

*“Floreat Salopia” – May Shropshire Flourish*

# Director of Public Health Shropshire

**Annual Report 2022 / 2023**

Marking 175 Years of Public Health

Rural Health in Shropshire

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# Foreword

I am very pleased to share with you, this my third annual report since becoming Shropshire's Director of Public Health in 2019.

Public Health, working with partners and residents continue to strive towards the ambition articulated in the County's Motto *Floreat Salopia* or "May Shropshire Flourish", that is to achieve improved health and wellbeing for all. This report is set against another challenging 2 years as we emerged from the COVID pandemic into a Cost-of-Living Crisis, alongside ongoing health and care challenges and pressures and yet, progress continues to be achieved.

My Annual Report provides a vehicle for informing people about the health and wellbeing of our communities as well as providing information for local and national decision makers on health gaps and priorities that still need to be addressed. The report highlights specific achievements and challenges, while making recommendations for how these can be tackled. The report also provides us an opportunity to pause and reflect on the changes and improvements that can be made when we work collaboratively.

This report firstly describes the current Patterns of Health and Wellbeing across Shropshire in chapter one and the priorities for 2023 and beyond. Chapter two, highlights some of the specific strengths and challenges posed by living in one of England's most rural Counties. Chapter three provides an update on the previous recommendations and continued progress to address health and wellbeing concerns with key services collectively. Finally, during 2022 England celebrated 175 years since the first Directors of Public Health came into post and so at the beginning of the report, we have taken the opportunity to review the first "DPH" annual report for the County and draw together experiences of our current public health professionals.

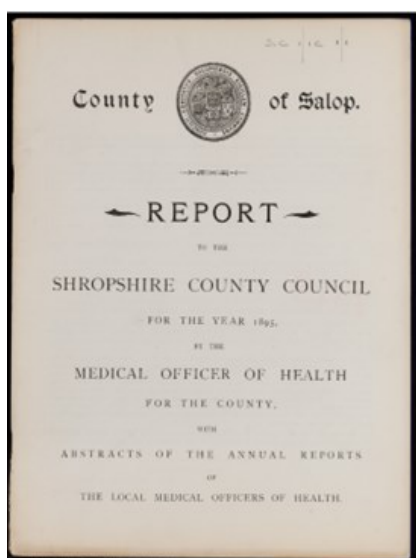
I hope you enjoy reading this report.

**Rachel Robinson,**  
Executive Director of Health, Wellbeing and Prevention  
(Director of Public Health for Shropshire)

# 175 years of public health in Shropshire – Salop

The history public health is built on a long tradition of innovation, compassion, curiosity and the relentless push for progress with the aim of improving the public’s health and wellbeing. In 2022 we celebrated the achievements of Public Health, marking 175 years since the first Directors of Public Health came into post. It started in 1847, when Liverpool became the first city in the world to appoint an Officer of Health; Dr William Henry Duncan.

*“Duncan challenged the commonly held conception that it was the fault of the poor themselves that they became ill; he viewed social poverty as the cause, not individuals, and looked into things like improving sanitation and housing to help improve people’s health”.*



## Public Health in Shropshire in 1895

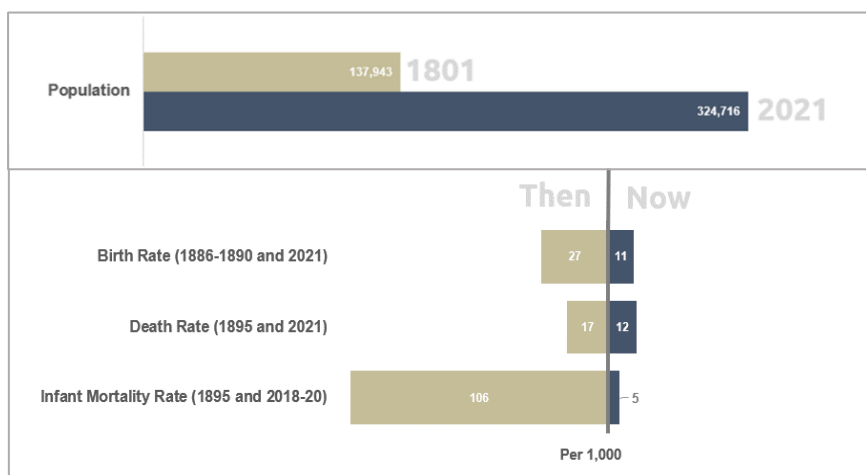
To mark the 175th anniversary of the first Medical Officer of Health (now known as a Director of Public Health - DPH), we reviewed the first “DPH” annual report for the County and drew together experiences of our public health team. Some of those reflections are shared with you below.

In 1895 in the County of Salop, WN Thursfield MD, published the first annual report for Shropshire County Council of the Medical Officer for Health.

Improving health in Victorian times concentrated on developments in sanitation, living and working conditions, and tackling infectious diseases. While the scale of some of the above challenges may have changed, they still exist in modern times, albeit in a different way. Table 1 illustrates this. Infants under 1 had the highest death rate and the report flagged

Zymotic (infectious disease) deaths. A number of outbreaks were detailed, resulting in training for midwives.

## Chart 1: Comparison of Key Public Health Outcomes 1895 to 2021



The report also highlighted the variation in death rates and births across the major places within Shropshire. These were grouped together by the Sanitary Authority at the time. There were notable variations in death rates, with Ellesmere Urban being the highest and Newport rural the lowest. The highest causes of death reasons

were Zymotic (infectious diseases) – dysentery and cholera. Overall Shropshire reported lower rates of TB deaths compared to England, while cancer deaths were similar.

Other areas looked at were waste in the river, contamination of wells and the impact of cold and damp homes leading to diseases. Other themes the report highlighted are still relevant 100 years later, including migration of young people to towns (and mining) – leaving the rural districts with often and “abnormal” proportion of old people and young children.



## Public Health in Shropshire 2022

Today, the COVID pandemic and cost of living crisis have shown the importance of continuing work in these areas not just to improve health but also the economic wellbeing of our population. Outcomes and programmes today focus on addressing the impacts of climate change, poor mental health, preparing for future epidemics and the potential of new technologies to revolutionise our ability to prevent, diagnose and treat many illnesses. However, the challenges around inequalities in outcomes especially amongst the poorest, most vulnerable and disadvantaged remain.

When DPHs returned to local government in 2013 there was an ambition and ethos to advocate and use evidence to encourage all parts of their council to actively promote health and wellbeing, creating a public health council and council-wide public health team working across one organisation and system. In Shropshire I am proud to say this ethos has been thoroughly embraced and to this end I would invite you to read the Health and Wellbeing Strategy updated in 2022 and the Shropshire Plan, Living the Best Life. And Public Health constantly changes and responds to emerging challenges, for example in the pandemic two new teams were established to respond to local need: the community outreach team and the health protection cell.

The Shropshire Public Health team are enthusiastic and passionate about making a positive difference to the lives of Shropshire people in the best way they can.

The current team has a wide range of skills and experience and have a varied route into public health. This includes environmental health, public health professional routes, policing, adult social care, and life sciences. Others have trained as dietician, nurses, midwife, and community development workers. The team are all passionate about making a difference to improve the outcomes of Shropshire's residents, helping to meet their ambitions. Just some examples are provided below of the range of support and work across the team from environmental health, health improvement, healthcare evidence-based practice, epidemiology and health protection:

"[I want to] continue to make a positive difference to people's lives; help them to be the best they can".

"To be as effective as possible and support local people to navigate their own journey based on their wishes and what's important."

"Reduce stigma preventing people coming forwards for support. Raising awareness of support services available" "getting the message out to the public as to the support we can offer" and "Support communities struggling with the cost-of-living crisis".

"Advising businesses on their legal responsibilities - ensuring that I help as many businesses as possible." "Encourage change/helping animals"

"Help and provide advice to the farming community" "responding to the avian flu outbreaks."

And at the end-of-life Public Health also arranges funerals for those who have no-one.

"To continue to do everything I can to identify living relatives for those who have died alone and to give the deceased the funeral that each and everyone deserves (if that was their wish) and to allow their friends and family the opportunity to grieve, say goodbye, to remember and celebrate the life of their loved one".

Looking forward the team continue to focus on getting back on track with programmes that have been delayed due to the covid pandemic including visits to food businesses, weight management and inequalities plans, having a strong role in providing information and sharing, refocus and align, community assets, supporting communities, developing our mental health offer.

# Section 1: Patterns of Health & Wellbeing across Shropshire

This chapter contains a small number of tables and figures to inform people about the health and wellbeing of our communities as well as providing information for local and national decision makers on health gaps and priorities that still need to be addressed.

## Key Outcomes

Shropshire achieves several key outcomes that are better than compared to England, most notably significantly higher than average life expectancy at birth for male and females and Healthy Life Expectancy for females, nevertheless there are a number of indicators where outcomes need to remain an area of focus/monitoring moving forward.



Table 1 shows where Shropshire's rates are worse compared to the England average across measures relating to the wider determinants of health, health improvement, health protection and premature deaths. For example, 5.7% of Shropshire's 16-17-year-olds are not in education, employment or training, a higher rate compared to 4.7% nationally.

## Table 1: Health and wellbeing outcomes for Shropshire

Source: Public Health Outcomes Framework

## Inequalities

Our focus also needs to remain on reducing inequalities and difference in outcomes between people and communities from different backgrounds. Specifically, table 2 presents the prevalence of health conditions across the county, with some Place Plan areas experiencing higher rates of disease compared to the Shropshire average, for example, Albrighton and Ludlow. From this, we can identify areas with the highest rates of disease, for example: Albrighton has the highest rate of Atrial Fibrillation in the county, followed by Church Stretton. These measures are monitored annually to identify inequalities between populations across Shropshire and drive preventative action.

**Table 2: Health Profile of Shropshire by ‘Place Plan’ areas. (18 areas across Shropshire)**

INDICATOR	AF %	CHD %	Heart Failure %	Hypertension %	Peripheral arterial disease %	Stroke and transient ischaemi	COPD %	Asthma (6+) %	Obesity (18+) %	Osteoporosis (50+) %	Rheumatoid arthritis (16+) %	Cancer %	Palliative care %	Diabetes mellitus (17+) %	Chronic kidney disease (18+) %	Dementia %	Learning disabilities %	Mental health %	Depression (18+) %	Epilepsy (18+) %	Non-diabetic hyperglycaemia
Albrighton	4.6%	5.5%	2.6%	20.7%	1.2%	3.9%	2.4%	8.5%	15.8%	1.1%	1.0%	6.8%	0.6%	8.7%	5.7%	2.1%	0.4%	0.5%	10.0%	0.8%	5.6%
Bishop's Castle	3.1%	4.1%	1.0%	17.9%	0.8%	2.9%	1.8%	7.8%	8.8%	1.4%	1.0%	5.1%	0.6%	6.5%	8.0%	1.1%	0.7%	0.9%	12.2%	0.7%	4.5%
Bridgnorth	3.5%	4.5%	1.5%	16.3%	0.9%	3.0%	2.2%	6.6%	6.8%	0.9%	0.9%	5.6%	0.5%	7.4%	6.0%	1.4%	0.4%	0.7%	11.9%	0.8%	5.5%
Broseley	3.0%	4.3%	0.8%	16.0%	0.7%	3.2%	2.1%	6.8%	4.5%	0.4%	0.9%	4.7%	0.2%	6.9%	5.1%	0.6%	0.3%	0.5%	13.7%	0.9%	3.3%
Church Stretton	4.0%	4.8%	1.1%	24.4%	0.8%	3.5%	1.5%	7.4%	8.0%	0.9%	1.2%	5.5%	0.7%	6.4%	9.5%	1.5%	0.4%	0.7%	11.8%	0.9%	7.6%
Clebury Mortimer	2.9%	3.9%	1.5%	17.1%	0.7%	2.7%	1.8%	7.1%	6.8%	1.5%	1.2%	5.5%	0.4%	7.7%	5.6%	1.2%	0.2%	0.4%	14.0%	0.7%	7.8%
Craven Arms	3.1%	4.4%	1.0%	18.5%	0.8%	3.2%	2.2%	7.4%	9.7%	1.4%	1.2%	4.9%	0.6%	7.1%	7.5%	1.1%	0.5%	1.0%	15.6%	1.0%	4.6%
Ellesmere	2.9%	3.8%	1.3%	17.0%	0.9%	2.8%	2.3%	7.3%	10.8%	0.6%	1.0%	4.3%	0.6%	7.2%	7.2%	1.1%	0.4%	0.7%	13.9%	0.9%	4.2%
Highley	3.2%	3.9%	1.2%	17.9%	0.9%	2.7%	2.4%	6.1%	4.5%	0.7%	0.8%	5.1%	0.3%	7.9%	5.4%	0.9%	0.4%	0.5%	15.8%	0.8%	4.8%
Ludlow	3.6%	4.6%	1.5%	20.2%	1.0%	3.1%	2.4%	7.3%	8.1%	2.4%	1.2%	5.5%	0.8%	7.2%	7.6%	1.4%	0.6%	0.9%	17.8%	1.2%	4.3%
Market Drayton	2.9%	3.6%	1.0%	16.0%	0.8%	2.5%	1.9%	6.6%	7.4%	0.3%	0.7%	4.0%	0.4%	7.3%	5.1%	1.0%	0.4%	0.7%	9.4%	0.9%	2.6%
Much Wenlock	3.4%	4.4%	1.4%	18.2%	0.8%	2.8%	1.4%	6.7%	6.1%	1.8%	1.1%	4.9%	0.4%	6.6%	8.5%	1.2%	0.3%	0.6%	14.1%	0.6%	4.6%
Oswestry	2.7%	3.4%	1.0%	16.9%	0.8%	2.5%	2.1%	7.2%	6.6%	1.9%	1.0%	4.0%	0.5%	7.1%	6.7%	1.0%	0.6%	0.8%	16.0%	1.0%	5.6%
Pontesbury and Minsterley	3.0%	3.9%	1.2%	17.0%	0.8%	2.6%	2.4%	8.0%	7.1%	2.2%	1.0%	5.4%	0.5%	6.8%	7.8%	1.2%	0.6%	0.7%	17.7%	0.9%	5.0%
Shifnal	2.2%	3.1%	0.8%	13.8%	0.7%	2.0%	1.3%	6.6%	6.6%	1.2%	0.8%	3.6%	0.1%	6.5%	3.5%	0.7%	0.3%	0.4%	10.9%	0.6%	3.0%
Shrewsbury	2.6%	3.4%	0.8%	15.0%	0.8%	2.4%	1.7%	7.7%	6.9%	1.1%	0.8%	4.0%	0.4%	6.4%	6.0%	1.0%	0.6%	0.9%	14.2%	1.0%	3.7%
Wem	2.9%	3.9%	0.8%	17.1%	1.0%	2.9%	1.8%	7.6%	7.9%	0.7%	0.9%	4.3%	0.3%	7.6%	6.0%	0.8%	0.5%	0.5%	12.4%	0.8%	3.2%
Whitchurch	2.9%	3.9%	1.2%	16.9%	1.0%	2.8%	2.4%	7.3%	11.0%	0.6%	1.0%	4.2%	0.6%	7.3%	6.8%	1.1%	0.4%	0.7%	13.5%	0.9%	3.9%
Shropshire	2.5%	3.5%	0.9%	15.6%	0.8%	2.4%	2.0%	7.1%	7.3%	0.9%	0.9%	4.0%	0.4%	7.3%	5.7%	0.9%	0.5%	0.8%	14.5%	0.9%	4.6%

Source: Quality Outcomes Framework

**Map 1: Rural Deprivation Index for Health** Source: SHAPE  
<https://www.sciencedirect.com/science/article/pii/S0277953618305094>

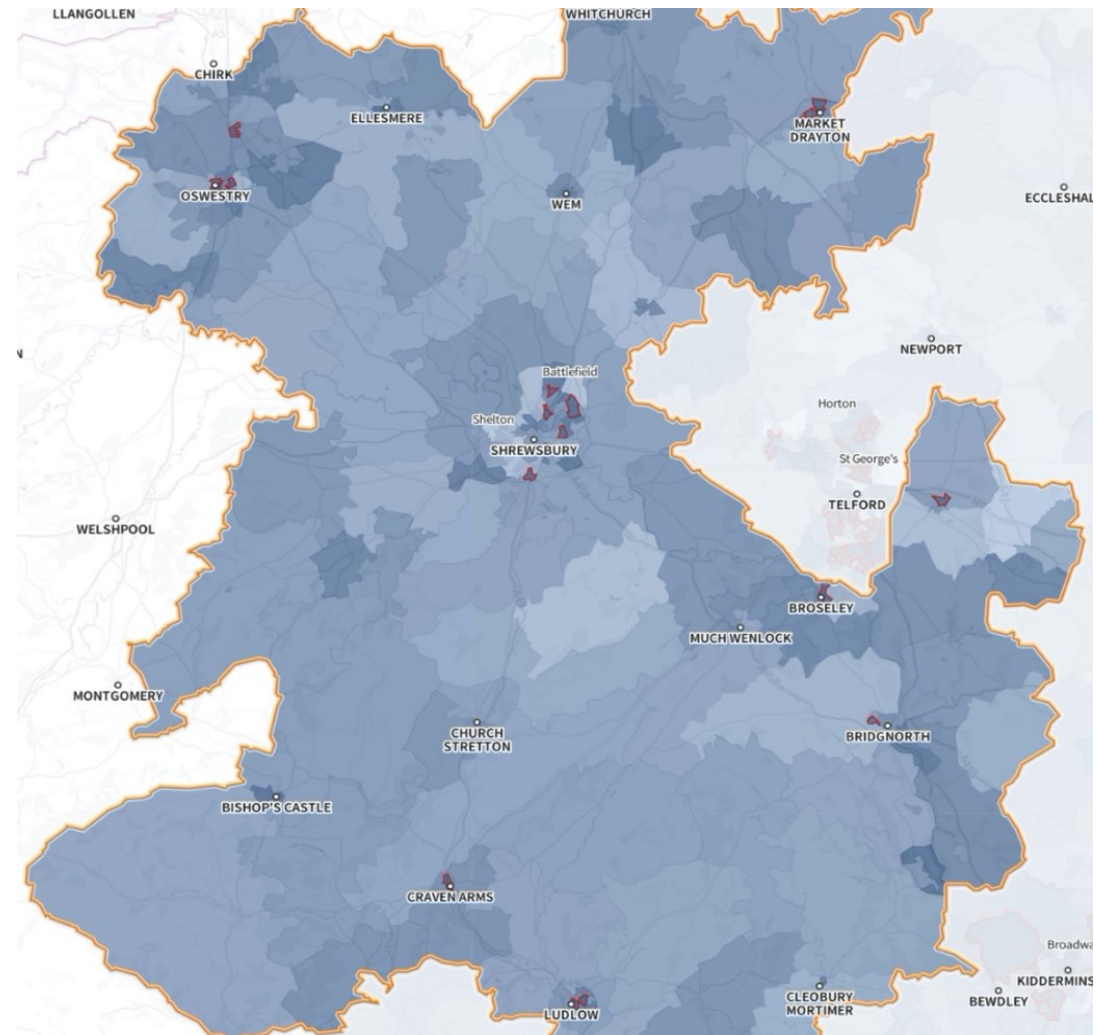
## Deprivation

Understanding levels of deprivation is important within an area in order to understand local needs and help planning service provision. In Shropshire there are 15 out of 193 small areas (known as LSOAs) in Shropshire in this category and are located in parts of Oswestry, Shrewsbury, Market Drayton, Craven Arms, Ludlow, Bridgnorth and Broseley. Red bordered areas highlight areas which fall into the 10% most rurally deprived areas nationally.

### *Index of Multiple Deprivation (IMD)*

This tool can be effective in identifying the most deprived populations in England which can be used to assist in service planning and assessing the demand for health and social care at a local level. This method can be problematic for rural areas, as it can mask small and dispersed pockets of deprivation within a smaller rural area. This makes using place-based (local area) approaches to identifying health inequalities that exist within rural areas is important, and an approach which Shropshire uses, therefore in a rural County such as Shropshire, understanding the scale of rural deprivation is critical

A **Lower Layer Super Output Area (LSOA)**, is a geographical area, designed to improve the reporting of small area statistics in England and Wales. We will use these where we can through the report to give a more granular understanding of our communities however, we recognise that in rural areas – even this can mask significant variation.





The *Rural Deprivation Index for Health (RDI)* looks to quantify deprivation more accurately in rural areas where darker blue areas on the map indicate more disadvantaged areas in Shropshire (low Rural Deprivation Index score).

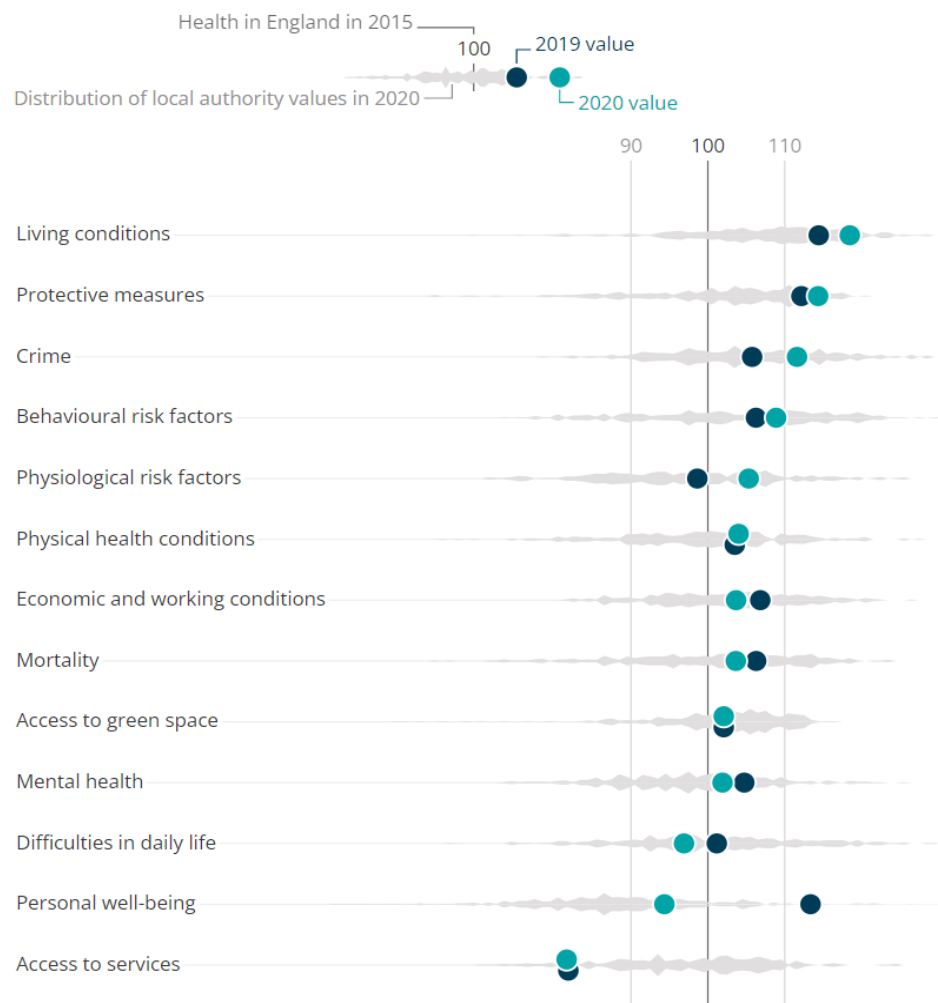


The RDI score is made up of four dimensions, each with a selection of measures. The principal domain is 'Relative household deprivation' which consists of indicators widely

acknowledge to be associated with deprivation, such as income and education. The two other domains take into account the effect of specific environments or populations on deprivation; these are the 'Locality deprivation dimension and 'Population' domain, which also accounts for differing population structures in different geographies. Each Lower Layer Super Output Area in the country is allocated a Rural Deprivation Index score. A Lower Layer Super Output Area (LSOA), is a geographical area, designed to improve the reporting of small area statistics in England and Wales.

## Health in Shropshire is strongest among measures relating to the "living conditions" subdomain

Health Index values for each subdomain, Shropshire, 2020



The Health Index provides a single value for health that can show how health changes over time. It can be broken down to focus on specific topics to show the factors that influence these changes.

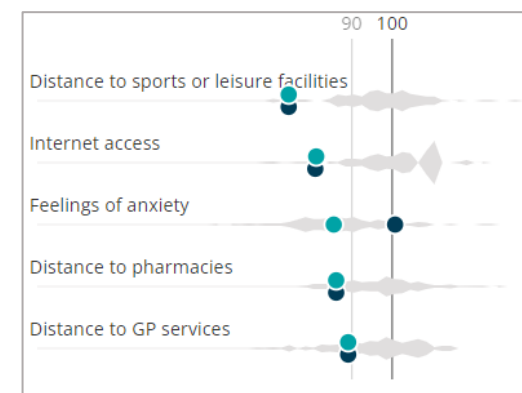
The Health Index score has a baseline of 100, which represents England's health in 2015. A score higher than 100 means that Shropshire has better health for that measure than was average in 2015, lower than 100 means worse health than the 2015 average.

Shropshire has an overall Health Index score of 108.1 (2020), which is down 0.8 points compared with the previous year, meaning Shropshire's overall health in 2020 is better than the England average in 2015.

The overall Health Index score can be broken down into three areas of health, known as domains, which are: Healthy People; Healthy Lives and Healthy Places. Each domain contains several subdomains which contains measures.

The charts show the measures within the Healthy Places domain: "living conditions". Shropshire's best score across all subdomains of Healthy Places is 118.5 for health relating to "living conditions", a rise compared to the previous year. "Living conditions" looks at air pollution, household overcrowding, noise complaints, road safety, and rough sleeping.

The second highest scoring subdomain is "protective measures" (cancer screening and vaccinations), while Shropshire's worst score is for "access to services" (distance to GP practices, pharmacies, sports and leisure facilities and internet



## Section 2: Rural Health and Inequalities in Shropshire

Shropshire is the second largest inland county in the country and is well known for its rolling hills and beautiful rural landscape. There are three people for every football pitch-sized piece of land in England – in Shropshire there is one. For many, Shropshire is a fantastic place to live and work and has a strong sense of community within its towns and villages. *Overall, health outcomes are better in rural areas than in urban areas, however indicators mask small pockets of significant deprivation, rural exclusion and poor health and wellbeing.*

While recognising the **positive opportunities and outcomes from rural living, this section will provide more information about the drivers behind rural inequalities and exclusion which are often more hidden for Shropshire**, providing local data on outcomes, the challenge but importantly what we action is and can be taken to improve issues and outcomes for residents. The case studies provide examples of specific work happening to help address inequalities. The report then concludes with recommendations around next steps to improve outcomes

It is well-documented that the budget required by rural households for a minimum acceptable standard of living is considerably higher than elsewhere in the UK. Rising living costs in the past 18 months has put extreme pressure on rural households in addition to those other rural health inequalities outlined below. In addition, funding is also an issue; rural areas received less funding per resident under NHS allocations commissioners and receive less Public Health funding per head of population compared to our urban Local Authorities impacting on service delivery particular when we know that the population in our more rural areas is overall older and ageing requiring more support from health and care services; **in urban areas, 23.3% of the population are aged 65+. In rural areas of our County 26.2% of the population are aged 65+.**

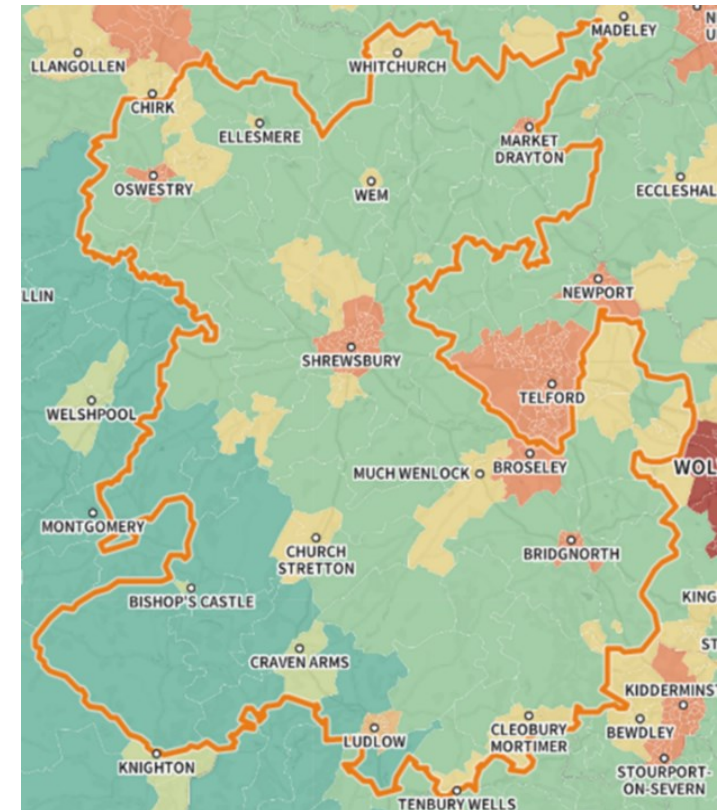
**Rural Inequalities:** Health inequalities can be defined as; ‘avoidable differences in health outcomes between groups or populations- such as differences in how long we live, or the age at which we get preventable diseases or health conditions’<sup>7</sup> However, inequalities experienced by those in rural areas can differ; a report published in 2022 by the University of Central Lancashire (UCLAN)<sup>6</sup> utilised a variety of measures to identify the inequalities experienced by rural populations in England. The report highlights the significance of rural health inequalities, often linked to hidden deprivation and the barriers that are unique to rural living groups in accessing essential services. Contributing factors to rural health inequalities were identified as:<sup>6</sup>:

Deprivation  
Unemployment  
Suicide rates (male farmers)  
Workforce and recruitment challenges  
Road accidents

Poor access to services  
Mental Health  
Substance use  
Poor living conditions  
Obesity

Poor access to healthcare  
Limited transport  
Digital connectivity  
Ageing population  
Loneliness & Social isolation

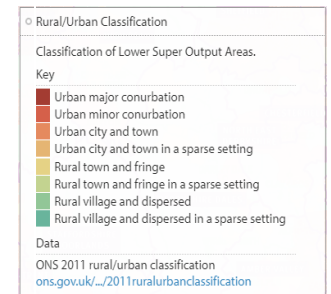
Map 2: Shropshire Rural/Urban Classification 2011



Source: ONS

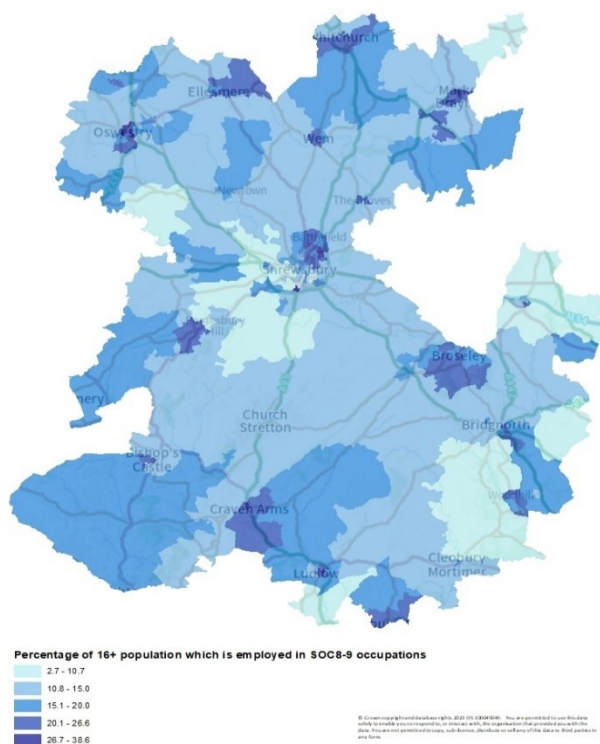
**186,658 (57%)** people classified as living in a “rural” setting (green/yellow) in Shropshire

**103,310 (37%)** classified as living in “rural village and dispersed or in sparse setting”  
**127,800 (24%)** classified as living in “rural town and fringe”



## Employment

Map 3: Percentage of the Population in Lower Skilled Occupations



Source: DWP

Map 3 shows where there is higher numbers of people employed in lower skilled occupations in Shropshire. Illustrating areas of focus to create improved employment opportunities.

Compared to nationally, Shropshire has a higher rate of Managers, directors, and senior officials (13.9%), skilled trades occupations (13.8%) and caring, leisure and other service occupations (10.0%).

## Challenges

Shropshire is a low wage economy with 1 in 6 (16.6%) aged 16+ working in lower skilled occupations, and 10% in caring, leisure and other service occupations.

A lack of public transport to access work can also be a barrier, with a reliance on cars to travel to work, particularly in lower paid occupations. Shropshire also often loses its young people due to lack of opportunity to progress, or lack of employment sector/industry which they wish to enter.

There is a need to create improved employment prospects through local economic policy and enabling infrastructure, education, skills, lifelong learning and labour market programmes. These need to be targeted to maximise opportunities to reduce health inequalities, improve health across the County and to seize opportunities to create economic growth

## Opportunities and Action

Workforce and economic growth feature in several strategic plans within Shropshire, which include actions to implement.

These plans include the Shropshire Inequalities Plan, the Shropshire Plan – Healthy Economy, The Economic Growth Strategy and Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy.

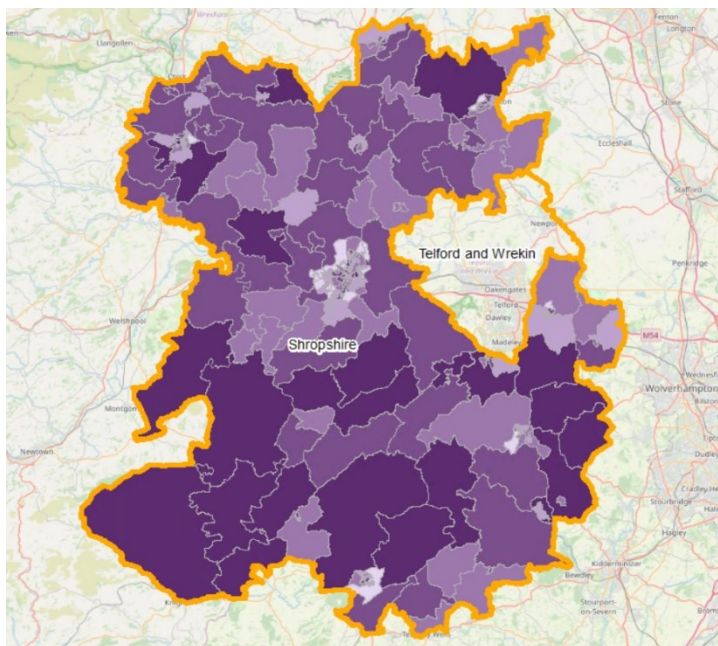
Collective actions include:

- Adoption of the Economic Growth Strategy with wellbeing & health embedded as a core value.
- Improving overall employment rate/average earnings
- Supporting employment among those with Learning Disabilities (LD)/Mental Health (MH)/Long-Term Health Conditions (LTCs)
- Targeting UKSPF programmes to support 16–24-year-olds who are Not in Education, Employment or Training (NEET), the unemployed and those needing upskilling in work.
- Provide careers advice and guidance.
- Support transition arrangements into education, employment or training



# Housing and Fuel Poverty

Map 4 Fuel Poverty in England 2021 or IMD Access



In 2021 18% (ranging from 16-21%) of Shropshire's households were experiencing fuel poverty in 2021, a rise from 16.4% in 2020. The map shows the variation in fuel poverty across Shropshire. This data while published in 2023, relates to information in 2021 prior to fuel costs rises.

In addition, measures the physical and financial accessibility of housing and key local services in Shropshire measures the physical and financial accessibility of housing and key local services in Shropshire. Shropshire has an average score of **25.4** and is ranked **68th most deprived** local authority in England out of a total of 317 lower tier authorities

## Challenges

Living rurally means many homes in Shropshire are off-grid, and rely on heating oil for example, which is more expensive and does not attract the savings that being on a mains supply offers.

Good housing is an essential part of good health. Housing costs, availability and quality can vary throughout the county, which can mean some people are unable to remain in their community.

## Opportunities and Action

Housing as well as fuel poverty feature in several strategic plans within Shropshire, which include actions to implement.

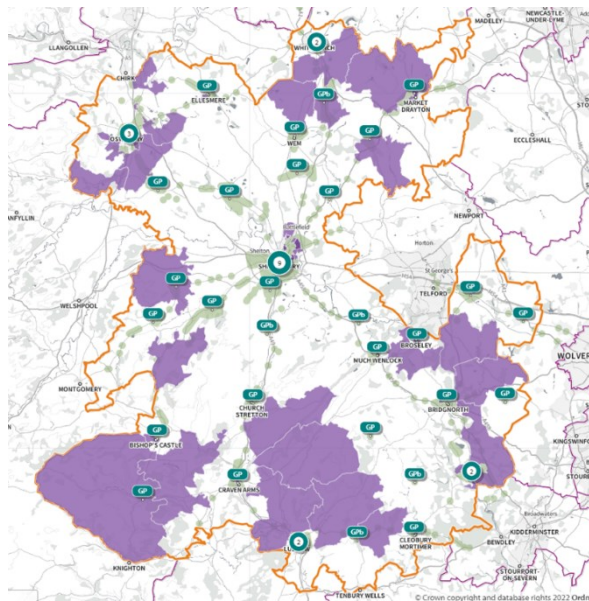
These plans include the Shropshire Inequalities Plan, The Shropshire Plan – Healthy People, Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy and Housing strategies.

Collective actions include:

- A strategy which sets out initiatives to tackle fuel poverty, whilst providing a road map for homes becoming net zero carbon.
- Ensure all relevant domestic private rented property meets the Minimum Energy Efficiency Standard (MEES)
- Develop a sustainable affordable warmth strategy
- Distribute the £11million of funds awarded as part of the Sustainable Warmth Programme to assist local people to improve their homes and reduce harm caused by fuel poverty to local households following expressions of interest.
- Reduce number of households living in fuel poverty
- Delivery of the private housing assistance policy
- Raising public awareness of support available through the Cost-of-living website pages [Cost of living help | Shropshire Council](#) on the Council website
- Sufficient affordable and supported accommodation to meet identified need through the production of a housing need and demand position statement. This maps current provision and evidences current and future need for all tenures of housing,
- Increase Numbers of additional affordable housing
- Increase numbers of additional specialist / supported accommodation
- Integrated Care Strategy priority - homelessness

# Transport and Access Exclusion

Map 5: Access to General Practice within 15 mins



Access to services provides a particular challenge in rural areas. The index of multiple deprivation contains a measure for the physical and financial accessibility of housing and key local services. In 2019 Shropshire has an average score of 25.4 and is ranked 68th most deprived local authority in England out of a total of 317 lower tier local authorities. In addition, Map 5 specifically identifies those who cannot access a GP practice within 15 mins using public transport

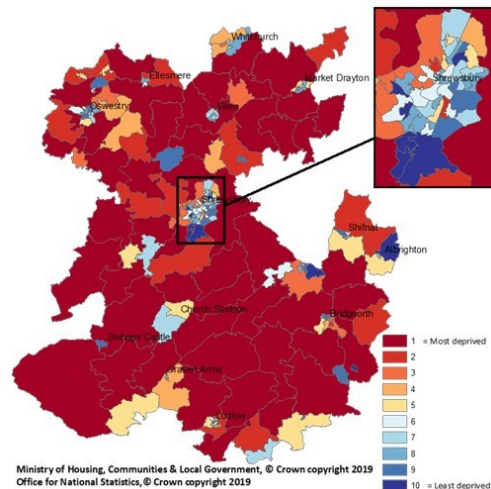
## Challenges

Rural populations in Shropshire may experience barriers to accessing health care services due to distance, transport and waiting times. Data identifies that 37% of Shropshire's population cannot access a GP within a 15-minute journey on public transport. This may be more detrimental for more deprived populations which make up 1.6% of the total 37% figure.

## Opportunities and Action

Transport and access to services features in several strategic plans within Shropshire, which include actions to implement. Collective plans include:

- The Shropshire Inequalities Plan
- The Shropshire Plan – Healthy People
- Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy
- The Local Transport Plan (LTP4) which considers and prioritises the mobility needs of people, places, and activities in promoting and maintaining healthy, equitable and sustainable communities. This includes the Local cycling and walking infrastructure plan (LCWIP) to encourage and enable sustainable physical activity in daily life for all population groups
- Integrated Care Strategy priority – Primary Care access, Urgent and Emergency Care access, inequality of access to preventative care.

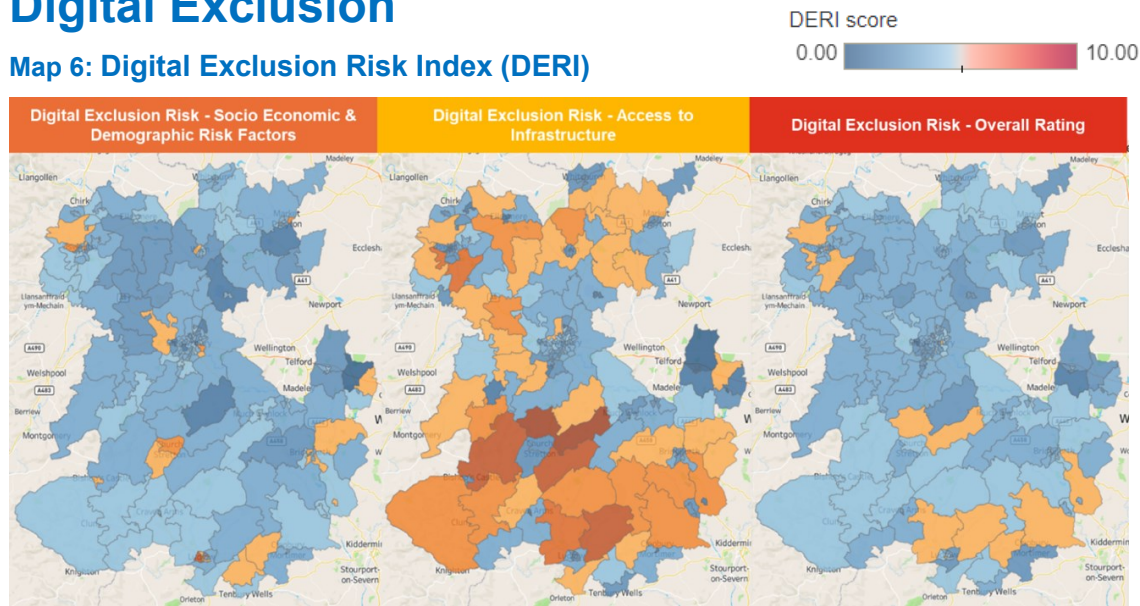


Source: IMD 2019 and SHAPE



# Digital Exclusion

Map 6: Digital Exclusion Risk Index (DERI)



**Digital Exclusion Risk Index or DERI** visualises the risk, or likelihood, of digital exclusion for every Lower Layer Super Output Area in England. DERI shows where digital exclusion is most likely to occur and uses 12 different indicators, covering demography, deprivation and broadband access to create an overall DERI score for each area. The DERI score is between 0 (low risk) and 10 (representing high risk) Source: [Good Things Foundation](#)

Map 6 shows the Digital Exclusion Risk Index (DERI) overall and the separate domains which mask different challenges in Shropshire. A low DERI score = lower risk of digital exclusion and the **Darker blue** areas on the map indicate areas with a **lower risk** of digital exclusion in Shropshire, with **red** highlighting areas in Shropshire at **higher risk** of digital exclusion. Across the county, 10,614 residents are at a higher risk of digital exclusion overall, however there are some significant challenges around **access to higher speed broadband connections where certain often** rural or remote areas, lack the necessary technological infrastructure to provide reliable and high-speed internet connections. This limitation hinders residents' ability to access online information, services, and communication platforms and requires digital service that work well with low bandwidth for example. The **Demographic & Socio-Economic factors** such as age, income and socioeconomic status, geographic location, digital literacy all contribute significantly to digital exclusion and require a different engagement and service offer in these communities to support digital inclusion

## Challenges

Challenges include poor access, connectivity, and confidence, or skills of people using technology. With increased use of digital services there is a danger of increased inequality. Digital services could address issues around. Poor connectivity in rural areas is a barrier that could be addressed to improve access to many digital healthcare services for rural populations.

## Opportunities and Action

Digital Exclusion features in several strategic plans within Shropshire, which include actions to implement. These plans include the Shropshire Inequalities Plan, The Shropshire Plan – Healthy People and Shropshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy

Collective actions include:

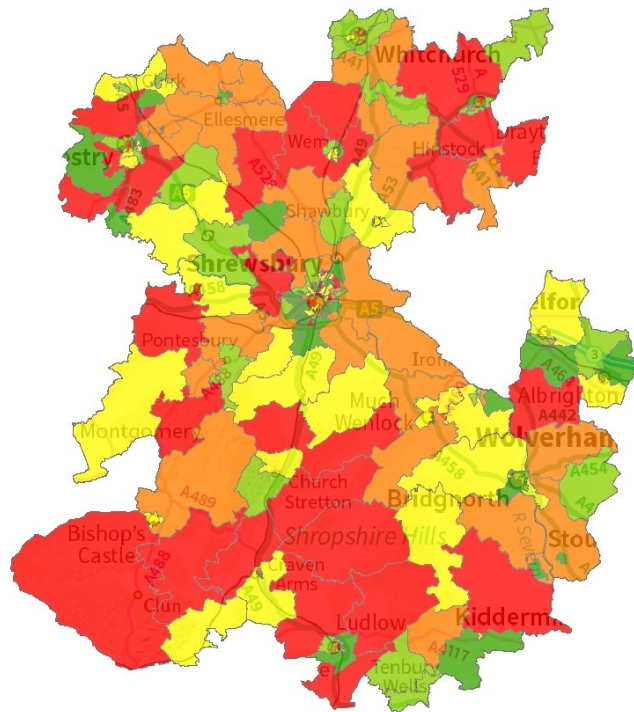
- The customer Programme, as part of the delivery of the Shropshire Plan will include work to both recognise and mitigate digital exclusion, including an impact assessment of the programme as it develops
- Contractual requirements to ensure providers are collecting and monitoring the impact of digital access in relation to service provided and evidence of alternatives for those who cannot access via digital means including evidence of safeguarding considerations.
- work collaboratively with partners to increase digital inclusion
- Work with Partners to establish a Digital Inclusion Network for Shropshire
- Voluntary sector and library partners digital literacy courses



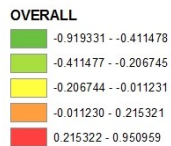


# Cost of Living

Map 8: Cost of Living Risk Score



Cost of Living Risk score - preliminary quintiles



## Challenges

We know that the rising cost of living has had an enormous impact on our residents, many of whom may be experiencing financial hardship for the first time in their lives. By working together, we can pool our resources, experience and knowledge so we can provide a safety net to as many people as possible, including our most vulnerable residents

Map 8 is a local index developed evenly weighted across 15 measures to demonstrate those areas at highest risk from the rising costs of living. This highlighted risks in some of our most rural areas, where poor homes, access to transports and low wages create extreme challenges.

## Opportunities and Action

Shropshire brought together a social taskforce, comprised of a wide range of organisations from across the public, community, and voluntary sector, as well as business representatives to create a joint local response to the cost-of-living crisis.

The taskforce has met monthly since March 2022, building on the partnerships established and learnings gained in response to COVID. Membership of the Taskforce and Sub-groups incorporates representatives from over 20 organisations including Shropshire Council, Citizen's Advice Shropshire, Age UK Shropshire Telford and Wrekin, Marches Energy Agency, Community Resource, Shropshire Food Poverty Alliance, Shropshire Mental Health Support, Shropshire Voluntary and Community Sector Assembly, DWP (Department for Work and Pensions), Shropshire Association of Local Councils and local NHS trusts.

The taskforce has been working to deliver a co-produced local action plan:

- Strategic use and sharing of existing resources and assets to build capacity.
- Workforce training to over 650 staff to support conversations with residents about the cost-of-living crisis
- Joint communications to ensure residents know where to get support with energy, food, money and debt
- Using data and insight to target communications and support to the most vulnerable and to monitor and evaluate effectiveness.
- Warm welcome sites at more than 80 venues offering social activities, CoL and energy help and support in a warm and safe space
- Cost of Living Helpline - targeted proactive outbound calls to support households identified as high risk – Since October 2022 over 25,000 residents were contacted using outbound calls and messages

# Rural Communities

## Challenges

There is extensive evidence that connected and enabled communities are healthier communities. Those who are engaged in decision making, are supportive of neighbours and well linked have positive impact on health and wellbeing outcomes; this is especially true in rural communities including Shropshire. As well Community Development has a positive and lasting impact on wellbeing of individuals and communities. The Voluntary and Community Sector Assembly in Shropshire has highlighted these opportunities and challenges and there is a call to action for Shropshire including its partners to give parity to the role of the sector but also ensure sustainability for the future.

The voluntary and community sector, community leaders and volunteers are critical to empowered communities and a significant asset within Shropshire and its rural areas; their role is core to our shared ambition of tackling rural exclusion and inequalities. However, for several reasons, the community and voluntary sector including its local leaders, volunteers and local champions are very vulnerable at this time particularly post COVID and rising costs of living leading to increased demand and financial pressures. This is alongside an aging profile of the population, workforce including volunteers; there is a real risk around the capacity and sustainability of the sector.

## Opportunities and Action

The Voluntary and Community Sector Assembly for Shropshire Annual Report 2022/23 Highlights the value of the community and voluntary sector to Shropshire (see above).

Collective actions and recommendations to support the sector moving forward included:

- Key strategic documents acknowledge the critical role our communities and the community and voluntary sector play in health and wellbeing and actions and approaches to improving health and wellbeing, this includes the health and wellbeing strategy, Shropshire Integrated Partnership, the Shropshire Plan and Prevention Framework, Joint Forward Plan and Inequalities Plans. We will continue to increase and strengthen existing opportunities for collaboration in the sector, including through the delivery of key plans, strategies, and their key actions.
- Ensure that communities have a strong voice and the opportunities for concerns from the community are heard equally, recognising the frontline role of our residents, as well as those working in the communities as well as continuing to promote the work of the sector at every opportunity.
- Support the sector to have a robust infrastructure support offer that helps to increase numbers of members, volunteers and funding including exploring the development of community champions and succession planning for the sector.
- Work with a wider range of professionals, including frontline staff who are in communities to recognise their role and link up as part of a One Shropshire approach. For example, the role of our local business, bin collectors, faith communities and others in recognising safeguarding concerns.
- Work with the people in communities to ensure that support is available for those dealing with increasingly complex situations such as those in mental health crisis including signposting advice, trauma informed training and support for those in crisis and supporting those in crisis.
- Continue to develop and commit to working with the voluntary and community sector. For example, the Council make clear commitments through the Compact Agreement, as well as the joint delivery, and commissioning of the sector, and recognising the sectors role in on going scrutiny/co production of services and policies.

Facts and Figures 2022



920+

Current VCSA newsletter subscribers

70+

VCSA newsletter bulletins sent annually



1,130



@VCSvoice Twitter followers

27+

Partnership boards and groups with VCSA representatives

£38m+

Weekly Social Value of Average Volunteer Hours in Shropshire this year

£608m

Annual charity expenditure in Shropshire, Telford & Wrekin

1,179



Registered charities and social enterprises in Shropshire

£17m+

In external grants awarded to VCSE orgs in Shropshire

# Summary of actions and opportunities

It is important to also recognise the strengths and asset living in rural areas brings to a population's health and wellbeing and acknowledge the opportunities that innovation, integration and digital transformation have to improve service delivery in rural areas. Below is a summary of some of the national and local strategic opportunities and activity that build on the strengths of rural communities while addressing some of the challenges outlined earlier in the report.

National Strategic Actions	
<p>The 2019 inquiry into the rural economy by the House of Lords Select Committee, <a href="#">Time for a strategy for the rural economy says Lords Committee - UK Parliament</a> identified the following challenges to delivering health and social care in rural areas: Older populations; funding challenges; access to services; poor connectivity and isolation and loneliness</p>	<p>In response to the inquiry, the Department for Environment Food and Rural Affairs (DEFRA) published the 'Rural proofing in England 2020' <a href="#">Rural Proofing Report 2020 (publishing.service.gov.uk) report</a>. It provides clear recommendations to policy makers on 'Rural proofing' to reduce health inequalities in rural areas in England. It was updated in 2022 to focus on health care in rural areas and align to 'Levelling up'</p>
Local Strategic Actions	
<p><a href="#">Community and Rural Strategy for Shropshire 2020</a>  <a href="#">Shropshire Health and Wellbeing Board strategy</a>  <a href="#">Shropshire Inequalities Plan</a>  <a href="#">Shropshire Economic Growth Strategy</a></p>	<p><a href="#">Shropshire Plan</a>- is the key strategic plan for the council with 4 key priorities: Healthy people, Healthy economy, Healthy environment, Healthy organisation. Delivery of the plan includes a firm commitment to tackling inequalities, including rural inequalities, and poverty in all its forms. Programmes underpin the delivery</p>
<p><a href="#">Integrated Care Strategy</a> including the '<a href="#">Core 20+5</a>' A national NHS England approach to inform action to reduce healthcare inequalities The approach defines a target population, the 'Core20PLUS', and identifies '5' focus clinical areas requiring accelerated improvement. Rurality is a Shropshire addition.</p>	<p><a href="#">Joint Strategic Needs Assessment (JSNA)</a> Good quality data underpins everything we do. Our Community Wellbeing Outreach Team goes out and finds out what is important to people in different areas of our Shropshire communities. (The 18 'Place Plan' areas</p>
<p>Health in All Policy and Equality, Social Inclusion and Health Impact Assessment (ESHIA) the assessment encompasses consideration of social inclusion so that we think as completely as possible about all Shropshire groups and communities, including people in rural areas and people we may describe as vulnerable</p>	<p>Health Overview and Scrutiny Committee – Rural Proofing in Health and Care Services, Task and Finish Group agreement to establish in March 2023</p> <p>Social Task Force – Letter to ministers raising awareness of the cost-of-living crisis and its impact on rural communities in particular</p>

## Local Actions

Social Prescribing (see Section 3 recommendation 1). Social prescribing provides a non-medical solution to addressing loneliness and social isolation by providing early and preventative support to children, young people and adults. Shropshire Council is leading the way since the introduction of its social prescribing services has helped more than 800 local residents referred to the service due to reporting experiences of loneliness.

Community Outreach including health checks in livestock markets (see also Section 3 recommendation 2 and 5) to reach our local agricultural communities who often experience poorer health outcomes including concerns around higher rates of mental health problems. The team provide free health checks at livestock markets. Initial findings identified that whilst Health Checks aim to identify early signs of health conditions such as cardiovascular disease, undertaking the checks can help to identify where other support may be needed such as identifying social isolation and loneliness and potential family problems.

Shropshire Local - Shropshire Local customer service points offer a place for residents to talk to council staff face to face and get support. This service point gives information on council services together with a wide range of community information. These are located at various sites across the County often delivered by the local library service

Our voluntary and Communities play an important role in addressing loneliness from hosting local community-based activities to identifying neighbours who may need a helping hand to attend an activity<sup>1</sup>

Developing the evidence base including a cost-of-living index and a public health rurality and inequalities network to share best practice and fill gaps in the evidence around health outcomes

Commissioned services – providing support to meet rural needs, including NHS funded Blood Pressure Case Finding

Shaping Places – see case study on page 17



## Case Study: Shaping Places for Healthier Lives – solving food insecurity in south-west Shropshire, including work on the Cost of Living



Shaping Places for Healthier Lives is a three-year programme funded by the Health Foundation in partnership with the Local Government Association. Shropshire was one of five council areas in England to win the funding after a three-stage application process. In Shropshire our focus is on reducing food insecurity in South-West Shropshire.

The objectives of the Shaping Places programme are to:

- mobilise cross-sector action on the wider determinants of health through sustainable system change at a local level
- support local authorities to facilitate and enable local partnerships for system change on the wider determinants of health
- learn how to make changes that impact on the wider determinants of health.

Shaping Places for Healthier Lives: Solving Food Insecurity in South-West Shropshire

Our vision	In 10 years' time: Statutory and voluntary services will be working together with communities to ensure everyone in Shropshire has access to the help and support they need to prevent food insecurity. Our population will have sufficient income, access to enough healthy, affordable food and the knowledge and skills needed to prepare it. As a consequence, the population will enjoy good health and wellbeing and inequalities will be reduced.			
Level	<b>Strengthen the system:</b> Creating a learning and feedback structure which brings partners together from across the system	<b>Economic:</b> Enabling individuals to maximise their income	<b>Social:</b> Reframing food insecurity	<b>Community:</b> Build on local assets to develop sustainable community led solutions
Goal	<ul style="list-style-type: none"> <li>Strategic leaders from the statutory and community sectors recognise the importance of addressing food insecurity as a health inequality issue and adopt whole systems working when thinking about complex problems.</li> <li>Key organisations adopt a whole systems approach to addressing complex problems like food insecurity.</li> <li>Public and community sectors work together to co-design asset based sustainable approaches to ensure those who need support are kept at the centre of the system.</li> </ul>	<ul style="list-style-type: none"> <li>Everyone has access to sufficient income to enable them to afford a healthy diet.</li> <li>People in rural areas are able to access support and services.</li> <li>Proactive early intervention reduces food insecurity.</li> <li>People are supported to navigate the system.</li> <li>Redesign the system to work around the individual to address multiple needs.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced stigma and increased dignity.</li> <li>People struggling financially come forwards for support.</li> <li>Food insecurity recognised by health professionals as a health issue and practice changed to provide advice and make referrals.</li> </ul>	<ul style="list-style-type: none"> <li>Develop community solutions to food insecurity</li> <li>Help available locally and without stigma</li> <li>Increased access to food and food skills</li> </ul>
How?	<ul style="list-style-type: none"> <li>Develop a three-year learning plan</li> <li>Test and pilot solutions identified in the following columns</li> </ul>	<ul style="list-style-type: none"> <li>Review how services and local support is delivered in rural areas.</li> <li>Explore if cash first approaches can be used to support people in financial crisis.</li> <li>Help for people at risk of food insecurity to maximise their incomes.</li> <li>Pilot frontline staff training.</li> <li>Explore ways to improve navigation of the system to assist people with multiple areas of need.</li> </ul>	<b>Trial communications:</b> <ul style="list-style-type: none"> <li>to reframe food insecurity and reduce stigma</li> <li>around caring for our community</li> <li>to health professionals around food insecurity &amp; health inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Place based meetings to harness local passion and build on local assets</li> <li>Co-produce local community project pilots which build food skills or increase access to food</li> <li>Evaluate and learn from projects and give voice to the community</li> </ul>



Partnership working between Shropshire Council, the Shropshire Food Poverty Alliance, Citizens Advice Shropshire and Healthwatch Shropshire has been very productive and included:

- **System wide working across 12 groups including: The Hardship & Poverty group, Cost of Living Communications group, Shropshire Food Bank Network Meetings, and the Money Advice Forum**
- Healthy Start campaign (see image)
- Cost of living briefing sessions
- Cost of living comms campaign (Website, social media, Videos, Leaflets, Self-help checklist)
- Worrying About Money Leaflet developed
- Cash First Approaches –Shropshire Council taking cash first approach via Household Support Fund
- Proactive outreach – Cost of living helpline (25,000 residents contacted since Oct 22)
- Stigma Video – to reframe food insecurity
- Building an evidence base - Foodbank Surveys, basket costs
- Building relationships with the community – talking to and learning from those with lived experience

Shaping Places for Healthier Lives – Plan on a page [Shaping Places for Healthier Lives | Shropshire Council](#)

## Section 3:

# Previous Recommendations Progress Review

### Recommendations from the 2021-22 Annual Report

#### Recommendation – Prevention as a Shared Responsibility

I recommend Health and Wellbeing Board (HWBB) members acknowledge their individual organisational and our collective shared responsibility, to focus on prevention and early intervention. In addition, that HWBB members develop plans to seek to address variation in health and wellbeing outcomes. We want everyone to have a good quality of life no matter where they live.

**Progress - Local Authority working alongside our Health partners and the Community and Voluntary Sector:** In April 2022, Clinical Commissioning Groups (CCG)s ceased, and were replaced by [Integrated Care Systems \(ICS\)](#). Shropshire Council continues to work closely with our health partners and Voluntary and Community Sector (VCS) to focus on prevention and early prevention and to seek to address variation in health and wellbeing outcomes. The Local Authority is a [member](#) of the Integrated Care Board (ICB) and has influence on decision making.

**Shropshire Joint Health and Wellbeing Board Strategy (JHWBS) and developing Shropshire, Telford & Wrekin ICS Strategy (STWICSS) :** The [Shropshire Joint Health and Wellbeing Strategy 2022-2027](#) was brought to the Health and Wellbeing Board meeting in March 2022, and the recommendation that the Board agreed the final Strategy and takes joint ownership for progression and implementation was accepted. This strategy sets out the long-term vision for Shropshire, identifies the immediate priority areas for action and how the Health and Wellbeing Board (HWBB) intends to address these. The strategy was developed through consultation with Shropshire people and our stakeholders; a series of structured workshops with the HWBB, to discuss and agree priorities which meet the needs of Shropshire people, scrutiny of national and highly localised data which identifies areas of health need and is a collaborative approach across all health and care organisations to improve health in our communities and local and national Post Covid-19 report recommendations. The priorities of the JHWBS and the STWICSS have been aligned where possible, and Prevention and Early Intervention feature strongly in both. [Integrated Care Strategy](#)

**Shropshire Inequalities Plan 2022-2027:** Health inequalities are unfair, systematic and avoidable differences in health. Only around 10% of our health is impacted by the healthcare we receive. To create a society where everybody can thrive, we need all of the right building blocks in place: stable jobs, good pay, quality housing and good education. To help address this; Shropshire's Health and Wellbeing Board (HWBB) requested the development of an [Inequalities Plan](#) that recognises the importance of both health inequalities and these missing building blocks, and inclusion of action being taken to address these. NHS Shropshire Telford & Wrekin also have an Inequalities Plan, which is being developed and aligns with the Shropshire Inequalities Plan.

**Shropshire Plan** The vision of the [Shropshire Plan](#) is 'Shropshire – Living the best life' This sets the direction for the next three years up to 2025 within the framework that our longer-term plans and strategies, like our Local Plan and our Cultural Strategy, underpinned by our health and wellbeing plans, set out for the next 10 to 20 years. The challenges and experiences that we've shared over recent years put us in a strong position to step up and move forward together and adapt our plans to meet the changing situations we face.

The HWBB are currently developing and delivering an all-age prevention plan which will include a prevention framework and key systemwide as well as organisational actions to bolster existing services and embed prevention not just in everything both the council and our system partners do.

## Recommendation – Community Wellbeing and Social Prescribing

I recommend that all statutory partners with health and wellbeing responsibilities across Shropshire, develop a co-ordinated, comprehensive, asset-based approach to wellbeing in our communities. That the HWBB ensure the Voluntary and Community Sector (VCS) is central to this approach, and we join up with other 'community assets' - families, friends and local people who have the ability to support each other.

### Communities

Communities are integral to our wellbeing. Shropshire has overall high levels of community cohesion and a strong VCS who are an equal partner on the Health and Wellbeing Board.

Image: SP Team



### Social Prescribing in Shropshire

Social Prescribing is a non-medical approach designed to help people with a wide range of social, emotional, physical or practical needs e.g. caring, long-term conditions, lifestyle (smoking or weight), mental health, loneliness and isolation.

It uses a person centred, preventative approach by intervening early, or by working alongside health and care practitioners in more complex cases. Clients have the space to talk one to one with a trained Link Worker (known locally as Healthy Lives Advisors) and come up with a plan of action together, to help resolve health and wellbeing concerns and help put the person back in charge of their life. Advisors are fully trained in motivational interviewing; behaviour change and health coaching.

Working closely with our valued partners in the voluntary and community sector, the programme connects people to services or activities in their community. In the last year referrals to the service have increased 104%, and people have been supported by over 60 local organisations.

### How do we know it works

#### People say...

*"I had not heard of social prescribing till the GP offered it to me. It is a tremendous support when you are feeling very low and vulnerable - just knowing someone is there for you and knowing they will ring you at a specific time. Thank you"*

*"I felt listened to and heard. I felt valued and respected. I never felt pressured"*

*"It has been an effective tool in taking steps to improve my health. It is good that the conversations do not exert pressure which can be counterproductive. I felt able to talk freely. Also, I appreciated the decent amount of time allowed for talking."*

**Children and Young peoples' Social Prescribing** A successful pilot started in south-west Shropshire and has grown successfully. It is now available to all young people across the county.

### Personal Care and Support Plan

- o Co-produced with Children & Young people in the service
- o Key elements are what matters to me, my action plan and my safety plan
- o Celebrating success is important

### How do we know it works?

- o 'Majority of students have engaged fully after being referred. This has led to positive discussions with students opening up about their wishes and feelings.'
- o Increase in wellbeing scores
- o I feel heard and understood'



## Community Wellbeing Outreach Team

The Community Wellbeing Outreach Team is continuing to focus on inequities, locality Joint Strategic Needs Assessment (JSNA) support, community health checks, health promotion, campaigns, and improving the understanding of our communities for decision making purpose.

Working together with community organisations, the voluntary community sector, and town and parish councils, the team has spent a significant amount of time in the community encouraging the completion of the JSNA survey. We have supported five locality JSNAs to date and will continue to engage with the community for the other 18 place plans.

Alongside this, the team has been busy undertaking blood pressure checks in settings such as foodbanks, rural areas, veteran groups, and events, but particularly in the farming community, where they have conducted 63 interventions to farmers in Shrewsbury and the surrounding area. Applying the MECC principle of Making Every Contact Count, the offer of a health check has created a conduit for farmers to discuss any subject of their choice. This has happened naturally as individuals have disclosed a number of challenges. Anecdotally, the three most prevalent subjects are blood pressure-related stress, cancer, and bereavement.

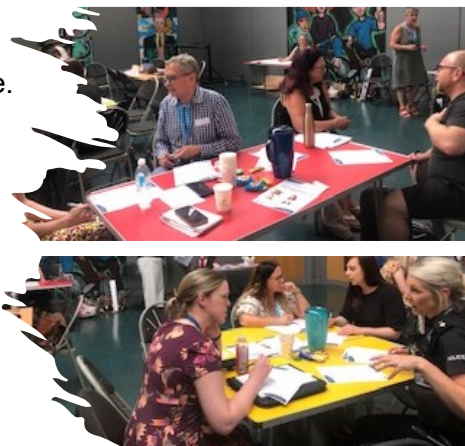
The team have recently begun working in collaboration with other professional services, such as Cancer Awareness and Dental Care, since the importance of this has been brought to our attention. Along with Shropshire Rural Support and Regulatory Services, we intend to expand this service across Shropshire's six largest markets.

## Integration Test and Learn sites

The aim of Integration Test and Learn sites are the creation of multi-disciplinary teams to support Children, Young People (CYP) and families in different sites across Shropshire. The first site is in Oswestry. These teams include Early Help practitioners, school nurses, social care practitioners, Voluntary and Community Sector partners and schools and cover the antenatal period, school years and teenage years.

There is also a development of a community led offer that supports CYP and families, initially starting with the most vulnerable. This community led 'collaborative' links schools, general practice, social services, police, fire and rescue, community, the local voluntary sector, and hospital services more closely.

Work is now commencing in North Shrewsbury and will be rolled out to more areas during 2023/24.



## Shropshire NHS Health checks

The NHS Health Check is a national prevention programme for adults aged 40 – 74 years who are not currently diagnosed with a cardiovascular-related health condition. The health check can spot early signs heart and kidney disease, type 2 diabetes, vascular dementia, and help identify people at risk of a stroke. Shropshire Council Public Health have been working in partnership with general practice since 2013 to provide the NHS Health Check to eligible residents.

Working together enables an increasing number of people to benefit from an NHS Health Check. As with many services, the Health Checks were stood down during the Covid pandemic in line with national guidance, and work is continuing to reinstate the service.



**Recommendation – Place Based/Neighbourhood Working** I recommend HWBB partners renew their commitment to Local Place Plan/Neighbourhood Based Working, to improve health and wellbeing. That HWBB partners promote and engage with Local Government assets such as housing, transport and planning, to develop a healthy places approach.

### Shropshire Integrated Place Partnership (ShIPP)

The purpose of ShIPP is to act as a partnership board of commissioners, providers of health and social care and involvement leads, to ensure that the outcomes and priorities agreed at ICS and Programme boards are implemented at place level in Shropshire.

The Board takes into account the different communities and people we work with, the individuals/ citizens (including carers) that we serve, the different delivery models needed, and our focus on reducing inequalities.

It is expected that through the programmes of ShIPP, and routine involvement and coproduction of local people and the workforce, ideas and information to inform and influence system strategy and priority development will be fed throughout.

### Housing

Housing Influences health inequalities through the effects of housing costs, housing quality, fuel poverty and the role of housing in community life.

Work to address this over the next few months will include undertaking an authority-wide housing needs survey, producing a specialist accommodation and independent living strategy, producing an affordable and intermediate housing options strategy, review and revision of the allocations policy and a revised Housing Supplementary Planning Document (SPD). The outcomes of this will be increased numbers of additional affordable housing and additional specialist / supported accommodation.

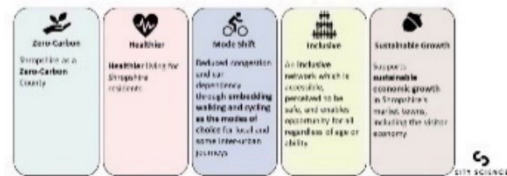
### Transport

Transport impacts on health. Enabling active travel such as walking and cycling, and use of public transport should result in healthier living for Shropshire residents and reduced congestion and car dependency.

The Local Transport Plan (LTP) 4 considers and prioritises the mobility needs of people, places, and activities in promoting and maintaining healthy, equitable and sustainable communities.

This includes the Local Cycling and Walking Infrastructure Plan (LCWIP) which encourages and enables sustainable physical activity in daily life for everyone. It also aims to increase the proportion of the county with access to good quality cycleways and walking in areas of deprivation and low physical activity.

The LCWIP has the following cross-discipline objectives which align with the emerging Local Transport Plan (LTP4)



### Planning

Planning decisions impact on health equity. For example, through accessible good quality green spaces. As well as creating healthy environments this also supports and enables stronger communities.

SP6 is a new Health and Wellbeing policy within the [Local Plan](#), which relates to the provision of quality green space and infrastructure in planning conditions. It will be ensured that staff are trained and understand the SP6 policy and its requirements and monitor the number of planning consents which reference SP6 in planning conditions.

## Recommendation – Areas of Focus

In addition to the core health and wellbeing delivery of statutory services and Integrated Care System (ICS) and HWBB priority areas, Public Health will focus on Smoking in Pregnancy, Social Prescribing, mental health and wellbeing, a health in all policies approach and weight management over the next 12 months.

### Smoking in Pregnancy

- ✓ A new service across Shropshire, Telford & Wrekin is in place, and is an integrated part of our maternity services
- ✓ We have continued investing in the Family Nurse Partnership
- ✓ Peer support is now offered through Homestart for women who have quit during pregnancy to access in the postnatal period.

### Social Prescribing

Please see Recommendation 2

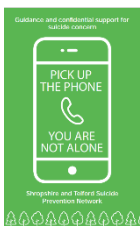
### Health in All Policies (HiAP)

Embedding wellbeing and prevention in all policies that we put in place as a council is important for residents. It supports living the best life for everyone. We've working to implement the Shropshire Plan which has objectives to achieve healthy people, healthy economy, healthy environment and healthy organisation.

- ✓ We have delivered a full transport health impact assessment. In turn, the health impact assessment has been used to inform the developing Local Transport Plan.
- ✓ We've been actively working with our Active Travel team to put in place cycle paths in the county
- ✓ We've been actively working with our Big Town planning colleagues to support a healthy, accessible environment
- ✓ We continue to support Shropshire Council to embed health, wellbeing and prevention in all policies and strategies. This is achieved by supporting council teams in the development phase of plans to think though how the plan will impact the health of our residents. We have developed training to support embedding health into policies and strategies.
- ✓ In partnership we continue to support our workforce to be active in taking care of their own health and the health of their families.

### Mental health and Wellbeing

Mental Health is a priority for Shropshire's Health and Wellbeing Board as well as Shropshire's Integrated Care Board (ICB).



There has been a refresh of the **Suicide Prevention Strategy** for Shropshire, Telford & Wrekin. Over 300 people trained in **Suicide Awareness or Suicide First Aid** Interventions, during 2022/23, including police, school nurses, housing services and a range of local voluntary and community sector workforce. Shropshire Telford & Wrekin **Suicide Bereavement Service** is available to anyone living in Shropshire Telford & Wrekin who feels affected by a suicide to find the path to the right support, understanding and recovery.



Co-ordinated access to **community support for anyone struggling with bereavement**, grief or loss. This pathway provides an easy to access connection via our Customer Services team with local voluntary providers including Cruse Bereavement Support, Severn Hospice, Samaritans and Crane Counselling.



The Shropshire Council [mental health webpage](#) has a range of resources, information and useful links including online information to self-manage concerns, links to support in the community and details of additional specialist mental health offers.

- **Future in Mind Shropshire** is a multi-disciplinary, interagency working for all schools, upskilling the workforce to identify, support and improve the mental health of children, their families and staff on a daily basis. It is based on the England Transformation Plan, NHS England Future in Mind and Government Green Paper for mental health.



**Mental Health School Support Teams (MHSTs)** are a new service designed to help meet the mental health needs of children and young people (5 to 18) in education settings. MHSTs deliver evidence-based interventions for mild to moderate mental health issues and support a whole school approach to ensure mental wellbeing is a priority. This will be available in all schools as the national programme expands.



A **bereavement, loss and grieving guidance document for schools** has been designed along with an outreach bereavement support offer for children and young people via the bereavement pathway in partnership with schools.



**Funded license for TogetherAll**, a free, secure and anonymous online mental wellbeing site that can be accessed for free by any Shropshire resident aged 16+ or anyone working within a postcode covered by Shropshire Local Authority.



A **Farmers Health Check Offer** delivered on site at livestock market locations in Shropshire, was launched in 2023. This offers farmers and those who live and work in rural communities a blood pressure check, ability to discuss any physical or mental health concerns and be connected to appropriate support based on identified need. This is a partnership between Shropshire Council, Shropshire Rural Support, and the National Farmers Union.



Pilot of mental health community champions through key business sectors (including hairdressers), in partnership with Samaritans to provide learning sessions on active listening and signposting to local services where a concern of a client or member of staff is identified.

## Healthier Weight

Reducing obesity is a priority for Shropshire's Health and Wellbeing Board as well as Shropshire's Integrated Care Board (ICB). Healthy weight and physical activity also represent a key area of focus within the Health and Wellbeing Strategy 2022-2027 and is linked closely with food insecurity and children and young people's health and wellbeing.

Unhealthy weight is a complex problem. It is about more than simply an imbalance between the amount of energy we consume and the amount we expend. Both evidence and expert opinion points to changes in the wider environment, including both the food and physical environment as the main drivers of the dramatic increase in overweight and obesity seen in recent decades. These drivers have an impact on weight throughout the life course. When unhealthy weight occurs during childhood, it mostly persists into adolescence and adulthood. This means that preventing the occurrence of unhealthy weight in the first place is critical.

### Healthier weight strategy

For the reasons given in the 'fact file', the Healthier Weight Strategy for Shropshire will focus on preventing unhealthy weight across the life course by using a whole-system approach to tackle its wider determinants.

- ✓ Public and Stakeholder engagement has taken place. Key findings include:
  - Healthy weight is a complex, emotional issue which people care about
  - There is a strong sense that people want to consider healthy weight more broadly, in the context of poverty, work/life pressures and wider wellbeing
  - Particularly among young people, weight is considered to be too narrow and there is a sense that overall happiness is a priority regardless of weight i.e., body positivity
  - There is an awareness of the harms caused by stigmatisation of unhealthy weight. Among young people there are concerns and fears around underweight and eating disorders
  - Need for an inclusive approach for e.g., those with mental health conditions, physical and learning disabilities, children and young people, women in menopause and older adults
  - Top healthy diet barriers: the amount of unhealthy food available, too many opportunities to eat high sugar/fat snacks, having time to prepare healthy food, and motivation and affordability of healthy food
  - Top barriers to being more physically active: finding time, having local access and ability to travel to facilities and cost
- ✓ Local and national assets which can support a healthier weight have been mapped
- ✓ Based on the rich evidence collated through this process (called a Health Needs Assessment), the following high-level priorities for the whole-system approach to healthier weight in Shropshire have been identified:
  1. Improve the health of Shropshire's population by reducing the scale of unhealthy weight and reducing inequalities in unhealthy weight
  2. Improve the environment in which Shropshire residents live so it is more conducive to healthy living
  3. Increase actions aimed at preventing unhealthy weight across the life course – focusing on infants, early years, children, and families
  4. Increase awareness of and uptake of existing universal support, available services and assets – targeting those most at risk
  5. Enable Shropshire's community, voluntary and public sector workforce in confidently and capably delivering information, support and advice to those at risk of, or already living with the consequences of excess weight - building understanding and confidence to reduce weight-related stigma and discrimination.



## Trauma Informed Approach

### Moving from ‘what’s wrong with you?’ to ‘what happened to you?’

Adverse Childhood Experiences (ACE) and Trauma are a priority of the Health and Wellbeing Board (HWBB) for 2022-2027. The aim is to have a trauma informed workforce across Shropshire.

Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life.

Childhood trauma isn't something you just get over as you grow up. Evidence shows it has lasting adverse effects on a person's mental **and** physical health.

Trauma is costly in both human and economic terms, and the real impact being on people and society.



### There is always hope, and there are things we can do

- Safe, stable, nurturing child-adult relationships and environments help children to develop strong cognitive and emotional skills and resilience
- For adults who experienced trauma in their childhood, it is possible and important for us to help minimise the impact of this on their health, relationships and lives in general
- Using a Trauma Informed approach in services makes no assumptions about who may have experienced trauma and offers consistency for all.

### Using a Trauma Informed Approach Includes simple things....



Listening



Person centred - not just the presenting disease or issue



Building trust

## What is happening in Shropshire?

### Multi-agency Trauma informed steering group

A Multi-agency Trauma informed steering group, led by Public Health, meets monthly and is chaired by the elected members with a portfolio for children and education.

The group is passionate about creating a trauma informed approach in services and raising awareness in the community to aid recovery and understanding for those affected. Use of a common language to describe trauma and identifying different levels of training for all services is being identified, which will include evidence of implementation afterwards.

It is evident some services are Trauma Informed, but this is fragmented. Consistent training and implementation of the approach is good for everyone, including staff working within services who may be holding their own trauma or be affected by the trauma of those they are supporting/coming into contact with.

### Film - Resilience – the biology of stress & the science of hope,

700 + workforce staff including Shropshire Cabinet, Shropshire Integrated Place Partnership, HWBB, Primary Care, Community Health Trust, Hospital Trusts, Adult and Children's Social Care, Public Health and the Voluntary and Community Sector have attended screenings of this film, with a facilitated workshop, so far. The film provides a solid introduction and evidence base for using a trauma informed approach. Monthly screenings are taking place throughout 2023.

Senior leadership commitment across the whole health and care system is needed, and this is gaining momentum. We continue to work hard to influence this in conjunction with our colleagues at Telford & Wrekin Council.

### Drugs & Alcohol

Drug and Alcohol misuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status.

The following is taking place:



### RESET

Following a successful grant funding application, £1.4m has been awarded by OHID to support individual rough sleepers or individuals at risk of becoming rough sleepers, with their substance misuse. This has enabled the introduction of RESET, a new multi-disciplinary team to work with up to 200 individuals. The RESET team will consist of a range of workers including: substance misuse treatment staff, support and care outreach workers, mental health worker, social worker, social prescriber, domestic abuse worker and GP input. The RESET launched January 2023.

### Contracted services

Alongside the main contract for drug and alcohol treatment services a number of other activities contribute to the Shropshire Recovery Service (SRP) offer. These include harm minimisation services such as needle exchange and observed consumption, which operate through a number of pharmacies across Shropshire. There are also a number of criminal justice projects, which supports those on rehabilitation orders, including accessing specialist staff within the courts. Shropshire Council also commissions a range of both inpatient detoxification services and residential rehabilitation placements for those assessed as suitable and requiring these interventions, with close work between Public Health & Adult Social Care in place to manage these individuals' needs.

### Shropshire Substance Misuse Strategy & Substance Misuse Needs Assessment

This highly detailed area specific Substance Misuse Needs Assessment (NA) provided a deeper into local data for Shropshire to make appropriate recommendations to improve provision and outcomes for people in Shropshire and has being used to refresh the Strategic Substance issue

# Conclusions and Recommendations

Living in rural Shropshire provides residents with many opportunities; Shropshire's beautiful countryside and strong sense of community provide a strong foundation for achieving health and wellbeing outcomes which are better than many of the Countries more urban areas. However, while overall outcomes are good, there are hidden inequalities in our rural communities and specific challenges that are made worse by living rurally. For example, the deprivation around physical factors such as the infrastructure including digital broadband, housing stock, access to services and rising vulnerability through the cost-of-living crisis. The dispersion of deprivation hidden between more affluent homes within very small geographies adds to the complexity of the challenge of recognising and meeting local needs.

We need to continue to strive as both a Council and wider system to prevent and reduce inequalities, whether they arise from rurality or other determinants of wellbeing. This report provides the context to understand these issues that impact on health and wellbeing in rural areas, the inequalities these can generate in Shropshire and how we can continue to address them and seeks to shift the conversation to a more balanced one, with urban and rural challenges equally understood and addressed appropriately. The recommendations seek to highlight specific areas of action and further action identified by the current overview of health and wellbeing in Shropshire provided within the report.

## **Recommendation 1** **– Rural Proofing**

That all partners take account of, and assess the Governments rural guidance for policy makers and analysts of the effects of policies on rural areas and use the Rural Proofing Toolkit when introducing or adapting a new service or policy.

## **Recommendation 2** **–** **Prioritise and** **develop community-** **based interventions**

That all statutory partners with health and wellbeing responsibilities, recognise the essential role communities play in delivering improved outcomes across Shropshire and specifically in our rural population. That partners develop a co-ordinated, comprehensive, asset-based and sustainable/resilient approach to wellbeing in our communities, ensuring the voluntary sector is central to this approach. Continuing to develop and mainstream effective tailored interventions to meet the needs of our more rural population including social prescribing, shaping places and farming health checks.

## **Recommendation 3** **–** **Place Based/** **Neighbourhood** **Working**

Given the variety and variation of villages, hamlets and towns across Shropshire, partners renew their commitment to Local Place Plan/Neighbourhood Based Working, to improve health and wellbeing. That HWBB partners promote and engage with Local Government assets such as housing and infrastructure to develop a healthy places approach.

## **Recommendation 4** **–** **Intelligence Led**

Improving the evidence base to understand and monitor rural outcomes is essential to underpin all our decision making across HWBB partners. This includes the continued role out and use of the Joint Strategic Needs Assessment (JSNA) by all partners as the foundation of that evidence base. In addition, where gaps in the evidence around rural outcomes exist, these should seek to be plugged locally and nationally with the development of more rural sensitive data sets and measures enabling assessment of access rates and consider using rural data into our monitoring dashboards for parity with more urban metrics.

## **Recommendation 5** **–** **Infrastructure** **solutions**

Continue to recognise and support the transport and infrastructure challenges in rural areas and develop innovative solutions to address these needs. To continue to focus on reducing digital exclusion through strong plans and strategies that build up the infrastructure and respond to the challenges of digital connectivity through digital solutions that work in more excluded areas such as low bandwidth solutions.

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*"Floreat Salopia" – May Shropshire Flourish*

**Director of Public Health,  
Shropshire**

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