



Date: Thursday, 14 July 2022

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

Contact: Michelle Dulson, Committee Officer  
Tel: 01743 257719  
Email: [michelle.dulson@shropshire.gov.uk](mailto:michelle.dulson@shropshire.gov.uk)

## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **8 Health Protection update (including COVID-19)** (Pages 1 - 4)

Rachel Robinson, Director of Public Health, Shropshire Council, Dr Sue Lloyd,  
Consultant in Public Health, Shropshire Council

#### **11 Social Action Taskforce Action Plan (Pages 5 - 18)**

Rachel Robinson, Director of Public Health, Shropshire Council

This page is intentionally left blank



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	14 <sup>th</sup> July 2022			
<b>Title of Paper</b>	Health Protection Report			
<b>Reporting Officer</b>	Susan Lloyd, Consultant in Public Health			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	Children & Young People		Joined up working	X
	Mental Health		Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	X

### 1. Executive Summary

This health protection report to the Health and Wellbeing Board provides an overview of the health protection status of the population of Shropshire. It addresses immunisation and screening. It also provides an overview of the status of communicable, waterborne, foodborne disease. Part one is an overview of health protection data and a summary of new risks, part two is an overview of new health protection developments relevant to the system.

### 2. Recommendations

That the Board note the contents of this report

### 3. Report

#### **Immunisation Cover Shropshire**

**Influenza-** for the 2021/22 immunisation programme coverage is above the national average in all cohorts. The national flu immunisation programme 2022-23 was published in April.

**Child immunisation-** programme status is good with uptake greater than or on a par with England. While coverage is good there are areas of low coverage in Shropshire. This is particularly the case with MMR cover where areas with high indices of deprivation have lower cover. Targeted work in these pockets of lower uptake would support high uptake and greater protection.

**Polio-** there is a national push to ensure all children are fully vaccinated, with opportunistic vaccination being encouraged.

**School age-** vaccination programme status is lower than expected, this is knock on effect of the pandemic. Catch up with the 19/20 cohort continues during 22/23. The accurate data for school immunisation cover will be available as of August 2022.

**Shingles-** vaccination cover is lower than the 60% uptake target and the England average for 70-73- and 80-year-olds. The 74-79-year-old age groups are above the England average and 60% target. GPs are being encouraged to vaccinate opportunistically. This also presents partners with an opportunity to promote Shingles vaccination.

**Pertussis-** vaccination in pregnancy. The aim is 60% coverage. Shropshire is achieving in excess of this cover. SATH have started to deliver pertussis vaccination in maternity services. Covid vaccination continues to be offered to pregnant women, JCVI guidance is awaited by the system.

**Covid-** 80.6% of the population over age 5 have received at least one dose of the vaccine and 85.4% of eligible population have received first booster. Second boosters for 75 and overs continues and 81% of the eligible population have received this to date, one of the highest in the region.

### **Screening uptake Shropshire**

**Antenatal and newborn screening** reporting is merged for Shropshire, Telford and Wrekin. The programme is delivered via SaTH. The service has faced some staffing challenges, but these are being addressed.

**Cervical screening-** the annual uptake shows an increasing trend of uptake. The uptake is higher in the older cohort than the younger cohort. NHSE colleagues are working with practice facilitators to increase uptake, additionally there are currently issue with the turnaround time at the lab. This is being resolved.

**Bowel screening -** there is no Covid backlog and the service have implemented age extension roll out. Uptake is at a good level, greater than 70% of those offered.

**Breast screening -** uptake remains a challenge. The current data has not been published. A catch-up programme is in place and expected to be completed by September 2022. Recruitment to the service is underway and an additional mobile unit should be operational from July 2022.; NHSE continue to work with providers to resolve these issues.

**Diabetic eye screening -** was paused in March 2020 but there is no longer a Covid backlog and the service is recovered. Recruitment to the service has been undertaken.

**Abdominal Aortic Aneurism (AAA) screening-** all eligible individuals 2020/21 have been offered an appointment. The service has recovered with no Covid backlog. Recruitment of additional staff is underway.

### **Communicable disease**

**Mumps, Measles, Rubella** overall cases of MMR remain low during this quarter Mumps remains low after a rise in 2020.

**Chickenpox and Streptococcus A-** nationally there has been a rise in chickenpox case numbers but these remain at expected seasonal levels, having been lower than normal during the pandemic. Cases of Invasive Streptococcus A (IGAS) have been below average levels for the last 4 seasons, but a usual seasonal increase has been noted. Severe IGAS presentations in children have not been seen so far this season although remains important for any presentations to be treated promptly with antibiotics.

Linked to child immunity there are international issues including viral Hepatitis,

**Scarlet fever cases-** there is a rise in reported cases but still not back to 2020 levels notably- in nurseries and primary schools with chickenpox cocirculating in some areas.

**Norovirus-** cases have risen in comparison to cases in 2020/21

**Flu-** rising, particularly in care homes, but not beyond expected levels although seeing increase later in the year

**Covid-** recorded cases are increasing in Shropshire, although changes to the testing programme have reduced the accuracy of reporting cases. There were 523 new cases reported for Shropshire during the 7-day period from 13<sup>th</sup> June to the 19<sup>th</sup> June, this compares to 290 cases in the previous reported 7 day period from 6<sup>th</sup> May to the 12<sup>th</sup> May. Outbreaks are still occurring in care homes and are being risk managed. The numbers of outbreaks have increased in the last two weeks, with 5 in

our care homes, but this has not adversely affected the number of beds available in system currently although this is being monitored.

Covid variants of interest continue to emerge, the situation is being monitored by WHO and includes UK partners.

**Foodborne and waterborne disease**

**Campylobacter**- numbers remain largest reported foodborne bacteria. This is expected and is normal.

**Other foodborne and waterborne**- case numbers remain low, with the exception of Salmonella. Salmonella cases have risen in the first quarter compared to 2020/21. Numbers of cases remain low.

**Monkeypox**

Up to 4th July 2022 there have been 1,285 confirmed cases in England. The majority of these 77% were in London residents. Any regional and local cases are managed by UKHSA with Local Authority support to cases and contacts. The local testing pathway for Monkeypox is via Sexual Health services.

**Tuberculosis**

To provide an effective universal and targeted health protection offer a Shropshire Health Protection Strategy is being written, jointly with Telford and Wrekin. The first draft is on target to be written by July 31<sup>st</sup> 2022 with a final draft September 2022.

<b>What inequalities does this paper address?</b>	Health inequalities specific to screening and vaccination.	
<b>Risk assessment and opportunities appraisal</b>	The report identified risks to the population health groups if vaccination rates remain below target.	
<b>Financial implications</b>	There are no financial implications	
<b>Climate Change Appraisal as applicable</b>	Not applicable	
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>	
	<b>Voluntary Sector</b>	
	<b>Other</b>	Health Protection Board
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a>)</b> Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health		
<b>Appendices</b> None		

This page is intentionally left blank



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	<b>14<sup>th</sup> July 2022</b>			
<b>Title of Paper</b>	<b>Social Task Force – Cost of Living Update</b>			
<b>Reporting Officer and email</b>	Rachel Robinson, Executive Director of Health, Wellbeing and Prevention <a href="mailto:rachel.robinson@shropshire.gov.uk">rachel.robinson@shropshire.gov.uk</a> and Jackie Jeffrey, Chief Executive, Citizens Advice Shropshire <a href="mailto:jackiejeffrey@cabschropshire.org.uk">jackiejeffrey@cabschropshire.org.uk</a>			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	Children & Young People	x	Joined up working	X
	Mental Health	x	Improving Population Health	X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	X
	Workforce	x	Reduce inequalities (see below)	X
<b>What inequalities does this paper address?</b>	This work is seeking to raise awareness of the cost-of-living crisis and the detrimental impact on health and wellbeing and the wider determinants of health for people living in Shropshire. The cost-of-living crisis is likely to increase levels of fuel poverty, food poverty, homelessness, and limit opportunities for social engagement due to the increased cost of fuel. It is also likely to intensify rural health inequalities.			

### 1. Executive Summary

A Task Force focusing on the rising cost of living and its social impact locally, was convened at the suggestion of the COVID Engagement Board, comprising stakeholders from across Shropshire on the 24th March. The forum provides an opportunity to bring a range of stakeholders together to share their knowledge of the impact and support available for our population and communities. The forum has met monthly to look at gaps and further actions stakeholders can take jointly within Shropshire to support our residents struggling with the cost-of-living increases, with a focus on ensuring that the most vulnerable in our community are supported; it reports to the Health and Wellbeing Board and to each of its own member organisations.

### 2. Recommendations

The Health and Wellbeing Board is asked to recognise the work underway to mitigate the impact of the cost-of-living crisis on our residents and any support it can give to deliver key actions identified by the Task Force. There is some urgency to this work as there is consensus amongst local organisations that the cost-of-living crisis will intensify in October due to further increases in energy bills and the continued rise in inflation.

The Healthy Lives Steering group to consider how the Social Taskforce action plan can be actioned at their next meeting.

We encourage members to take actions around the cost-of-living back to their organisations, particularly in relation to the impact on their own workforces.

### 3. Report

This paper presents an overview of the Social Task Force for the Cost of Living, its purpose, work to date including the development of an action plan owned by the Task Force, reporting to the Health

and Wellbeing Board and respective partners organisations, which identifies key issues that need to be targeted locally to reduce the cost of living locally.

A Task Force focusing on the rising cost of living and its social impact locally, was convened comprising stakeholders from across Shropshire on the 24th March. The forum provides an opportunity to bring a range of stakeholders together to share their knowledge of the impact and support available for our population and communities. Members include CAB, Age UK, Councillors, SPIC, Shropshire Food Poverty Alliance, Marches Energy Agency, Energize, Qube, Police, Landau, Headteachers, DWP, LEP, ICS, SATH and Shropshire Council (housing, welfare, food insecurity, communications, public health, libraries, economic development, affordable warmth). The Task Force has met monthly to look at gaps and further actions stakeholders can take jointly within Shropshire to support our residents struggling with the cost-of-living increases, with a focus on ensuring that the most vulnerable in our community are supported.

The forum has considered anonymised data and shared case studies which illustrate the current reality of hidden inequalities across rural Shropshire where the cost of living and particularly the rising costs of transport and fuel are having a disproportionate impact on people who are living in a low wage economy. This intelligence is being collated to understand areas to target outreach and communications activities.

Joint communications have already been produced including a joint webpage with key information in one place [Cost of living help | Shropshire](#), sharing help and support available for short term crisis and longer term.

The Task Force have also developed an open letter for ministers, highlighting the challenge faced in Shropshire including the specific rural challenge in a low wage economy dominated by health and care employment, alongside the evidence of the impact of poverty on health and wellbeing.

Working together the Forum, through the Poverty and Hardship sub-group, have developed an action plan, the most significant gaps currently are the need to:

- 1) Review capacity across the system to support people in Shropshire with the cost-of-living crisis. Consider which resources and skills are available. Triage and offer specialist support for those in need.
- 2) Improved information sharing between partners in relation to the cost-of-living crisis to ensure that partner organisations are kept informed of up-to-date information on assistance available so they can cascade to the people they support (e.g., Household support fund, HAF scheme).
- 3) Joint working to create protocols around more common debts.
- 4) Workforce training/Improved signposting information for frontline staff and volunteers to boost their knowledge of support available and increase confidence to hold difficult conversations around the increases in the cost of living.
- 5) Data & Insight. Continue to review what insight is held on groups most likely to be impacted by the cost-of-living crisis. Plan an event to learn what data is available. Do community organisations have case studies or insight which might help to identify the best way to support the groups identified in this plan? Can we target those at greatest risk?
- 6) Work with Stakeholders to review the Household Support Fund allocation to date. What worked well? How can we target better to vulnerable groups identified?
- 7) Joint communications on the cost-of-living crisis highlighting help available, including panels on Shropshire Radio. Key messages include: Encouraging householders to contact Marches Energy Agency (MEA) now for help with energy efficiency measures over the summer to help householders get ready for Autumn/Winter & Energy advice. Communications around how to make best use of the £650 government support payment. Promotion of Breathing Space to prevent government support payments being allocated to overdraft/debt repayments/rent arrears.
- 8) Assessment of the impact of the cost-of-living crisis on the workforce, including how it will impact their ability to effectively do their jobs. A key focus on workers on lower incomes, particularly the impact on carers.



<b>Risk assessment and opportunities appraisal</b>	The work of the Task Force aims to mitigate the impact of the cost-of-living crisis on the population of Shropshire through supporting people to access the help available.	
<b>Financial implications</b> (Any financial implications of note)	There are no direct financial implications as a result of this report. However, increases to energy costs, fuel and the price of goods will impact on the cost of delivery of services across the county.	
<b>Climate Change Appraisal as applicable</b>	Working to support people in local communities to improve energy efficiency is an important part of the programme.	
<b>Where else has the paper been presented?</b>	<b>System Partnership Boards</b>	
	<b>Voluntary Sector</b>	Hardship and Poverty Task Force
	<b>Other</b>	
<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>		
<b>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead</b> (List of Council Portfolio holders can be found at this link: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a> ) Cllr. Simon P. Jones – Portfolio holder for Adult Social Care and Public Health		
Appendix A: Draft Open Letter to Ministers Appendix B: Summary of cost-of-living crisis		

This page is intentionally left blank

## Appendix: Increases in the cost of living

- Inflation is predicted to rise to 11% by the end of 2022. “The rise in inflation to a 40 year high this year is expected to reduce real household disposable incomes (RHDI) on a per person basis by 2.2 per cent in 2022-23, the biggest fall in living standards in any single financial year since ONS records began in 1956-57” (Office for Budget Responsibility OBR)
- Inflation for lower earners predicted to be [14%](#) as spend on energy costs are higher.
- Energy price rises. The typical annual household gas and electricity bill rose in April by about £700. The OBR is predicting a further rise of more than £800 a year in October. The price cap for an average home is predicted to be around £3000 per household in October (up from £1277 last year & current £1971). From October onwards price cap to be reviewed 4x per [year](#)
- Fuel costs have increased dramatically, increasing transport costs.

## Number/type of people impacted

- The cost-of-living crisis has been felt by many people in Shropshire. In April 2022 the ONS reported that 9 in 10 people have experienced an increase in costs. Many people who will find themselves struggling will not have needed to seek help before. The existing system is mainly designed to support people with short term financial issues and assumes that people in work will be able to make ends meet.
- In June the [JRF](#) reported that 7 million households had either gone without food in the past 30 days or gone without at least one essential such as a warm enough home or basic toiletries as they can't afford it.
- Over the past few years community organisations have reported that people coming forwards for support have increasingly complex circumstances and need support in multiple areas in their lives.

## Co-ordination of data & Insight

- Much of the available data on the cost-of-living crisis is from National research. There are gaps in our knowledge about the experience of people in Shropshire in accessing support. The Shaping Places research in SW Shropshire indicated a range of issues in accessing support in rural areas. There is concern that people are not coming forwards for the support which is available and there is a need to understand the barriers which are preventing people from coming forwards. E.g., older people don't present at foodbanks, but experience malnutrition.
- There are issues identifying people who are at need of support (hidden poverty and hardship) and why some people don't come forward for support.
- Insight would help us plan interventions and communications better.

## Debt and money advice

- In 2019 the supply of face-to-face debt advice in Shropshire met 29% of demand. The estimated level of unmet need was 2200 people per year ([LGA](#)).
- Low Income households are more likely to use high-cost credit options as they are more likely to be rejected for mainstream credit.

## Housing

- Many people will see increases to housing costs. Social landlord rents can increase by 4.1% in 2022. 2 million households on tracker or standard variable rate mortgages and the base rate has increased 3 x since December.
- There are concern about the build-up of arrears and potential [evictions](#). No-fault eviction proceedings are up 41% on pre-pandemic levels.
- There has been a freeze on the Local housing allowances since 2019

- Funding for Discretionary housing payments reduced from £140 million to £100 million in 2022-23
- Shropshire – Median house price 9.05x median gross annual earnings (Telford 6.53x) [ONS](#)

### Employment/Wages

- The National Living Wage increased by 6.6% in April 2022
- Shropshire has a relatively low wage economy, with a gross weekly full time pay of £584.60 (UK average £613.10). [ONS](#)
- Shropshire has high rates of self-employed people - 29,800 people (14.2%) [ONS](#)

### Food poverty

- In June the [JRF](#) reported that 5.2 million low-income households have either cut down on or skipped meals, or gone hungry because there was not enough money for food in the previous 30 days.
- Data from the [Food Standards Agency](#) shows that almost one in four consumers (22%) now report skipping a meal, or cutting the size of meals, because they did not have enough money to buy food – this has risen steadily since June 2021. Reported food bank usage has also steadily increased since June 2021 (9%), with 15% saying they used a food bank in March 2022. 42% of people reported being concerned about food prices.
- Shropshire foodbanks are reporting that they are:
  - Supporting increasing numbers of people. Shrewsbury foodbank has seen double the number of clients this year and Bishops Castle has seen an increase of 70%.
  - Supporting more clients who are in work.
  - Not seeing an increase in food donations, leaving them buying an increasing amount of food. They are raising concerns about how sustainable this will be.
- 5.36% Shropshire residents experience hunger; 13.87% in food insecurity, 9.31% households worried about their food insecurity (Jan 2021) [LGA](#)

### Fuel poverty

- In June the [JRF](#) reported that 3.2 million have been unable to adequately heat their home since the start of 2022.
- Shropshire has high levels of Fuel Poverty, particularly in rural areas. 16.5% of households identified as being in fuel poverty in 2020 [LGA](#)
- The majority of rural households in Shropshire are not connected to the gas network. There is no price cap on oil. Costs increased rapidly winter 21/22. An approximate rise between 2021 (55p/ltr) to 94p/ltr) most households would have a tank over 1000 ltrs in size.

### Impact on mental health and wellbeing

- Adults in the poorest fifth of households are more likely to suffer from anxiety and depression than adults in the richest fifth of households. [JRF](#)
- Mental health and foodbank use – 51% of clients in early 2020, 72% in mid-2020 reported a mental health condition ([Heriot Watt](#))

### Key Groups Impacted

#### Low Income Households (including households on benefits, low paid workers inc Care sector)

- People on fixed incomes are unable to increase their incomes to meet increased cost of living
  - Universal Credit - 18986 claimants in Shropshire, 8555 in work (April 2022)
  - PIP - 12,561 (Jan 22)
  - Carers Allowance - 5532 claimants (Aug 21)

- People on legacy benefits are going to be moved over to Universal Credit soon and may receive a reduction to their benefit payments.
- Jobs in the care sector are low paid and they look after most vulnerable groups. Also impacted by cost of fuel for home visits.
- Zero-hour contracts create unpredictable incomes

#### **People with long term sickness and disability**

- 24% of cancer patients buying less food due to increases cost of living, 32% wearing coats or dressing gowns rather than putting the heating [on](#)
- Nearly half of all individuals in poverty live in a household where someone is disabled, and a quarter of unpaid carers live in poverty
- 55% of disabled people are depressed about financial situation. 25% have skipped meals, 28% not heated their homes, 30% asked friends and families for financial help, 7% had less than £10 to pay for essentials (including food) after [bills](#)
- Adults with disabilities are 5 times more likely to be in food poverty ([Food Foundation](#))

#### **Families with children**

- Low Income Households in Shropshire - 8922 Children in Absolute low-income households. 11038 Children in Relative low-income households (20/21)
- From April 48% of children will live in households below the Minimum Income Standard, and this rises to 77% of children in single parent households, and 96% of children in out of work households. (NEF)
- Single parent households likely to be most impacted. Lowest level of savings of all groups (£400 compared to £8000 for all household). 73% single parents report that childcare costs same or more than their rent/mortgage; 53% skip meals or forgo heating to pay for [childcare](#)
- Half of all families had either no savings, or less than £1,500 in savings. Lone parent families were substantially more likely to have savings at this lower level than other types of family; 84% of those who were single parents, reported savings of either zero or less than £1,500. ([National Statistics](#))

#### **Older people**

- State pension rose by 3.1% in April, less than inflation
- 75,638 people in Shropshire receiving State pension (Nov 20)
- 7335 people in Shropshire receiving Pension Credit (Aug 21)
- 8848 people receiving Attendance Allowance (Aug 21)
- 5473 people in Shropshire receiving Housing Benefit (Nov 21)

#### **Government support**

- Government energy support
  - £150 council tax rebate announced in April 2022 (Administered via Shropshire Council until September)
  - £400 discount on energy bills for all households in Autumn (Administered via energy supplier)
  - £650 support for Benefits claimants (via DWP, paid in two instalments)
  - £300 Winter Fuel Allowance for older people
  - £150 payment to support people with disabilities
- Household Support Fund. Funding for crisis support (Administered via Shropshire Council)

This page is intentionally left blank

Dear Minister

## Open Letter: Cost of Living Crisis in Shropshire

Today we have heard from families living in Shropshire who are choosing between feeding themselves and their children, who are choosing to eat rather than heat their homes. One mother has told us that, despite being in full time employment, she is having to make a choice to feed her family or go to work; the travel costs for her minimum wage care role that means travelling 100s of miles a week for work and the cost of fuel is taking away the money that she would use to feed her young children; she called in sick for work today. We heard from a pensioner who is now totally isolated, unable to afford travel in an area with very limited public transport, so staying at home alone, turning off her oil heating and prioritising food over travel.

All our partners are now hearing more and more stories of people who are making the most difficult decisions and we know the far reaching impact of this on a health and care system already at breaking point is often hidden until crisis in health or care is reached.

This is the current reality of hidden inequalities across rural Shropshire where costs of living and particularly the rising costs of transport and fuel are having a disproportionate impact on people who are living in a low wage economy. We would like to make a strong case for national policy change regarding support for the cost of living, for families who are impacted, and for an increase in support for those of pension age. However, we specifically appeal that Shropshire be eligible for any future investment of funds due to high levels of need and rural, often more hidden inequalities, for poor health outcomes in these communities and rising impact on our care system. Programmes that support our children and older people living in low income households and levelling up must address rural disadvantage to give us the tools to support our residents in crisis.

### Key Concerns

- **Fuel Poverty.** [16.5%](#) of households in Shropshire are in fuel poverty with rates highest and rising particularly in rural areas, for example in the South rates rise to 17.6%. Energy prices rose 54% in April and are due to increase again in October. Many households in rural Shropshire rely on Oil or LPG central heating which is not subject to any price cap and spreading payments is not always possible or as cost effective. Marches Energy Agency are reporting a number of issues faced by Shropshire residents, including issues with high price rises to direct debits and challenges with communication with energy companies.
- **Food Poverty.** Shropshire's foodbanks are seeing an increasing number of residents. [13.87%](#) of Shropshire's population is reported to be experiencing food insecurity.
- **Petrol/Diesel costs.** The cost of travel in rural areas is increasing causing considerable financial pressure for people needing to travel for work and local businesses. This increase disproportionately impacts on people who live in more rural areas and have to travel further for work, education and health and care. Rural residents travel further than their urban counterparts. On average those in small rural settlements travel more miles in a year than those in urban settings – 44% more miles in 2018/19. In the context of fuel prices this adds significant additional costs for rural residents and the cost pressure will likely result in further reduced access to services.
- **Wages.** Shropshire has a low wage economy with it's gross average weekly pay lower than the UK average (£584 compared to £613).

- **Debt.** There are indications that residents are borrowing to manage the increases in the cost of living. 19% of Shropshire residents are [reported](#) to have a low level of financial knowledge and 23% low confidence in managing money. Funding for debt advice in Shropshire is limited. Face to face debt advice in 2019 met just [29%](#) of demand and demand is rapidly growing but without the capacity locally to meet this increase.
- **Housing.** There is a shortage of rental properties and rents are increasing. Some households already have built up rental arrears due to Covid. Funding for discretionary housing payments have reduced this financial year. Homeowners on tracker or standard variable rate mortgages will experience mortgage rises as interest rates increase.

### **The Challenge for our community**

The cost-of-living increases are creating a range of challenges for Shropshire residents. Increases in fuel and food costs combined with low or fixed incomes are placing an increasing number of residents under significant financial pressure. We have identified the following groups as being of particular concern:

- **People with a long-term illness or disability** who are unable to work full time. This group are often on a fixed low income and face additional costs due to their illness or disability (an average of [£583](#) per month extra for people with disabilities). Increasing energy costs pose a particular challenge.
- **Low-income households** including those working in the care sector. Universal Credit claimants in Shropshire roughly doubled in 2020 and have remained at a similar level since. Nearly half of claimants are in work. Workers in the care sector, many of whom receive the National Living Wage or marginally more, are being impacted by the increases in vehicle fuel costs, particularly when working in rural Shropshire. [Research undertaken by the Home Care Association](#) estimates that in England the home care sector's collective spending is up from £224 million a year in May 2021 to £299 million in May 2022, an increase of £75 million. If care staff can't afford to pay for petrol/diesel to travel to deliver vital care to support people in their own homes in the community, or to commute to work in a care home or nursing home, they may well be forced to leave the care sector which will only add to the current crisis in staff recruitment and retention facing care providers nationally and here in Shropshire. This in turn will impact on the ability of care providers, and the Council, to ensure that those in need of care receive it.
- **Older people.** Over 75,000 people in Shropshire receive a state pension, and 7,335 receive Pension Credit. Older people need to keep their homes warm and are struggling with additional energy costs. A report published by Age UK on the 11<sup>th</sup> May showed the impact on older people living in the UK, with above average rates in Shropshire.
- **Families with children.** In 2020/21 8,922 children in Shropshire lived in absolute low-income households and 11,038 children lived in relative low-income households. Single parent households and families with 3+ children are reported to be most impacted by the cost of living increases.
- **Rural households.** People in rural households already experience higher costs for housing, transport and energy. The increase in the cost of living, combined with the distance to access key services, will add additional cost to these households.
- **Perception of affluence.** People in rural areas such as Shropshire which have overall higher levels of affluence and above average life expectancy means communities are



often considered to be in lower need and consequently are overlooked. However we know that we have a greater proportion of older people and growing numbers of people of retirement and pre-retirement age who have a greater need for health and care services. We know that there is hidden disadvantage and inequality which is dispersed and often not identifiable by postcode; current national data models, such as IMD, are flawed and not granular enough to detect deprivation leading to a misrepresentation of rural circumstances and a distortion of funding. These issues need to be addressed.

### **The impact of poverty on health and wellbeing**

- [The British Medical Association](#) has reported that poverty can affect the health of people at all ages. In infancy, it is associated with a low birth weight, shorter life expectancy and a higher risk of death in the first year of life. Children living in poverty are more likely to suffer from chronic diseases and diet-related problems. Twice as many people are obese in the most deprived areas of the UK than in the least deprived areas. Most individual long-term conditions are more than twice as common in adults from lower socio-economic groups.
- A negative cycle can exist between poverty and health. Many people living in poverty cannot afford the cost of their care, such as prescription charges, resulting in their conditions worsening over time. This negative cycle can transfer across generations, starting from pre-birth, with impact upon parenting, educational attainment, and employment.
- Income can influence the ability of individuals and households to obtain a healthy diet. Malnutrition caused by food poverty can have a range of adverse health effects, including on the muscular system, the immune system and psycho-social function. Food poverty has also been associated with increased falls and fractures in older people, low birth weight and increased childhood mortality, and increased dental issues in children.
- Living in poverty [increases the risk of mental illnesses, including schizophrenia, depression, anxiety and substance addiction](#). Last summer 72% of people who accessed a Trussell Trust Food Bank lived with someone who was experiencing a mental health issue. [Research from the Children' Society](#) shows that children living around debt are five times more likely to be unhappy than children from wealthier families.
- Rurality impacts not just health but also the wider determinants of health, with lower digital connectivity and use of technology, higher housing costs, less accessible educational opportunities, fewer day care services for older people, etc.

### **The impact of poverty on the life course**

- Cognitive functioning. The impacts of poverty on our cognitive functioning start young. In children, [poverty has been shown to impact on the rapid brain development that occurs in the first three years of life](#), with the largest differences in brain structure detected in the poorest children. [Research from the Joseph Roundtree Foundation](#) shows that children raised in environments of low socio-economic status show consistent reductions in cognitive performance across many areas, particularly language function and cognitive control (attention, planning, decision-making).

- [Children growing up in poverty and disadvantage are less likely to do well in school.](#) In England, despite some progress over the last two decades in closing this gap, the relationship between family socio-economic position and attainment remains particularly strong compared to many other OECD countries.

### **The Challenge for organisations**

After two years supporting the community through Covid, organisations in Shropshire are stretched to capacity. The NHS is working hard to reduce waiting lists and see patients as quickly as possible. Shropshire Council staff who were focused on the Covid effort have returned to their primary roles undertaking business as usual but are now dealing with increased post-pandemic pressures.

Key community organisations including Citizens Advice Shropshire and Age UK are continuing to support vulnerable people, but report increasing need and reduced volunteer capacity.

### **Funding Pressures**

Cuts to funding over the past 10 years are limiting the ability of Shropshire Council and other local organisations to support people with the cost-of-living increases.

The Local Government Finance Settlement for 2022-2023 shows that rural areas in 2022/23 will still receive some 37% (£105) less per head in Settlement Funding Assessment grant than their urban counterparts yet rural residents will pay, on average, 21% (£104) per head more in Council Tax than their urban counterparts due to receiving less government grant.

We urgently need an increase in funding for Shropshire to address the rural cost of living challenge in our area and we need schemes which support people on the lowest of incomes; the following are mechanisms Shropshire can use to support people – but they all have limited funding and we urgently call for more investment across partners to support our struggling residents:

- Long term funding for Local Welfare Assistance Schemes. The Household Support Fund provides a key mechanism for Shropshire Council to support households most in need. However, this funding will only enable us to support a limited number of households over a limited time period. Long term funding from government for Local Welfare Assistance is needed to support vulnerable people in Shropshire over a longer time period.
- Increase to the Local Housing Allowance. The Allowance has been frozen since 2019, and as rents increase it is increasingly difficult for tenants to find accommodation within the Allowance.
- Discretionary Housing Payments
- Council Tax support scheme
- There is a need to bring long-term stability to energy efficiency programmes (5-10 years) to allow local supply chains, jobs and skills to develop properly, that work closely with existing health, social care and third sector provision and systematically start to make homes warmer and cheaper to run, as well as improving energy security, and starting the transition to Net Zero carbon

In response to the increases in the cost of living we have established a Social Taskforce which brings together Shropshire organisations to enable a joint response to support residents struggling with the cost-of-living increases. We have been meeting regularly and are bringing together a joint action plan to ensure that the most vulnerable in our community are supported.

We would welcome an urgent roundtable conversation or a ministerial visit to seek your support and consideration of Shropshire in any future investment of funds, Shropshire would be eligible due to high levels of need and rural, often more hidden inequalities, across all the key areas or the programmes.

Yours faithfully

**Shropshire Social Task Force Members**

This page is intentionally left blank