chairman)**, L Noakes - Director of Public Health TWC, Councillor J M Seymour - Conservative Group TWC, Councillor K L Tomlinson – Lib Dem Group TWC, Councillor P R Watling – Cabinet Member for Children, Young People and Communities.

**Also Present:**
S Constable – Partnerships Manager TWC, H Onions – Public Health Consultant TWC, J Tangye – Democratic and Scrutiny Services Officer.

### HWB-36 Apologies for Absence

Councillor R A Overton- Cabinet Member for Housing, Leisure & Health TWC **(Chairman)**, and J Chaplin –Chair Healthwatch.

### HWB-37 Declarations of Interest

None declared

### HWB-38 Minutes

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

### HWB-39 Public Speaking

Councillor V Fletcher, Member of the Health and Adult Care Scrutiny Committee and the Joint HOSC asked the Director of Public Health, TWC and the Chair of T&W CCG to provide information about stop smoking services in place in Telford & Wrekin; specifically what services General Practitioners had in place to assist their patients to quit smoking and whether services were joined up for better efficiencies and outcomes. The Councillor highlighted that as well as the impact on health, the costs of tobacco use in England added to the strain on local budgets, quoting Cancer Research UK figures of £142 billion per year. She stated that it was vital that services were maintained to help smokers to quit in the best way possible.

In response, Public Health Consultant and Tobacco Control Lead at TWC Helen Onions, advised that the Council continue to commission services to help people stop smoking and ensured that the right protocols were in place to deliver services. General Practitioners were able to refer patients into the service and there had been no rationing in the borough. It was noted that the Council maintained high quality outcomes from stop smoking services despite the diminishing demand for formal services in light of the popularity of e-cigarettes. Programmes were currently being targeted at groups identified where smoking prevalence is highest.

**HWB- 40 <u>Sustainability and Transformation Plan – Progress Report</u>**

The Board received the report from David Evans and noted that the STP had been refreshed and resubmitted to NHS England and NHS Improvement on 31st January 2017 for a joint review. It was reported that 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. The feedback had further recognised the partnership work that had taken place and emphasised that the STP Partnership Board should continue to work collaboratively and transparently to progress development and implementation of the plan. Key points in the feedback were highlighted as follows:

- Progress had been made with the Neighbourhood plans to include Powys and neighbourhood narratives had been further developed.
- The Prevention at Scale and Primary Care sections would benefit from inclusion of more clearly defined outcomes and associated delivery dates.
- Capacity and leadership required strengthening to enable transformation and should be prioritised.
- The considerable challenges of sustaining services whilst transformation takes place in the system had been acknowledged in reaching an agreed way forward for the acute reconfiguration programme, achieving financial balance across the system.

The priorities for the Shropshire, Telford and Wrekin STP were outlined as prevention at scale, development and implementation of the Neighbourhood working model, a coordinated system of acute care (Future Fit Programme) and building on collaborations of care with the Transforming Care Partnership for mental health and learning disability services.

An update was provided on the progress of the Neighbourhood models of care and the common elements of the two programmes in Shropshire and Telford & Wrekin were highlighted. It was noted that the Neighbourhood workstreams had assumed responsibility for work previously undertaken by the Community Fit and Rural Urgent Care groups. Future Fit had continued to refer to the acute reconfiguration project and become part of the overall STP governance structure.

The Board noted that:

- Further work on the Deficit Reduction Plan was being undertaken and would be available.
- Orthopaedic and musculo-skeletal services were being reviewed to ensure that these were as efficient and well organised as possible.
- Communication leads were developing an ongoing narrative and slide deck to help explain the STP to both internal and external audiences.

It was noted that messaging and communication was essential, a lot had been done to improve services at a local level and this needed to be communicated. There was a discussion about the deficit reduction plan and the cost of transformation; it was acknowledged that the STP was about empowering communities, a different way of working that aimed for efficiency and effective services in the community which would ultimately prove to be more financially viable than the existing configuration of services. Neighbourhood working was starting to show positive signs of communities coming together; a joint CCG and Council narrative 'Home is best' was linked to Neighbourhoods and an update would be provided for the next Board meeting. NHS England required better performance measures for Neighbourhood working and would become part of the Health and Wellbeing Board performance framework.

**RESOLVED to note progress to date on developing the Sustainability and Transformation Plan (STP).**

**HWB- 41 Commissioning Priorities 2017/ 2018**

The Board received the joint report from Jonathan Eatough, Assistant Director – Legal, Procurement and Commissioning; Liz Noakes, Assistant Director – Health and Wellbeing, Statutory Director of Public Health; and Anna Hammond, Deputy Executive Lead, Telford and Wrekin CCG.

The report described the progress and key achievements delivered since the last report in March 2016, across the three Health & Wellbeing Strategic priorities; and the commissioning intentions and commitments for 2017/2018. It was noted that the Commissioners were working together to deliver improved outcomes, in line with the Board's duties to encourage collaborative commissioning and integrated working.

Key achievements were provided in the report, as well as agreed commitments for 2017/18, under the priorities; encourage healthier lifestyles; improving mental wellbeing and mental health; and strengthen our communities and community-based support. The Board discussed the following points:

- A question was raised about collaboration with the Youth Offending Service; it was noted that work was being done to support people with substance misuse; it was a strong part of operational service delivery at a strategic level.

- Members asked for further detail on the work being done on obesity, about the factors that influenced the increase in obesity levels in children stating school. A Task Force was investigating this issue under the leadership of Cllr R Overton and reports would be brought to the Health and Wellbeing Board. Preventative work included work with families and schools but the National programme in support of this area had been discontinued.

- The Board welcomed developments around the Futures in Mind programme, there were tools that allowed for earlier intervention as the Board noted, mental health was now affecting children at younger ages.

**RESOLVED that 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 be supported.**

**HWB- 42** **Draft Telford & Wrekin Cycling and Walking Strategy**

The Board received the draft Telford & Wrekin Council Cycling and Walking Strategy that had been designed to encourage more residents and visitors in the Borough to walk and cycle more in their everyday lives. The proposals would support delivery of the Health & Wellbeing Strategy not only through reducing physical inactivity rates but also in improving mental wellbeing. Walking and cycling also had an important role to play in improving air quality, providing access to jobs and services to those without access to a vehicle.

It was noted that Telford was historically not designed for cycling and walking as a reasonable alternative to the use of a car. The vision of the strategy was *"To provide a safe and attractive network of walking and cycling routes to support successful, prosperous and healthy communities".* The aim was for longer term behavioural change in people's lives towards more sustainable and healthier travel choices. An action plan of proposed measures had been developed to achieve this, as appended to the report.

The Board noted that there was currently no funding within the Council's Capital Programme to support the strategy; external funding opportunities would have to be considered and the Council could look to re-priorities its capital programme over other scheme; the case for investment in sustainable travel initiatives would have to be made in the light of competing priorities. It was noted that cost implications would need to be identified and funding sources explored but by adopting the strategy the Council would be in a strong position to press for further funding for cycling and walking and to compete when further funding streams became available.

The Board noted that an initial consultation had been undertaken to understand the barriers to cycling and walking, which was supplemented by a survey of young people. A wide range of stakeholders had been engaged throughout the development of the strategy including a workshop held with various stakeholders.

The objectives of the strategy were outlined in the report which included making the cycle and walking network more accessible to residents and visitors; integrating community resources to deliver the strategy; and integrating walking and cycling with other modes of public transport. New and improved infrastructure measures, awareness raising measures and wider supporting initiatives would be required to achieve success and would be applied across Telford & Wrekin Council and include proposals for all user groups. It was proposed that the strategy and action plan would be implemented in close partnership with a host of organisations with an interest or expertise in the area.

The Board noted that maintenance of and access to walkways and the safety of routes would be important. It was recognised that there was a good footpath network but some

areas were quite isolated. It was also suggested that a culture change was needed to encourage residents to change their travel habits and include more walking and cycling for their own benefit before approval and investment in the strategy. It was acknowledged that some initiatives had proved very popular such as the walking school bus scheme. If the strategy was implemented the Board agreed that communication to promote the behavioural change would be important and that people would need to be prompted in different ways; My Telford and the Everyday Telford app would be instrumental in disseminating messages. The Board agreed that the strategy was welcome, that encouraging people to be active would complement many of the initiatives of the Health and Wellbeing agenda including mental and emotional health initiatives.

**Resolved to note the draft Cycling and Walking Strategy and provide feedback on the strategy's proposals.**

**HWB-43 Annual Public Health Report 2016/17: our communities at the heart of improving wellbeing**

The Board received the report of the Statutory Director of Public Health, Liz Noakes, which provided an overview of the Public Health Report 2016/17. The Annual report was an independent report with the primary purpose of describing the health of the population, highlighting health issues and making recommendations for actions. A thematic approach had been followed in the annual report in order to better understand matters affecting local health and wellbeing and make recommendations which contributed to the delivery of the Health & Wellbeing Strategy. An update on the local position across the Public Health Outcomes Framework had also been included to give a fuller picture of population health indicators across the life course.

The 2016/17 Annual Public Health Report focused on community-centred approaches and presented the collaborative action being taken by Health and Wellbeing Board partners strategically through various plans and with residents, showcasing a wide range of community-based activities and programmes. The report used the Public Health England's guide to community-centred approaches for health and wellbeing as a framework to help better understand the evidence base for the family approaches and to structure the local action being taken. A review of the recommendations from the 2015/16 report was also included as well as a summary of the Borough's current position on the range of measures across the Public Health Outcomes Framework. The Board noted that the recommendations would be used to ensure that Health & Wellbeing Board partners take a systematic and comprehensive approach to community-centred approaches, building on and developing valuable community assets.

It was noted that one of the priorities of the Health & Wellbeing Strategy was to strengthen communities and community-based support. There was 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. The Board acknowledged that community resilience could make a significant, positive impact on people's health and wellbeing, including supporting them to retain their independence and reduce loneliness.

The Board noted the data for Telford & Wrekin using Public Health England's framework; a number of points were raised:

- 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 remained significantly worse than the England average. Figures would be presented to the Board in greater detail at the next meeting; however, it was noted that numbers were decreasing for under 75 year old adults with cardiovascular disease and preventable cancers.

- Increased rates for Infant mortality under one year made a significant contribution to reduced life expectancy; it was noted that it was difficult to demonstrate a balanced picture with such small numbers and that one unexpected death had a disproportionate impact.

- Early death rates from liver disease had increased and were significantly worse than the England average and the rate for women had been rated worse than the national average for the first time, however, it was noted that the Borough was in a better position in comparison with statistical neighbours.

- Early death rates from respiratory disease (for persons and females) had risen and were significantly worse that the England average for the first time.

- Smoking in pregnancy rates continued to fall slowly, but levels remained worse than the England average.

- Excess weight levels in both adults and children had remained the same and were still worse than the national average

- Teenage pregnancy rates continued to fall.

The Board suggested that the communications had to be carefully considered, otherwise data that was out of context could convey alarming and inaccurate messages.

**RESOLVED to note the annual report of the Director of Public Health 2016/17 and the 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.**

## HWB-44 Review of the Terms of Reference and Membership of the Health and Wellbeing Board

The Board received the report from Liz Noakes which summarised the current membership and Terms of Reference for the Board. It was noted that it was good practice for Boards and Committees of the Council to review their terms of reference. The report outlined the proposals to change the membership and Terms of Reference with the aim of strengthening links with the NHS and the voluntary sector due to the clear alignment of the Sustainable Transformation Plan (STP) and the Health & Wellbeing Strategy. The Board considered the proposals to strengthen the governance arrangements by inviting a representative from the STP to be a member of the Board.

The Health and Wellbeing Strategy focused 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, it was proposed that key voluntary sector involvement was appropriate 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.

**RESOLVED – that**

**a) the proposed changes to Board membership be approved and that the Council Constitution Committee considers the proposed changes; and**

**b) any other changes to the Terms of Reference as required be noted.**

**HWB-45 Priority Work Stream: Toxic Trio Scope**

The Board received the report from Liz Noakes on the "toxic trio" of domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health, the three areas that indicated an increased risk of harm to children and young people. Strong collaborative work was underway amongst HWB partners on individual strategies and plans for these three areas. The specific aim of this priority work stream was to strengthen the 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.

The scope of the toxic trio work programme was outlined and the Board noted that it would include understanding the local context, reviewing current domestic abuse safeguarding pathways, reviewing targeted support services, establishing shared actions across relevant strategies and partnerships, raising awareness, training and education of professionals, evaluation and monitoring. The broader content of the strategies and action plans for mental health, drugs and alcohol and domestic abuse were reported elsewhere, therefore the focus for this work stream was on the connections between actions in plans to ensure systematic and comprehensive collaborative action.

The Telford & Wrekin Safeguarding Children and Adults Boards were in the process of scoping the work through a task and finish group of relevant officers and it had been proposed that the two safeguarding boards, through joint working, would continue to lead the work. It was reported that the impact of the 'Toxic Trio' was on all agencies working within the borough and through this programme a variety of organisations and teams (statutory and voluntary) would be involved. The ongoing monitoring of the progress would be through the already existing governance structures of the Safeguarding Children and Adults Boards. However, the overall progress of the work stream would be reported regularly to the Health and Wellbeing Board.

**RESOLVED – that**

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

The meeting ended at 3.49pm

**Chairman: ..............................................................**

**Date: ................................................................**

**B**

| TELFORD & WREKIN COUNCIL<br><br>HEALTH AND WELLBEING BOARD – 14 JUNE 2017<br><br>REVIEW OF TERMS OF REFERENCE<br><br>REPORT OF THE ASSISTANT DIRECTOR: GOVERNANCE, PROCUREMENT & COMMISSIONING |
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**PART A) – SUMMARY REPORT**

## 1. SUMMARY OF MAIN PROPOSALS

For the Health and Wellbeing Board to review its Terms of Reference attached at Appendix 1.

| **2. RECOMMENDATION**<br><br>**2.1 That the Committee review and agree the Terms of Reference set out at Appendix 1.** |
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## 3. SUMMARY IMPACT ASSESSMENT

| | | |
|---|---|---|
| **COMMUNITY IMPACT** | Do these proposals contribute to specific Priority Plan objective(s)? | |
| | Yes | The Committee is part of the Council's decision making framework and therefore contributes to all of the Council's priorities. |
| | Will the proposals impact on specific groups of people? | |
| | No | |
| **TARGET COMPLETION/DELIVERY DATE** | If the Committee 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. | |
| **FINANCIAL/VALUE FOR MONEY IMPACT** | No | There are no financial implications arising from the changes to the Terms of Reference to reflect the new Cabinet Member priorities and service areas for 2017/18. Any proposed changes agreed at the HWB meeting may impact on the frequency and administration of future Board meetings which may impact on future costs but it is anticipated that this would be minimal and within the existing resources available. |
| **LEGAL ISSUES** | Yes/No | The Constitution requires that the Terms of Reference be reviewed on an annual basis. The Council is required to comply with the Constitution. |
| **OTHER IMPACTS, RISKS & OPPORTUNITIES** | Yes | There are no other specific impacts arising from this report. |

| **IMPACT ON SPECIFIC WARDS** | Yes | Borough-wide impact |
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**PART B) – ADDITIONAL INFORMATION**

## 4. INFORMATION

4.1 The Constitution requires that Full Council should agree at its Annual Meeting the Terms of Reference for each of its Committees to enable the Council to efficiently conduct its business.

4.2 At the Annual Meeting on 25 May 2017, Full Council delegated authority to each Committee to review its own Terms of Reference.

4.3 The Terms of Reference forms part of the Constitution and was approved by Full Council in that context on 14 July 2016. The Terms of Reference have been updated to reflect the new Cabinet Member priorities and service areas for 2017/18; and the newly appointed Assistant Director: Early Help and Support.

4.4 The Health and Wellbeing Board approved changes to the Board membership recommended by the Assistant Director: Health and Wellbeing at the meeting on 8 March 2017. In order to strengthen the Board's links with the NHS and the voluntary sector, the following representatives were approved for inclusion on the Health and Wellbeing Board:

- a representative from the CVS Chief Officers Group
- a representative from the Sustainability and Transformation Board

The report can be found here:
http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Meeting/MTQyNg%3d%3d

4.5 The approved changes to the Board membership will be considered at the next meeting of the Council Constitution Committee in 2017.

## 5. PREVIOUS MINUTES

5.1 Council – 14 July 2016 and 25 May 2017
Health and Wellbeing Board – 8 March 2017

## 6. BACKGROUND PAPERS

Constitution

***Report prepared by Jessica Tangye, Senior Democratic & Scrutiny Services Officer: Telephone 01952 382061***

**Appendix 1**

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

The Committee has the responsibility for public health and health and wellbeing responsibilities within the Borough.

**TERMS OF REFERENCE**

1. The Health and Wellbeing Board is responsible for
   - 1.1. the development of a joint Health & Wellbeing Strategy for Telford & Wrekin based upon the needs identified in the Joint Strategic Needs Assessment (JSNA)
   - 1.2. the ongoing development of the JSNA and the development, review and oversight of the delivery of actions identified in the joint health and wellbeing strategy and other key plans and strategies that may be developed from time to time
   - 1.3. the encouragement of joint and co-commissioning between health and care sectors, including Telford and Wrekin CCG, Telford and Wrekin Council, and NHS England and ensuring that commissioning activity of the relevant organisations are aligned with the priorities set out in the Health & Wellbeing Strategy
   - 1.4. the general oversight of the Council's Public Health responsibilities and receiving the annual report of the Council's Director of Public Health
   - 1.5. the receiving of reports from and making recommendations to Full Council, NHS England, and the Clinical Commissioning Group Board and Boards and sub-committees that it may establish (and delegate functions to) and from other Boards and organisations involved in the provision of that influence of health and well-being outcomes for the whole population within the Borough.

2. The Health and Wellbeing Board will link to the Local Strategic Partnership and local Adults and Children's' Safe-guarding Boards

3. **General**
   - 3.1. At the first meeting after the Annual Council Meeting and in response to any further guidance consider its terms of reference, structure, membership and activities.

**PROCEDURE**

4. **General**

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[1] at the discretion of the Chairman of the Committee in the interests of efficient and effective management of the committee

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

   - 5.2. Cabinet Member for Communities, Health & Wellbeing (Chair, Health and Wellbeing Board)
   - 5.3. Cabinet Member for Children & Adults Early Help & Support
   - 5.4. Cabinet Member for Leisure, Green Spaces & Parks

5.5. Cabinet Member for Education and Skills
5.6. Director of Children’s and Adult Services
5.7. Director of Public Health
5.8. Assistant Director Early Help and Support
5.9. NHS England Local Area Team representative
5.10. Chair of Telford and Wrekin Clinical Commissioning Group (CCG) (Vice Chair, Health & Wellbeing Board)
5.11. Non-Executive Director from Clinical Commissioning Group
5.12. Chief Officer from Clinical Commissioning Group
5.13. A representative from the Sustainability and Transformation Board
5.14. Representative of local HealthWatch
5.15. A representative from the CVS Chief Officers Group
5.16. Chair of the Community Safety Partnership
5.17. Each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights.
5.18. Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate
5.19. The members of the Board will be advised and supported by officers from the local authority and CCG.
5.20. Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

6. **Quorum**

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

7. **Disqualification for Membership**

7.1. 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.
7.2. The following disqualifications will be retained for members of the Health and Wellbeing Board:
7.3. Being the subject of a bankruptcy restrictions order or interim order
7.4. 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.

8. **Voting Rights**

8.1. 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.

9. **Meetings**

9.1. The Health and Wellbeing Board will meet quarterly and in public. Dates and times of meetings will be agreed and published in advance. Note - the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.

9.2. 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. Note - documents that may disclose confidential or exempt information will be made available for public inspection five days before the meeting.

9.3. Members of the public and press will have access to the meetings and there will be provision for 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.

10. **Code of Conduct and Declaration of Interest**

10.1. 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.

11. **Reporting Mechanisms/Accountability**

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

C

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD - 14 JUNE 2017**

**MENTAL HEALTH STRATEGY & SUICIDE PREVENTION UPDATE**

**REPORT OF STEPH WAIN –TELFORD & WREKIN COUNCIL, FRANCES SUTHERLAND – NHS TELFORD & WREKIN CLINICAL COMMISSIONING GROUP, CLARE HARLAND – TELFORD & WREKIN COUNCIL**

## PART A) – SUMMARY REPORT

### 1. SUMMARY OF MAIN PROPOSALS

This report provides an update of the work being undertaken across Telford and Wrekin to improve and support the mental health of local residents.

The Mental Health Strategy 2016-2019 (approved in early 2016) includes an annual action plan of activity. The Health and Wellbeing Strategy places "Improving mental wellbeing" as one of its priorities, therefore the two are closely linked.

The following report is therefore divided into two sections:

- Update on the Mental Health Strategy; and
- Update on Suicide Prevention.

### 2. RECOMMENDATIONS

a) To note the updates provided on both programmes of work.

b) To approve the Suicide Prevention Strategy

### 3. IMPACT OF ACTION

All actions described within the report are intended to have a positive impact on those who have or who are at risk of having a mental health problem, or at risk of suicide.

## 4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="6">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>Yes</td><td>Improving Mental Health</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>Telford & Wrekin Council's Plan to: :<br>• Protect and support our vulnerable children and adults<br>• Improve the health and wellbeing of our communities and address health inequalities.<br><br>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.<br>This will include children and adults.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">Various targets / milestones contained within the plans.</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes/No</td><td>For the Council, the actions detailed in this report and in the annexed actions are expected to be achieved in within the approved budget strategy and in line with approved resources available.<br><br>Where further initiatives under the strategy ensue the expectation is that these will be delivered from within existing resources.<br><br>RP-18.5.17</td></tr>
<tr><td>LEGAL ISSUES</td><td>Yes</td><td>The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983) and under the revised statutory Code of Practice under the MHA 1983, which came into force on 1 April 2015.</td></tr>
</table>

| | | |
|---|---|---|
| | | Section 2B of the National Health Service Act 2006 (as amended) places a duty upon local authorities to take appropriate steps to improve the health of local people in its area.<br><br>The Public Health, NHS and Adult Social Care Outcomes Frameworks all contain outcomes in respect of the mental health and wellbeing of adults and children, which the Council and NHS bodies are required to meet.<br><br>The HWBB has a role in co-ordinating and encouraging integrated partnership working.<br><br>Accordingly, work undertaken by the HWBB to identify and investigate mental health and suicide prevention issues assists the Council in undertaking its statutory responsibilities.<br><br>KF 30 May 2017 |
| **EQUALITY & DIVERSITY** | Yes | The strategy will aim to reduce inequalities for those experiencing mental health issues. |
| **IMPACT ON SPECIFIC WARDS** | No | Borough-wide impact |
| **PATIENTS & PUBLIC ENGAGEMENT** | Yes | The mental health strategy, and suicide prevention strategy was developed following significant engagement. A stakeholder group of volunteers, service users and third sector groups now oversee the implementation. |
| **OTHER IMPACTS, RISKS & OPPORTUNITIES** | Yes | The Mental Health Strategy and Health and Improving Mental Health priority has many interdependencies with other strategies such as: Commissioning Strategies on drugs and alcohol, autism, dementia, Children in Care and Care Leavers. The aim is that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing. |

## PART B) – ADDITIONAL INFORMATION

## 1. INFORMATION

**1.1** The Mental Health Strategy 2016-2019 for Telford and Wrekin (approved in early 2016) includes an annual action plan of activity. The Health and Wellbeing Strategy places "Improving mental wellbeing" as one of its priorities, therefore the two are closely linked.

The following report is therefore divided into two sections:

- Update on the Mental Health Strategy; and
- Update on the suicide prevention priority.

### 1.2 Mental Health Strategy

1.2.1 The action plan has now been developed into 5 work streams to ensure the vision is delivered:

i. Reducing stigma of mental health
ii. Promoting good mental health
iii. Improving access to secondary mental health services
iv. Development of an Effective Crisis pathway
v. Improving the life chances for those with mental illness issues

The following describes some of the key pieces of work that are currently being addressed.

1.2.2 **Branches the mental health hub has opened.** Based at Strickland House in Wellington, Branches offers a range of services including: drop in, listening service, structured activities, and telephone support. Branches has already recruited and commenced training 33 volunteers – many of which have lived experience of poor mental health.

The safe place opening has been delayed as the venue originally identified was unsuitable. Discussions are now taking place to locate the safe place in Wellington Police Station, delivered by Branches.

A community event is being planned to raise further awareness of mental health, and of Branches. Discussions are taking place with colleagues at the Town Centre to explore scope to hold this there during the summer holidays.

Telford Mind has been subcontracted to deliver the listening service and run a drop in from an alternative location.

1.2.3 The council and CCG have **signed up to the initial stage of 'Time to change'.** This initiative demonstrates the promotion of good mental health in the workplace. Commissioners are developing an action plan to be presented to both organisations prior to approval by Time to change. The CCGs plan has been approved. Mindfulness course has been held for staff.

Officers from Commissioning and Organisational Delivery & Development Teams are developing an action plan as part of the Council's commitment to the mental health strategy and to "Time to Change". Events to engage Council staff in conversations about mental health commenced on 8th May 2017.

1.2.4 An event with social care and health staff including senior managers has taken place as the first step towards **improving relationships and outcomes for people with mental health** issues. Further work is scheduled to take place.

1.2.5 A workshop focusing on **mental health and employment** took place on 4th May with a follow up due to take place on 10th May. The focus is on improving pathways and support to enable people to gain employment.

1.2.6 A working group is now meeting to focus on specific **issues relating to housing and offending behaviour and mental health**. The first meeting took place at the end of April.

1.2.7 A workshop has been set up in May to discuss the **impact of emotional trauma** and what the pathway should be in Telford.

1.2.8 **Orchard Place will open in Summer 2017**. This has been developed as a result of long term planning between the social care commissioner and Bromford Housing Association. The Council has nomination rights is working with the landlord and care provider to jointly assess referrals and allocate accommodation. In addition we will be developing the role of peer support to enhance opportunities for recovery at the scheme. Commissioners have requested the landlord accesses local services and organisations wherever possible in the development, and for any service contracts required using peer support as part of this.

1.2.9 The **Wellbeing service (IAPT) has undertaken an action plan to improve outcomes**. It is now providing access for 16% of the population who are depressed or anxious; a 58% recovery rate; 90% seen and commence treatment within 6 weeks and 97% seen and commence treatment within 18 weeks. Investment has been made to increase the team and thereby increase the access rate to over 17%. In addition the CCG was successful in bidding for additional pump priming monies of £200K to develop pathways to support people with Long Term conditions. The first long term conditions to benefit will be Diabetes and Respiratory pathways. The team is also integrating into the neighbourhood model with therapists working in localities.

1.2.10 The **Early Intervention Psychosis Service has met it national target of 50%** from referral to commencing treatment within 2 weeks.

1.2.11 The mental health provider has undertaken a management of change and moved to a pathway approach to providing services. This has meant the development of an Access team who triage and ensure people are seen by the right service first time. It provides a **single telephone number for all referrals**. As part of the mental health teams have moved to Hall Court in the centre of town.

1.2.12 Work has commenced to **scope the crisis pathway and develop alternatives to prevent further escalation**. This work includes the development of safe places working with the third sector and additional Sec 136 capacity. A project is in place to reduce the number of people placed in 'out of area' mental health beds.

1.2.13 The **social workers based at Redwoods supporting the discharge process are continuing to have positive impact** and has improved relationships between nursing staff and local authority. This has had a notable impact on reducing delayed discharges from the unit.

1.2.14 Commissioners and providers are working to **develop a new rehabilitation pathway.** The aim is for service users to be as independent as possible, maximising potential and autonomy. It is for people who have lost or never learned skills to manage in society. One of the outputs is to reduce the number of people being supported in residential care settings. As part of the process Ellen Court (residential care home providing rehab) has been de-commissioned. Colleagues across housing, social care and commissioning have worked together to identify and secure alternative accommodation and support for the individuals effected by the closure.

1.2.15 Local Authority and NHS commissioners continue to work together to deliver the strategy. There are strong working relationships between the commissioners and service users, third sector and providers.

## 1.3 Suicide Prevention Update

As a key part of the implementation of the mental health strategy, a suicide prevention strategy and action plan has been developed.

1.3.1 **Consultation** - During the summer of 2016 consultation was completed with a wide range of stakeholders and service users, public, private and third sector organisations, this culminated in a network event in September 2016 which provided a large amount of insight and information about local activity and gaps.

1.3.2 **Drafting the documents** - A small core group was subsequently formed with representatives from a range of organisations in both areas. The group drafted a strategy and action plan that reflected the findings from the consultation. The strategy is a brief overarching document, the action plan will be developed further by the two local groups and will contain more detail relevant to each area. The group has also proposed how Suicide Prevention work will be progressed:

- **Core Steering Group.** A small group with representation from a range of organisations in both areas. Chaired by independent chair (TBC), vice-chairs from the 2 Local Authorities. The group will oversee delivery of the strategy and annual network event. It will also be responsible for reporting to the Health and Wellbeing Boards and submitting other reports as required. It will meet formally once per year.
- **Local Action Groups.** Two Action Groups have been convened to develop local action plans in more detail, identify solutions and begin implementation. These groups will be chaired by Gordon Kochane (Shropshire) and Clare Harland (Telford and Wrekin). The Telford and Wrekin Action Group met on 18th May 2017.

- **Suicide Prevention Network.** An annual joint event bringing together a wide range of stakeholders and service users across both Shropshire and Telford and Wrekin is planned for September 2017. This will provide the opportunity to review local Suicide Prevention activities and prioritise activities going forward.

1.3.3 **Suicide Prevention Strategy** - Suicide Prevention Strategy and Action Plan 2017/18 – 2020/21, of the Telford & Wrekin and Shropshire Prevention Network

compliments Telford and Wrekin Mental Health Strategy. A copy is attached. The strategy includes:

- **Mission Statement:**

  *"It is our mission to make suicide prevention everybody's business. We feel that suicide is preventable and that every life should be saved. We will accomplish this by having a strong local partnership and drawing on the expertise of partners from the public and third sectors.*

  *We will work together to prevent deaths at all ages as a result of suicide. We will ensure those at risk of or affected by suicide are signposted to and can access the support and agencies that they require at the right time."*

- **Needs assessment -** Outlining national and local statistics and local consultation

- **Key action areas:**
  - Accessibility – better signposting and easier access to appointments, specialised services in the community and tailored care
  - Education & Training – improve the skills of the workforce and empower people to talk about mental health, self-harm and suicide
  - Sensitivity – Ensure that front line staff are able to assist people in crisis to get the support they need and break down barriers
  - Information – improve the way that information is shared between different agencies and get the right information to those that need it at the right time
  - Network approach – get groups and organisations working collaboratively to prevent the preventable

## 2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

As noted above.

## 3. PREVIOUS MINUTES

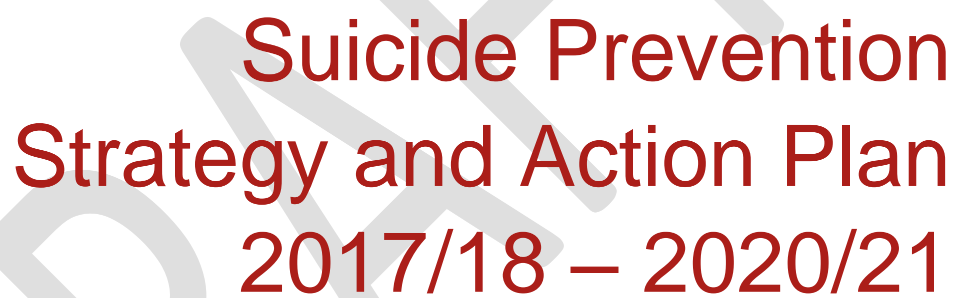
- 9th March 2016 – Mental Health Strategy Report by Steph Wain & Frances Sutherland.
- September 2016 – Mental Health Strategy Report by Steph Wain & Frances Sutherland

## 4. BACKGROUND PAPERS

None

**Report prepared by:**

Steph Wain, Group Specialist Commissioner, Telford & Wrekin Council
Frances Sutherland, Commissioner, Telford & Wrekin CCG
Clare Harland, Public Health Commissioner, Telford & Wrekin Council




Of the Telford & Wrekin and Shropshire Suicide Prevention Network

2017/18 – 2020/21

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## Introduction

We are pleased to present the first strategy and action plan of the Telford & Wrekin and Shropshire Suicide Prevention Network.

The results of an individual making an attempt to take their own life are wide reaching. It is our collective responsibility to do what we can in order provide the support that people need to reduce self-harm and suicide attempts. This must be through a multi-agency approach bringing together local authorities, emergency and acute services, voluntary and third sector organisations as well as communities and individuals. We all have a role to play.

Between 2013 and 2015 there were 50 deaths recorded as suicide in Telford and Wrekin and 81 deaths recorded as suicide in Shropshire. These numbers are likely to be underestimated due to the legal necessities for categorising a suicide death.

It is clear that, although our region has a suicide rate that is similar to the national average, more work needs to be done to support those people who are at risk and those who are affected by suicide. Suicide affects all types of people and communities and is linked to a wide variety of factors including depression, alcohol and drug misuse, unemployment, family and relationship problems, social isolation and loneliness. There is also growing evidence of the association between self-harm and increased risk of death by suicide, even though many people who self-harm do not intend to take their own life. People who frequently present to hospital following self-harm are a particularly vulnerable group and are often suffering from severe depression. We also recognise there is a wider population of vulnerable people who self-harm but are unknown to health and social care services. This Strategy is therefore intended to be utilised alongside the wider Mental Health programmes and activities within Telford and Wrekin and Shropshire to be as far reaching as possible, to raise awareness of suicide risk, promote access to support services (including those bereaved by suicide) from a wide range of sources (not just health services) and provide those who have a public facing role to have confidence in signposting people affected by suicidal thoughts to the services that could best help them.

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As both Telford and Wrekin and Shropshire both have particular characteristics which provide very specific local challenges,  each locality will have a dedicated Suicide Prevention Community Action Group to progress the Action Plan and make best use of resources to target the most vulnerable people within our communities. This will complement the work already being undertaken to improve mental health and wellbeing in our communities with targeted work to support those most at risk to stop people reaching a point of crisis or to help them to manage times of crisis safely.

We want fewer people choosing to self-harm or to take their own lives in Telford & Wrekin and Shropshire, and so we will work together to ensure that people living in our communities feel supported by our services and each other.

Elizabeth Noakes
Director of Public Health, Telford and Wrekin Council

Liz Noakes

Professor Rod Thomson FRCN FFPH
Director of Public Health, Shropshire Council

Rod Thomson

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## Network Vision

***We aspire to prevent all deaths from suicide in Telford & Wrekin and Shropshire***

## Mission Statement

*It is our mission to make suicide prevention everybody's business.*

*We feel that suicide is preventable and that every life should be saved. We will accomplish this by having a strong local partnership and drawing on the expertise of partners from the public and third sectors.*

*We will work together to prevent deaths at all ages as a result of suicide. We will ensure those at risk of or affected by suicide are signposted to and can access the support and agencies that they require at the right time.*

*We will ensure that people are provided with the support and tools that they require to ensure that self-harm and suicide are prevented whilst respecting their autonomy.*

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Our vision and mission statement reflect national guidance and data and also our local needs assessment which engaged those with experience of attempting suicide and the insights of those working with mental health and suicide across the public and third sector.

It is important that this strategy does not duplicate work already being undertaken and instead complements and extends current work. As a result the action plan of this strategy includes our aspirations as a suicide prevention network, and this will be shaped as appropriate to each locality by a Community Action Group. Each community action group will be able to respond flexibly to issues arising in Telford & Wrekin and Shropshire specifically and also to shape their approach to addressing the overarching actions as appropriate to their area. The wider network and Network Steering Group will be able to support and scrutinise the work being carried out by local Telford & Wrekin and Shropshire Action Groups to ensure that we can meet our vision and mission.

## Background

Suicide is preventable, and its risk factors can be screened for. Suicide is now the leading cause of premature mortality in men younger than 50. Those who are bereaved by suicide are at three times the risk of making a suicide attempt themselves. Therefore the key goals for the Suicide Prevention Network are to reduce the number of people taking their own lives, to reduce the number of people choosing to self-harm and to support those who have been affected by suicide. In England it is estimated that 13 people take their own lives every day. The families, friends, colleagues and communities will be affected as a result of each of these. It is estimated that for every person who dies as a result of suicide at least 10 people are directly affected. We must ensure that individuals who may be considering taking their own lives are supported so that all suicides that could be prevented are prevented and that the numbers of those people self-harming are also reduced. Individuals choosing to self-harm are much more likely to go on to make an attempt to take their own life.

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The NHS England Five year forward view for mental health[1] has set a target to reduce suicides by 10% nationally by 2020, with every local area to have a multi-agency suicide prevention plan in place. It is recognised that every area in England has a part to play in achieving this ambition whether they have high or low suicide rates, however we believe that this target should not be seen by itself as the end goal for success until we achieve the zero suicide vision.

In 2012 the Department of Health released its national suicide prevention strategy *Preventing Suicide in England*. This document provided the core of our approach to developing this strategy and action plan. Six key public health priority areas were highlighted:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

In addition, guidance from the Local Government Association[2] suggested a number of questions we should be asking to help inform the development of a local Action Plan (Appendix A).

In order to understand what we need to do locally we undertook a needs assessment comprising a review of national data sets and local engagement.

Our approach was also based upon Public Health England guidance which emphasised the importance of:

- establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations

[1] Five year forward view for mental health (2016). NHS England. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[2] Suicide prevention guide for local authorities (2017). Local Government Association. Available at: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/8258652/PUBLICATION



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- Developing a suicide prevention strategy and/or action plan that is based on the national strategy and the local data

The multi-agency group was established and has provided valuable insight into key local priorities. This group will continue to meet on an annual basis to review progress. This document addresses the second point.

# Needs Assessment

## Statistics

The information in this section is predominantly synthesised from national level statistics published by Public Health England[3]. A&E data from Shrewsbury and Telford Hospitals NHS Trust (SaTH) is provided to Telford and Wrekin Council on a quarterly basis. This will be used, if possible to support the network core group to enable real time surveillance. This will help us to identify areas of high prevalence of self-harm within Telford and Wrekin and Shropshire. This information can be used to identify high risk communities and it is hoped will provide a powerful tool for real time surveillance.

### England

In 2014 in England there were 4,882 deaths registered as a result of an individual taking their own life, the suicide rate has remained similar since 2001, and is now 10.1 per 100,000 (2013-15). Men are at a significantly higher risk with 3 out of 4 suicides being completed by men, with the highest rate of suicide being observed in men aged 45-49. There is also a secondary peak in suicides in men aged over 75 years which is attributed to those affected by bereavement, loneliness and chronic illness. The suicide rate in men has also remained similar and is 15.8 per 100,000 (2013-15). The highest rate observed in the nationally published data shows a rate of 20.5 per 100,000 in men aged 35-64 (2013-15) and the lowest amongst women aged 15-34 (3.4 per 100,000 (2013-15). It is noted however, that in recent years there has been an increasing trend in the rate of female suicides. Individuals from more deprived socioeconomic groups and areas are at far greater risk of taking their own lives or self-harm. Effective identification and appropriate treatment and support for those with a history of self-harm can reduce the number of suicides as those with

[3] https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000005/ati/102/are/E06000020



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a history of self-harm are at the greatest risk of taking their own life. Greater risk of suicide is also observed in those with mental ill-health and substance misuse.

There are several other key risk factors that increases an individual's likelihood of attempting suicide including access to means, chronic illness (including severe mental illness) and occupation (particularly doctors, vets and farmers). Recent evidence from Public Health England[4] identified that the lowest skilled occupation males have the highest risk of suicide compared to the national average. In addition males in labourer or construction roles have three times average risk whereas those in skilled trades (such as plasterers, painters and decorators) have double the average risk of suicide. The greatest occupational risk for suicide by females was found to be in the nursing profession with female primary and nursery school teachers having an elevated risk. The evidence also found both males and females working in culture, media, sports occupations, entertainers and performers to have a higher than average suicide risk. There is therefore opportunity to reach people through support in the workplace.

Time spent in prison is associated with an increased risk, and although the risk is managed whilst prisoners remain incarcerated or in probation approved premises, those who are released directly into the community are often particularly vulnerable. There are opportunities to intervene to reduce the risk of suicide and self-harm in those in contact with the criminal justice system including during custodial incarceration, stays in prisons and in particular after release. Sattar (2001)[5] found that in England and Wales, that community offender suicide rates were then seven to eight times higher than the general population rates, and also slightly higher than for prisoners, while. Pratt et al (2006)[6] also found that offenders who had been recently released from prison into the community had higher rates of suicide than the general population. Upon release many individuals who are at risk struggle to access mental health services as they are not registered with a GP and cannot follow the usual

[4] Briefing on Suicide Prevention – launch of PHE supported Business in the Community and Samaritans suicide prevention and postvention toolkits alongside ONS research on suicide by occupation (17th March 2017)
[5] Sattar, G. (2001).Rates & causes of death among prisoners and offenders under community supervision. London: Home Office
[6] Pratt, D., Appleby, L., Piper, M., Webb, R., Shaw, J. (2010) Suicide in recently released prisoners: a case-control study. Psychological Medicine. 40(5), 827-835

pathway. Finally, those bereaved by suicide are a three times the risk of taking their own lives, particularly parents and carers.

For children and young people the picture is a little different. In general suicide rates in children and young people are low in England with a total of 145 suicides in England between 2014 and 2015. This is lower than 10 years ago, however the fall in suicides in children and young people occurred in the early 2000s and has been plateaued since 2006. Those in their late teens were at greatest risk and 70% of those who died were male. A quarter of those who took their own lives had suffered bereavement, 13% by the suicide of a friend or family member. 36% had a chronic health problem with the most common being asthma and acne. About a third of those taking their own life were also under academic stress, particularly exam related stress. Bullying and social isolation were both identified in a quarter of those who took their own life. Over half of those children and young people who took their own lives (54%) had self-harmed and 27% described contemplating suicide in the week before their death. 43% were not known to any agency. Evidence from a study on teenage suicide[7] found that young people who took their life or attempted suicide had used the internet for methods or discussed intention in online forums. Although bullying and academic stress are noted as key risk factors in under 18s, alcohol and drug use becomes a key risk factor in 18-19 year olds. The majority of those taking their own life did so by hanging/strangulation (63%) followed by jumping/multiple injuries (21%). Overdose/self-poisoning accounted for 5%. As a result of this targeted work in both schools and higher educational institutions within our region is important.

It should be stated that national level suicide data has limitations and is likely to underestimate the true rate of suicide. This is due to the legal necessity for Coroners to be able to prove beyond reasonable doubt that the cause of a death referred to them is suicide. Consequently some deaths may be recorded as open, narrative, alcohol/drugs related or road traffic collision despite suicide being a potential factor in the death.

[7] Rodway et al. Suicide in children and young people in England: a consecutive case series (2016). The Lancet Psychiatry



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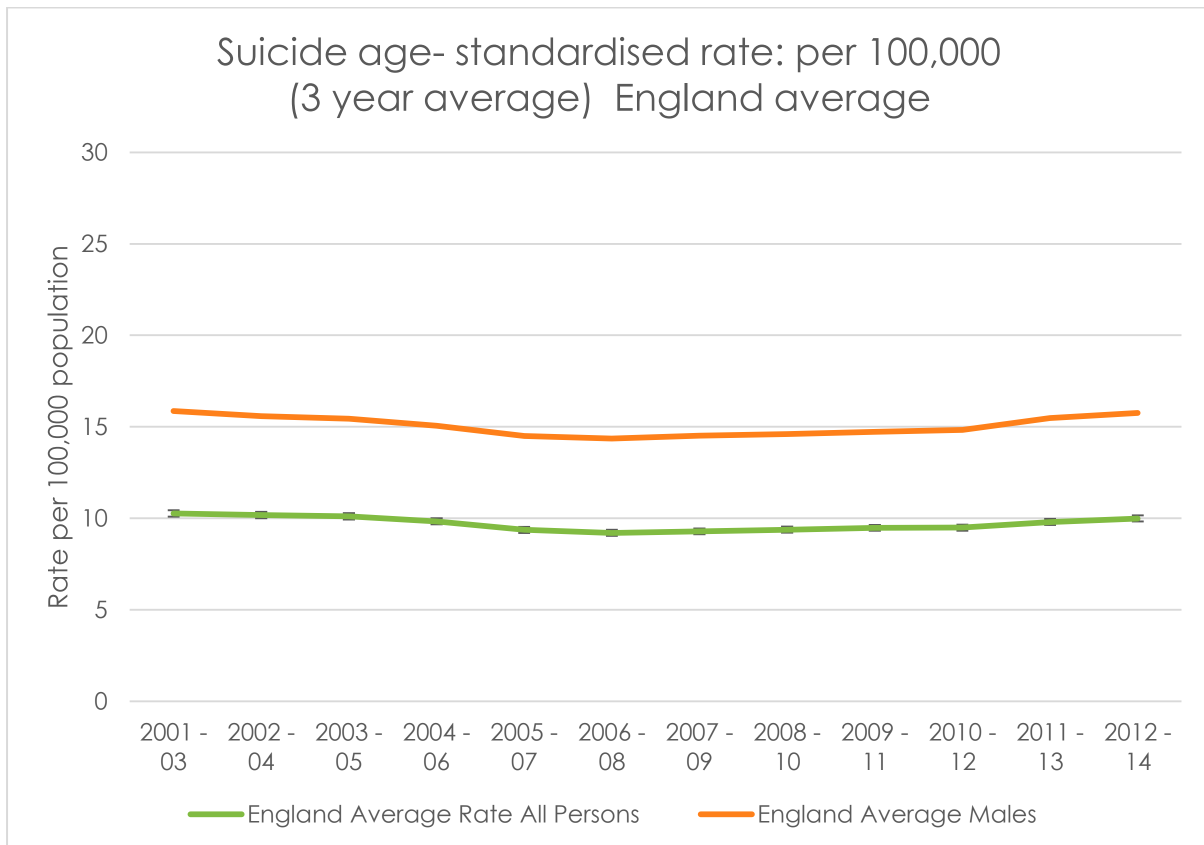
The graph below demonstrates that rates of suicide have been flat since 2001 but with an increasing trend since 2008 (following the period of recession) in England, and that the suicide rate for males is significantly higher.




## Telford and Wrekin

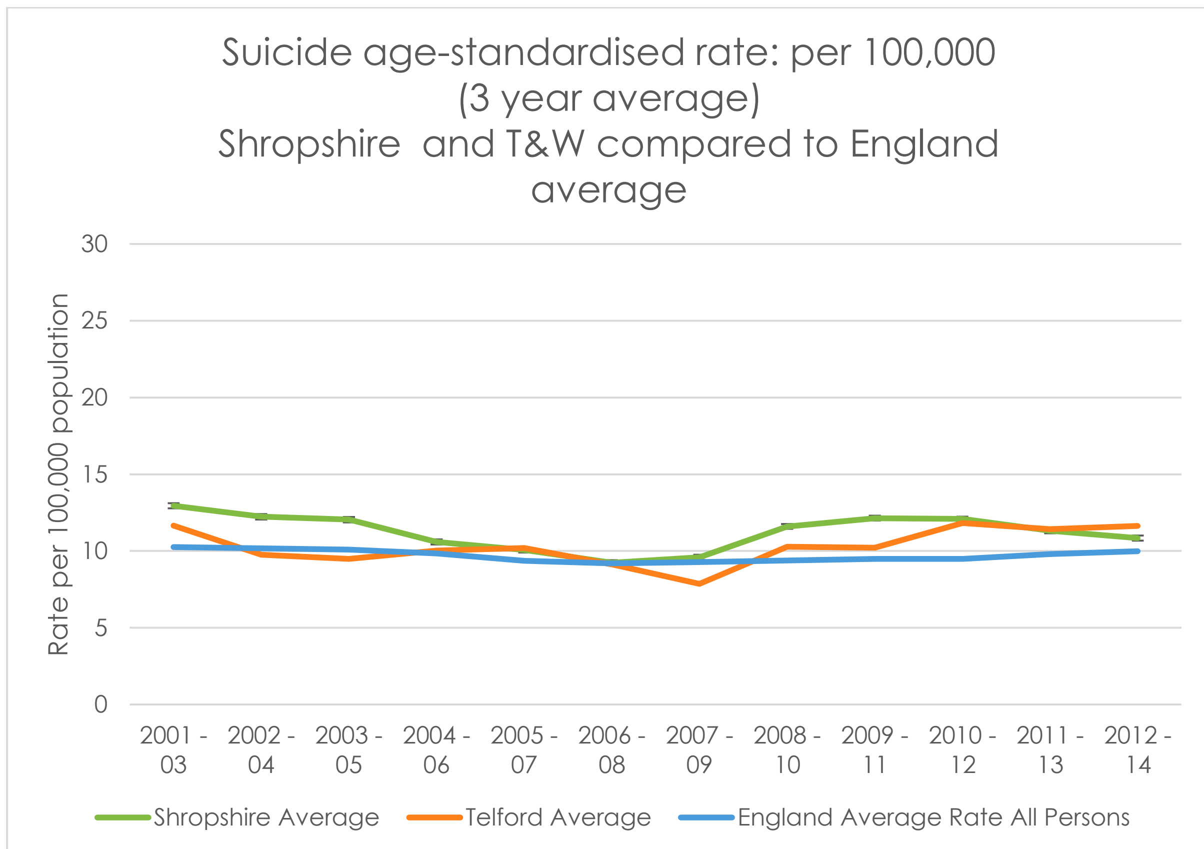
Between 2013 and 2015 there were 50 deaths recorded as suicide in Telford and Wrekin of whom 39 were men and 11 were women. In quarter 1 and 2 of 2016/17 there were 449 admissions to SaTH A&Es that were recorded as self-harm. Of these 392 were poisoning and 57 were as a result of injury.

## Shropshire

Between 2013 and 2015 there were 81 deaths recorded as suicide in Shropshire of whom 61 were men and 20 were women. In quarter 1 and 2 of 2016/17 there were 389 admissions to SaTH A&Es that were recorded as self-harm. Of these 334 were poisoning and 55 were as a result of injury.

The following graph compares suicide rates in Telford and Wrekin and Shropshire to the national suicide rate. As can be seen the rates in Telford and Wrekin and Shropshire have shown a greater degree of variability than the England average, this

is likely due to the smaller numbers in our areas. We are not statistically significantly different from the England average in terms of our suicide rates, but this rate is still too high and we must bring it down.




The final graph once again highlights the differences between the genders in terms of the number of years of life lost across our populations.

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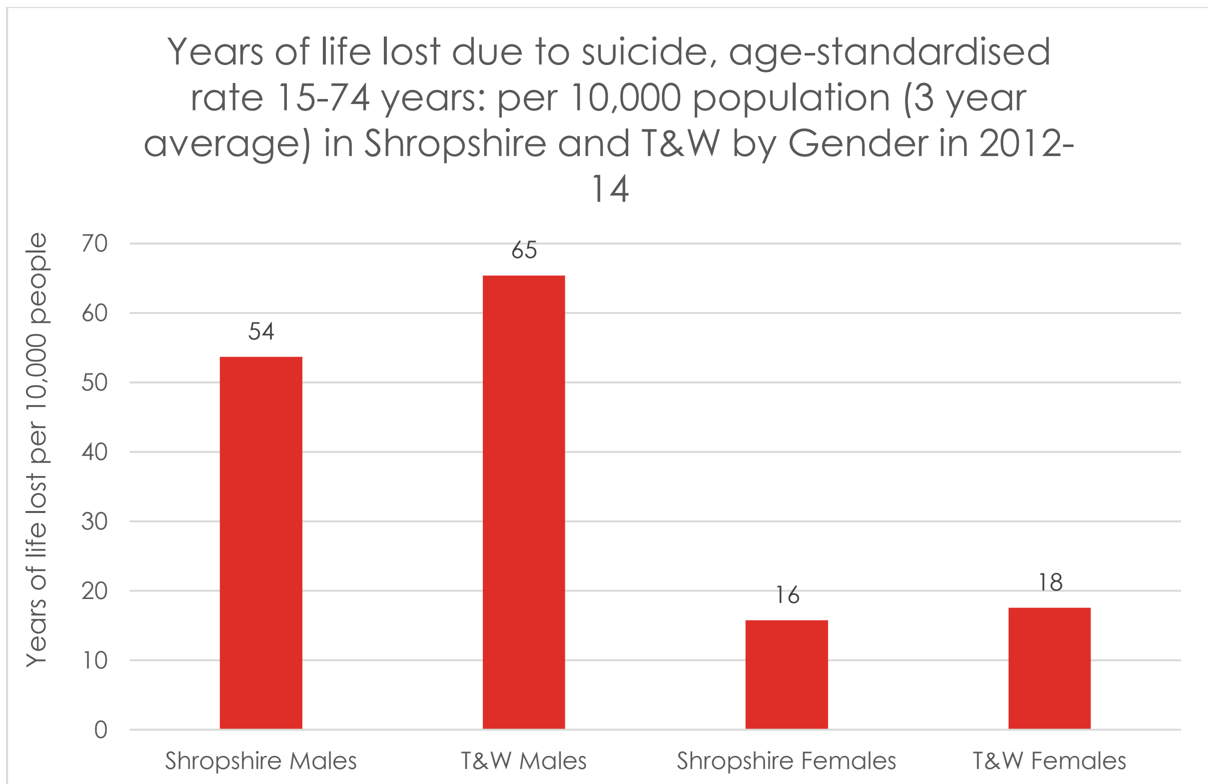


## Local Engagement

### Scoping

Informal meetings were held with relevant organisations working in and across Telford & Wrekin and/or Shropshire. This allowed us to scope what we needed to know in order to bring together a suitably representative network. This shaped who was invited to participate, but also highlighted the need for early engagement with a service user group to gain additional insight into the needs of those who had experience of self-harm or having attempted suicide in the past.

### Initial Service User Focus Group

A focus group was held to engage with people who had experienced of self-harm or having attempted to take their own life. We met with a broad range of individuals who had a range of experiences when they had come into contact with different parts of the system.

Several themes emerged from the comments recorded at the focus group and these were:

- Accessibility

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- Although many of those attending were already in contact with mental health and crisis services it was difficult to know how they could access the services that would offer them the support that they needed at the time that it was needed.
    - There was a lack of signposting to services, particularly when stepping down from inpatient care back to the community
    - There was acknowledgement that help is out there – but information around how to access it was lacking
    - The time when the greatest help is needed is during the night, particularly the small hours of the morning, yet this is the time when the least help is accessible
    - Access to the means of suicide however was regarded as easy, particularly paracetamol and/or codeine – though it was noted that if retailers enforced the maximum of 1 pack of paracetamol rule then it reduced the likelihood of an attempt at self-harm
    - The best support and guidance comes from those with shared experiences
- Sensitivity
    - It was felt that emergency and acute services often seemed to regard individuals who had attempted to take their own life or self-harm as wasting their time
    - Many of those in crisis will "self-medicate" and often the underlying mental health problem is not identified by acute services who seek to treat the substance misuse. This was noted as being particularly true in the case of the police
    - There is a need for a safe space, where those at risk can recover and then receive support and signposting
- Stigma
    - It remains difficult for people to disclose mental health issues and to talk about suicidal thoughts
    - Peer support is important in supporting both recovery and mental health issues

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### Network Engagement Event

On 6 September 2016, 56 attendees from a wide range of organisations participated in group discussions on the priority areas for suicide prevention in Telford & Wrekin and Shropshire. Organisations represented included the police, fire service, Telford & Wrekin Council, Shropshire Council, Shropshire CCG, Telford & Wrekin CCG, SSSFT, Shropcom, Healthwatch, Public Health England, Child and Adolescent Mental Health Services, Citizens' Advice, DWP, Network Rail, both the Telford and Wrekin and Shropshire branches of the Samaritans, Shropshire Seniors, Stay, Mind, Touched By Suicide, TACT, Big Red's House and many other third sector organisations.

Discussions were undertaken in multi-agency groups in discussion sessions covering 3 broad areas that were intended to cover the 6 priority areas from the national strategy. These discussion areas were:

- Reducing risk and improving access
- Supporting those affected by suicide
- How do we work together and where do we go from here?

Within each of those areas attendees were asked to discuss good practice that was currently being undertaken within Telford and Wrekin and Shropshire, what gaps there were and what opportunities there were.

A great deal of feedback was collected to inform this strategy and allowed the synthesis of our key action areas. Most encouraging was the enthusiasm and energy in the room from all sectors to work more closely together.

## Key Action Areas

As a result of our local engagement work we have identified the following key action areas that will provide the template for a pragmatic multi-agency action plan:

***Accessibility** – better signposting and easier access to appointments, specialised services in the community and tailored care*

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***Education and Training** – improve the skills of the workforce and empower people to talk about mental health, self-harm and suicide*

***Sensitivity** – ensure that front line staff are able to assist people in crisis to get the support that they need and break down barriers*

***Information** – improve the way that information is shared between different agencies and get the right information to those who need it at the right time*

***Network Approach** – get groups and organisations working collaboratively to prevent the preventable*

These areas are drawn from group discussions from the multi-agency stakeholder event and the service user focus group improving communication was a cross cutting theme.

## Accessibility

We will develop a community based, holistic approach to support people to manage effectively at home by addressing wider issues such as resilience and wellbeing, housing, debt etc. to ensure that individuals with mental health or substance misuse problems can be managed by appropriate expert services so that their current situation can be prevented from escalating.

Where there is a need for more specialised support services it is key that referral and signposting takes place ensuring that a "right place, right time" approach is taken including making better use of specialist 3rd sector organisations to manage complex situations. We will support this joined up approach in our network action groups.

We will work with partners to ensure that care that is delivered is specific and appropriate for the individual and their families.

Particular priorities in this area are reducing the risk in men and other vulnerable groups, preventing and responding to self-harm and improving access to services. We will gather data to help to make clear the needs of these groups within our

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region, and carry out targeted engagement work to understand and meet their needs.

## Education and training

We will support work to upskill the workforce in order to empower all front line staff across Telford & Wrekin and Shropshire to feel that they can discuss issues around mental health and suicide. Including but not limited to housing, environmental health, social care, benefits, drug and alcohol workers, CA, food banks etc.

We will disseminate information about what services and pathways exist across the patch to enable smarter referrals and signposting to take place to ensure that the needs of those who have attempted suicide or self-harm, are contemplating suicide or self-harm or have been affected by suicide.

We will provide support and training so that those working in primary care can both recognise risk factors and provide timely and appropriate treatment is key.

## Sensitivity

Sensitivity of frontline staff has been highlighted as something that can prevent people who are in crisis from accessing the support they need, particularly when combined with substance misuse issues.

Staff groups mentioned by service users and that we will target include (but are not limited to) A&E, the police, housing agencies, debt advisors, job centres and GP receptionists. We will also ensure that GPs are engaged and that targeted work and support is provided for schools, colleges and universities.

We will work with the media and other partners to continue to reduce the stigma associated with discussing suicide and self-harm.

## Information

Information sharing is patchy and improving this would enhance the care received by individuals accessing services. We will use our network approach to improve data collection, use and sharing.

The network will regularly review data collected and received on suicide is so that areas of high prevalence can be identified and responded to.

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Working collaboratively with the media is essential. We will work with local and national groups to support best practice in communication with and by the media.

## Network approach

There is a strong desire for a network approach to take forward a suicide prevention strategy and action plan and we must harness that enthusiasm to make a difference in Telford & Wrekin and Shropshire.

This approach will include a wider network and a core strategic group.

We will link in with existing networks.

We will have multi agency Community Action Groups in Telford and Wrekin and Shropshire. The respective Community Action groups will be in a position to review suicides and respond rapidly to hotspots including developing local community action plans

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## Network Objectives 2016/17 - 2020/21

| Work Stream | Domain | Key Milestone | RAG rating | Group Lead | Completion date |
|---|---|---|---|---|---|
| Accessibility | Easier access to support | Support those at risk of self-harm and suicide to prevent escalation and/or crises | | | |
| | | Ensure access and signposting to the wide range of services to support adults through crisis | | | |
| | | Ensure access and signposting to the wide range of services to support children through crisis | | | |
| | | Ensure access and signposting to psychosocial assessment for self-harm patients – this is likely to be fulfilled by RAID | | | |
| | | Collaborate with the National Probation Service and the Community Rehabilitation Company (CRC) on the development of a pathway for those leaving prisons with identified suicide or self-harm risk who do not have access to health services | | | |
| | | Consider collaborative commissioning of organisations that can provide support across the region to fill identified gaps | | | |
| | Community approach | Develop links with schools, particularly those with responsibility for safeguarding to reduce risk for children and young people | | | |
| | | Support those at risk of social isolation | | | |
| | | Develop database of what local services are available and what work they do | | | |

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| | | Provide support and training for those working in services where individuals at risk of self-harm and suicide are likely to present – such as food banks, CA, etc. | | | |
| | Tailored care | Target high risk groups of men to reduce risk | | | |
| | | Target vulnerable groups | | | |
| | | Safeguarding of those who have been released from prison | | | |
| | | Target people who misuse drugs and alcohol | | | |
| | | Identify additional support needs of other underserved groups including BME groups and LGBT | | | |
| | | Provide support to those affected by suicide | | | |
| Education and Training | Improve workforce skills | Provide MECC training on emotional health and wellbeing | | | |
| | | Look to have mental health first aiders in the workplace | | | |
| | | Support front line clinicians in providing care in line with NICE guidance | | | |
| | | Provide training for GPs in identification of risk factors for suicide and self-harm | | | |
| | | Provide training for probation staff (CRC and NPS) on recognition of suicide and self-harm to enable them to complete robust suicide risk assessments | | | |
| Sensitivity | Front line staff | Ensure that staff who may be the first point of contact for people contemplating suicide or self-harm are providing sensitive and supportive care to ensure that those in need continue to access services | | | |
| | | Ensure that those providing treatment offer support and signposting/referral as appropriate | | | |

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|---|---|---|---|---|---|
| Information | Information sharing | Collate and review data including self-harm statistics and coronial data where possible | | | |
| | | Ensure all partners are informed of the work of other agencies | | | |
| | | Continue to improve data sharing – particularly with the Coroner and other key data sources to improve understanding and mapping of local need | | | |
| | | Develop data sources to understand the demographics of higher risk groups particularly LGBT groups where this data is not routinely collected | | | |
| | | Develop and understanding of how 3rd sector providers can be engaged and involved when they are not commissioned by statutory services | | | |
| | Supporting the media | Work collaboratively with the media to reduce stigma | | | |
| | | Work collaboratively with the media to reduce the likelihood of contagion and/or imitation | | | |
| | | Identify a media champion who will engage with local media | | | |
| | | Liaise with Lorna Fraser, Samaritan's Media Advisor if there is uncertainty about how to respond to an issue or if there are difficulties with the media portrayal of an issue (l.fraser@samaritans.org) | | | |
| | Supporting those affected by suicide | Ensure provision of and signposting to timely and appropriate support | | | |
| | | Supporting families, carers and colleagues of those who have attempted to or have taken their own life | | | |
| | | Identify permanent chair | | | |

| Network Approach | Network Steering Group | Agree strategy and action plan | | | |
|---|---|---|---|---|---|
| | | Review and critique the work of the Community Action Groups | | | |
| | Wider Network | Agree timing of AGM/annual workshop | | | |
| | | Review priorities at AGM/annual workshop | | | |
| | Network Technical Group | Link with existing networks and report as appropriate | | | |
| | | Disseminate strategy and action plan when agreed by network | | | |
| | | Provide recommendations/ briefings as requested/required | | | |
| | Telford & Wrekin and Shropshire Community Action Groups | Develop local community action plans to address the aims of the strategy | | | |
| | | Respond rapidly to suicides within the area and coordinate community responses to hotspots/contagion | | | |
| | | Involve primary care representation | | | |

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# Terms of Reference

## Telford & Wrekin and Shropshire Suicide Prevention Network

### Background

- Reducing the number of lives lost to suicide in Telford & Wrekin and Shropshire is a priority for both Local Authorities and CCGs
- Guidance published by Public Health England on the development of a local suicide prevention strategy and action plan highlights the importance of forming multi-agency suicide prevention network
- It has been agreed that there will be a core steering group within a wider network
- This wider network will meet annually but be engaged with by the steering group virtually between meeting

### Purpose of the Network

- Work to support the action plan to reduce the number of lives lost to suicide within Telford & Wrekin and Shropshire
- Work collaboratively across statutory, emergency and third sector organisations to take forward the agreed action plan
- Share best practice and resources to deliver on the action plan
- Be a collective and representative voice to respond to regional and national policy on suicide prevention
- To review data sources in order to be able to rapidly respond to hot spots or contagion so that a tailored community action plan can be developed
- To review the action plan to ensure that it continues to be fit for purpose
- To develop a common understanding of current and emerging issues around suicide

### Network Groups

- Telford & Wrekin and Shropshire Suicide Prevention Network
    - Open group of all interested partners across Telford and Wrekin

    - Meets once per year to share updates, local information and networking
    - Can be used to define new priorities for the coming year
- Network Steering Group
    - Smaller group of identified representatives and partners across public and third sector organisations
    - Oversee delivery and development of action plan
    - Chaired by non-local authority representative with two vice chairs, one from each local authority
    - To include named representatives from:
        - SaTH
        - SSSFT
        - Shropshire Community Trust
        - Police
        - Fire service
        - Ambulance service
        - Telford & Wrekin CCG
        - Shropshire CCG
        - Third and voluntary sector organisations
- Network Technical Group
    - Steering Group chair and the two vice chairs
    - Set agenda for Community Action Groups
    - Provide administrative support and resources including venues
    - Provide reports to appropriate boards as and when requested/required by governance e.g. Mental Health Concordat, Crisis Network etc.
- Telford & Wrekin/Shropshire Action Groups
    - Separate groups for Telford & Wrekin and Shropshire
    - Led by local authority representative/Steering Group Vice Chair
    - Define local actions to address the broader outcomes defined by the Network and strategy
    - Develop community action plans in the event of identified hotspots
    - Feed into the Steering Group and Network

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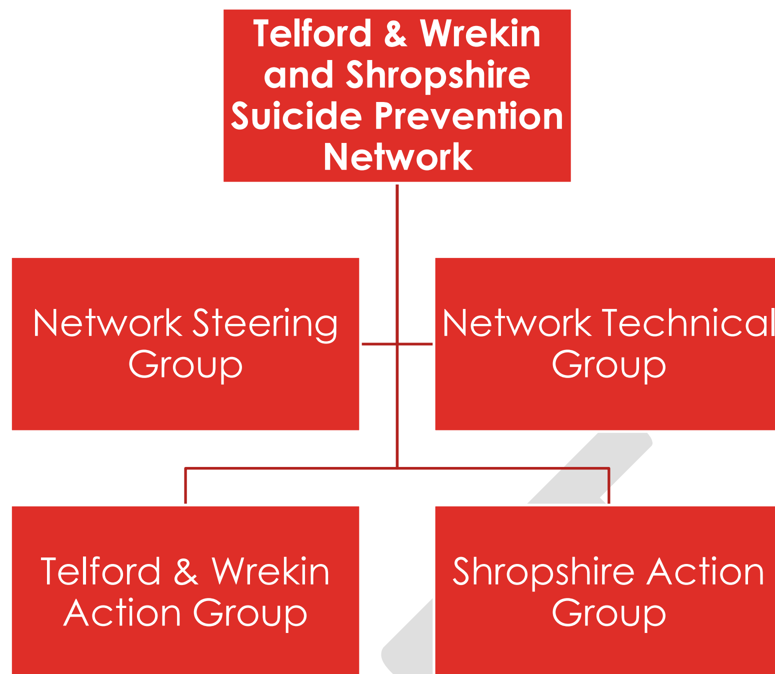


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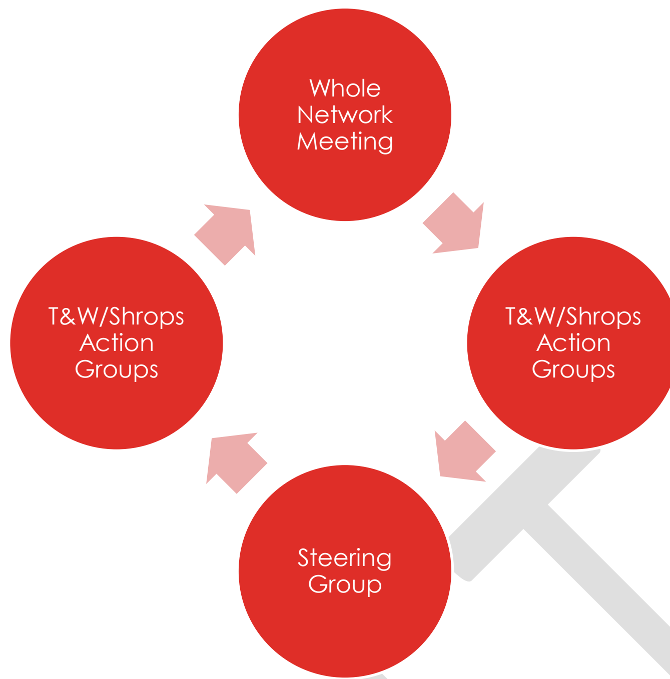
## Governance

- There will be quarterly meetings as follows:
  - Whole network meeting
  - Patch based meetings led by vice chairs in Telford & Wrekin and Shropshire
  - Full steering group meeting providing opportunity for shared discussion around and scrutiny of the work being undertaken in the 2 patches
  - Community Action Group meetings led by vice chairs in Telford & Wrekin and Shropshire
- In between larger meetings the wider network shall be kept informed of ongoing work virtually




## Review

- These terms of reference will be reviewed annually

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# Appendix A
# Local Government Association: Suicide prevention

## Questions for developing an Action Plan

| | |
|---|---|
| 1 | What level of understanding of suicide do local councillors, directors of public health (DPH) and CCGs have? |
| 2 | Is there a local councillor with specific responsibility for suicide prevention? |
| 3 | Have you got a suicide prevention strategy and action plan in place? |
| 4 | What is the rate of suicide among the general population in the local authority area and what is the current trend in suicide rates showing? |
| 5 | Is information available on the rate of suicide among different groups and gender, eg middle-aged men? |
| 6 | Are any data collected on attempted suicides within the local authority area? If so by whom? Are these data shared with other agencies? |
| 7 | Have you set up a multi-agency suicide prevention partnership? |
| 8 | What other local agencies and partners are members of this group or network, or are consulted as part of any suicide prevention activity (eg police, GPs or other professionals working in primary care settings)? |
| 9 | Is suicide prevention included in the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)? |
| 10 | Do JSNAs adequately identify action to support people at risk of suicide or suicidal behaviour within the local population? |
| 11 | How are you working with schools and colleges? |
| 12 | Are you developing suicide prevention awareness and skills training for professionals in primary care and local government (housing, environmental health, social care, benefits, etc) and other services that may come into contact with individuals at risk of suicide? If so,what groups of front-line staff have had such training? Does it involve the local community? |
| 13 | Are you providing training to frontline staff who come into contact with those at greatest risk of suicide, such as drug and alcohol workers? |
| 14 | How are you supporting those affected by suicide? |
| 15 | Could you target certain high-risk professions? |
| 16 | Are you working with the local media, press and broadcasters to ensure responsible reporting of suicides? |
| 17 | Have you identified high-frequency suicide locations?<br>a. What steps have been considered or taken to reduce the risk of suicide at such locations?<br>b. What other agencies are involved in supporting this preventative action at high risk places? |

| | |
|---|---|
| 18 | Does the local coroners' office support preventative action at local level? If so:<br>a. Are coroners formal members of any groups or networks that exist?<br>b. Do they provide access to coroners' records of inquests for local analysis or audit purposes?<br>c. Do they involve or inform the local authority or DPH if they identify (at inquest proceedings or earlier) particular areas of concern, eg locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide? |
| 19 | Are you providing or can you signpost families to bereavement services? |

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## References

Department of Health. Preventing suicide in England: A cross-government outcomes strategy to save lives. London, September 2012.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Suicide by children and young people in England. Manchester: University of Manchester, 2016.

National Institute for Mental Health. Guidance on actions to be taken at suicide hotspots. London: October 2006

Public Health England. Identifying and responding to suicide clusters and contagion, a practice resource. London: September 2015.

Public Health England. Guidance for developing and local suicide prevention action plan, information for public health staff in local authorities. London: September 2014

Public Health England. Local suicide prevention planning: A practice resource. London: October 2016.

Public Health England. Suicide Prevention Profile. 2016. https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0

Shared best practice from across the network

Staffordshire County Council. Saving Lives: Staffordshire Suicide Prevention Strategy 2015/16 – 2020/21. Stafford: 2015.

Telford and Wrekin Council. Telford & Wrekin Mental Health Strategy 2016 – 2019. Telford: 2016.

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**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD - 14 JUNE 2017**

**JSNA UPDATE: UNDERSTANDING TELFORD AND WREKIN 2017: A DEMOGRAPHIC, HEALTH AND SOCIO-ECONOMIC PROFILE OF OUR COMMUNITIES**

**REPORT OF THE ASSISTANT DIRECTOR: HEALTH AND WELLBEING**

## PART A) – SUMMARY REPORT

## 1. SUMMARY OF MAIN PROPOSALS

'Understanding Telford and Wrekin: A demographic, health and socio-economic profile of our communities in 2017' is now available. The purpose of this report is to highlight to board members the release of the document, highlight key messages from the document and signpost members to where to access the full profile.

The purpose of the profile is to:

- Provide an overview of the population of Telford and Wrekin;
- Build a picture of the social, cultural, health and economic needs of communities in the borough;
- Help the council and partners identify the communities and groups most in need of support;
- Help the council and partners to evaluate the appropriateness of services and activities currently offered and whether these meet the needs of communities; and
- Help the council and partners to set appropriate priorities and targets as part of the service and financial planning process.

This document also forms a key foundation of the Telford and Wrekin Joint Strategic Needs Assessment (JSNA) and Strategic Intelligence Assessment (SIA) processes.

The profile is formed of 6 chapters:

- **Chapter One: Introduction, Executive Summary and Headline Messages**
  - The purpose of the document
  - Executive Summary
  - Headline Messages: Understanding Telford & Wrekin (by profile chapter, by localities and by age groups).
- **Chapter Two: Population and Household Characteristics**
  - Population estimates and projections, including fertility and mortality rates
  - Demographic information including ethnicity, religion, sexual identity, migration
  - Cross border service users
  - Household composition including dependent children, lone parents, carers
- **Chapter Three: Being Healthy**
  - General health of the population, including life expectancy, mortality, long term limiting illnesses, physical disability, mental health, dementia, loneliness

  - Prevalence of various health conditions
  - Hospital attendance and admissions, including by reason
  - Low birth weight, teenage pregnancy rates, smoking in pregnancy and breastfeeding rates
  - Healthy lifestyle rates including smoking, binge drinking, drug use, physical activity, excess weight and obesity
- **Chapter Four: Staying Safe**
  - Hospital admissions for accidental and deliberate injuries
  - Rates of children presenting to Safeguarding services
  - Homelessness and households in temporary accommodation
  - Crime and anti social behaviour rates by crime type
- **Chapter Five: Enjoying and Achieving**
  - Attainment rates at all key stages, absence rates and population qualifications
- **Chapter Six: Economic Wellbeing**
  - Income deprivation rates, unemployment, benefit claimant rates, NEETs, fuel poverty
  - Mosaic categories of the population.

The document can be accessed in full at www.telford.gov.uk/populationprofile

## 2. RECOMMENDATIONS

**a)** Board members to note the publication of ‘Understanding Telford and Wrekin: A demographic, health and socio-economic profile of our communities’

**b)** Board members to consider any developments to current workstreams based on any new intelligence

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

By continually developing our use of intelligence, our understanding of services, communities and the demands they place on public sector organisations will improve. Intelligence led service planning and decision making will contribute to understanding the impact of actions across the Health and Wellbeing Board.

## 4. SUMMARY IMPACT ASSESSMENT

| | | |
|---|---|---|
| **COMMUNITY IMPACT** | Do these proposals contribute to a specific HWB Priority | |
| | Yes | *all* |
| | Do these proposals contribute to specific Co-Operative Council priority objective(s)? | |
| | Yes | *all* |
| | Will the proposals impact on specific groups of people? | |
| | No | |
| **TARGET COMPLETION/DELIVERY DATE** | *Insert date and if more than 6 months after the date of the Cabinet report, list key milestones* | |
| **FINANCIAL/VALUE FOR MONEY IMPACT** | Yes/No | There are no direct financial implications foreseen from accepting the recommendations of this report.<br><br>Information and intelligence about the demand likely to accrue to health and social care services is already in use by the Council to create financial modelling and forecasting. Data identified and developed as part of this work will be helpful in refining the future financial models necessary to identify the impacts of demand and a changing health picture on Care services. It may also help to identify the impact on the Council of changes and demands elsewhere in the public services. This information will be valuable in producing information to support future budget strategy decisions.<br>TAS 17.5.17 |
| **LEGAL ISSUES** | Yes | Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended) places a duty upon the Council and each of its partner clinical commissioning groups (CCGs) to produce and publish a joint strategic needs assessment (JSNA) through the Health and Wellbeing Board.<br><br>The JSNA must be produced in co-operation and with regard to any statutory guidance issued by the Secretary of State and involve the Local Healthwatch organisation for the area and involve |

| | | |
|---|---|---|
| | | people who live or work in the area. The aim is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities.<br>The statutory guidance upon Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was last issued by the Secretary of State on 26th March 2013<br>KF 30 May 2017 |
| **EQUALITY & DIVERSITY** | Yes | *The JSNA demonstrates inequalities in Telford and Wrekin, including variations in need due to characteristics or geographical factors.* |
| **IMPACT ON SPECIFIC WARDS** | Yes | *The JSNA highlights variations in levels of need in different communities.* |
| **PATIENTS & PUBLIC ENGAGEMENT** | No | *If yes, briefly summarise event* |
| **OTHER IMPACTS, RISKS & OPPORTUNITIES** | No | *If yes, briefly list any other significant impacts, risks & opportunities-* |

## PART B) – ADDITIONAL INFORMATION

## 1. INFORMATION

This section of the report has been used to reproduce the Executive Summary and Headline Messages sections of the Profile. The full profile can be found at www.telford.gov.uk/understandingtelfordandwrekin

### 1.1 Executive Summary - Understanding Telford and Wrekin in 2017

Telford and Wrekin is a place of contrasts, a distinctive blend of urban and rural areas, with green open spaces alongside contemporary housing developments. On the face of it, the borough is a prosperous place but there are clear differences across the borough. Some neighbourhoods and communities in the borough are among the most deprived areas nationally, whereas equally some communities are amongst the more affluent in England.

The population of the Borough continues to grow at above national rates – driven by the expansion of the local economy and record levels of housing growth. As the population grows, it has continued to change in line with national trends, with the population becoming more diverse and ageing. Although the population is ageing, it is younger than the national structure – with concentrations of younger population in south Telford. However, over half of the population increase between now and 2031 will be in the 65+ age group.

One of the biggest challenges for the Borough remains health inequalities. It is important though to emphasise that the health of the borough is improving overall, however, for a number of key measures the health of the population is not as good as the national

average. This is gap to the national position is most evident in the most deprived communities of the borough with key challenges including a lower life expectancy, higher rates of long term illness and disabilities, high obesity rates and high rates of admissions to hospital for a variety of conditions.

The Council and its partners work hard to keep residents of the borough safe, in particular our most vulnerable adults and children. Unfortunately, this means that sometimes the Council has to intervene with families with the most common reason for this being 'neglect' – that is children are not being looked after adequately. The most common risk factors identified in family assessments by the Council's Safeguarding Children Service are domestic violence, mental health and drug misuse – the same 3 factors as nationally.

A key area which has seen significant improvement has been levels of educational attainment. The gap between the national and local picture has closed significantly at Key Stage One and Two, with attainment rates now above the England average. There does, though, remain a number of key challenges with regard to attainment levels, including attainment at secondary level and for a number of groups not achieving the same levels as their peers, including children in care, Pakistani children and children in receipt of free school meals.

There remains a high number of households which are income deprived in the borough, creating challenges for some communities. However, unemployment rates in the borough have fallen and are now below England rates, including for young people who have previously had very high rates of unemployment.

Having outlined these challenges, it is important to recognise that the way communities experiences these challenges varies significantly across the borough – life in one area can be very different from life in another. A key purpose of this document is to present analysis of these issues at community level to enable such differences to be understood and so support service planning and development.

## 1.2 HEADLINE MESSAGES PART ONE - UNDERSTANDING TELFORD AND WREKIN IN 2017 BY TOPIC

### 1.2.1 Population and Household Characteristics: Headline Messages from Chapter Two

**The population is 'younger':**

- Telford & Wrekin has an estimated population of 170,200. The population is younger than the national picture, with a greater proportion of the population aged under 20 (T&W 25.8%, England 23.7%).

**The population is growing, changing and ageing**:

- The proportion of the population who are aged under 20 is decreasing (26.1% in 2010, 25.8% in 2015), as is the working age population (65.2% in 2010, 63.2% in 2015).
- The proportion of the population aged over 65 is increasing (14.3% in 2010, 15.9% in 2015), with 27,200 residents now in this age group.

- The population of the borough is projected to grow at a faster rate than the England population (T&W 13.4%, England 10.2%) and is projected to grow to 196,900 by 2031, an increase of some 23,300 people.
- Over half of the population increase will be in the over 65 age group (12,300 people), with the 85+ age group more than doubling (+117.6%) and the 65-84 age group increasing by a third (33.1%).
- There were a total of 2,075 live births to mothers living in Telford and Wrekin during 2015. Over the past six years the total fertility rate has fallen from 2.00 to 1.82. The National trend is similar, falling from 2.22 to 1.93.

**The population is becoming more diverse:**
- The majority of the population's ethnicity is white British, with the borough having lower BME rates in all age groups than England. The highest proportion of BME groups is found in the 0-24 age group (T&W 13.1%, England 25.4%).
- The proportion of school age children from a BME background is increasing (13.7% in 2012, 18.5% in 2016).

**Households are more likely to contain dependent children and/or carers:**
- Almost 22,000 households contain dependent children, around a third of all borough households.
- Around 18,000 people provide unpaid care - 1,530 young people aged 0-24 provide unpaid care, around 12,700 adults aged 25-64 and around 3,670 aged over 65. Nearly 5,000 people provide unpaid care for over 50 hours per week.

*For more information (including sources and dates) and other data on these topics, see Chapter 2: Population and Household Characteristics.*

### 1.2.2 Being Healthy: Headline Messages from Chapter Three

**The population has higher rates of poor health:**
- Residents report higher levels of bad or very bad health compared to England (T&W 6.2%, England 5.5%), around 10,395 people.
- Life-expectancy at birth is significantly worse than England rates at 78.1 years for males (79.3 England) and 81.8 years for females (83.0 England).
- The standardised mortality ratio (SMR) due to all causes for those under 75 is worse than the national ratio. This remains true when the separate and specific causes of either cancer, circulatory disease or coronary heart disease for under 75s are separately considered.
- Across all age groups there are higher rates of people reporting a long term limiting health problem or disability that limits their daily activity (T&W 18.2%, England 17.2%), around 31,000 people.

**The population don't always make healthy lifestyle choices:**
- 7.9% of all births had a low birth weight (less than 2,500g), similar to the England rate.
- After many years of the rate of conceptions in those aged 15-17 (under 18) being significantly higher than the rate in England, the rate has now dropped to be similar to the England rate (2014: 32.6, 2015: 25.0).

- 18.1% (366) of mothers were smoking at delivery, significantly worse than England. Breastfeeding initiation rates increase a little from 65.1% in 2010-11 to 67.5% in 2014-15, although remain worse than England.
- The prevalence of smoking in those aged 18 & over has decreased to 18.2%, similar to England, having previously been higher. The prevalence of opiate and/or crack use was estimated to have declined is lower than England, and the prevalence of drug injectors has declined to a level similar to England.
- The proportion of children in reception with excess weight in increased to 25.5%, worse than the England (22.1%). In Year Six children with excess weight increased to 37.4%, worse than England (34.2%).
- Levels of excess weight in adults are 71.1% and obesity 26.5%, both worse than England.
- 18.7% of residents aged 16 & over are binge drinkers and 28.5% of adults are inactive, both similar to England rates.

**Hospital admissions rates for a number of causes are higher than England:**

- For all ages, the Standardised Admissions Ratio of emergency admissions for all causes is worse than national. This ratio is also worse than national for Coronary Heart Disease, stroke, Myocardial Infarction (heart attack), Chronic Obstructive Pulmonary Disease (COPD). The ratio is similar to national for hip fractures and alcohol attributable conditions.

**National prevalence rates enable an estimation of the number of residents with other health conditions:**

- Around 1,000 children aged 5-10 and 1,400 aged 11-16 with a mental health disorder. Around 17,400 adults aged 16-64 with a common mental health disorder and around 7,700 adults aged 16-64 with two or more psychiatric disorders.
- Around 700 older people aged 65 & over have severe depression. Around 1,800 residents aged 65 & over suffering from dementia.
- Around 4,000 residents have a learning disability. Around 1,400 residents have Autism

*For more information (including sources and dates) and other data on these topics, see Chapter 3: Being Healthy*

### 1.2.3 Staying Safe: Headline Messages from Chapter Four

**Emergency admissions for young children for unintentional and deliberate injuries is higher than England averages:**

- For children and young people, the rate of hospital admissions that are worse than national are: emergency admissions for children under five, admissions due to unintentional and deliberate injuries for children under five and for children aged 0-14. However, admissions due to unintentional and deliberate injuries to children and young people aged 15-24 is better than national.

**Overall crime is higher than England rates:**

- The overall crime rate per 1,000 population is 82.1, higher than the England rate (82.1). The highest occurring crime types are Anti Social Behaviour and Violence & Sexual Offences.
- The rate of juvenile first time entrants to the criminal justice system has decreased between 2011 and 2016 from 636.7 to 514.9 per 100,000 population.

**Child protection and homelessness rates:**

- The most common risk factors identified in assessments by Children Safeguarding Teams were domestic violence (53.1%), mental health (48.7%) and drug misuse (28.4%), the same top three factors as England.
- The rate per 10,000 population of children subject to a child protection plan is 87.7. The rate of children becoming looked after is 29.1.
- 158 homeless decisions were made, of these 76 were accepted as homeless, a rate of 1.11 per 1,000 households, lower than England (2.52). The overall rate of households in temporary accommodation has decreased, and is below England and Non-London LA rates.

*For more information (including sources and dates) and other data on these topics, see Chapter 4: Staying Safe.*

### 1.2.4 Enjoying and Achieving: Headline Messages from Chapter Five

**Most children attend good schools:**

- 86.9% of pupils are in schools graded Good or Outstanding by Ofsted (97.4% in primary, 66.8% in secondary).

**Educational attainment in primary schools is improving:**

- 69.1% of pupils achieved a good level of development (GLD), having improved from less than half (45.1%) of pupils in 2013. GLD is equivalent to England (69.3%), having been lower 2013.
- Key Stage One attainment is higher than England. 77.1% of pupils achieved the expected standard in KS1 reading (England 74%), 68.2% in KS1 writing (England 65%) and 76.0% in KS1 maths (England 73%).
- Key Stage Two attainment is higher than or similar to England: 55.6% achieved the expected standard in reading, writing & maths, higher than England (53%); 69.9% achieved the expected standard in reading (England 66%); 73.5% achieved the expected standard in writing (England 74%); 70.7% achieved the expected standard in maths (England 70%).
- Pupils achieved above average progress score between KS1 and KS2 for reading, writing and maths

**Educational attainment in secondary schools is lower:**

- The average KS4 Attainment 8 score was 49.5, just below England (49.9). Attainment scores of 10.2 in English and 9.6 in maths were both are lower than those achieved in all England (10.5 in English, 9.8 in maths).
- The average progress scores in English and maths were both lower than England (English T&W -0.28, England -0.04. Maths -0.23, England -0.02).

**Special Educational Needs and Disabilities numbers have grown:**

- 4,998 (18.7%) of pupils have Special Education Needs and Disabilities (SEND). The largest type of need is Moderate Learning Difficulty (1,690), followed by Speech, Language & Communication needs (1,123) and Social, Emotional and Mental Health (1,032)
- Between 2012 and 2016, the proportion of pupils with SEND has grown from 13.0% to 18.7%.

**Disadvantaged pupils have lower attainment, particularly at Key Stage Four:**

- The attainment gap (KS2) between disadvantaged and other pupils was 19.8% points, better than England (22% points). Between 2012 & 2015 the gap in reduced at a faster rate than England.
- The attainment gap (KS4) between disadvantaged and other pupils was 14.7% points, worse than England (12.3% points).

**High rate of residents have no qualifications:**

- One quarter (24.6%) of residents have no qualifications. This is higher than in all England (22.5%). However, for those residents under the age of 50, the proportion with no qualifications falls by half, with the lowest level in those aged 25-34 (12.2%).

*For more information (including sources and dates) and other data on these topics, see Chapter 5: Enjoying and Achieving.*

### 1.2.5 Economic Wellbeing: Headline Messages from Chapter Six

**Telford and Wrekin is a place of socio-economic contrasts:**

- Parts of the borough are amongst the most deprived in England, with deprivation rates comparable with inner cities, whilst other areas are amongst the least deprived in England.

**There remain challenges around levels of deprivation:**

- 17.3% (29,545 people) of the population live in income deprived families, 23.9% (8,335 people) of children aged 0-15 live in income deprived households and 18.1% (6,805 people) of older adults aged 60 & over live in income deprived households.
- 14,905 (20.1%) of households claim housing benefit, the lowest number for 6 years. Nearly half of these households, (6,769) had dependent children.
- More than two in five lone parents (43.5%) are not in employment, higher than in all England (40.5%).
- 16.7% of households are in fuel poverty.
- The proportion of children (under 16) in low income families has fallen from 25.9% in 2011 to 23.5% in 2014. However, this proportion is worse than England for each of these 4 years.
- The most common Mosaic Group in Telford and Wrekin is ‘Family Basics’– families with limited resources who have to budget to make ends meet, with this group making up 16.8% of all households in the Borough. Next is ‘Aspiring Homemakers’ – younger households settling down in housing priced within their means (15.8% of households)

**Unemployment is falling:**

- Unemployment rate is 4.8%, similar to England (5.0%), falling from 8.0% in 2011/12, mirroring an equivalent fall for England.
- Youth unemployment (aged 16-24) is 12.3%, lower than the England rate (14.0%) and falling from 25.9% in 2011/12 and falling at a faster rate.
- The proportion of young people aged 16-19 not in Education, Employment or Training (NEET) is higher than the national rate.

**High proportion of people employed in manufacturing:**

- The majority of the working population were employed in Public Administration, Education and Health (29.2%) followed by Distribution, hotels & restaurants (21.2%). England had the same largest industry groupings with 29.4% and 18.3% respectively.
- Telford & Wrekin has nearly double the proportion of those employed in manufacturing (16.7%) as in England as a whole (9.4%).

*For more information (including sources and dates) and other data on these topics, see Chapter 6: Economic Wellbeing.*

**Report prepared by:**
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**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD - 14 JUNE 2017**

**LIFE EXPECTANCY UPDATE**

**REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL**

## PART A) – SUMMARY REPORT

## 1. SUMMARY OF MAIN PROPOSALS

1.1. This report provides the HWB with an update of male and female life expectancy rates and identifies the most significant causes of the gap in life expectancy between the Telford & Wrekin position and the England average. The contribution which certain age groups make to these life expectancy gaps is also reported. The plans and programmes of work which are in place to tackle the main causes of reduced life expectancy and aligned to the Health and Wellbeing priorities, are summarised.

1.2. Life expectancy at birth in men was 78.4 years in 2013-15, a fall of 0.2 years compared to 2012-14. For women the life expectancy at birth rate was 82.0 years in 2013-15, a fall of 1.12 years compared to 2012-14. Both rates remain significantly worse than the England average.

1.3. In general, a few children and young people dying at a very young age but also larger numbers of older people perhaps dying a little early can affect life expectancy rates. In both men and women in Telford and Wrekin infant mortality is a significant cause of the life expectancy gaps. For men alcohol-related conditions, suicide and lung cancer are also key contributors to the gap. For women, chronic obstructive airways disease and coronary heart disease are also significant. The most significant age groups which contribute to reduced life expectancy are boys and girls aged under one year, men aged 50-69 years old and older women.

1.4. It is clear that lifestyle risk factors systematically contribute to the range of causes of reduced life expectancy in Telford and Wrekin. These risk factors, such as smoking, excess weight, lack of physical activity and excess alcohol consumption are also strongly associated with the local levels of socio-economic disadvantage, which exacerbates health inequalities.

1.5. The life expectancy picture today obviously reflects the legacy of relatively poor lifestyle behaviours in the borough over the past 50 years, as well as the current changing and challenging patterns.

1.6. The ambitions of the Health & Wellbeing Strategy and the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan (STP), if delivered effectively should contribute significantly to improving local life expectancy rates. There is scope to strengthen the prevention at scale commitments in the STP, particularly with respect to the role the local NHS plays.

**2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)**

a) The HWB is requested to note the significant alignment between the causes of reduced life expectancy and the HWB strategy priorities:
- Encourage healthier lifestyles
- Improve mental wellbeing and mental health
- Strengthen our communities and community based support and;

the relevance of the work programmes which will be delivered as part of the Telford & Wrekin neighbourhood working plan contributing to these priorities.

b) The HWB is also asked to recognise the importance of the radical upgrade in prevention in the NHS as part of the neighbourhood working plan and wider STP.

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

A variety of work programmes and plans will potentially contribute to improving local life expectancy rates, including:

- Local Maternity System Plan
- Cancer Survival Plan
- Neighbourhood working plan – especially the prevention at scale and diabetes, hypertension and respiratory disease work streams
- Suicide Prevention Strategy and action plan

**4. SUMMARY IMPACT ASSESSMENT**

<table>
<tr><td rowspan="6">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>Yes</td><td>Life expectancy rates are highly relevant overarching measures of population health and should be monitored to understand the success of the health and wellbeing strategy given the relevance to all three strategic priorities.</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>To improve the health and wellbeing of our communities and address health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>To improve local life expectancy rates there should be a particular focus on:<br>• Men aged 50-69 years and;<br>• Women aged 50-89 years</td></tr>
</table>

| | | |
|---|---|---|
| **TARGET COMPLETION/DELIVERY DATE** | Action to tackle the causes of reduced life expectancy is reported routinely to the HWB through the strategic priority update reports. The HWB receives updates on life expectancy rates on an annual basis. | |
| **FINANCIAL/VALUE FOR MONEY IMPACT** | Yes | The delivery of these strategies and the detailed work programmes will need to be considered against the context of reducing resources.<br><br>The Public Health Grant allocated to the Council in 2017/18, from which the strategies identified in Section 1.4 will need to be delivered, is £12.7m<br><br>Reductions in Public Health grant in 2018/19 and 2019/20 of £0.3m per year may impact on the monies available to fund this work beyond 2017/18.<br><br>ER – 30/05/2017 |
| **LEGAL ISSUES** | Yes | Section 2B of the National Health Service Act 2006 (as amended) places a duty upon local authorities to take appropriate steps to improve the health of local people in its area.<br><br>The Public Health Outcomes Framework [refreshed in May 2016 up to 2019 and published under Section 73B(1) of the NHS Act 2006] is a document that local authorities must have regard to in the exercise of their public health functions<br><br>The two high level outcomes are:<br>increased healthy life expectancy ;and<br>reduced differences in life expectancy and healthy life expectancy between communities<br><br>The HWBB has a role in co-ordinating and encouraging integrated working.<br>Accordingly, work undertaken by the HWBB to identify and investigate life expectancy issues assists the Council with undertaking its statutory responsibilities.<br><br>KF 30.05.2017 |
| **EQUALITY & DIVERSITY** | Yes | See next section re inequalities |
| **IMPACT ON SPECIFIC WARDS** | Yes | There are clear inequalities related to both male and female life expectancy - the gap between rates in the most deprived and least deprived communities is as follows: |

| | | |
|---|---|---|
| | | • for men 8.19 years<br>• for women 5.85 years<br><br>The mortality profile, which is part of the JSNA, indicates that the geographical hot spots where life expectancy and early death rates are significantly worse than average are also amongst our most deprived communities. |
| **PATIENTS & PUBLIC ENGAGEMENT** | Yes | • Client, service user and patient engagement work shapes the commissioning of health and social care services in the Council and CCG.<br>• The developing neighbourhood working approach, which will deliver the HWB's community resilience and community-based support priority, will contribute significantly to improving life expectancy through a range of plans and programmes. |
| **OTHER IMPACTS, RISKS & OPPORTUNITIES** | Yes | • There is key relevance to the ambitions of the Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan.<br>• The Local Maternity System Plan is also important given the impact of maternal and infant health on infant mortality and life expectancy. |

**PART B) – ADDITIONAL INFORMATION**

## 1. INFORMATION

### 1.1. Introduction

1.1.1. The Council's public health team have collaborated with the PHE West Midlands Local Knowledge and Information Service (LKIS) on analytical work to understand the most significant local contributors to our reduced life expectancy figures in terms of causes of death and the contribution of different age groups.

1.1.2. The age at death as well as the numbers of deaths are important factors in determining life expectancy rates. Deaths of people at younger ages (for example infant deaths and deaths from suicide), although relatively small in number, contribute significantly to reduced life expectancy in terms of the years of life lost. Whilst there are naturally larger numbers of deaths of older people (e.g. from cancers and dementia) which are also significant, these contribute relatively fewer years of life lost within people's lifetimes.

1.1.3. The Telford & Wrekin mortality profile 2016 update, which is published annually as part of the JSNA process, is included in Appendix I.

### 1.2. Life expectancy overview

1.2.1. Measures of life expectancy are included in the national Public Health Outcomes Framework as key overarching indicators which are important measures of the health of the population. As such life expectancy rates can be used to assess the impact of the HWB strategy. Updated trends in life expectancy are shown in Appendix I (page 2).

1.2.2. Key Telford and Wrekin headlines for the male life expectancy at birth rate:
- 78.4 years in 2013-15, a fall of 0.2 years compared to 2012-14
- significantly worse than the England average since 2005
- 1.1 years lower than the England average
- 8.19 years gap between the most deprived and least deprived communities

1.2.3 Key Telford & Wrekin headlines for the female life expectancy at birth rate:
- 82.0 years in 2013-15, a fall of 1.12 years compared to 2012-14
- significantly worse than the England average since 2008
- 1.12 years lower than the England average
- 5.85 years gap between the most deprived and least deprived communities

### 1.3. What is driving our reduced life expectancy?

1.3.1. Cancers and circulatory diseases are the biggest killers in men and women, causing 58% of all male deaths and 49% of all female deaths. All cancers are responsible for just over a quarter (25.4%) of the life expectancy gap in men and almost a fifth (19.7%) of the life expectancy gap in men.

1.3.2. For men, the most significant causes of death which contribute to the male life expectancy gap are the following groups:
- infants under one year of age (15.7% of the gap) – on average 6 deaths per year
- lung cancer (13.5% of the gap) – on average 57 deaths per year
- alcohol-related causes (11.9% of the gap) – on average 16 deaths per year
- suicides (8.5% of the gap) – on average 13 deaths per year

1.3.3. In terms of the contribution of age groups to the male life expectancy gap, the following groups of deaths are the most significant:
- those in men in their 50s and 60s which account for 53% of the gap.

1.3.4. For women, the most significant causes of death which contribute to the female life expectancy gap are the following groups:
- infants under one year (12.7% of the gap) – on average less than 5 deaths per year
- Chronic obstructive airways disease (12.2% of the gap) – on average 42 deaths per year
- Coronary heart disease (10.5% of the gap) – on average 65 deaths per year

1.3.5. In terms of the contribution of age groups to the female life expectancy gap, the following groups of deaths are most significant:

- those in women in their 50s and 60s and older women, which account for 66% of the gap

1.3.6. When considering early deaths (under 75 years) mortality rates in Telford and Wrekin for women aged 65-74 years are higher than the national average.

## 1.4. Tackling reduced life expectancy

The following section considers the main causes of reduced life expectancy and risk factors and summarises the local action being taken.

### *1.4.1. Infant mortality*

Deaths under one year, are a significant contributor to local male and female life expectancy rates for men and women. Although the numbers of deaths in the borough are thankfully small, on average 14 per year, the number of years of life lost is significant. The maternal and infant health profile for Telford and Wrekin and Shropshire[1], shows that the local infant mortality rate (which fluctuates due to the small numbers) declined markedly from the late 1980s, but has been slowly increasing again over the past five years. Since 2011-2013 the three year rolling average rate of deaths under one year has been significantly higher than the national average.

Nationally approximately a quarter of infant deaths under 1 year are classified as being associated with modifiable risk factors and as such were potentially preventable.[2] The most significant preventable lifestyle-related risk factors for infant mortality which are relevant to the Telford and Wrekin population are the high levels of smoking in pregnancy and maternal obesity.

The Local Maternity System (LMS) Plan, covering Shropshire, Telford and Wrekin, is being developed in response to the National Maternity Review - Better Births, which aims to improve outcomes of maternity services across England. There are a series of programmes within the LMS, including a health and wellbeing work stream, which is being led by Liz Noakes, Assistant Director Health & Wellbeing, Telford & Wrekin Council.

One recent local service improvement, jointly commissioned by the Council's public health team and the CCG, is the appointment of a public health midwife at PRH Women and Children's Unit. This new post, which started in April 2017, means that stop smoking services will be delivered directly by local midwives for the first time.

### *1.4.2. Respiratory Disease*

In women deaths from chronic respiratory disease are a significant contributor to reduced life expectancy. Trends from early deaths under 75 years from respiratory

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[1] http://www.telford.gov.uk/downloads/file/5233/maternal_and_infant_health_report_january_2017

[2] https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2016

disease are increasing and during 2013-15 the rates for all persons and females were significantly worse than the England average (Appendix I, pages 14-15).

Over half (58%) of early deaths from respiratory disease are considered preventable, including deaths from chronic obstructive airways disease. The main cause of chronic obstructive airways disease is smoking. Early detection is particularly important here as often people do not recognise the early signs – for example chronic cough and wheezing and shortness of breath until the disease is in its later stages when treatment is potentially less effective.

The neighbourhood working plan includes a programme of work relating to respiratory disease. The key developments will be awareness raising of symptoms and improvement in treatment, including more community-based services in localities.

### *1.4.3.* ***Cancers – lung cancer***

Nationally the early death rates from cancer in men have declined over the past decade, but the Telford and Wrekin rate is not showing a consistent decline and the rate for 2013-15 remains worse than the England average (Appendix I, page 10-11). Similarly, there has been no significant change in the early death rate from preventable cancers in men over the past decade and the rate remains worse than the national average for the second year running.

Over half (59%) of early deaths under 75 years from all cancers are considered preventable. Lung cancer accounts for 13.5% of the gap in male life expectancy (on average 57 deaths per year). The vast majority (90%) of lung cancers are estimated to be caused by smoking and early detection of lung cancer can potentially reduce deaths by 20%.

The local strategic plan to improve cancer survival, which is part of the neighbourhood working programme, includes prevention and early detection and treatment and survivorship work streams. Symptom awareness raising initiatives are included and this work also links to the wider respiratory disease prevention agenda.

### *1.4.4.* ***Liver disease – alcohol-related diseases***

Liver disease is one of the only causes of death nationally which is increasing year-on-year and the vast majority of liver disease (90%) is considered preventable. Early deaths under 75 years from liver disease in Telford and Wrekin are slowing increasing in both men and women (Appendix I, pages 12-13). Alcohol-specific diseases, which include deaths from alcoholic liver disease and alcohol poisoning contribute, significantly to the local male life expectancy gap.

The Telford and Wrekin Drug & Alcohol Strategy includes objectives on reducing alcohol-related harm through prevention work and transforming substance misuse treatment services. There has been a significant improvement in treatment outcomes for people with alcohol misuse issues in the past two years, with a greater number of people being seen within local services. During 2017/18 substance misuse services are being re-commissioned to further improve outcomes for those with alcohol problems.

More work is needed in the NHS to effectively identify and tackle alcohol both in primary care and in hospital. This is a key national requirement in the NHS Five Year Forward View and is a commitment in the Shropshire, Telford and Wrekin NHS Sustainability and Transformation Plan (STP) but work to progress the alcohol agenda has been slow and requires greater momentum.

*1.4.5.* ***Suicide Prevention***

Suicide is the fifth most significant cause of reduced life expectancy in men in Telford and Wrekin. There is a clear gender divide, over three quarters of all local deaths of people who take their own lives are men. The mortality profile (Appendix I, page 16) shows that trends in suicide rates are relatively static over time. The rate is not statistically significantly different to the England average.

The Council's public health team have lead the development of a comprehensive, evidence-based suicide prevention strategy and action plan which is part of the wider mental health strategy (see Agenda item 6 for further details).

*1.4.6.* ***Cardiovascular disease – coronary heart disease***

Trends in early deaths (under 75 years) from cardiovascular disease have been steadily declining locally over the past two decades in both men and women (Appendix I, pages 8-9). Despite this impressive reduction coronary heart disease is a significant contributor to the female life expectancy gap and the mortality rate from coronary heart disease in women aged 65-74 years is higher than the England average.

Almost two thirds (63%) of early deaths (under 75 years) from CVD are potentially preventable. The most important risk factors for circulatory diseases are preventable and lifestyle-related i.e. smoking, excess weight, lack of physical activity, high blood pressure (hypertension) and high cholesterol. Stress also plays a key role in cardiovascular risk.

Given the scope for prevention there is still work to do to tackle the risk factors for cardiovascular disease more effectively. Key programmes of work on diabetes and hypertension led by the CCG, are part of the neighbourhood working plan. Some of the actions include improving detection and treatment of hypertension in general practice and a better structured education programme offer for people with diabetes. Although there is a focus on improving treatment and care of patients in the NHS these work streams have clear community links for example collaborative work with the Telford Rotary Club and local Diabetes UK representatives.

## 2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See Summary Impact Assessment section

## 3. PREVIOUS MINUTES

- Health & Wellbeing Priority Update: Life expectancy, 15th June 2016
- Health & Wellbeing Priority Update: Life expectancy, 21st January 2015
- Health & Wellbeing Priority Update: Life expectancy, 12th March 2014
- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

## 4. BACKGROUND PAPERS

Report prepared by:
Helen Onions, Consultant in Public Health, helen.onions@telford.gov.uk

# Telford & Wrekin Mortality Trends Profile – June 2017

## Introduction

Early deaths under the age of 75 years make a significant contribution to reduced life expectancy. This profile provides an overview of mortality trends for men and women by the major causes of death in Telford & Wrekin, rates are benchmarked against the national average from England. Rates are included for deaths considered to be preventable[1], a separate section is included for those deaths considered amenable to healthcare. It is important to note that a death may be classified as both preventable and amenable to healthcare[2], therefore these two definitions overlap. The majority of the mortality indicators used in the profile were updated in the November 2016 Public Health Outcomes Framework release.[3]

## Key Headlines

- Life expectancy for males and females in Telford and Wrekin is increasing. The gap between Telford and Wrekin and nationally is narrowing for males, but widening for females.
- Cancer is by far the biggest single cause of early death in Telford and Wrekin (40.4%), followed by cardiovascular disease (20.8%).
- Early mortality rates from causes considered preventable are declining in Telford and Wrekin, but remain above the England average.
- Under 75 mortality from cardiovascular disease is decreasing and remains similar to the England average for the second period running.
- Early mortality rates from cancer have seen no significant change over the last decade and remain worse than the national average.
- Rates of early mortality from liver disease continue to increase and are worse than the England average.
- Early mortality from respiratory disease in Telford and Wrekin has mirrored the national trend over the past decade, but an slight increase locally has resulted in the Telford and Wrekin rate being worse than the England average for the first time.

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[1] A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense. www.ons.gov.uk/.../definition-of-avoidable-mortality.pdf

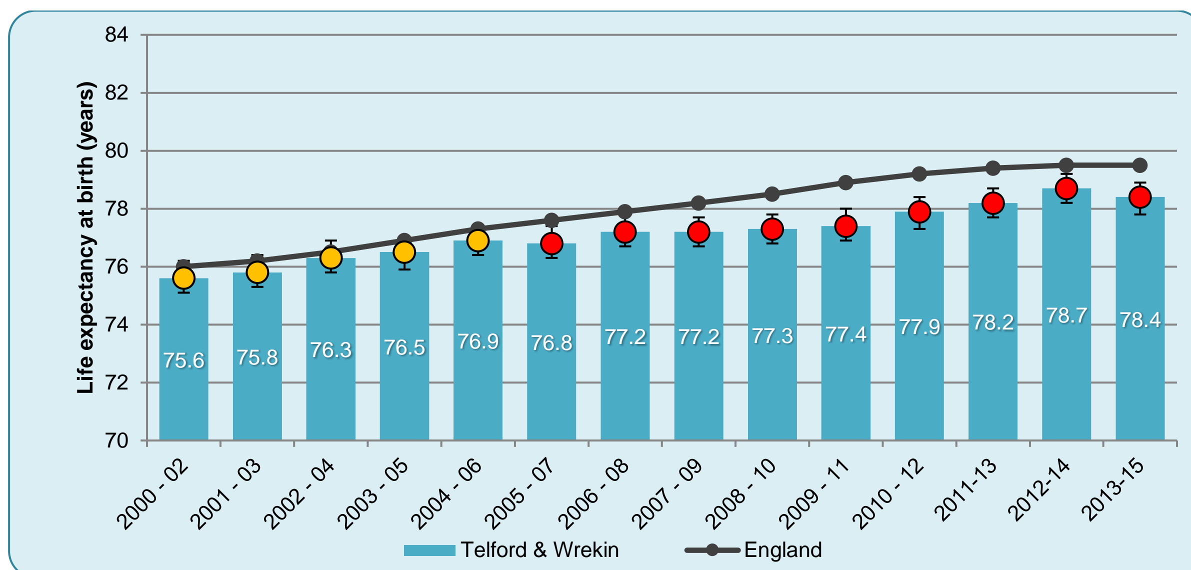
[2] A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare www.ons.gov.uk/.../definition-of-avoidable-mortality.pdf

[3] Published by Public Health England 1 November 2016

## Life Expectancy

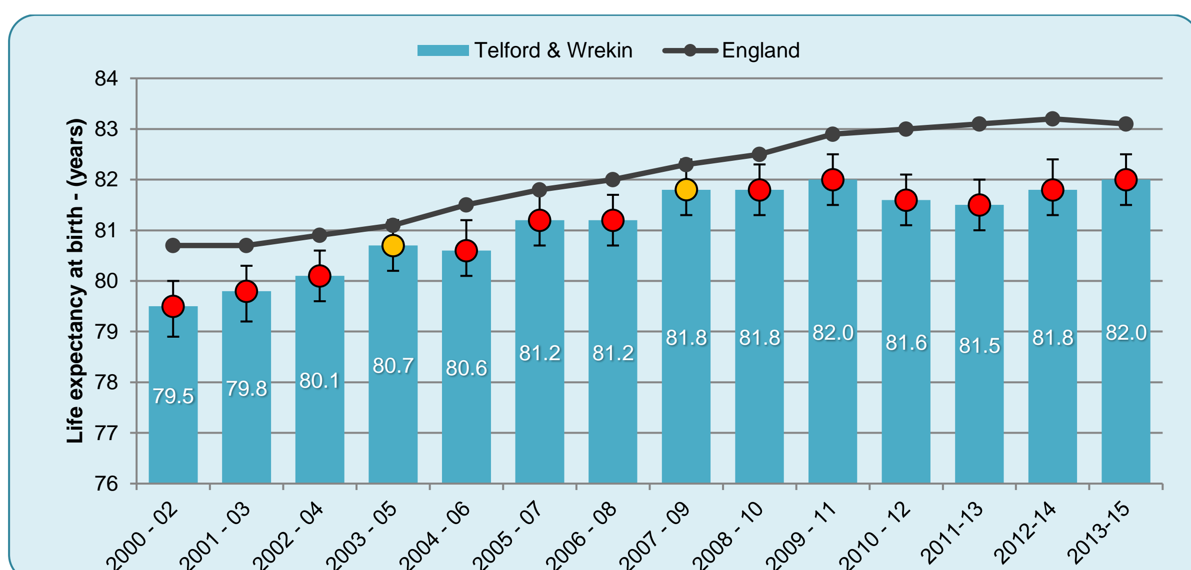
### Male life expectancy at birth

Male life expectancy in Telford and Wrekin has increased over the last decade but has been worse than the England average since 2006-08. Despite remaining below the England figure, data for the latest time period (2012-14) shows a narrowing of the gap between the local and national position.




### Female life expectancy at birth

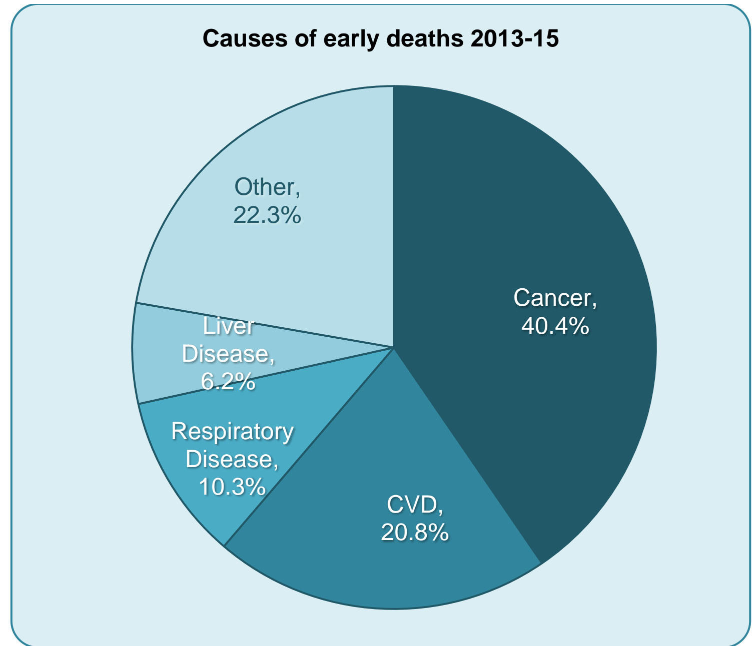
Female life expectancy in Telford and Wrekin has increased over the past decade, but has been worse than the England average since 2008-10, with the gap between local and national figures increasing since 2007-09. Between 2009-11 and 2011-13 life expectancy for females in the Borough was declining but the latest figure for 2012-14 is showing the first signs of increase.



## Early deaths

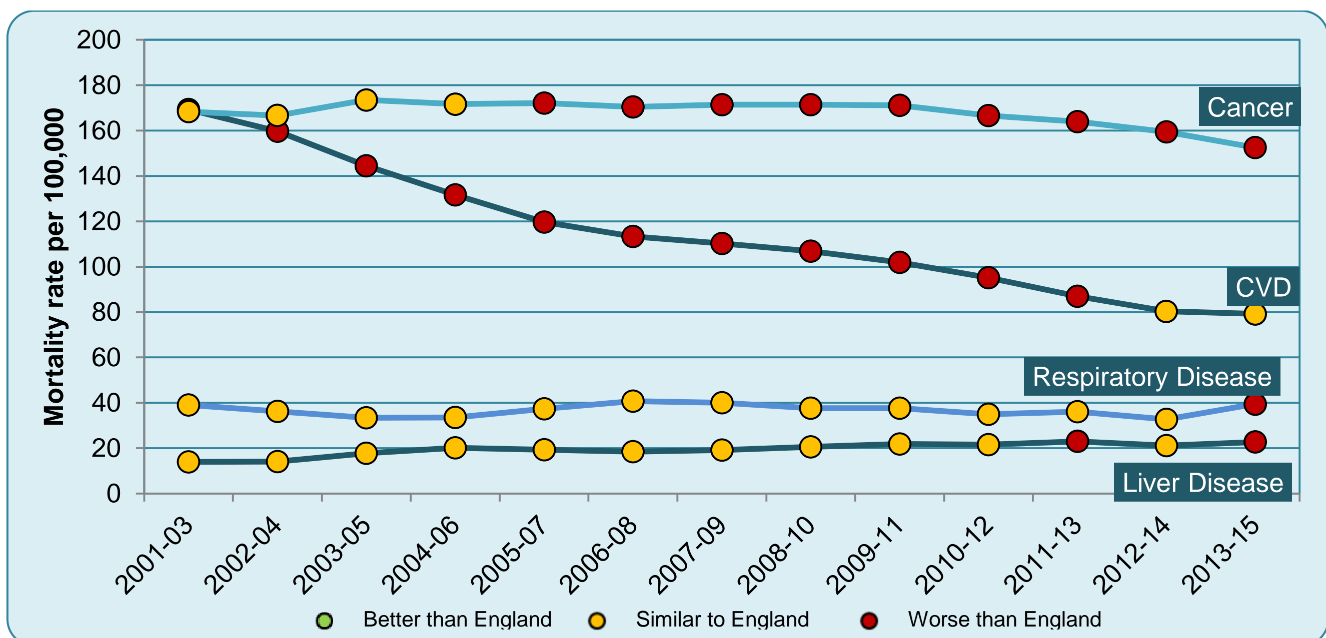
### Causes of early deaths

- There were on average 531 deaths per year of people aged under 75 during 2012-14.
- Cardiovascular disease (CVD), cancer, liver disease and respiratory disease accounted for more than three quarters (78%) of all early deaths.
- Cancer (40.4%) was the biggest single cause of death, followed by cardiovascular disease (heart disease and stroke) (20.8%), respiratory disease (10.3%) and liver disease (6.2%).

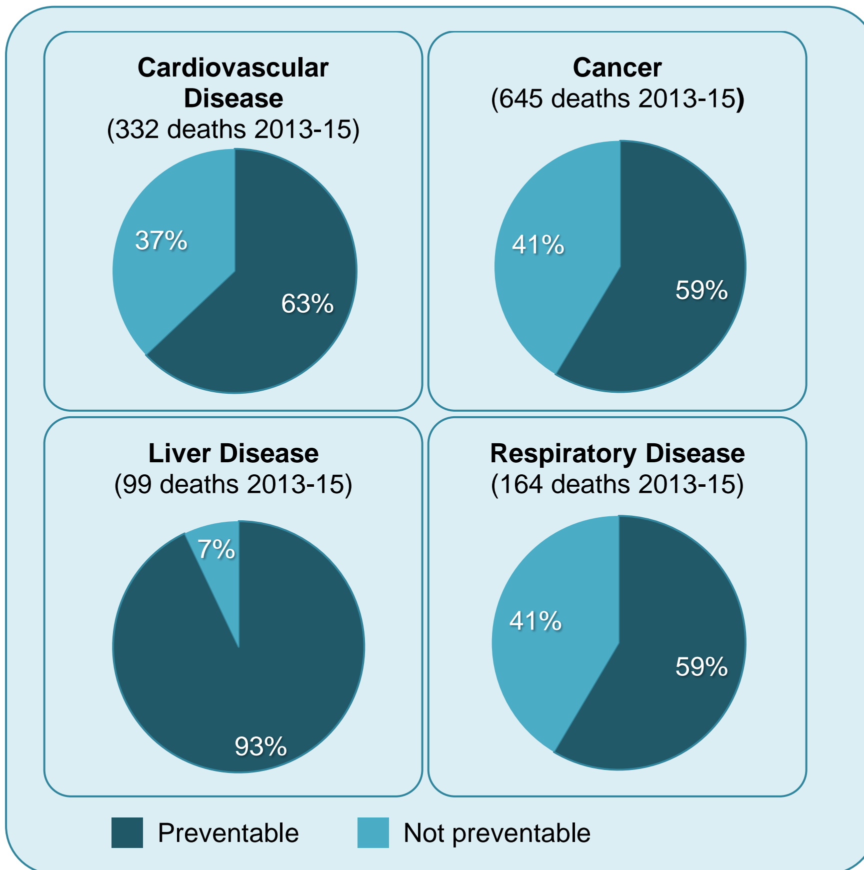



### Trends in death rates by cause

- Early death rates from cardiovascular disease have declined markedly since 2001 and are now similar to the England rate for the second year in a row.
- The highest early death rates are seen in cancers, rates are declining albeit slowly
- Respiratory disease early death rates have remained fairly static over the past decade, with an increase in the latest period resulting in rates that are now higher than the England average.
- Liver disease early death rates have increased over the past decade.



## Preventable Deaths

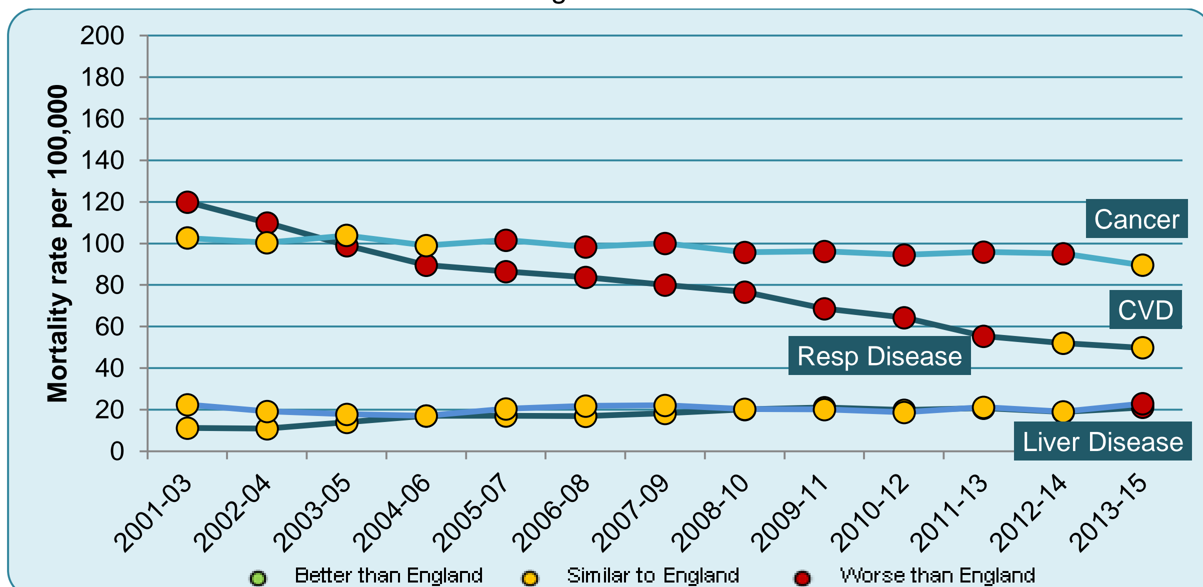



### Preventable deaths

- There were on average 413 early deaths per year from CVD, cancer, liver disease and respiratory disease during 2013-15. 258 of these (63%) were considered to be preventable
- Cancer was the cause of just over two fifths (41.9%) of all early deaths considered to be preventable, followed by CVD (23.2%). Liver disease and respiratory disease each accounted for around 10% of all preventable deaths.
- Liver disease has the greatest proportion of deaths considered to be preventable (92.9%)

**Trends in preventable death rates by cause**

- Preventable death rates from cardiovascular disease have declined markedly since 2001-03 and have remained similar to the national for the last two periods.
- Rates of preventable cancer have decreased slightly over the last decade, and in 2013-15 were once again similar to the national average.
- Rates of preventable liver disease have increased since 2001-03 and at 21.1 in 2013-15 are once again worse than the national.
- The rate of preventable respiratory disease in Telford and Wrekin has remained fairly static over the last decade, national improvements mean that Telford and Wrekin is now worse than the national average for the first time.



## Preventable Deaths

### Classification of preventable deaths[1]

**Preventable Deaths**
A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

**Cardiovascular diseases considered preventable**
Ischemic/Coronary Heart Disease
Deep vein thrombosis (DVT) with pulmonary embolism
Aortic aneurysm

**Cancers considered preventable**
Lung, breast, cervix, stomach, oesophagus, bowel, melanoma, liver and mouth cancers

**Liver diseases considered preventable**
Alcohol related diseases
Hepatitis C
Liver cancer

**Respiratory diseases considered preventable**
Influenza
Chronic obstructive pulmonary disorder

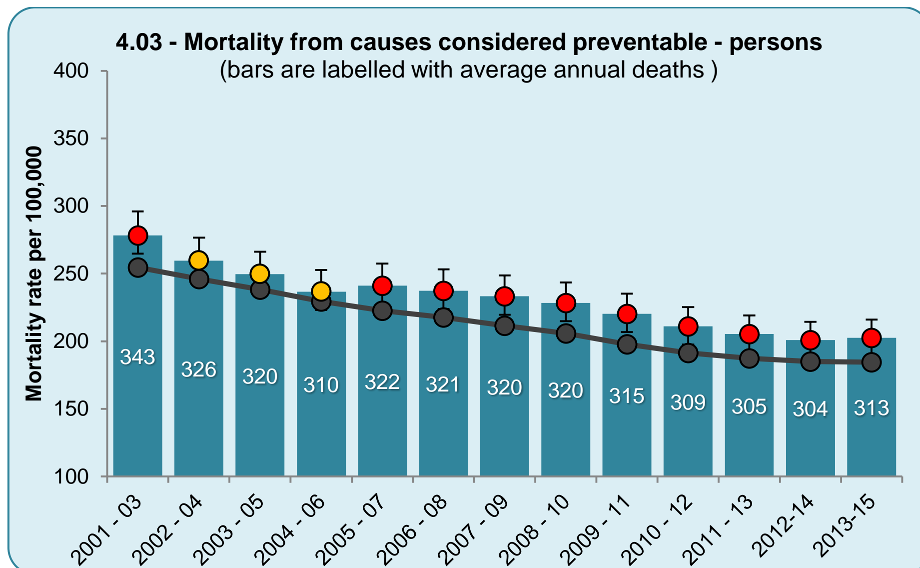
## Summary of mortality indicators for Telford and Wrekin

For the period 2013-15 the Telford & Wrekin rate was significantly worse than the national average for England for the following rates:

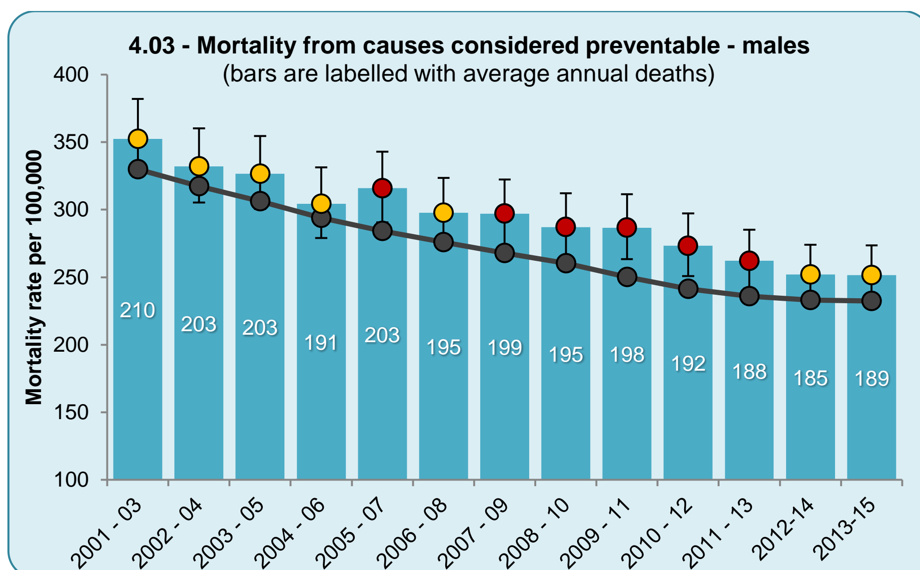
- Mortality from all causes considered preventable
- Mortality for under 75s from cancer, respiratory disease and liver disease

| Indicator | Previous RAG rating and direction of travel | Telford and Wrekin | England |
|---|---|---|---|
| | | Rate | Rate |
| Mortality rate from causes considered preventable (all ages) - Persons | ▲ | 202.5 | 184.5 |
| Mortality rate from causes considered preventable (all ages) – Males | ▼ | 251.6 | 232.5 |
| Mortality rate from causes considered preventable (all ages) – Females | ▲ | 155.2 | 139.6 |
| U-75 mortality rate from all cardiovascular disease - Persons | ▼ | 79.2 | 74.6 |
| U-75 mortality rate from all cardiovascular disease – Males | ▼ | 108.4 | 104.7 |
| U-75 mortality rate from all cardiovascular disease - Females | ▲ | 51.1 | 46.2 |
| U-75 mortality rate from all cardiovascular disease considered preventable - Persons | ▼ | 49.8 | 48.1 |
| U-75 mortality rate from all cardiovascular disease considered preventable – Males | ▼ | 70.1 | 72.5 |
| U-75 mortality rate from all cardiovascular disease considered preventable – Females | ▲ | 30.3 | 25.0 |
| U-75 mortality rate from cancer - Persons | ▼ | 152.6 | 138.8 |
| U-75 mortality rate from cancer - Males | ▼ | 178.2 | 154.8 |
| U-75 mortality rate from cancer – Females | ▼ | 128.5 | 123.9 |
| U-75 mortality rate from cancer considered preventable - Persons | ▼ | 89.5 | 81.1 |
| U-75 mortality rate from cancer considered preventable – Males | ▼ | 102.4 | 88.4 |
| U-75 mortality rate from cancer considered preventable - Females | ▼ | 77.4 | 74.5 |
| U-75 mortality rate from liver disease - Persons | ▲ | 22.7 | 18.0 |
| U-75 mortality rate from liver disease – Males | ▲ | 28.5 | 23.7 |
| U-75 mortality rate from liver disease - Females | ▲ | 17.0 | 12.5 |
| U-75 mortality rate from liver disease considered preventable - Persons | ▲ | 21.1 | 15.9 |
| U-75 mortality rate from liver disease considered preventable - Males | ▲ | 26.5 | 21.4 |
| U-75 mortality rate from liver disease considered preventable - Females | ▲ | 15.7 | 10.6 |
| U-75 mortality rate from respiratory disease - Persons | ▲ | 39.4 | 33.1 |
| U-75 mortality rate from respiratory disease – Males | ▲ | 42.1 | 38.5 |
| U-75 mortality rate from respiratory disease - Females | ▲ | 36.9 | 28.0 |
| U-75 mortality rate from respiratory disease considered preventable - Persons | ▲ | 22.9 | 18.1 |
| U-75 mortality rate from respiratory disease considered preventable - Males | ▲ | 25.5 | 20.3 |
| U-75 mortality rate from respiratory disease considered preventable - Females | ▲ | 20.5 | 16.1 |
| Suicide rate - Persons | ▼ | 11.0 | 10.1 |
| Suicide rate - Male | ▼ | 17.0 | 15.8 |
| Suicide rate - Female | | -- | 4.7 |
| U-75 mortality rate from all causes considered amenable - Persons | | 128.9 | 112.1 |
| U-75 mortality rate from all causes considered amenable - Males | | 154.2 | 135.4 |
| U-75 mortality rate from all causes considered amenable – Females | | 104.9 | 91.2 |

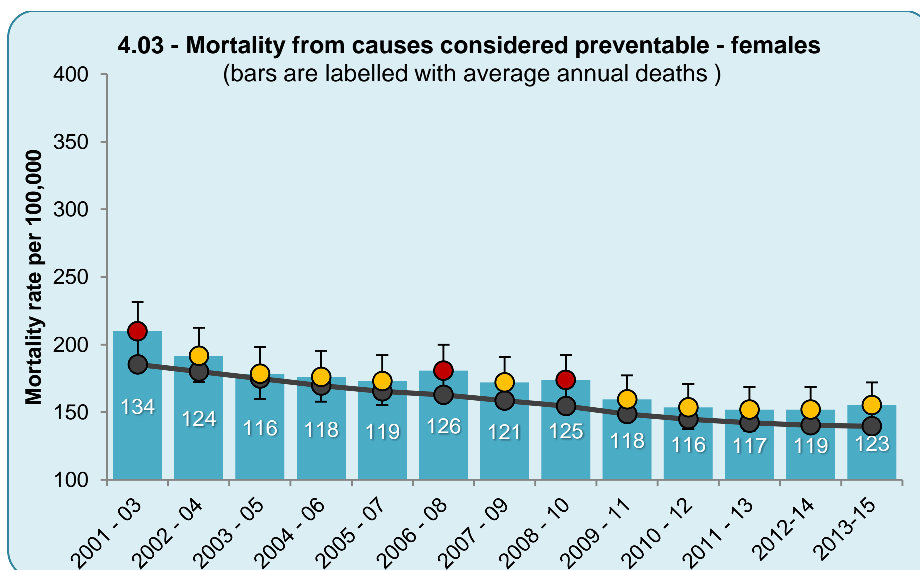
## Trends in preventable mortality




- Death rates (for all ages) from causes considered preventable have declined significantly over the past decade. However, since 2007-09 the improvement has not kept pace with the national decline and rates remain significantly worse than the England average



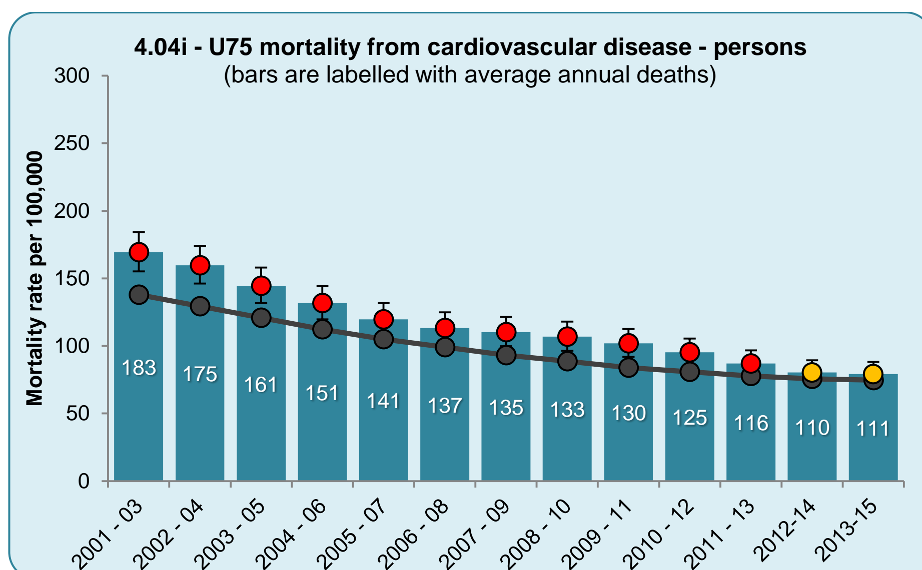

- Death rates (for all ages) from all causes considered preventable in men have declined significantly over the past decade, and remain similar to the national rate for the second year in a row.



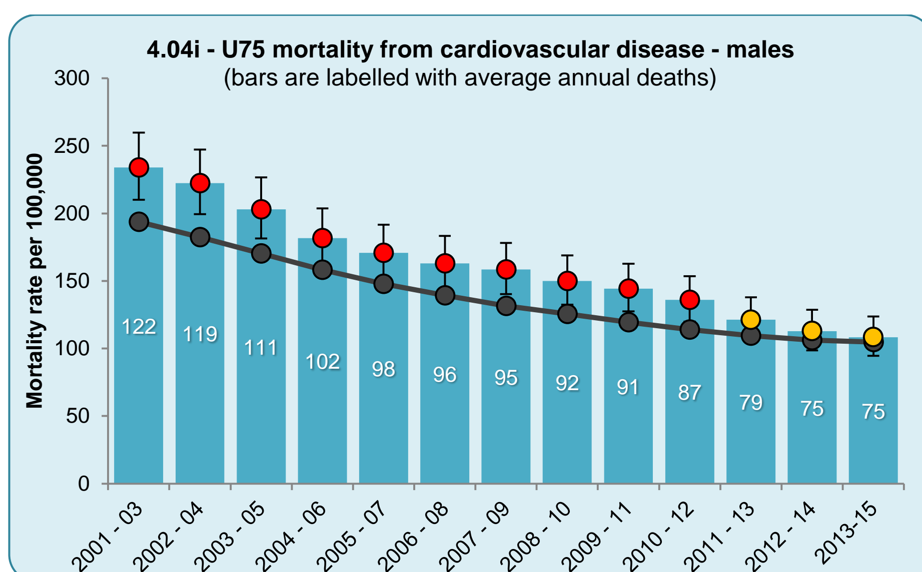

- Death rates (for all ages) from all causes considered preventable in women have declined significantly over the past decade following the national trend. The local rate has been statistically similar to England since 2009-11

England | Better than England | Similar to England | Worse than England

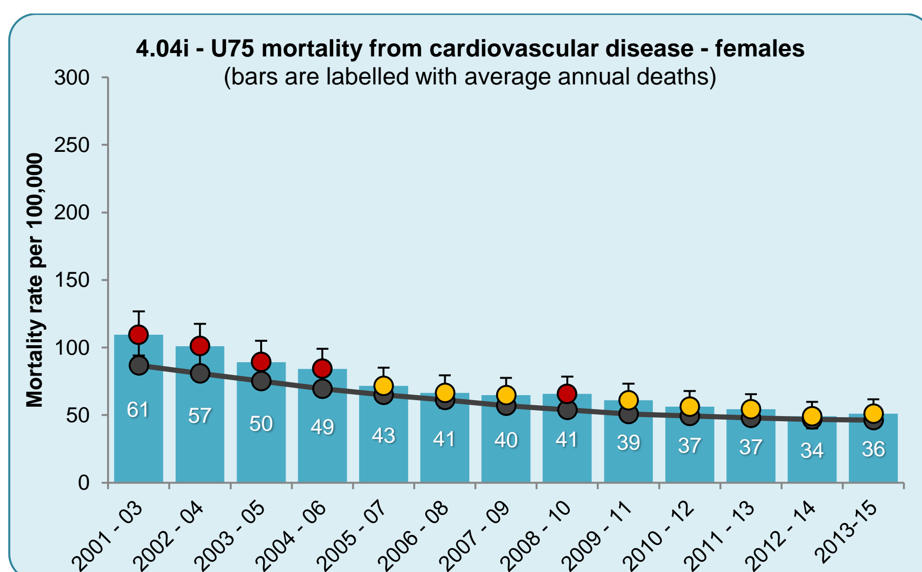
## Trends in early mortality from cardiovascular disease




- Early death rates from CVD have declined significantly over the past decade, and for 2013-15 remain similar to the England rate.



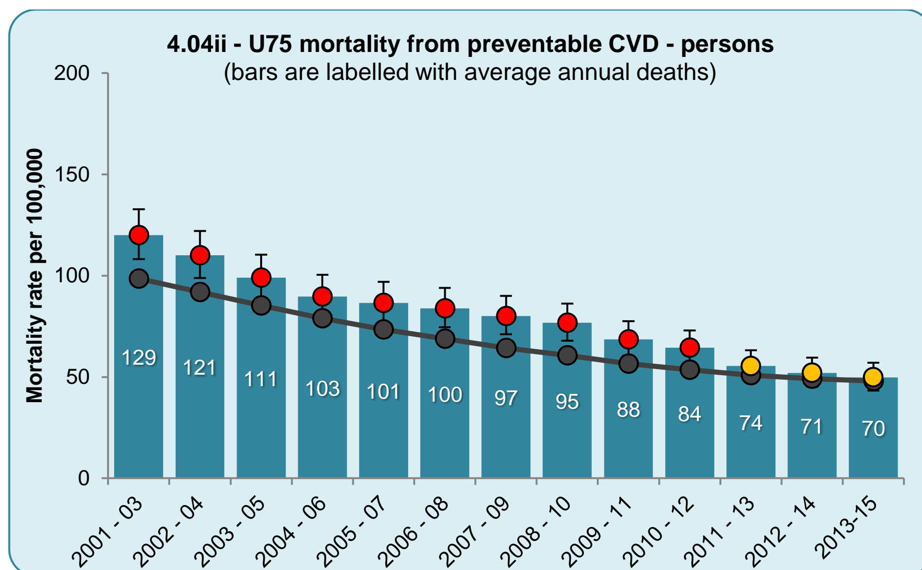

- Early death rates from CVD in men have declined significantly during the last decade and since the period 2011-13 the rate has not been significantly different from the England average.



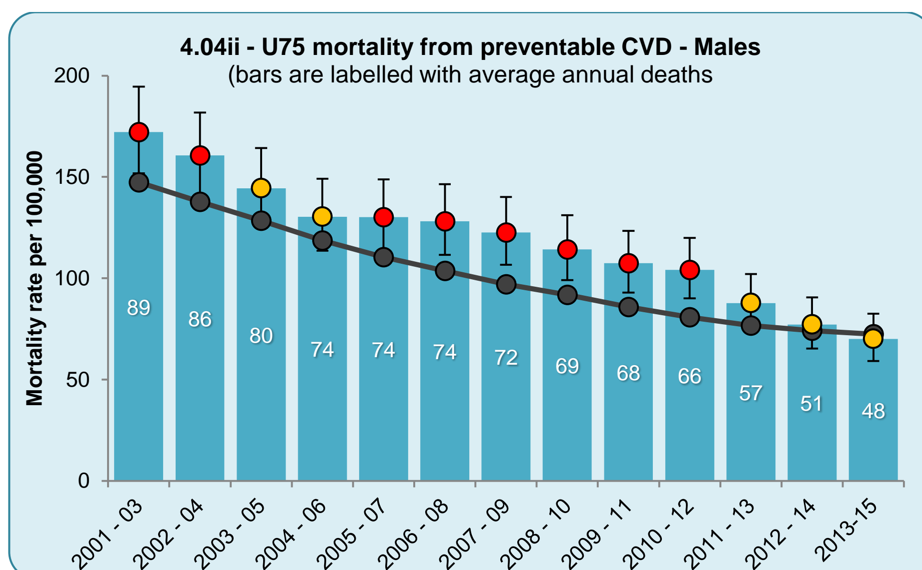

- Early death rates from CVD in women have more than halved since 2001-03 and have been similar to the England average since 2009 -11.

England  Better than England  Similar to England  Worse than England

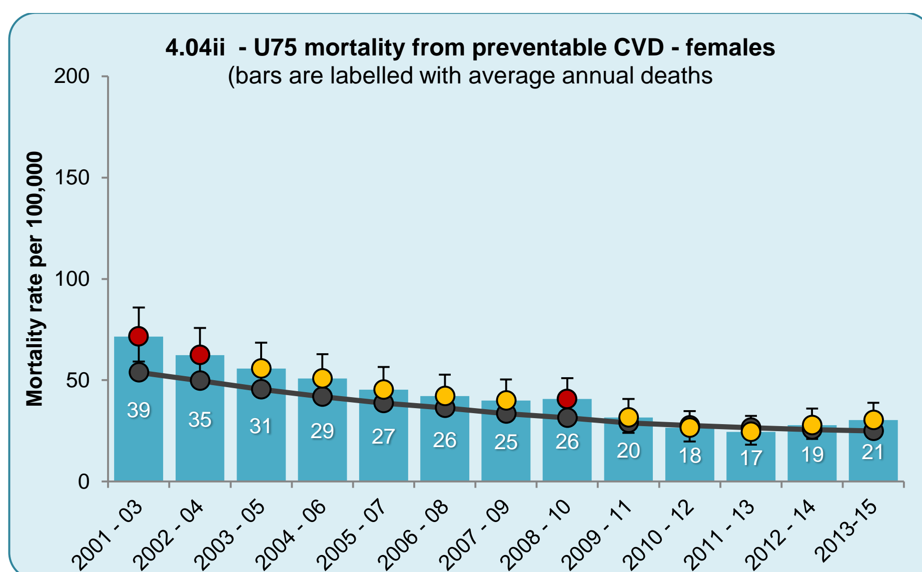
## Trends in early mortality from cardiovascular disease considered preventable




- Early death rates from CVD considered preventable have declined significantly over the past 5 years, and since 2011-13 the rate has been similar to the national average.



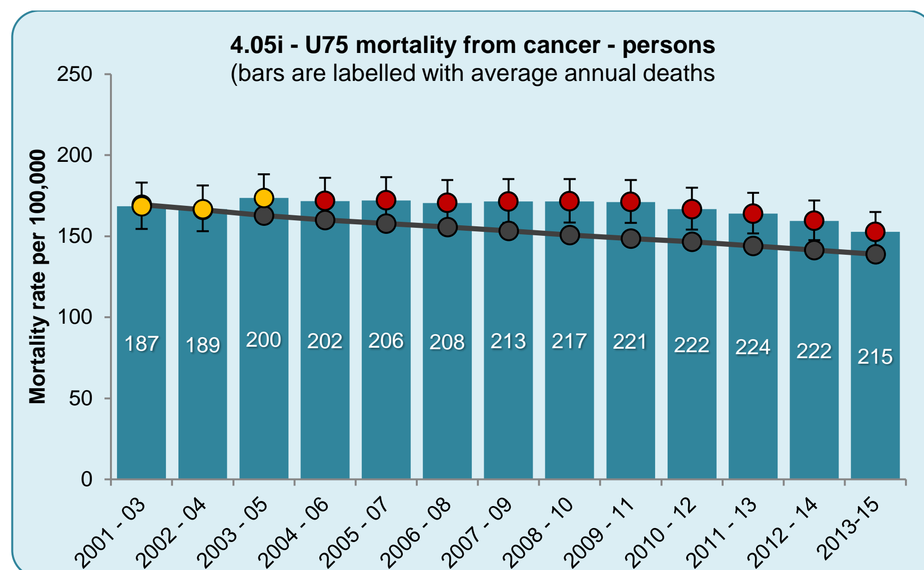

- Early death rates from preventable CVD in men have declined steadily in the past decade becoming similar to the national rate in 2011-13 and continuing to improve into 2013-15..



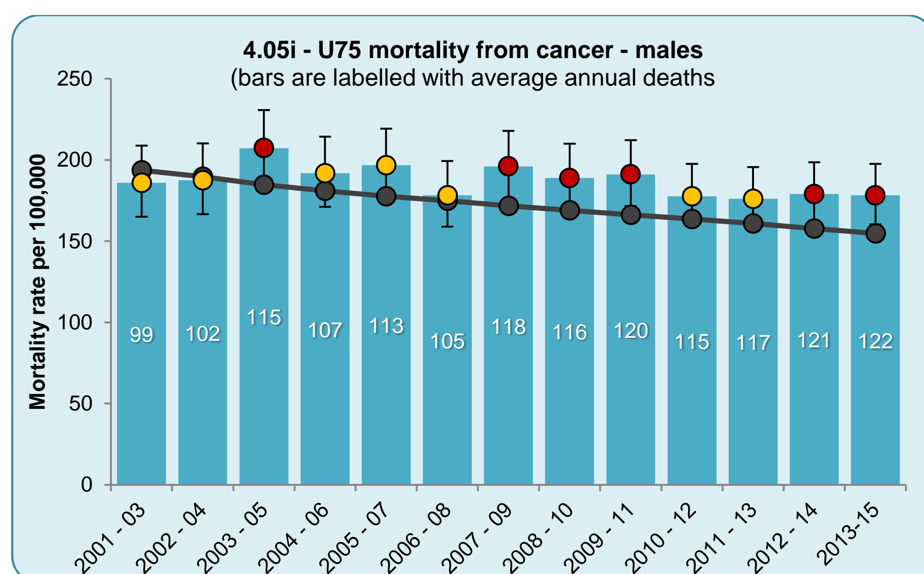

- Early death rates from preventable CVD in women have declined significantly over the past decade in line with the national trend, and with the exception of 2008-10 the rate has not been significantly different to the England average since 2003 -05

England   Better than England   Similar to England   Worse than England

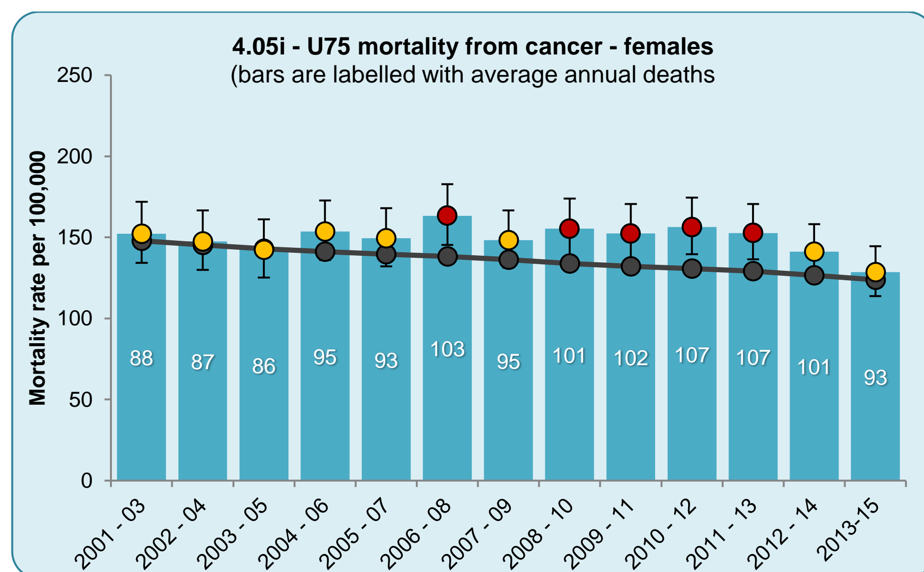
## Trends in early mortality from cancer




- There has been no significant change in early death rates from cancer over the past decade and rates have been significantly worse than the national average since 2004-06



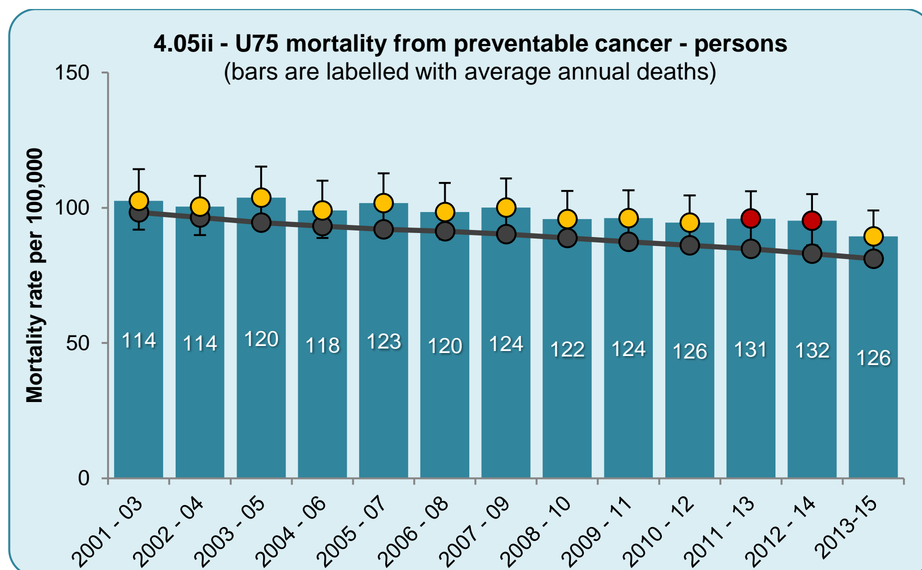

- While the national rates for early death rates from cancer in men have been declining over the past decade the Telford & Wrekin rate is not showing a consistent decline and the rate for 2013-15 remains worse than the England average.



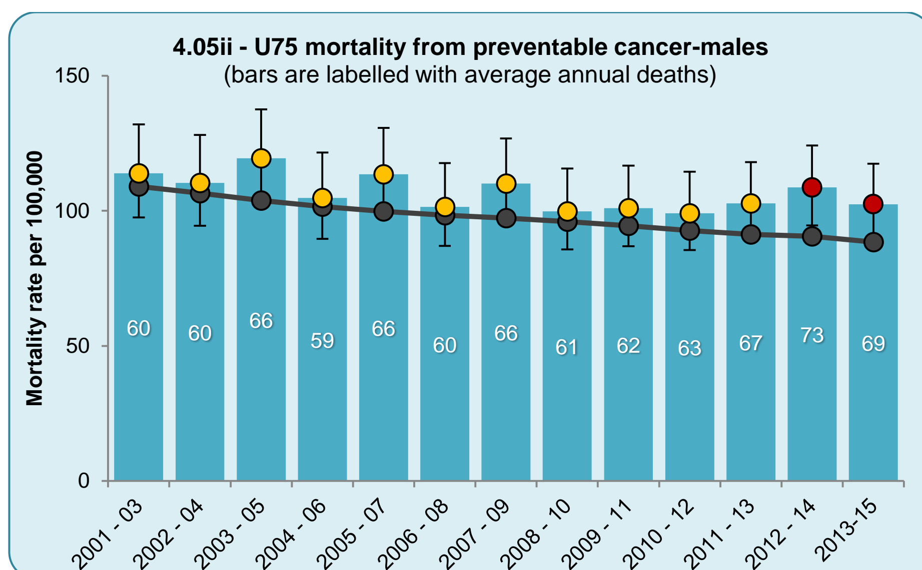

- In contrast to the decline in the national rate the early death rate from cancer in women in Telford and Wrekin has been variable over the past decade. However in 2012-14 the Telford and Wrekin rate was similar to the England average for the first time in 5 years, and this continues into 2013-15.

England    Better than England    Similar to England    Worse than England

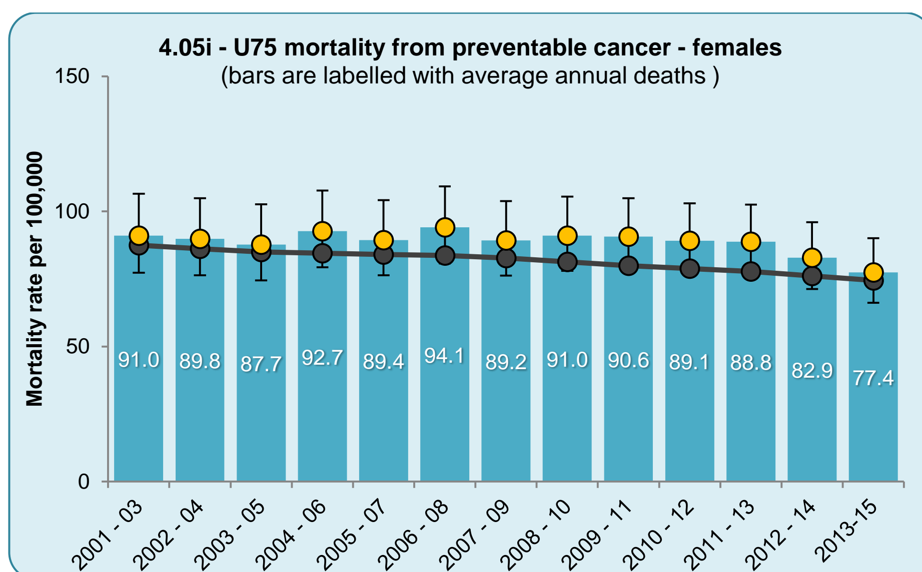
## Trends in early mortality from cancer considered preventable




- The early death rate from preventable cancers has been relatively static over the past decade and the decline in the national rate in 2011-13 resulted in the Telford and Wrekin rate becoming significantly worse than the England average, however the rate once again similar to the national for 2013-15.



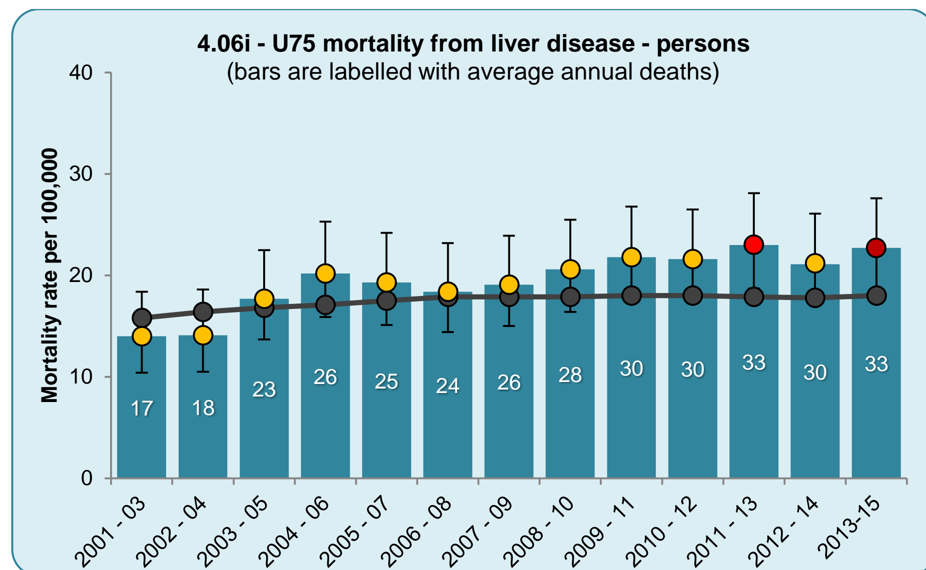

- There has been no significant change in the early death rate from preventable cancers in men over the past decade and the continuing decline in the England rate means that Telford and Wrekin remains worse than the national average for the second year running.



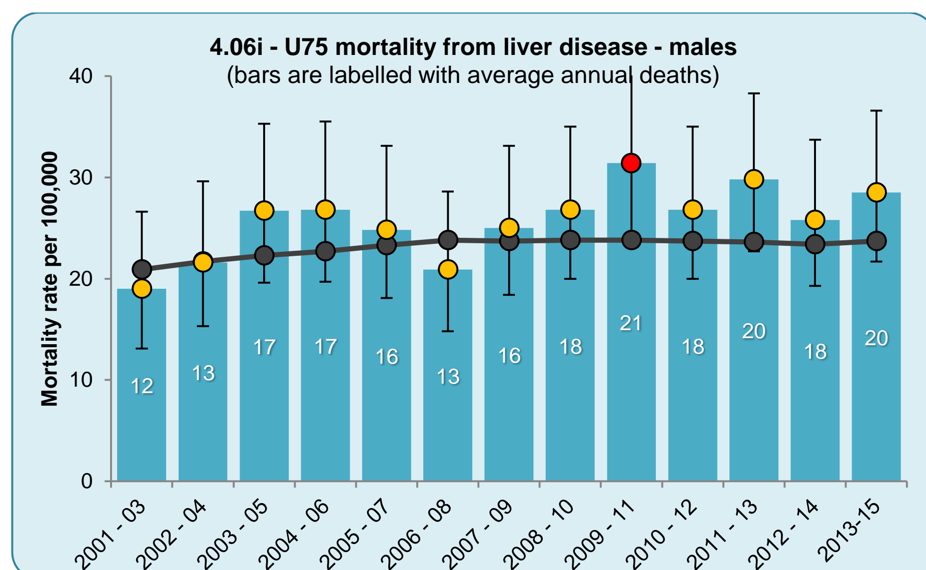

- Early death rates from preventable cancers in women have begun to show signs of decrease over the last two years, and remain similar to the England average.

England Better than England Similar to England Worse than England

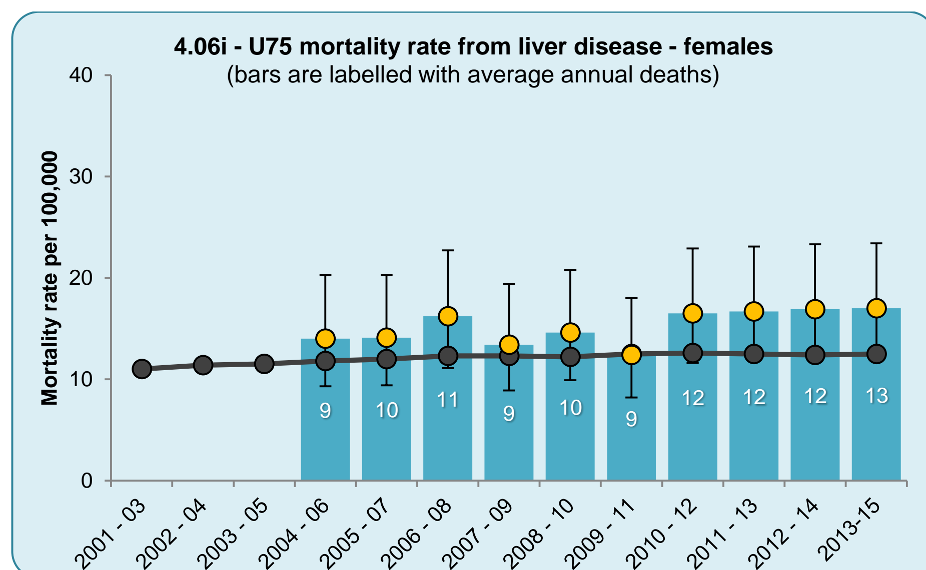
## Trends in early mortality from liver disease




- Early death rates from liver disease have been increasing over the past decade from an average of 17 deaths per year in 2001-03 to 33 deaths per year in 2013-15 and is once again significantly worse than the national rate..



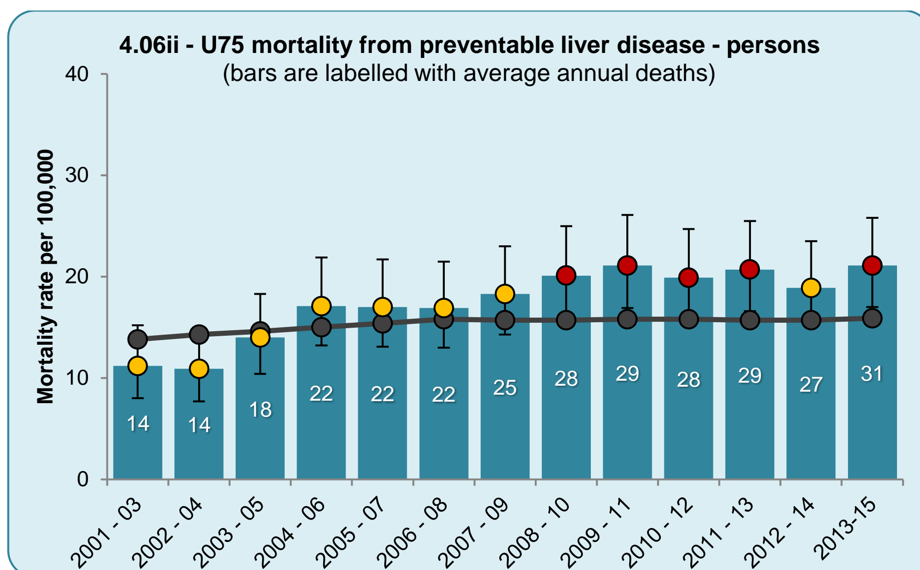

- There has been an increase in early death rates from liver disease in men over the past decade, rising from an average of 12 deaths per year during 2001-03 to 20 per year in 2013-15. With the exception of 2009-11 the rate has remained similar to the England average over the decade



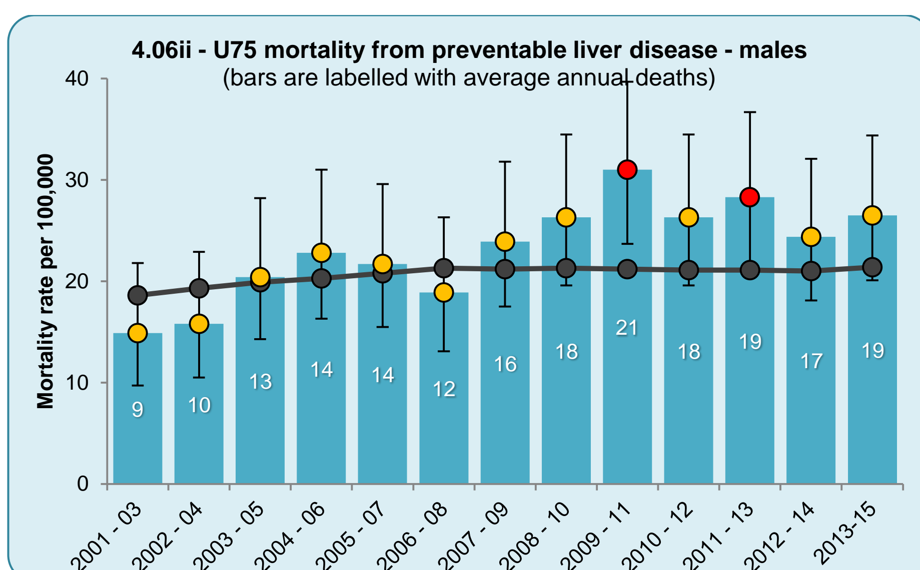

- Early death rates from liver disease in women have not changed significantly over the past decade and the local rate has been consistently similar to the England average

England | Better than England | Similar to England | Worse than England

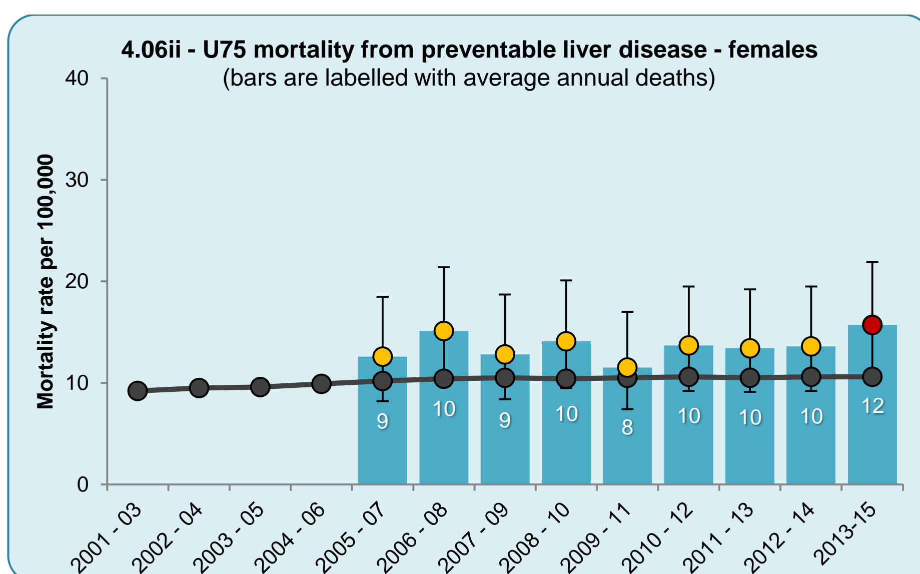
## Trends in early mortality from liver disease considered preventable




- Early death rates from preventable liver disease have been increasing over the past decade and excepting a small dip in 2012-14 have been worse than the national average.



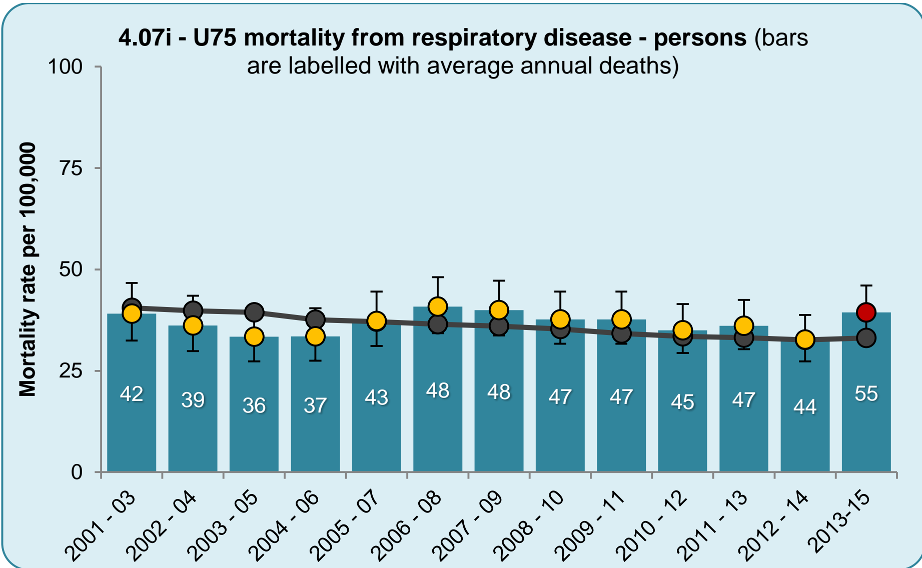

- Early death rates from preventable liver disease in men have been increasing over the last decade, while the national average has remained static. This resulted in the local rate becoming worse than the England average in 2011-13, but a slight decrease for 2012-14 came back in line with the England average, where it remains for 2013-15.



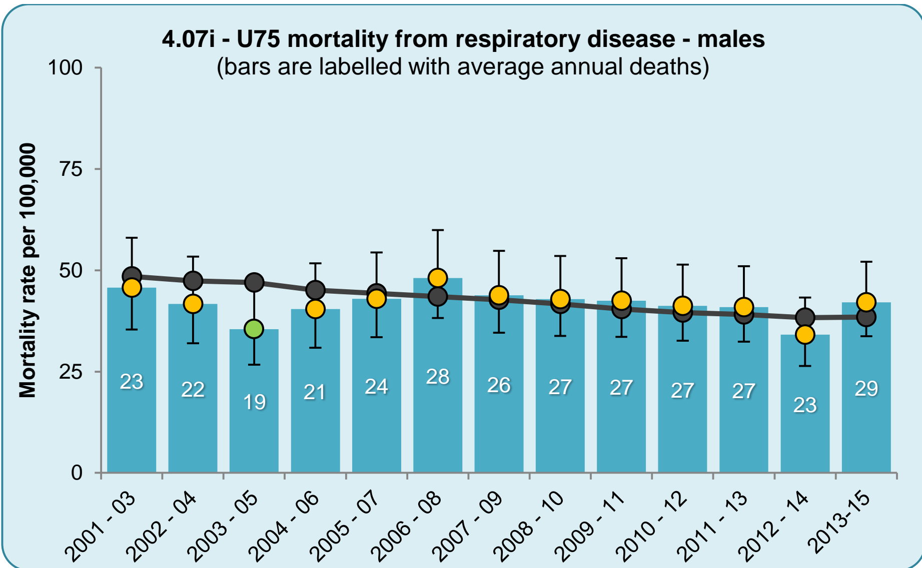

- Early death rates from preventable liver disease in women have seen a recent increase meaning the Telford and Wrekin rate is significantly worse than the England average for the first time.

England   Better than England   Similar to England   Worse than England

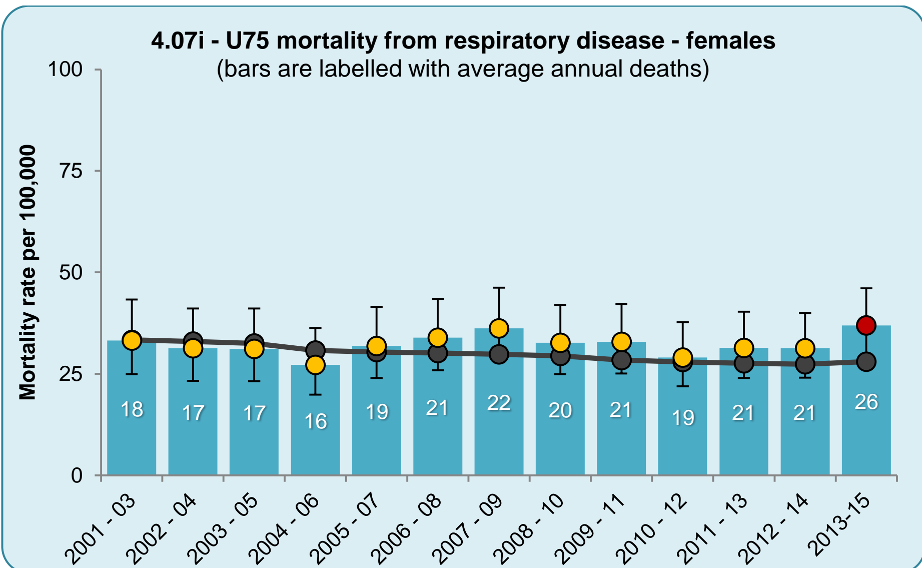
## Trends in early mortality from respiratory disease




- Early death rates from respiratory disease have mirrored the national trend over the past showing no significant change, however a slight increase in the most recent period has resulted in the Telford & Wrekin rate becoming worse than the national average for the first time.



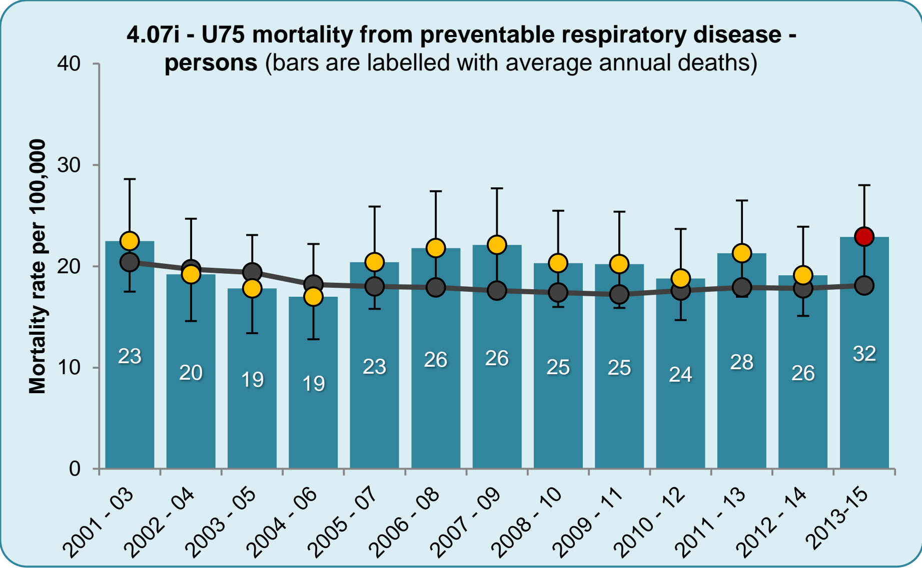

- There has been no significant change in early death rates from respiratory disease in men over the past decade. Although the rate declined to the point that it was better than the England average in 2003-05 it has followed the national trend since then



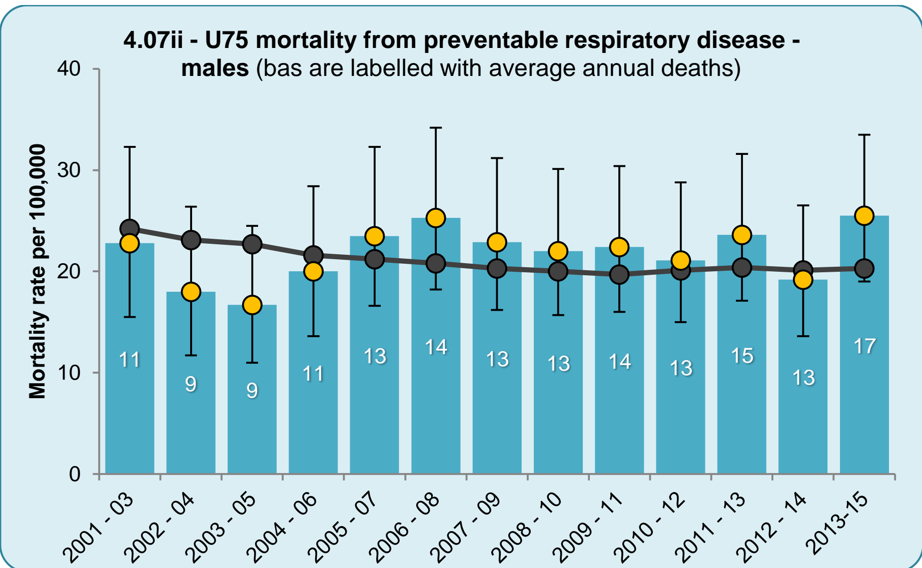

- There has been no significant change in early death rates from respiratory disease over the past decade. However a small increase mean that local rates are now worse than the national for the first time since 2001-03.

England Better than England Similar to England Worse than England

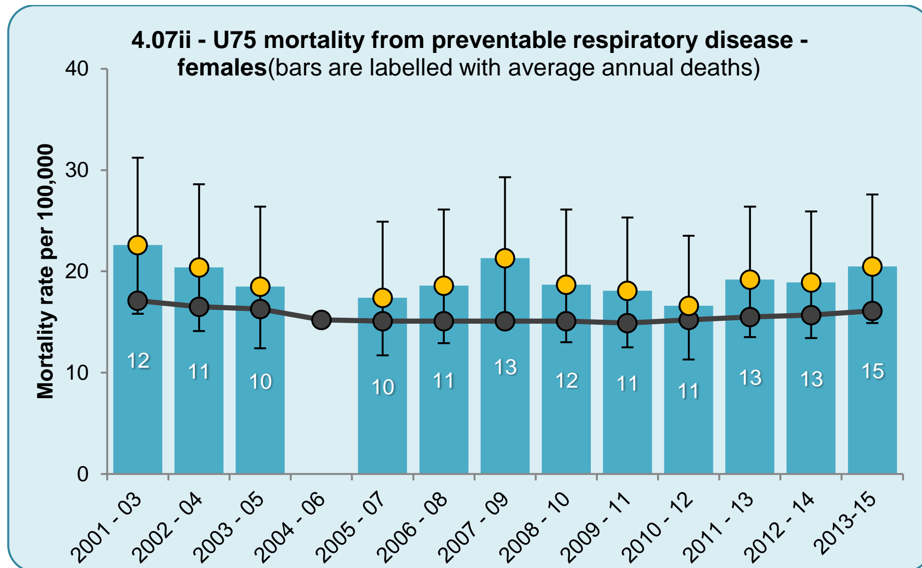
## Trends in early mortality from respiratory disease considered preventable




- Early death rates from preventable respiratory disease have not changed significantly over the past decade. Local rates have remained similar to the England average until the latest period (2013-15) becoming worse than the England average.



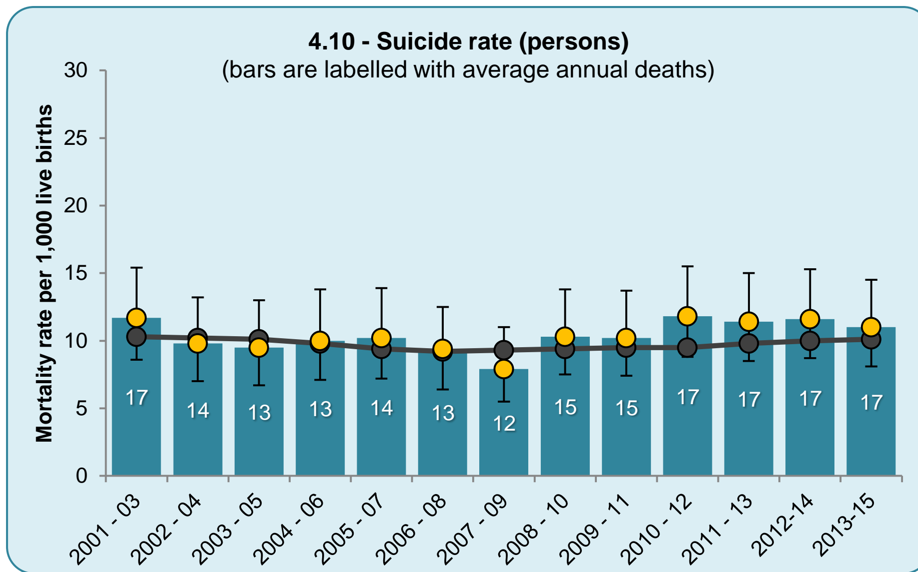

- Although the early death rate from preventable respiratory disease in men rate showed signs of declining between 2001-03 and 2003-05 there has been no significant change in the rate over the past decade. Local rates are similar to the England average




- Early death rates from preventable respiratory disease in women have not changed significantly over the past decade and have been consistently similar to the England average

England    Better than England    Similar to England    Worse than England

## Trends in suicide




- Suicide rates in Telford and Wrekin have not changed significantly over the last ten years. Rates remain similar to the England average.

England Better than England Similar to England Worse than England

## Trends in early mortality from deaths considered amenable to healthcare

### Classification of amenable deaths

**Amenable mortality**
A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare.

**Cardiovascular diseases considered amenable**
Rheumatic and other valvular heart disease, Hypertensive diseases, Ischaemic heart disease, Cerebrovascular diseases.

**Cancers considered amenable**
Colon, skin, breast, cervix, bladder, thyroid caners, Hodgkin's disease and Leukaemia.

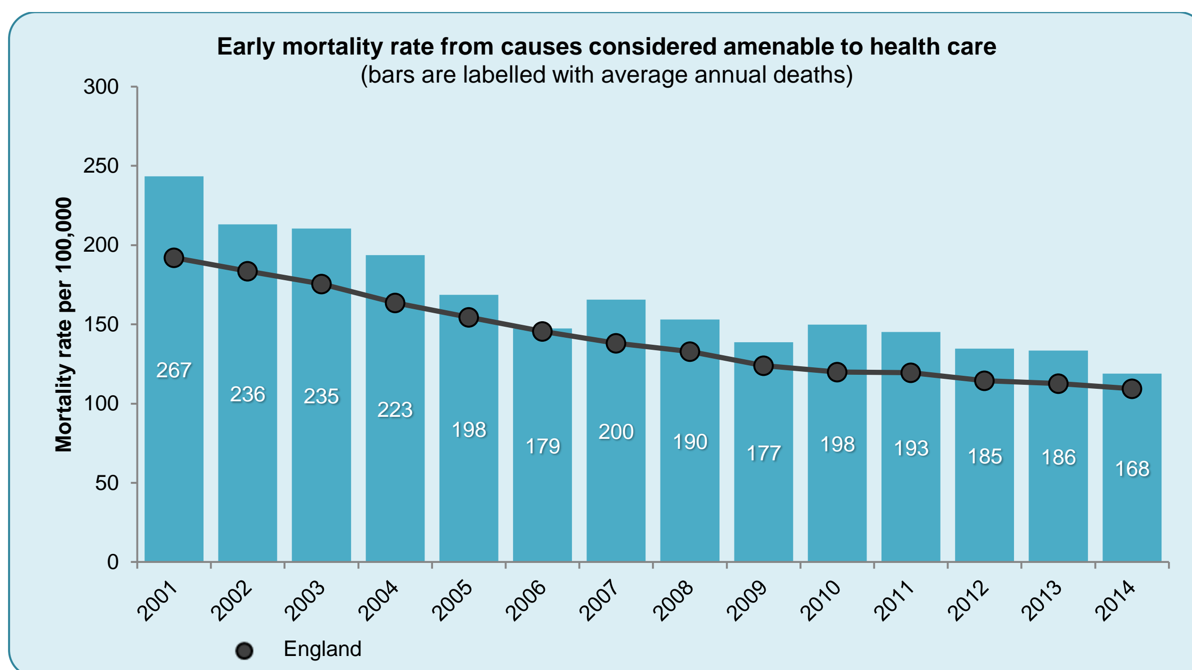
**Liver diseases considered amenable**

**Respiratory diseases considered amenable**
Influenza (including swine flu), Pneumonia and Asthma

The following data has not yet been updated for 2015 and there is currently not date available for release.

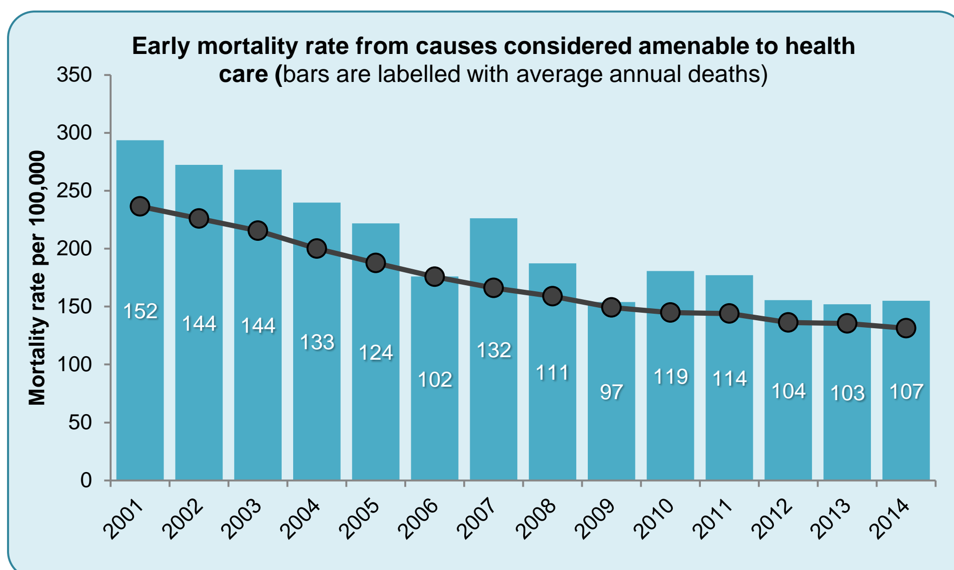
### Persons

Since 2001 rates of early mortality from causes considered amenable to health care have fallen in Telford and Wrekin and are now at 118.9 per 100,000 population.



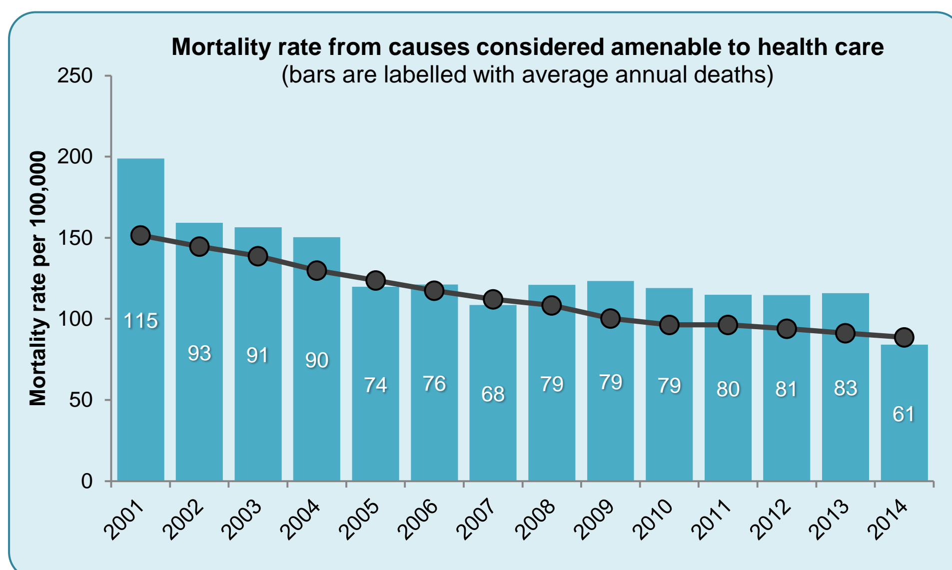
## Trends in early mortality from deaths considered amenable to healthcare

### Males




Rates of early mortality from causes considered amenable to health care for males have fallen in Telford and Wrekin over the past decade. Since 2012 rates have remained fairly static.

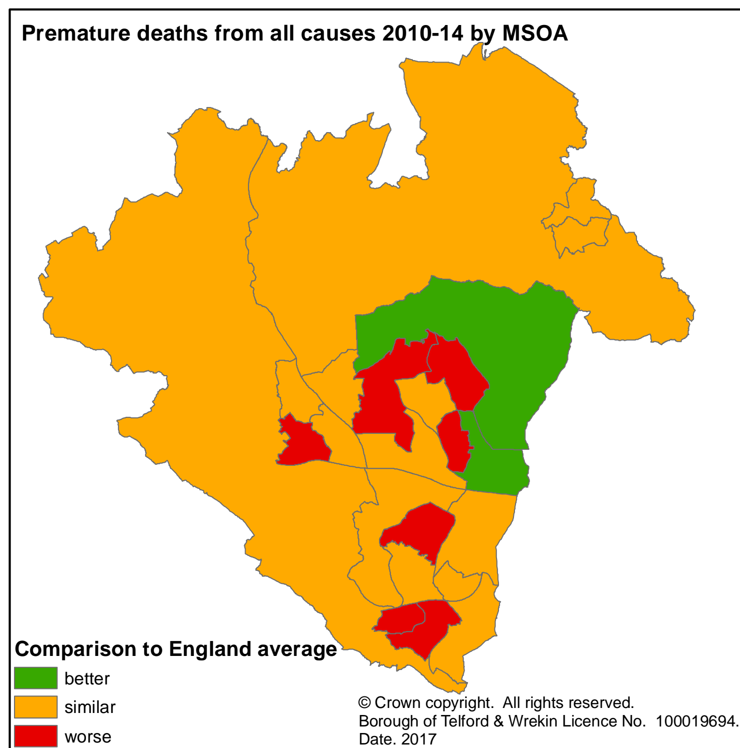
### Female




Rates of early mortality from causes considered amenable to health care for females have fallen in Telford and Wrekin over the past decade. Rates between 2001 and 2013 were static but 2014 has shown a large decrease.

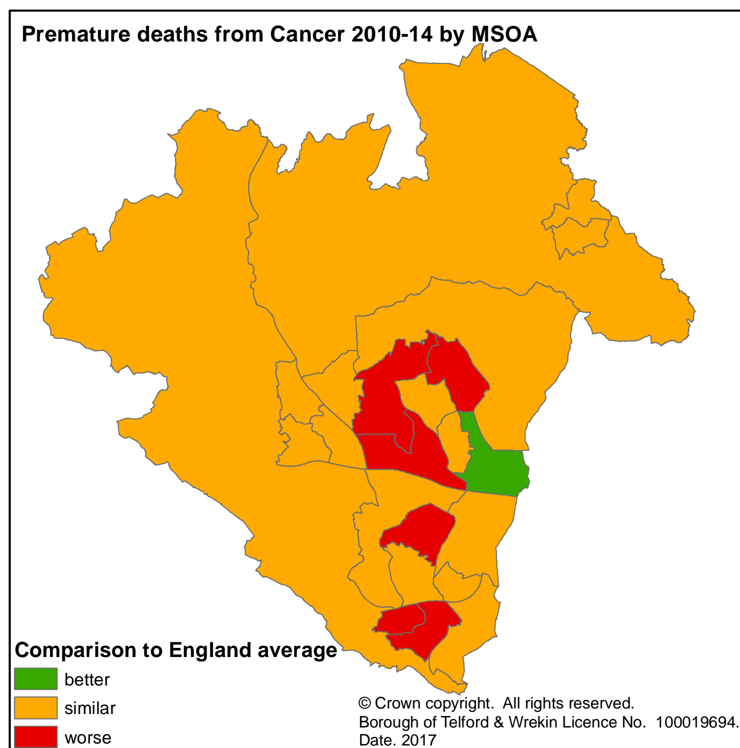
## Early mortality by locality

### Early mortality from all causes




Rates of early mortality from all causes vary across the Borough with some areas (around Priorslee, Lilleshall, Preston and Kynnersley) better than the England average and other areas (around Donnington, Hadley. Oakengates, Malinslee, Dawley, Woodside, Madeley and Haygate) worse than the England average.

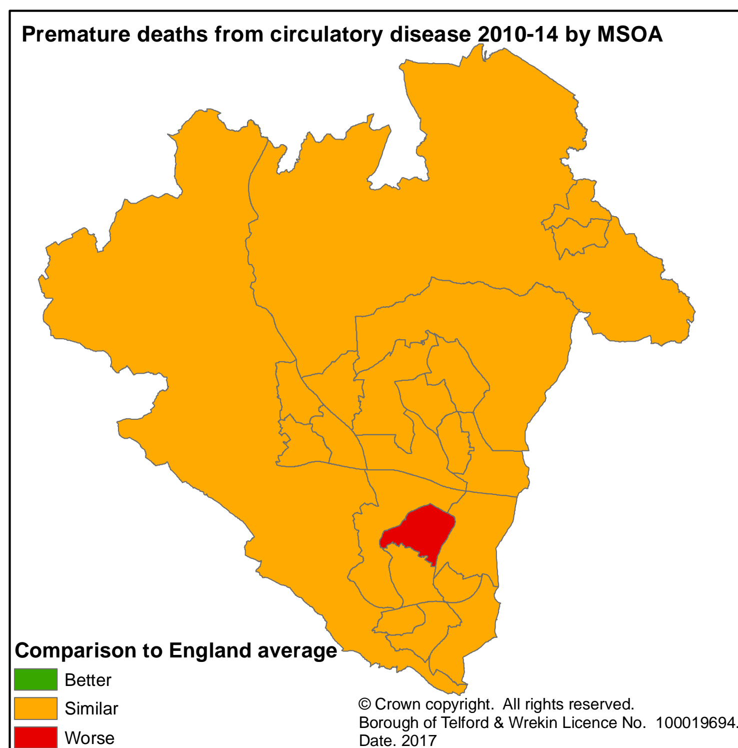
### Early mortality from cancer




Rates of early mortality from cancer vary across Telford and Wrekin with the area around Priorslee better than the England average and areas around Donnington, Hadley, Ketley, Wombridge, Dawley, Malinslee, Woodside and Madeley worse than the England average.

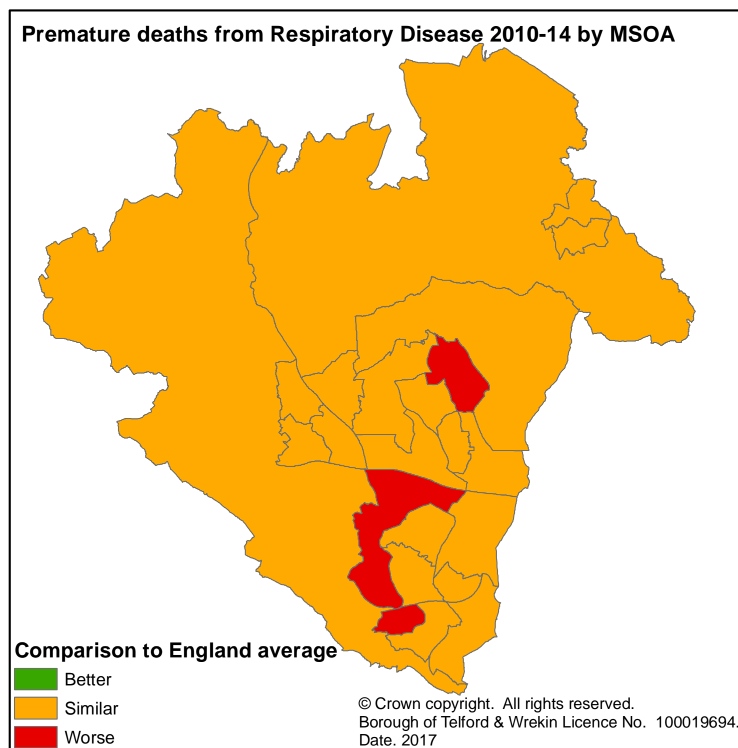
## Early mortality by locality

### Early mortality from circulatory disease




Rates of early mortality from circulatory disease vary little across Telford and Wrekin. The majority of the Borough is similar to the England average with jut the area around Dawley and Malinslee worse than average.

### Early mortality from respiratory disease




Rates of early mortality from respiratory disease in Telford and Wrekin vary somewhat with a large portion of the Borough similar to the England average. Area around Donnington, Lawley, The Rock and Woodside worse than the England average.

F

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 14 JUNE 2017

TELFORD & WREKIN SAFEGUARDING BOARD ANNUAL UPDATE

REPORT OF THE INDEPENDENT CHAIR OF THE TELFORD & WREKIN SAFEGUARDING CHILDREN AND ADULTS BOARDS

## PART A) – SUMMARY REPORT

## 1. SUMMARY OF MAIN PROPOSALS

1.1. To outline the progress made by the Telford & Wrekin Safeguarding Adults Board (TWSAB) and the Telford & Wrekin Safeguarding Children Board (TWSCB) over the last year. The report will also outline the next steps for the TWSAB and TWSCB during 2017/18.

## 2. RECOMMENDATIONS

That the Board consider the:

a) Progress made by both Safeguarding Boards during 2016/17; and

b) The areas of joint working between the partnerships.

## 3. SUMMARY IMPACT ASSESSMENT

| | | |
|---|---|---|
| **COMMUNITY IMPACT** | Do these proposals contribute to a specific HWB Priority | |
| | No | |
| | Do these proposals contribute to specific Co-Operative Council priority objective(s)? | |
| | Yes | • put our children and young people first<br>• protect and support our vulnerable children and adults |
| | Will the proposals impact on specific groups of people? | |
| | No | |
| **TARGET COMPLETION/DELIVERY DATE** | April 2018. | |
| **FINANCIAL/VALUE FOR MONEY IMPACT** | Yes | The Safeguarding Adults Board has gross budget in the region of £63k which is funded 62% by the Council with the remainder being contributed in equal shares by the Police and the |

| | | |
|---|---|---|
| | | CCG.<br><br>The Safeguarding Childrens Board has a gross budget in the region of £202k with 54% of this funded by the Council and the rest funded by partners contributions including the CCG, Police and schools.<br><br>It is anticipated that the current work of the Boards can be accommodated within the existing resources available. Any proposed expansion to the work plans in the future would need to be based on a level of sustainable funding made available through all partners.<br><br>*TS 02.06.2017* |
| **LEGAL ISSUES** | Yes | ***TWSAB***<br><br>The Care Act 2014 came into force on 1 April 2015.<br><br>Part 1, Sections 42 to 47 and Schedule 2 set out the local authority's responsibilities for adult safeguarding for the first time in Statute.<br><br>Section 43 requires each local authority to establish a Safeguarding Adults Board ("SAB") for its area. The objective of the SAB is to help and protect adults in its area in cases as described in Section 42.<br>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 necessary, or desirable, for the purpose of achieving its objective.<br><br>Schedule 2 of the Act covers membership, funding, strategy and the annual report of the SAB.<br><br>The SAB must publish a plan (its "strategic plan") for each financial year which sets out its strategy for achieving its objective under Section 43 and what each member will do to implement that strategy.<br><br>The SAB must consult the Local Healthwatch organisation in respect of its strategic plan, and involve the community.<br><br>The SAB must publish a report after the end of each financial year and must send a copy of the report to the chief executive and the leader of the local authority, the local policing body, the Local Healthwatch organisation and the chair of |

| | | the Health and Wellbeing Board.<br>The Care Act 2014 Care and Support Statutory Guidance was first published on 23 October 2014 and was last updated on 24th February 2017.<br><br>Chapter 14 of the Statutory Guidance related to Safeguarding and Sections 42 to 46 of the 2014 Act.<br><br>***TWSCB***<br><br>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.<br><br>The objective of the Board 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.<br><br>Section 14A requires the Board to produce an annual report<br>Section 14B enables the Board to request information from a person or body to enable or assist it to perform its functions<br><br>The Board has further statutory functions prescribed by the Local Safeguarding Children Boards Regulations 2006 [as amended]<br><br>The Board, in the exercise of its functions, is required to follow the statutory guidance currently set out in “Working Together to Safeguard Children” 26 March 2015.<br><br>The Children and Social Work Act 2017 received Royal Assent on 27th April 2017. Chapter 2, Sections 12 to 31, once in force, will amend the present legislation and will require new local arrangements for safeguarding and promoting the welfare of children, including, at Section 30, the replacement of Local Safeguarding Children Boards with the new arrangements.<br><br>Until the provisions of the 2017 Act are in force, with supporting regulations and new statutory guidance in place, the current LSCB arrangements are to continue.<br>KF 30.05.2017 |
|---|---|---|

| EQUALITY & DIVERSITY | No | N/A |
|---|---|---|
| IMPACT ON SPECIFIC WARDS | No | |
| PATIENTS & PUBLIC ENGAGEMENT | Yes | Engagement with the service users, community and professionals is a key part of the TWSAB and TWSCB's work. |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | No | |

## PART B) – ADDITIONAL INFORMATION

## 1. SAFEGUARDING ADULTS BOARD (TWSAB)

***Background***

1.1. Safeguarding adults and reducing the risk of harm to individuals in our communities requires effective co-ordination. The Care Act 2014 requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear statutory footing for the first time.

1.2. The objective of SABs is to help and protect adults with care and support needs who are experiencing or are at risk of abuse or neglect, and as a result of their needs, are unable to protect themselves from abuse or neglect. This is whether or not the adult is having their needs met or whether they meet the local authority's eligibility criteria for care and support services.

1.3. The Care Act provides the statutory footing and states that SAB's must:

- *"include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;*
- *develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;*
- *publish a safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way."*

1.4. The TWSAB has developed a Business Plan to drive forward it's objectives for 2016/17 and a copy can be found on the TWSAB website.

***Progress during 2016/17***

1.5. The TWSAB has a statutory duty to provide an annual report outlining the progress made by the Board and its partners. The 2016/17 annual report is scheduled for publication in September 2017 and a copy of the report will be provided to the Health and Wellbeing Board members.

1.6. Since April 2016, the TWSAB has continued to develop in accordance with its Business Plan for 2016/17 including:

1.6.1. **Engaging with members of the public** during World Elder Abuse Awareness Day in June 2016 to heighten the awareness of adult safeguarding issues within the community and to understand the safeguarding issues that affect them. The conversations with residents in a 'conversation cafe' style were insightful and the residents felt comfortable sharing their concerns. This has led to the TWSAB adopting this approach to engagement and since then the Board and its members have engaged with adults with learning difficulties and those within a residential home about financial abuse and what it means to them. The areas of development included:

- Information on who to speak to if you have a concern;
- Information on power of attorney (what it is and how it can be abused) for both the community and professionals;
- Guidance for professionals about financial abuse;
- Support for victims of financial abuse, including peer support; and
- Specific guidance and support for adults with learning difficulties.

These areas will be progressed through the TWSAB thematic area development in 2017.

1.6.2. Piloting a customer feedback scheme to **establish if the Making Safeguarding Personal (MSP) approach was being used within the statutory safeguarding process**. From the small sample group within the pilot the outcome would suggest that MSP is embedded as a part of the safeguarding process. However, the TWSAB has agreed to rollout it out to a larger sample group to test this statement and to triangulate its findings.

1.6.3. In Spring 2016, the TWSAB completed a **Safeguarding Adult Review** and the learning from the review led to a 'one minute briefing' on domestic abuse by adults on adults being shared across all agencies who work with children and adults. The review also recommended that the TWSAB look in more detail at this form of domestic abuse to ensure that the processes were fit for purpose and the appropriate support for the victim and their family are available. In December 2016, the TWSAB agreed to do a combined piece of work with the Safeguarding Children Board to review domestic abuse in a holistic way ensuring the whole family was taken into consideration. This work has just begun and will inform the TWSAB thematic area development in 2017.

1.6.4. The TWSAB has created a **performance framework** that enables it to monitor how agencies are keeping adults safeguarded. The review of the information within the framework has provided evidence that will be utilised within the thematic area development and has enabled the TWSAB begin to develop an appropriate training programme based on need.

1.6.5. In April 2017, the TWSAB launched a **threshold document** that provides "*guidance for professionals and service users, to clarify the circumstances in which the adult social care service will assist in safeguarding adults in Telford and Wrekin*". This was developed off the back of findings from case reviews and

audits which showed that there was a need for a shared understanding of safeguarding by agencies.

***Next Steps***

1.7. In March 2017 the TWSAB held a development session for its members. The purpose of this session was to review the progress made during the year and identify areas of development for 2017/18. The session, and the subsequent Board meeting in May, agreed the following areas for development:

1.7.1. **Workforce Development** - develop an appropriate inter-agency training programme based on identified needs to support the work of the TWSAB in 2017/18.

1.7.2. **Community engagement** – develop thematic areas of improvement based on evidence from professionals and the community; raise the awareness of the TWSAB and 'safeguarding' in the community and empower the community to safeguarding themselves.

1.7.3. **Quality and Assurance** - develop an appropriate multi-agency audit process to enable the TWSAB to test whether changes in practice are embedded.

1.7.4. **Safeguarding pathways** – develop local guidance and pathways to enable practitioners to raise concerns appropriately.

1.7.5. **Making Safeguarding Personal and performance** will feature and influence extensively the priorities above.

1.8. The Business Plan will be refreshed to include the above development areas in September 2017, in accordance with the TWSAB's business cycle.

## 2. SAFGUARDING CHIDLREN BOARD (TWSCB)

***Background***

2.1. Safeguarding and promoting the welfare of children requires effective co-ordination. The Children Act 2004 required each Local Authority to establish a Local Safeguarding Children Board (LSCB). The LSCB is the key statutory mechanism for agreeing how the relevant organisations in Telford and Wrekin will cooperate to safeguard and promote the welfare of children and young people in the area and for ensuring the effectiveness of what they do.

***Progress during 2016/17***

2.2. The TWSCB has a statutory duty to provide an annual report outlining the progress made by the Boards and partners. The 2016/17 annual report is scheduled for publication in September 2017 and will be provided to the Health and Wellbeing Board members.

2.3. In June 2016 the TWSCB was reviewed by Ofsted alongside their inspection of the Local Authority. This review concluded that the TWSCB was a **strong partnership and rated its effectiveness as 'Good'** and that partner agencies work well together to keep children safe. Ofsted highlighted that the TWSCB "**does well at engaging with, and listening to, children and young people**" as well as linking effectively with other partnerships, including the Health and Wellbeing Board and the Early Help Partnership. A full copy of the report can be found on Ofsted's website.

2.4. Since April 2016, the TWSCB has continued to develop in accordance with its Business Plan including:

2.4.1. Working with the other West Midlands LSCBs to develop a **West Midlands wide set of Multi-agency Safeguarding Procedures**. The new procedures were launched on 1st April 2017 and provide practitioners with a more accessible site to access the procedures, as well as provide a level of consistency across the West Midlands.

2.4.2. **The roll out of Team Safeguarding Voice© (TSV) model to schools across the Borough** – during the year the number of schools that now have a version of the TSV© has increased around 20 to 36, including two secondary schools and a special school.

2.4.3. **Hosting two Themed Events: Domestic Abuse and Female Genital Mutilation, Honour Based Violence and Forced Marriage.** The purpose of Themed Events is to provide professionals across the Borough with specialist training and knowledge in key areas. Over 200 practitioners attended these events and evaluation of both events illustrates that both have made a difference to professional's understanding of these areas, the impact on children and families, and how to adapt their practice to ensure they are effectively supporting those children and families affected by this type of abuse.

2.4.4. Progressing and monitoring the **actions that arose out of the 38 recommendations in Multi-Agency Scrutiny Review into CSE**. In July 2016 the Council's Cabinet approved the multi-agency response to the review (a copy of the response is available through the Scrutiny website). Since July, the Telford & Wrekin Safeguarding Children Board (TWSCB) has incorporated the recommendations within its work plan and has monitored and challenged the progress made. An interim progress report was provided to Scrutiny in January 2017. A full progress report against the recommendations is scheduled to be presented to Scrutiny in September 2017.

2.4.5. Involvement in **developing the West Mercia wide Child Sexual Exploitation (CSE) communication campaign, Tell Someone** in partnership with West Mercia Police. The campaign was launched in March 2017, ahead of the CSE Raising Awareness Day and provides a specific website to raise awareness of CSE and specific information for young people, parents/carers, professionals and businesses.

2.4.6. The TWSCB has **conducted several case reviews** during the year, including the publication of the Serious Case Review of Child A in May 2016. Key learning from these reviews included:

- Enabling professionals to **recognise disguised compliance** and how to combat it – the TWSCB has provided a specific multi-agency training course to address this learning; evaluation of the training has illustrated that following the training professionals have made changes to their practice to enable them to deal with these situation.
- Further **development of the children who harm others procedure** to provide guidance to practitioners to ensure all children's needs are assessed and appropriate safety plans are put in place.
- Review of the **multi-agency escalation policy** to ensure professionals understand the local escalation procedures and use them appropriately.

***Next Steps***

2.5. During 2016/17 the TWSCB has agreed areas to progress during 2017/18 including:

2.5.1. Hosting a **Childrens' Conference** to share good practice amongst the Safeguarding Children Boards in schools and to encourage more schools to take up this initiative. The conference will also enable the Board to market the TSV® package to schools, local authorities and other LSCBs across the West Midlands.

2.5.2. Continue the **development of the Neglect Strategy** and the resources available for practitioners.

2.5.3. **Engage with faith communities and groups** to raise awareness of safeguarding and to invite them to be part of the work moving forward.

2.5.4. **Empower parents/carers** to make informed decisions in relation to groups, e.g. sports clubs, after school clubs.

2.6. In May 2017, the Children and Social Work Act 2017 amended the statutory footing for LSCBs and abolished the requirement to have an LSCB. Local arrangements for safeguarding and promoting the welfare of children will be decided by the safeguarding partners (Local Authority, West Mercia Police and Telford & Wrekin Clinical Commissioning Group). The safeguarding partners must make arrangements for "...*to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area*" (The Children and Social Work Act, 2017).

## 3. JOINT AREAS OF DEVELOPMENT

3.1. Both Boards, along with the other partnerships across the Borough, are continually reviewing areas where joint working is possible to achieve the desired outcomes for both children and adults with safeguarding issues.

3.2. Examples of joint areas of development to date include:

3.2.1. The **join up of the TWSCB Strategy, Planning and Communications Sub-group to incorporate the TWSAB** requirements. This will enable the development of a joint communication and engagement strategy across both safeguarding boards, as well as ensuring that issues that cross adults and children can be considered in the round. The first joint SPC sub-group will take place in July 2017 and will be chaired by Christine Morris, Executive Nurse, Telford & Wrekin Clinical Commissioning Group.

3.2.2. Development of a **new Domestic Abuse strategy**, which will also incorporate the work of the Health and Wellbeing Board (toxic trio priority) and the Community Safety Partnership. Please refer to the paper presented to March Health and Wellbeing Board for further details of this work-stream).

3.2.3. Development of a **Joint Safeguarding Training Strategy** to enable further join up of training where appropriate (e.g. domestic abuse), but still maintaining the specific requirements of each safeguarding board.

3.3. In December 2016 a new management and support structure for the partnerships was instigated. This new team, the Partnership Management Team, supports several partnerships across the Borough, including both Safeguarding Boards, the Health and Wellbeing Board and the Community Safety Partnership. This join up has begun to enable synergies across the partnerships to be built upon and any areas of duplications to be removed. This foundation will enable further join up across the partnerships to be developed where appropriate, with the overall aim of improving the outcomes for those that live and work within the Borough.

## 4. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Nothing further to add at this time.

## 5. PREVIOUS MINUTES

- Health & Wellbeing Board 9th March 2016: TWSCB and TWSAB annual progress update.
- Health & Wellbeing Board 6th December 2016: Proposed Priority Work Streams report

## 6. BACKGROUND PAPERS

None.

**Report prepared by:**

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