

# Director of Public Health Shropshire Annual Report 2024/2025

Health and Wellbeing in Shropshire's Communities

*"Floreat Salopia" – May Shropshire Flourish*

Rural Health in Shropshire



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## Foreword

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

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 also provides us an opportunity to pause and reflect on the improvements that can be made when we work collaboratively.

This report describes the current patterns of Health and Wellbeing across Shropshire in section one and the priorities for 2025 and beyond. Section two, highlights some of the reasons for shorter life expectancy across different stages of people's lives in Shropshire. Section three summarises health and wellbeing in Shropshire's communities and provides a summary of the actions agreed with those communities to improve outcomes. The final sections provide an update on the previous recommendations and continued progress to address health and wellbeing concerns with key services collectively.

**Rachel Robinson**, Executive Director of Public Health

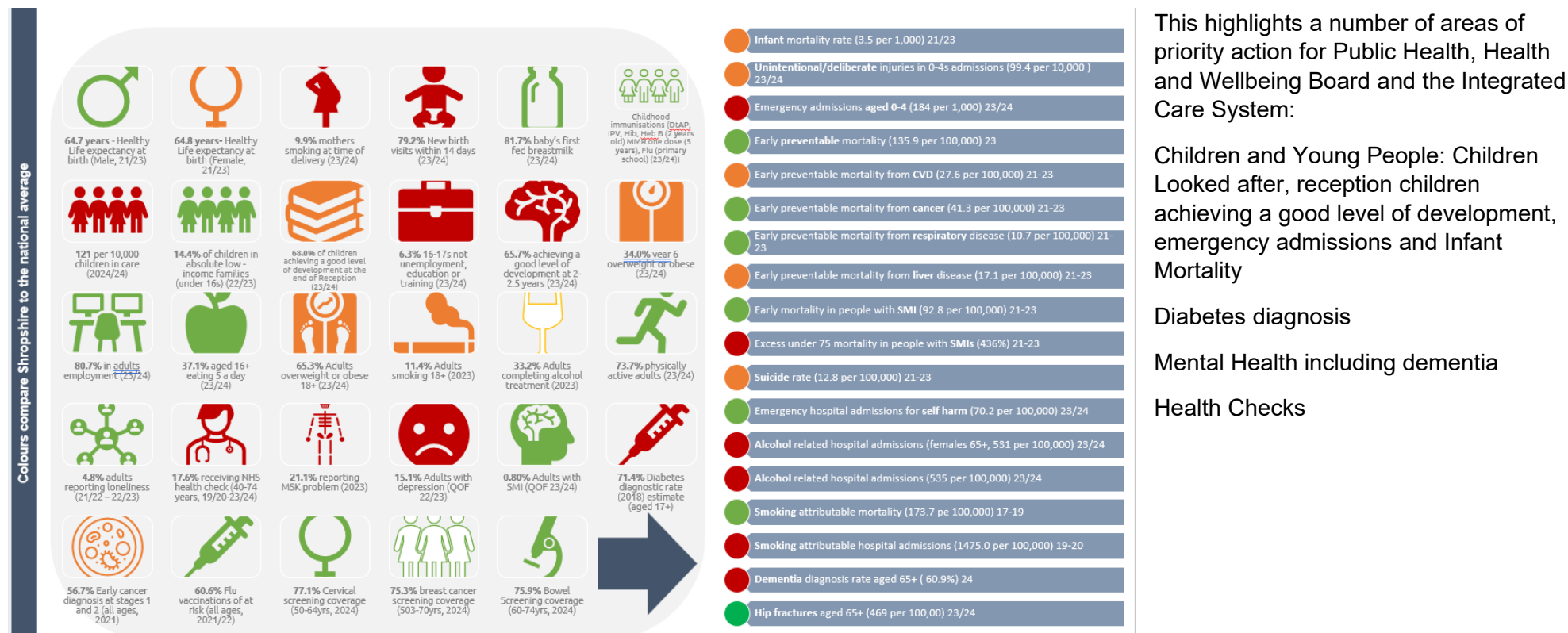
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*Designed by:* Shropshire Council's Communications Team.

*Data sources:* This report utilises the most recently available published information from a variety of data sources, these are available on the council's website [www.shropshire.gov.uk](http://www.shropshire.gov.uk) If you would like this information in a different format, please contact 0345 678 9000

# 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.

**Image 1** below shows where Shropshire's latest rates are worse compared to the England average across measures relating to the wider determinants of health, health improvement, health protection and premature deaths. *Source: Public Health Outcomes Framework*



# Section 2: Patterns of Health & Wellbeing in our Populations

In my previous reports I described how research shows that as little as 10% of our health and wellbeing is impacted by the health and care we receive. The below diagram summarises what factors make the biggest contribution to lives being cut short and highlights the importance of focusing on preventative interventions, particularly targeting the wider determinants of health.

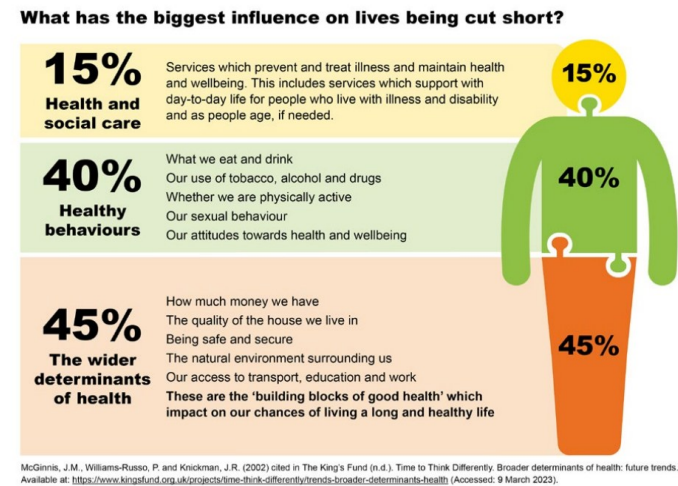


Image 2: What has the biggest impact on health and wellbeing.

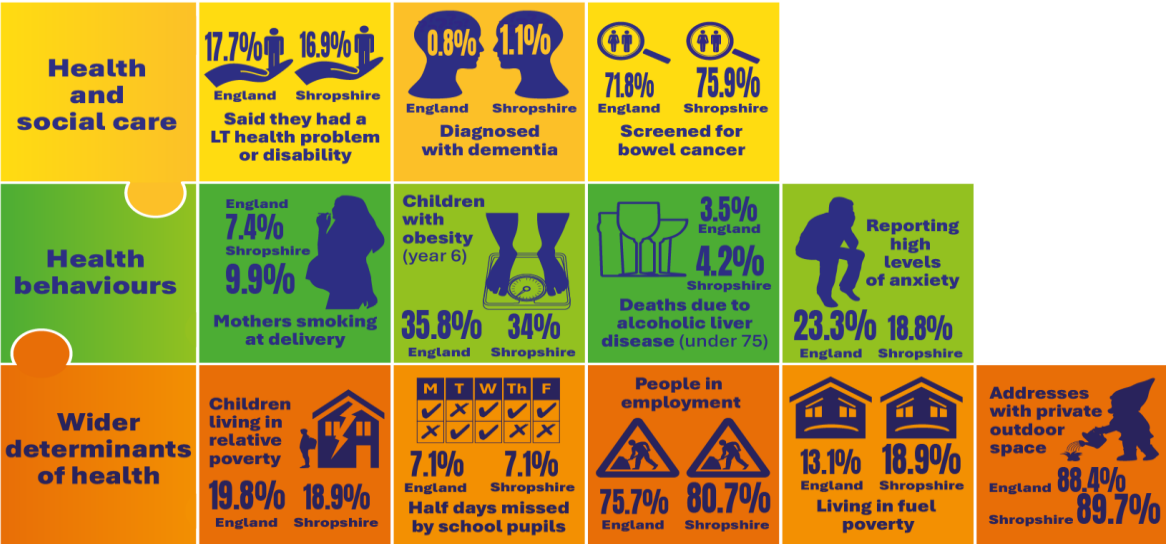
This highlights that any approach to improving health and wellbeing in our Shropshire population and communities, alongside health and social care impacts, must also consider improvements in healthy behaviours and the wider determinants of health. Image 3 highlights some areas where we would want to focus and should be considering at different life stages, population subgroups and geographies or communities to target resource and action to make the biggest impact.

Source: The Director of Public Health Annual Report 2024 for County Durham accessed April 2025

Image 3: The factors of health and wellbeing and Shropshire Profile 2025

We know from a report by OHID that if mortality rates were to improve by 2% in all age groups from 2017 to 2019 levels, and self-reported health prevalence remained constant, HLE would increase by 0.1 years. If prevalence of self-reported good health were to improve by 2% in all age groups, and mortality rates were to remain constant, the increase in HLE would be 1.3 years.

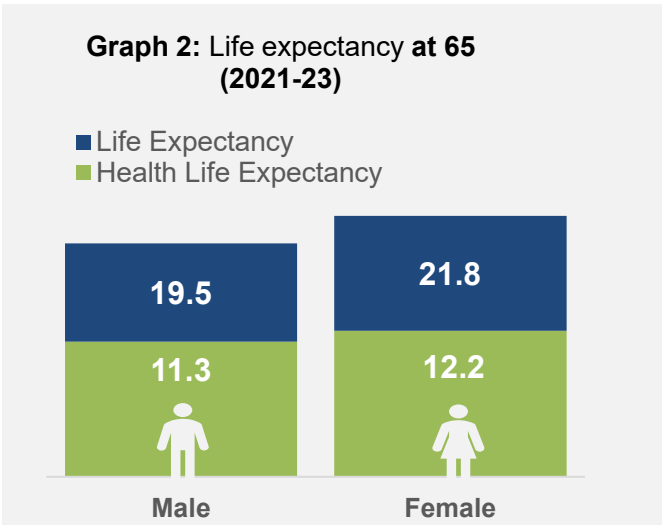
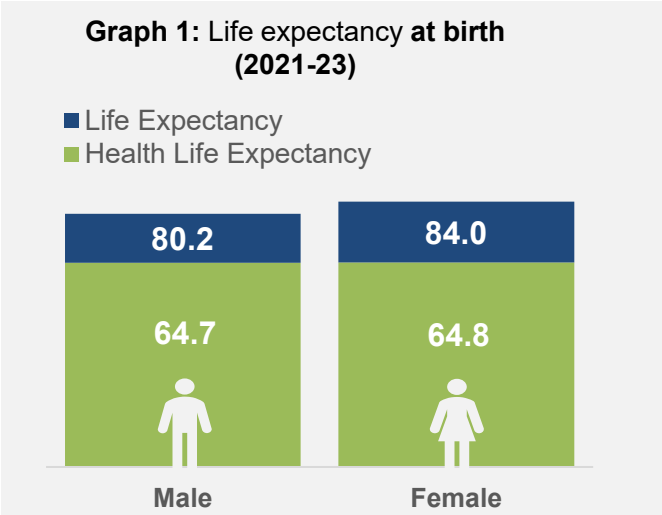
Source: Adapted with permission from the DPH Annual Report 2024 for County Durham accessed April 2025 and Outcomes framework





# Patterns of Life Expectancy

Multiple factors influence individuals' life expectancy and outcomes: characteristics including those protected in law, such as **sex, ethnicity or disability, socio-economic factors** (income, deprivation, housing, employment and education). Socially excluded groups, for example, people experiencing homelessness and geography. These are described in the following pages for Shropshire.



**Graph 1, 2 and Table 1:** Life expectancy and health life expectancy in Shropshire **by gender and age**  
*Source: ONS.*

In Shropshire, women live on average 4 years longer than men but spend the same amount of time in good health (approx. 65 years). This is longer compared to the national healthy life expectancy of

Among those over 65 (Graph 2), the gap in life expectancy reduces to 2.3 years, with women living longer than men. The gap in years spent in good health is also nearly a year longer among females. Healthy life expectancy by age and gender are shown in Table 1

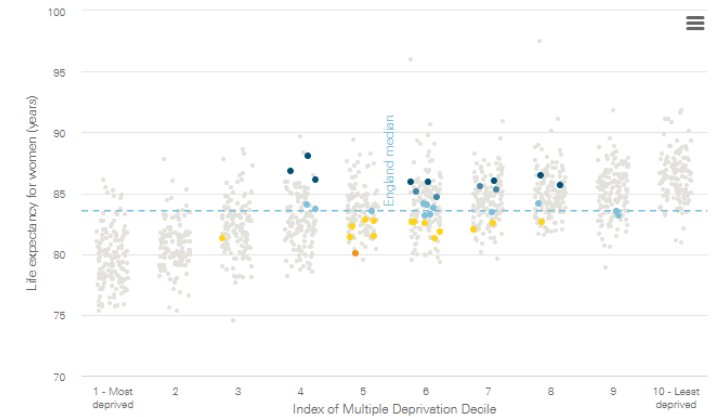
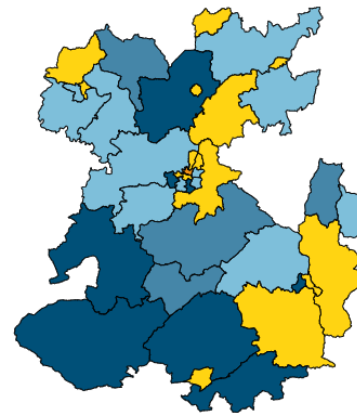
**Table 1** shows the change in life expectancy compared to 10 years ago. Male and female healthy life expectancy has reduced in England over time. This has not been reflected in Shropshire among men. Women, however, have seen a reduction in healthy life expectancy overall but by less than what was seen nationally.

Table 1. 10 Year change		Life expectancy at birth			Healthy Life Expectancy at birth		
		2011-13	2021-23	Change (years)	2011-13	2021-23	Change (years)
Shropshire	Male	80.0	80.2	0.2	64.6	64.7	0.1
	Female	83.7	84.0	0.3	65.5	64.8	-0.7
England	Male	79.3	79.1	-0.2	63.0	61.5	-1.5
	Female	83.0	83.1	0.1	63.9	61.9	-2.0

Compared to 10 years ago, women over 65 now live over one year longer in good health compared to 10 years ago and men 7 months longer, despite the overall reduction in quality of life Change in healthy life expectancy over the last 10 years varies significantly by age and gender, with the greatest rise in over 55s (Table 1)

Map 1.

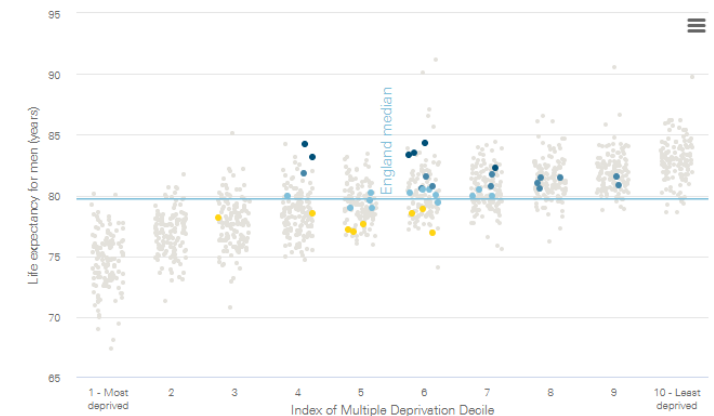
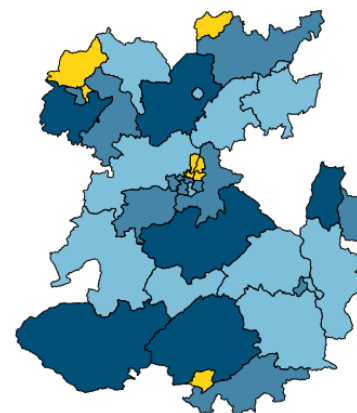
Life expectancy at birth for women by IMD deprivation decile: neighbourhoods (MSOAs) in Shropshire



Map 2.

Life expectancy quintiles – England (2016–20)  
Shortest life expectancy (yellow) Longest life expectancy (dark blue)

Life expectancy at birth for men by IMD deprivation decile: neighbourhoods (MSOAs) in Shropshire



Life expectancy quintiles – England (2016–20)  
Shortest life expectancy (yellow) Longest life expectancy (dark blue)

Life expectancy varies based on where you live and how deprived that area is.

Map 1 and 2 show life expectancy in neighbourhoods across Shropshire. Source: ONS

Source: The Health Foundation Local Authority Dashboard: [Local authority dashboard](#) | [The Health Foundation](#)

Women living in Copthorne & Bowbrook (IMD 8) live **3.4 years longer** than those living in the Harlescott Grange area (IMD 3), which is approximately 4 miles apart within Shrewsbury.

Women living in the most deprived MSOA of Shropshire, Shrewsbury Greenfields, can expect to live to 80 years old, three years less than women living in the least deprived area in the county, Shrewsbury Meole and Kingsland, who expect to live to 83 (Map 1).

In the most deprived MSOA of Shropshire, Shrewsbury Harlescott Grange, men can expect to live for 77 years, 4 years shorter than men living in the least deprived area of Shropshire (Shrewsbury Meole and Kingsland) who have a life expectancy of 81 years (Map 2).

**Graph 5:** Breakdown of the life expectancy gap between the most and least deprived quintiles of Shropshire by cause of death, 2020 to 2021

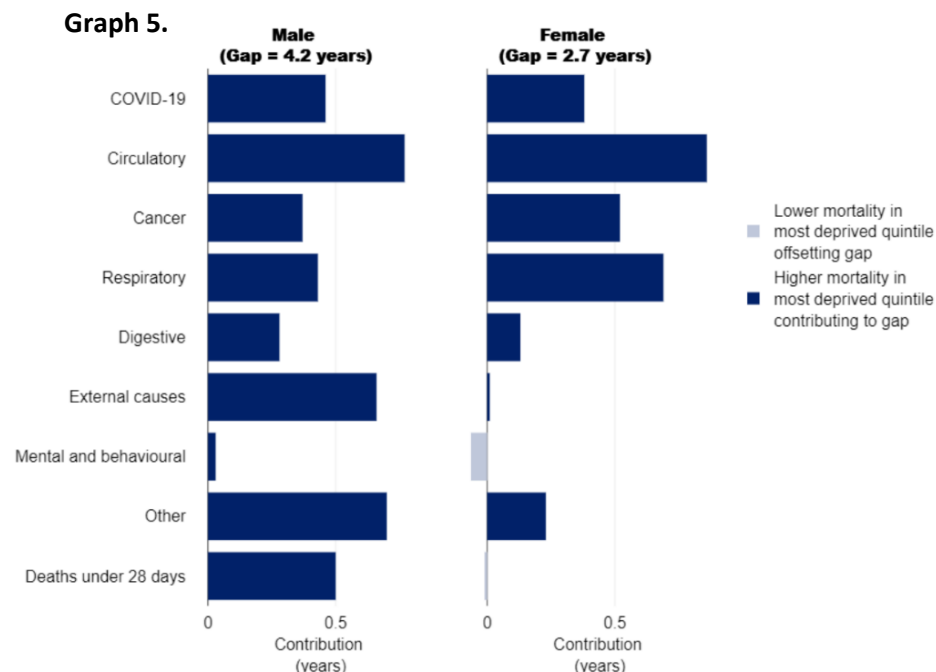
Source: ONS

Graph 5 shows the diseases which contribute to the gap in life expectancy between the most and least deprived areas in Shropshire.

During 2020-21, people living in the least deprived areas of Shropshire are estimated to live 4.2 years (males) and 2.7 years (females) longer compared to those living in the most deprived areas.

In males, circulatory disease is the main contributor to the gap in life expectancy between the least and most deprived deciles.

The same is true for females. Tobacco is the risk factor making the largest contribution to years of life lost for both sexes followed by high body mass index (BMI), high cholesterol and high blood pressure.



**Rural Inequalities and Life Expectancy:** 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 in outcomes 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	Poor access to services	Poor access to healthcare
Unemployment	Mental Health	Limited transport
Suicide rates (male farmers)	Substance use	Digital connectivity
Workforce and recruitment challenges	Poor living conditions	Ageing population
Road accidents	Obesity	Loneliness & Social isolation

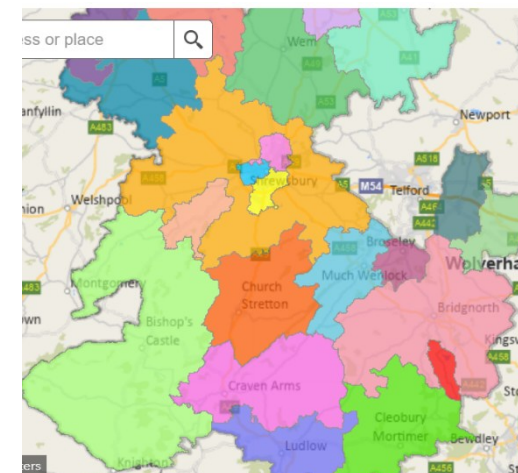
To understand the implications, challenges and opportunities for this in Shropshire please visit the 2023/24 annual report.

## Section 3: Patterns of Health & Wellbeing across our Communities

“The role of communities in improving health is receiving increasing, and long-overdue, attention in health policy and practice – the need for this focus has been underlined by experiences during the Covid-19 pandemic”. As part of this shift in focus, as a health and care system, we need to take the role communities can play in improving and sustaining good health seriously, working at the neighbourhood and community level where the link to communities is strongest.

Source: Kings Fund [Communities And Health](#)

Shropshire is a large and diverse county, with some similarities but also significant difference by location. In Shropshire we have 18 distinct communities, these are mostly focused on a market town and its surrounding rural communities. Since COVID-19 we have been working with each community in turn to understand the health and wellbeing needs and the determinants of health in these communities. Collecting information at a local level lets us know more about the local health and wellbeing picture of each area. This includes things that are working well, things that need improving and where services and resources should and can be placed now and in the future. By asking each area separately we can better support our residents at a local level with local issues that affect and matter most to them. This includes working together with local organisations such as voluntary and community groups, schools and colleges, GP practices, local businesses, and Town and Parish Councils to gain local knowledge, insight, and connections. To connect with communities, especially those who are often not well heard and unrepresented with the most areas of unmet need and at the highest risk of worse outcomes. We can then work together to highlight and best use the strengths, capacity, and knowledge of all the partners involved to look at actions and possible solutions. This is referred to as an asset-based approach.



While the following pages will provide a summary of each area in turn, the documents also highlight several key themes across the County:

**Access to Health Services:** A recurrent theme across the majority of our communities (17), focusing on improving access to NHS dentists, community healthcare, GP services and addressing issues related to hospital and emergency services.

**Children & Young People (CYP):** Another recurrent theme across the majority of our communities (15), including improving youth services, activities, and future opportunities, also providing support for children and young people to be present and safe in communities.

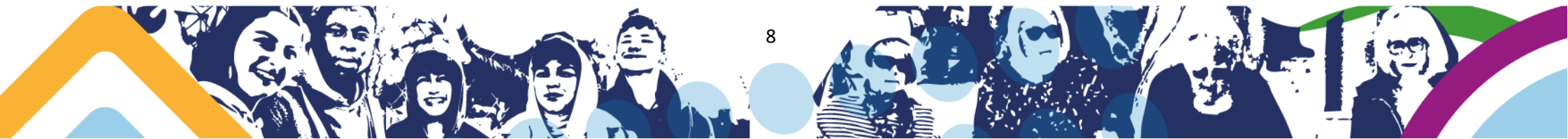
**Mental Health:** A key theme across the majority of our communities (15) affecting health and wellbeing, identifying the need for better and earlier mental health support and services across all age ranges.

**Transport & Infrastructure:** A key theme to improve accessibility, as better transport links and infrastructure are seen as essential for accessing services and overall community wellbeing. This is a theme in 12 of our communities, including Market Drayton, Cleobury Mortimer and Ellesmere

**Crime and Safety:** Improving community safety, the perception of safety and reducing crime rates which impact community cohesion and wellbeing is a key theme in 11 of our communities including Shrewsbury, Bridgnorth and Ludlow

**Cost of Living:** The rising cost of living is a concern in 12 of our communities across Shropshire including Highley, Pontesbury & Minsterley and Whitchurch, including the need for information on support available and early intervention to prevent crisis.

**Housing:** A key theme in 10 of our communities including Bishop Castle, Craven Arms, Albrighton and Church Stretton. The focus is on affordable housing, improving housing suitability and quality and addressing housing-related challenges.





## Albrighton and Surrounding area at a glance



### Health and Wellbeing Index

Overall Albrighton has more positive outcomes than other areas of Shropshire for healthy people and economy including good transport links and housing. However, within each of those areas there are a number of challenges around the environment and education and access to learning and work.

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**Image 1: Albrighton compared to communities in Shropshire**

Source: Various Place Based JSNAs

### Engagement

Feedback from the community raised some very positive feedback regarding health services and access to these and outdoor space but access to hospital services and education proves challenging. "Excellent service from Drs, Telephone contact is difficult due to number of people on the phone"

"Melville club is fantastic, Nature Reserve is wonderful but is not accessible for the elderly."

"Our village dentist takes NHS, which is wonderful, and we still have an independent optician, which is great."

Our local hospital is the Princess Royal in Telford, which has really poor access. It's slow to get to by bus, or a mile walk from Wellington train station, and if you drive you cannot park there during the day."

### Opportunities and Key Actions [albrighton-interim-high-level-action-plan.pdf](#)

- Youth support services and provision
- Community mental health provision
- Community support for healthy ageing and early intervention
- Transport links and accessibility

Image 1

## How does Albrighton overall compare to the 17 other areas?



### Strengths

- Equality
- Cost of living vulnerability
- Transport, Mobility and Connectivity
- Housing and Occupancy

### Challenges

- Environment
- Education and learning access
- Economy, work and employment

<https://next.shropshire.gov.uk/jsna-albrighton>



Image 2

## Bishop's Castle and surrounding area at a glance



### Health and Wellbeing Index

Bishop's Castle has a more elderly population than the rest of Shropshire with the 2nd highest percentage of it's population that are above pension age – 35.3% compared to 30.5% in Shropshire overall.

Whilst the health and wellbeing index overview on image 2 rated Bishop's Castle as the 6th best place plan area for Health, on closer examination, some indicators revealed that the Bishop's Castle place plan area had the longest average journey time in minutes to a GP and also to a hospital, which is not helped by it being the largest place plan area at over 52,000 hectares so not everyone has the same level of access.

### Image 2: Bishop's Castle compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

The top theme of what is important to Bishop's Castle residents in terms of making an area a good place to live in was "Health Services", and this was the second top theme in term of what can be improved in Bishop's Castle. "Closure of local hospital due to staff shortages, delays & access to hospital services in Shrewsbury, distance from Bishops Castle to hospital services, lack of local mental health services" The most frequent issue raised around needs at both a community and personal/family level was access to GP services and secondly issues related to accessing hospital services, with a number of respondents mentioning the closure of the local hospital and the long distance in order to get to the nearest hospital. Ambulance times were also mentioned frequently.

### Opportunities and Key Actions

[bishops-castle-action-plan.pdf](https://next.shropshire.gov.uk/jsna-bishops-castle)

- Development of a community hub
- Undertake a housing stock survey
- Community hospital services
- Mitigation of digital exclusion

## How does Bishop's Castle compare to the other 17 areas?



<https://next.shropshire.gov.uk/jsna-bishops-castle>



## Bridgnorth and surrounding area at a glance



### Health and Wellbeing Index

Overall the area is generally better than the Shropshire average for equality and the cost of living vulnerability, but worse in terms of the environment. Other concerns raised included mental health, children and young people. Strengths in the area included access health Services and cost of living vulnerability.

### Image 3: Bridgnorth compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

In the engagement, residents overall praised GP services; "Access to our excellent GP services is essential. Our local services are patient focused and do not hide behind technology to screen access. However, for secondary care services residents commented that the Princess Royal Hospital in Telford is very important as its closest to where we live but they are overstretched and need more funding.

"Bridgnorth is lucky to have amazing facilities and staff with the doctors, maternity services and the hospital. "

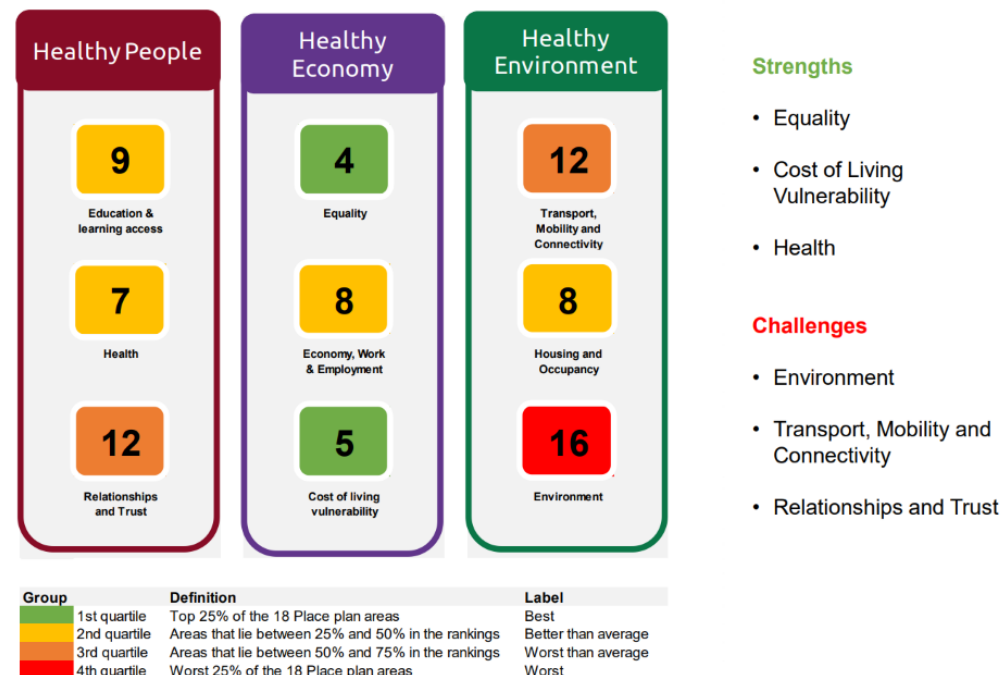
"Dentistry - there are a few surgeries to choose from in the area."

### Opportunities and Key Actions [bridgnorth-interim-high-level-action-plan-1.pdf](#)

- Youth support services
- Joint awareness communication campaign
- Flood prevention and support
- Local air quality management plan

Image 3

## How does Bridgnorth compare to the other 17 areas?



### Strengths

- Equality
- Cost of Living Vulnerability
- Health

### Challenges

- Environment
- Transport, Mobility and Connectivity
- Relationships and Trust

<https://next.shropshire.gov.uk/jsna-bridgnorth>



## Broseley and surrounding area at a glance



### Health and Wellbeing Index

Overall the Broseley area was poorer than the majority of Shropshire in terms of equality and in terms of the cost of living vulnerability, but health, housing and occupancy and transport are generally better than the rest of Shropshire.

### Image 4: Broseley compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

There was a wide range of views from the engagement such as "there is a dentist - but limited NHS availability"

There were some positive comments around the local surgery but also areas of suggestions around improved communications with the community "Local surgery is excellent and works in conjunction with the pharmacy"

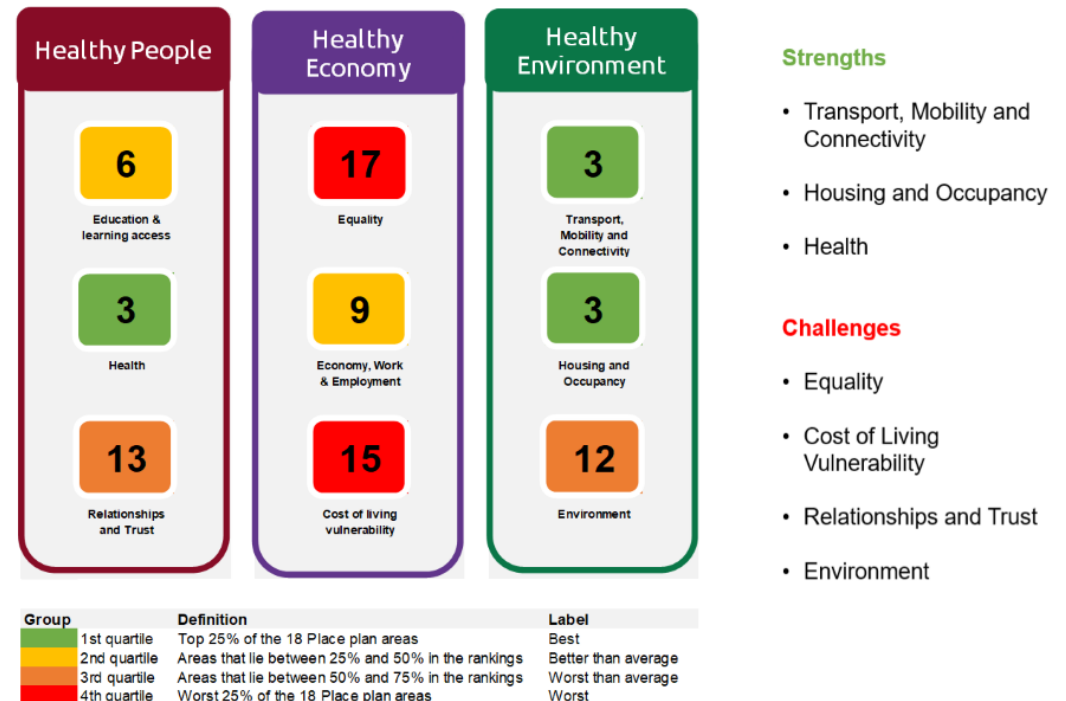
"More hospitals, more social care"

### Opportunities and Key Actions [broseley-interim-high-level-action-plan.pdf](#)

- Support community bus Service
- Mental health support services
- Multi agency initiatives addressing anti-social behaviour
- Attract families and young people

Image 4

## How does Broseley compare to the other 17 areas?



<https://next.shropshire.gov.uk/jsna-broseley>





## Church Stretton and surrounding area at a glance



### Health and Wellbeing Index

Overall, health, the environment and the cost of living vulnerability are generally better in Church Stretton than the rest of Shropshire, however, education & learning access and the economy, work & employment are worse than the rest of Shropshire.

### Image 5: Church Stretton compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"The medical centre staff are great and I appreciate the efforts they make trying to get a doctor's help to you, even when they are obviously swamped with work. The telephone appointments work well." "Excellent dentist in church Stretton always accommodates myself and my young family when required.

"Needs to be more clinics and call ups for general health checks. Also better access for mental health support "

"Health services provided locally at the Mayfair/ health and wellbeing centre saves travel to Shrewsbury/ Telford Vaccines administered locally "

"More 'in community' services closer to hand - lots of elderly people with lots of appointments having to rely on public transport to get to places like Shrewsbury, Ludlow & Telford is very difficult."

"Would be nice for some extra support with mental health and for younger babies and infants i.e. breastfeeding support group "

Access and signposting support for young people with additional needs. General health 'check up' clinics do not happen as they should which are good, preventable measures. Early stages of health issues are missed as a result."

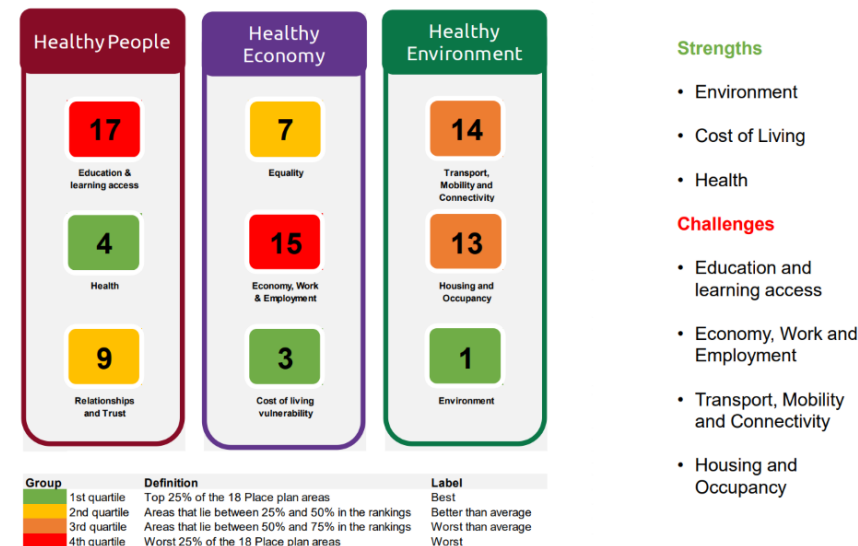
"Complete lack of bus public transport during evenings and all day Sundays"

### Opportunities and Key Actions [interim-high-level-action-plan-church-stretton.pdf](#)

- Youth support services
- Mitigation of digital exclusion
- Mayfair Centre services
- Community-based health provision

Image 5

### How does Church Stretton compare to the other 17 areas?



<https://next.shropshire.gov.uk/isna-church-stretton>



## Clebury Mortimer and surrounding area at a glance



### Health and Wellbeing Index

Overall, relationships and trust, health, equality and the cost of living vulnerability are better in Clebury Mortimer than they are in the rest of Shropshire, but transport, mobility and connectivity is particularly worse in Shropshire, as is education & learning access and the economy, work & employment

### Image 6: Clebury Mortimer compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"Access to quick medical Assistance when needed, wait times are horrendous in the area! "

"Age related problems. Treating conditions rather than the person as a whole"

"No plan to expand services (school, doctors etc) yet planning to build a substantial number of houses"

"Not having easy access to NHS dentistry."

"We are fortunate to have an excellent medical centre. The biggest issues are waiting times for non urgent procedures which impact lifestyle "

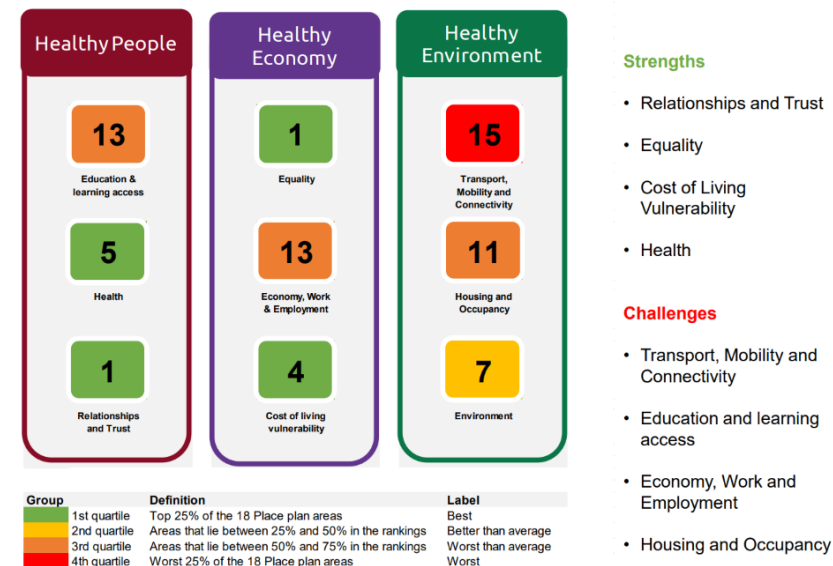
"Youth mental health due to isolation from friends and potential friends due to lack of an public transport and danger of cycling on south Shropshire lanes and sharp slopes.

### Opportunities and Key Actions [clebury-mortimer-interim-high-level-action-plan.pdf](#)

- Youth support services
- Transport and accessibility
- Support for mental health and long-term conditions
- Affordable housing and housing stock appraisal

### Image 6

### How does Clebury Mortimer compare to the other 17 areas?



#### Strengths

- Relationships and Trust
- Equality
- Cost of Living Vulnerability
- Health

#### Challenges

- Transport, Mobility and Connectivity
- Education and learning access
- Economy, Work and Employment
- Housing and Occupancy

17

<https://next.shropshire.gov.uk/jsna-clebury-mortimer>



## Craven Arms and surrounding area at a glance



### Health and Wellbeing Index

Overall Craven Arms is better than Shropshire for relationships and trust, however it is worse than Shropshire especially for housing and occupancy, and for transport, mobility and connectivity.

### Image 7: Craven Arms compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"Craven Arms GP surgery is generally good. However very poor access to NHS Dentistry. "

"Good and friendly care on hospital wards"

"GP hospitals District nurses are over worked"

"Lunts chemist in craven arms do a great job in increasingly pressured conditions

Access to NHS dentists; confidence in ambulance service and A&E; more doctors at local surgeries"

"Give option for electronic everything re appointments, letters, and consideration to working people. Time off work costs us in pay loss. So after hours /extended hours services."

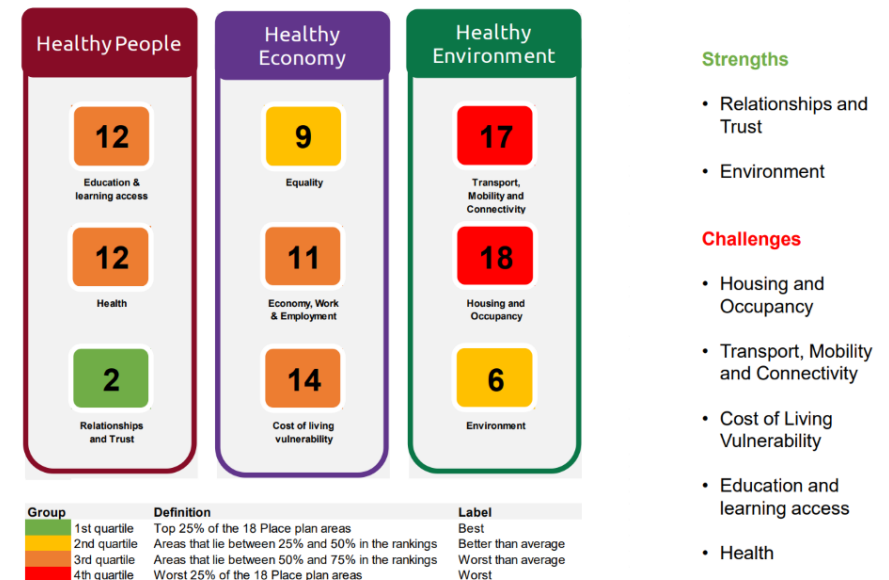
"In rural areas these needs to be incentive to attract new and young health workers, with good job prospects and hope that financial funding will improve "

### Opportunities and Key Actions [craven-arms-interim-high-level-action-plan.pdf](#)

- Youth support services
- Transport and accessibility
- Appropriate burial sites for all communities
- Housing stock appraisal

Image 7

## How does Craven Arms compare to the other 17 areas?



<https://next.shropshire.gov.uk/jsna-craven-arms>



## Ellesmere and surrounding area at a glance



### Health and Wellbeing Index

Overall the index shows that Ellesmere is in the middle for all indicators, doing slightly better for education & learning access, relationships and trust and economy, work & employment.

### Image 8: Ellesmere compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"Very good local GP's, especially if there is an urgent problem. We have 2 week referral for cancer - I experienced this and it was excellent"

Many of the villagers go to Chirk in Wales. I run the St. Martins volunteer car service. We take patients to Chirk, Wrexham, Shrewsbury hospitals and surgeries there is no accessible public transport to these major health centres from St Martins. "

"Oswestry has good services, but getting into Oswestry can be difficult. Good train links but shouldn't have to get a train to everywhere. "

"We have access to an NHS dentist for the children.

"We need more doctors or GPs who know about women's health. There is a demand for support groups in the SY4 postcode for those who struggle with fertility and / or women's health and there is a severe lack of support."

"Hospital is quite far and in very poor shape (see latest A&E doc by Channel 4 based in Shrewsbury

"A community health centre should be replaced it closed 4 years ago."

### Opportunities and Key Actions [ellesmere-interim-high-level-action-plan.pdf](https://next.shropshire.gov.uk/jsna-ellesmere)

- Transport and accessibility
- Total Triage System
- Multi-agency response and action on drug concerns
- Mental health support

### Image 8

### How does Ellesmere compare to the other 17 areas?



#### Strengths

- Economy, Work & Employment
- Education and learning access
- Relationships and Trust

#### Challenges

- Health
- Transport, Mobility and Connectivity
- Equality

<https://next.shropshire.gov.uk/jsna-ellesmere>





## Highley and surrounding area at a glance



### Health and Wellbeing Index

Overall Highley was better than most parts of Shropshire when it came to housing and occupancy and relationships and trust but was particularly worse than Shropshire in terms of equality, health and cost of living vulnerability. The data and the stakeholder engagement revealed particularly challenges for the area in terms of access to primary care.

### Image 9: Highley compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"A fundamental part of positive health & wellbeing is the need to feel safe & secure in your home and local environment; driven by perceived risk of harm and the reality of crime rates in the village"

"For the past 2 years the school has bought in external services that offer mental health help & advice and can fast track some issues to be able to access specialist services. We also have a trained mental health lead that deals with low level mental health issues. We feel that this is very important, especially in the teaching sector where stress is the highest factor for absence.

"We are aware of the increased need to support our community with MH related issues and are aware that this demand puts a strain on agencies in Shropshire."

Regarding Mental Health – "Services for young children are overwhelmed and it is difficult to get immediate advice. Waiting lists are getting longer & longer & therefore the children & parents are not getting the help they need

### Opportunities and Key Actions [highley-high-level-actions.pdf](#)

- GP and Health and Wellbeing Centre
- Development of a community hub
- Cost of Living support
- Youth support services and provision

Image 9

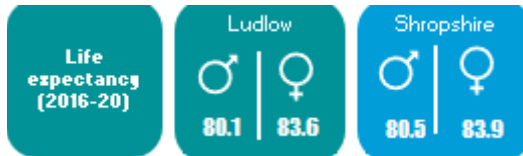
### How does Highley compare to the other 17 areas?



<https://next.shropshire.gov.uk/jsna-highley>



## Ludlow and surrounding area at a glance



### Health and Wellbeing Index

The index shows that Ludlow was the worst place plan area in terms of health and relationships and trust and was also worse than the majority of Shropshire in terms of housing and occupancy but was better than most parts of Shropshire for education & learning access.

### Image 10: Ludlow compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

Lack of NHS dentists in the area and the need for more NHS dental practice “No NHS dentists available, and private fees are too expensive so as a result family dental health is poor and losing teeth as a result.” Many residents reported not being able to see a dentist or were not registered:

Many residents reported travelling out of the area for services: “Easier access to GP services and more clinics and outpatient facilities locally, not having to travel to Shrewsbury or Hereford”

“Pharmacy provision has been poor since the beginning of the pandemic, though is improving. More services, including diagnostic services, should be provided locally reducing the journeys to Shrewsbury and Hereford which are often difficult for people with limited mobility.” Positive comments:

“Good doctors surgery but need more doctors to replace retired GPs” Ludlow Community Hospital was also a focus:“

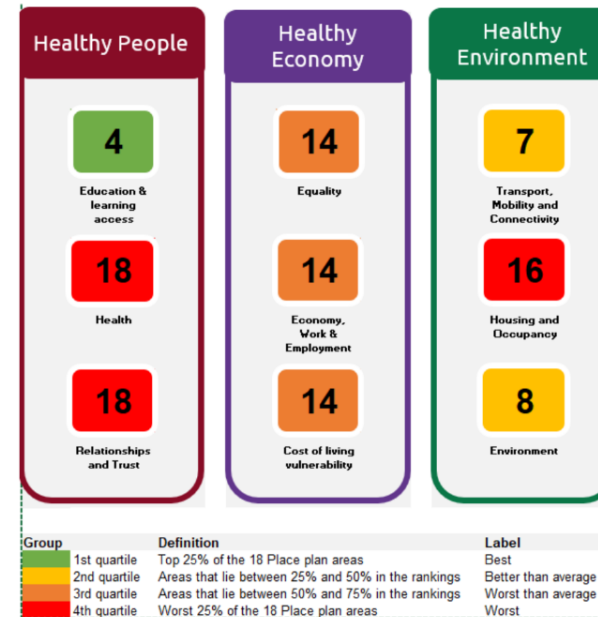
Excellent Community hospital , but with limited range of facilities/treatments, need it to be kept open and increase/ enhance services. Good responsive doctors. Access to support services for health and wellbeing would be much better understood and accessed with a central hub, that can refer on to appropriate support and services”

### Opportunities and Key Actions [ludlow-interim-jsna-action-plan.pdf](#)

- Development of a community hub
- Multi-agency response and action on crime and anti-social behaviour
- NHS dentist availability and accessibility
- Health service access, including sexual health outreach clinic

### Image 10

### How does Ludlow overall compare to the 17 other areas?



### Strengths

- Education and Learning Access e.g. Average journey time to Further Education
- Environment e.g. Access to Outdoors
- Transport, Mobility and Connectivity e.g. Local Geographical barriers

### Challenges

- Relationships and Trust e.g. Crime Rate
- Housing and Occupancy e.g. Affordability
- Health e.g. Disease Prevalence

20

<https://next.shropshire.gov.uk/jsna-ludlow>



## Market Drayton and surrounding area at a glance



### Health and Wellbeing Index

Overall Market Drayton is generally better for economy, work & employment and relationships and trust than the majority of Shropshire, but was worse for Health, transport, mobility and connectivity and the environment.

### Image 11: Market Drayton compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

No National Health dentist, people on low wages can not afford to go private  
Since I've moved here 2 and a half years ago, I have not been able to register with an NHS dentist

Dentists who offer NHS needs looking at I have to drive to Newport for my NHS dentist

Doctors are over-stretched and not accessible. We have to make an hour-long round trip to see a dentist

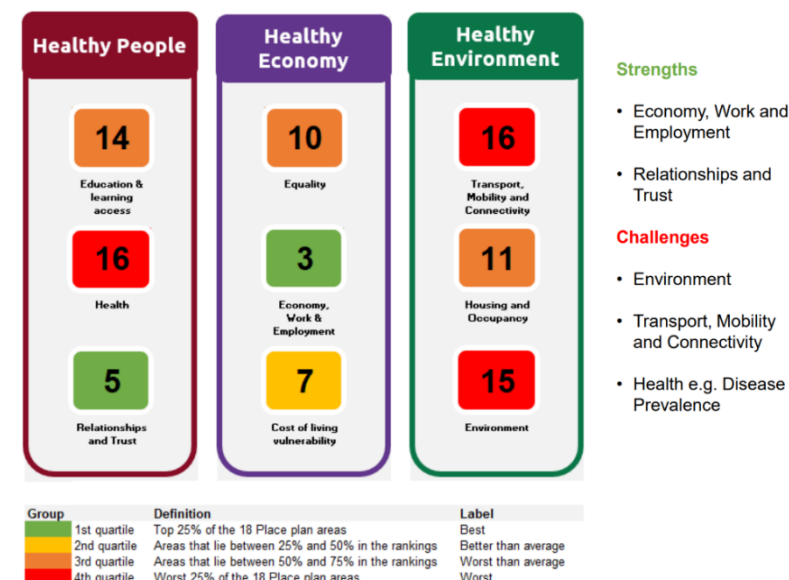
Great doctors/nurses and staff. Problems are the same as all over the country, lack of appointments! I don't understand why there cannot be later opening for those who are unable to attend during work hours. Plus weekend opening for people who work unsociable hours.

### Opportunities and Key Actions [market-drayton-action-plan.pdf](#)

- Development of a community hub
- Community covenant
- Youth support services and provision
- Transport links and accessibility

### Image 11

### How does Market Drayton compare to the other 17 areas?



16

<https://next.shropshire.gov.uk/jsna-market-drayton>



## Much Wenlock and surrounding area at a glance



### Health and Wellbeing Index

Overall, Much Wenlock was better than Shropshire across the health, equality, environment and housing and occupancy domains, but was the worst place plan area for the economy, work & employment domain.

### Image 12: Much Wenlock compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

There were concerns raised around NHS dentists, however some positive comments around the practice "Very good doctors, able to get appointments when needed", "The district nurse is easily accessible "

However with more housing being built and more in the pipeline they will be unable to cope."

Walk in centre at Bridgnorth is great"

### Opportunities and Key Actions

[much-wenlock-interim-high-level-action-plan.pdf](#)

- Youth support services and provision
- Transport and connectivity links
- Training and employment services
- Cost of living support

Image 12

## How does Much Wenlock compare to the other 17 areas?



Group	Definition	Label
1st quartile	Top 25% of the 18 Place plan areas	Best
2nd quartile	Areas that lie between 25% and 50% in the rankings	Better than average
3rd quartile	Areas that lie between 50% and 75% in the rankings	Worst than average
4th quartile	Worst 25% of the 18 Place plan areas	Worst

### Strengths

- Equality
- Health
- Environment
- Housing and Occupancy

### Challenges

- Economy, Work & Employment
- Cost of Living Vulnerability
- Relationships and Trust

<https://next.shropshire.gov.uk/jsna-much-wenlock>





## Oswestry and surrounding area at a glance



### Health and Wellbeing Index

Overall, Oswestry is better than most of Shropshire for education and learning access and does well on economy, work and employment and housing & occupancy, however while the health domain is in the lower half of place plan areas there were issues identified when it came to access to Health, Mental Health, Children & Young People (CYP) and Child & Maternal Health

### Image 13: Oswestry compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

No maternity services in Oswestry, had to deliver in Telford. No NHS dentistry in Oswestry."

"No surgery in the village - To get to chirk on public transport you have to go to Oswestry then chirk. 4000 people in Shropshire registered at Chirk"

"No surgery. If you need any hospital attention you need to go to Shrewsbury or Telford. Impossible if you don't drive. If you're a widow it's a bit grim. Closed the cottage hospital in Oswestry. Not many buses and expenses

"Lack of doctors surgery and public transport. Nearest surgery Chirk - nearest bus stop for Chirk around a mile. I am 78 years old, suffering from arthritis and cancer and cannot walk more than a few yards with the aid of a stick. I am not alone - many local residents have similar problems. It is not acceptable in a village of this size not to have access to medical facilities, particularly with the number of new houses currently being built. Why wasn't the provision of surgery premises mandated in the plans of one of these new estates in order to attract or retain a GP practice? The introduction of telephone consultations - particularly difficult for the elderly with hearing problems."

"Public transport bus cut from half hourly to hourly"

"The stress of rising costs of living and impact on emotional health"

### Opportunities and Key Actions [oswestry-action-plan.pdf](#)

- Development of a community hub
- Integrated practitioner teams
- Youth support services and provision
- Peer support networks e.g. parents and carers

Image 13

### Oswestry Health and Wellbeing Index Detail



#### Top Strengths:

Education and Learning  
e.g. Air Quality

Economy, Work and Employment  
e.g. Median Income

Housing and Occupancy  
e.g. Affordability

#### Top Challenges:

Health  
e.g. Life Expectancy

Relationships and Trust  
e.g. Crime Rate

Cost of Living Vulnerability  
e.g. Fuel Poverty

<https://next.shropshire.gov.uk/jsna-oswestry>



## Pontesbury, Minsterley and surrounding area at a glance



### Health and Wellbeing Index

Overall the area is in the top quartile for relationships and trust, transport mobility and connectivity, housing and occupancy and environment, but is in the lowest quartile for education & learning access and economy, work & employment.

### Image 14: Pontesbury & Minsterley compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

Doctors appointments are incredibly difficult to get, approx. 4 weeks wait at present. A488 is dangerous with cars swerving onto the opposite side of the road to avoid potholes, some repairs have been undertaken last week but nowhere near enough sadly."

"GP sees patients quickly if urgent" "It's close by, has a pharmacy on-site"

"Lunts Pharmacy is good and helpful"

"More dentists- we travel an hour to see a dentist. The maternity provision needs starting from scratch. I wasn't aware there were school nurses

"Should be necessary to match services to the number of people in any area. Too often we are told that services will come when large numbers of new housing is introduced - this does not work."

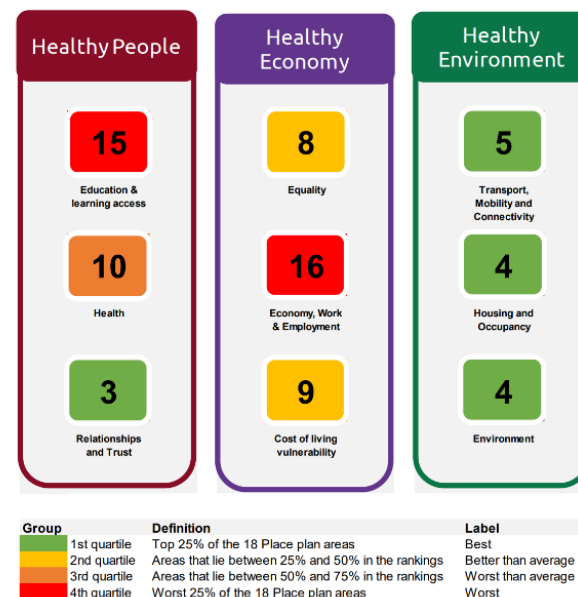
"Better choice for nurseries, before and after school clubs (cost)"

### Opportunities and Key Actions [pontesbury-minsterley-interim-high-level-action-plan.pdf](#)

- Youth support services and provision
- Family support services and provision
- SEND support services and provision
- Transport links and accessibility

### Image 14

## How does Pontesbury and Minsterley compare to the other 17 areas?



### Strengths

- Relationships and Trust
- Housing and Occupancy
- Environment
- Transport, Mobility and Connectivity

### Challenges

- Economy, Work & Employment
- Education & Learning Access

16

<https://next.shropshire.gov.uk/jsna-pontesbury-minsterley>



## Shifnal and surrounding area at a glance



### Health and Wellbeing Index

The Shifnal area is the top place plan area in terms of health and the cost of living vulnerability domains and is also in the top quartile for transport, mobility and connectivity, education & learning access and economy, work & employment, however, it has the worst outcome for environment and is in the lowest quartile for equality

### Image 15: Shifnal compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"Dentist is very good, although private.

"The Sexual Health Clinic at Bishton Court"

""Seen improvement at doctors for appointments sometimes with new online system"

"Surgery is hard to get to from bottom of town. Cannot get appointments in Shifnal which is difficult as I don't drive"

"Able to easily access GP The Doctors surgery respond to complaints"

"Communication between all health professionals needs to improve!"

"There needs to be a pelican crossing or traffic lights on the main road leading to the doctor's surgery - new one"

"Ridiculous wait time and triage system, midwives unable to identify clear tongue ties for both children in the hospital, zero NHS dentists in the local area."

"More doctors appointments Blood tests at surgery"

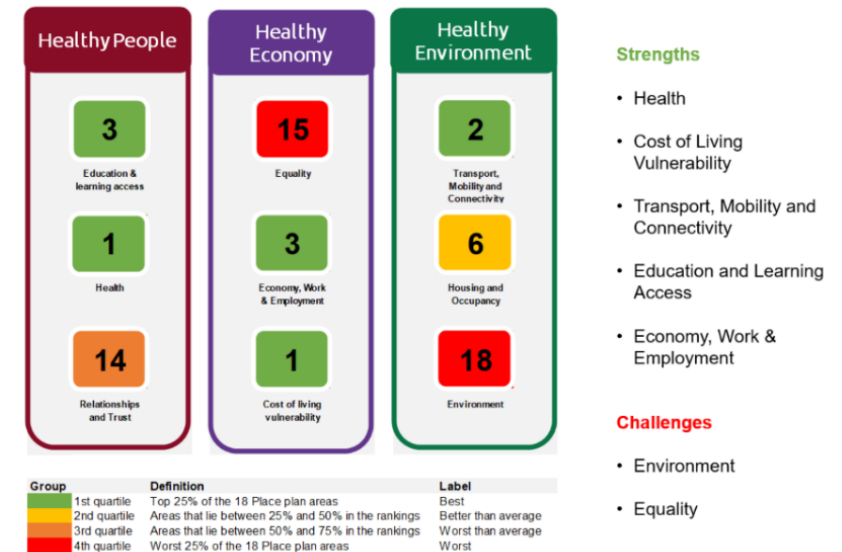
"NHS dentist Access to adequate Mental health support for young people and adults A&E to remain in Telford and Shrewsbury We have accepted the unacceptable in terms if A&E and ambulance services (not the staff but politically)"

### Opportunities and Key Actions [shifnal-interim-high-level-action-plan.pdf](#)

- Transport links and accessibility
- Undertake appraisal of mental health need and services
- Youth support services and provision
- Community health and social care services

### Image 15

### How does Shifnal compare to the other 17 areas?



<https://next.shropshire.gov.uk/jsna-shifnal>



## Shrewsbury and surrounding area at a glance



### Health and Wellbeing Index

Overall, the environment and relationships & trust domains in Shrewsbury are the second lowest domain compared to other areas of the County but it has the highest levels of transport, mobility & connectivity, as well as the economy, work & employment domains. For the Shrewsbury JSNAs the area was divided into three sub areas due to the variation in the population and size.

### Image 16: Shrewsbury compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

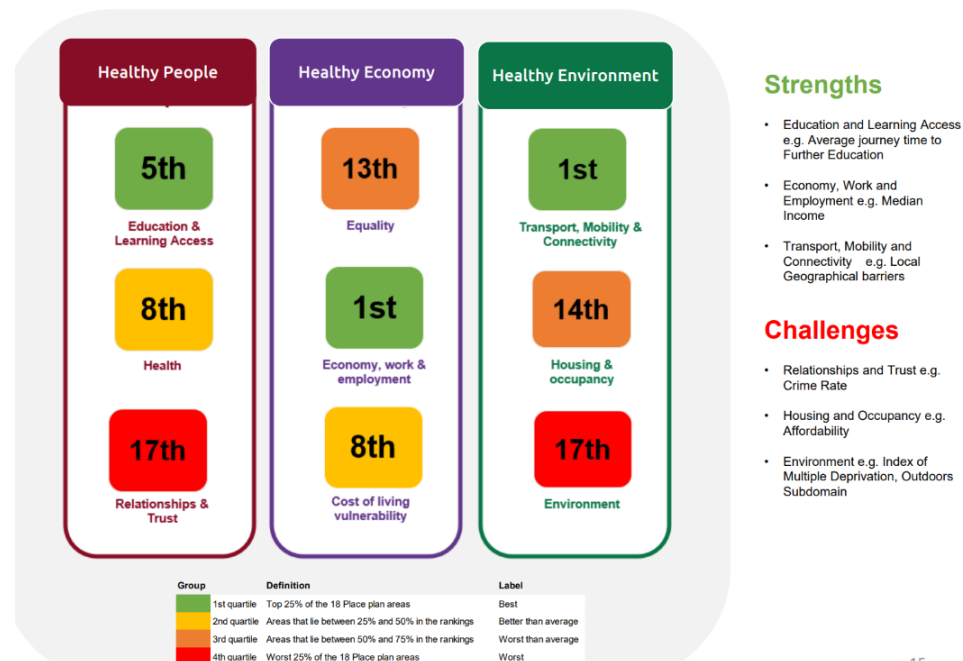
Some particular concerns were raised by residents and communities in the engagement including that there are no defibrillators in Meole Brace or Meole Village, that there is poor access to young people's Mental health services, GP services in parts of Shrewsbury and high levels of car dependency and lack of sustainable transport options and lack of a

### Opportunities and Key Actions [Shrewsbury-interim-high-level-action-plan.pdf](#)

- Development of a community hub
- Youth support services and provision
- Transport links and accessibility equity
- Affordable housing and healthy housing
- Multi-agency response and action on crime and anti-social behaviour

Image 16

## How does Shrewsbury overall compare to other areas?



### Strengths

- Education and Learning Access e.g. Average journey time to Further Education
- Economy, Work and Employment e.g. Median Income
- Transport, Mobility and Connectivity e.g. Local Geographical barriers

### Challenges

- Relationships and Trust e.g. Crime Rate
- Housing and Occupancy e.g. Affordability
- Environment e.g. Index of Multiple Deprivation, Outdoors Subdomain

<https://next.shropshire.gov.uk/jsna-shrewsbury>





## Wem and surrounding area at a glance



### Health and Wellbeing Index

The Wem place plan area is in the lowest quartile for education & learning access, and the highest quartile for equality, but the other domains are in the middle.

### Image 17: Wem compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

Limited transport with "no bus service at all in whixall - nearest hospital is 40 minutes away - whitchurch hospital should be open more. very difficult to see a cp" "Access to the Drs and health care has really gone downhill since before covid. Having to repeatedly order prescriptions for long term medication monthly is particular irksome and a waste of the drs time. " "Roads are in a shocking condition, GP appointments are hard to get, therefore is no NHS dental access at all, too much litter in the countryside " "Too few spaces for NHS dentist should people want to change, too much gatekeeping to access doctors, most of which is technology based giving older people access issues. Transport is difficult for people without cars and expensive, taxi service is minimal in rural areas compounding the transport issue for older People " "More health support in schools as GP's are full up "

### Opportunities and Key Actions [wem-interim-high-level-action-plan.pdf](#)

- Mitigation of digital exclusion and connectivity challenges
- Develop community integration and cohesion
- Youth support services and provision including SEND
- Transport links and accessibility equity

Image 17

## How does Wem overall compare to the 17 other areas?



### Strengths

- Equality

### Challenges

- Education & learning access

<https://next.shropshire.gov.uk/jsna-wem>



## Whitchurch and surrounding area at a glance



### Health and Wellbeing Index

The Whitchurch area had the best education and learning access at the time of this presentation, with the economy, work and employment domain in the top quartile, however, health, relationships and trust, cost of living vulnerability and housing and occupancy were among the lowest rankings in the county. Health Services, Housing & Cost of Living, Crime and Safety and Lack of Activities came up as issues.

### Image 18: Whitchurch compared to communities in Shropshire

Source: Various Place Based JSNAs

### Engagement

"Lack of ambulance and doctors services"

"There is only one GP practice that is already oversaturated to serve the whole area that's still growing. There are no cost-effective leisure facilities in a reasonable distance/ accessible for the area."

"Being able to access appointments with a doctor within suitable time frame. Having to wait up to a month for a non-urgent appointment is too long."

Overwhelmed GP services and resulting long waits for all but urgent appointments "

"Health issues associated with cost of living - i.e. due to not using heating as frequently or affording as healthy meals "

Access to Mental health services - waiting lists are very long"

"Employment and support for vocational work"

"Lack of free early years groups and early help support"

"Mental health issues following Covid"

### Opportunities and Key Actions [whitchurch-action-plan.pdf](#)

- Youth support services and provision
- New swimming pool and leisure centre
- Community mental health support
- Communicate all available community activities and groups
- Affordable housing and healthy housing

Image 18



#### Top Strengths:

- Education and Learning Access  
e.g. Average Journey time to Further Education
- Economy, Work and Employment  
e.g. Median Income
- Transport, Mobility and Connectivity  
e.g. Local Geographical barriers

#### Top Challenges:

- Health  
e.g. Life Expectancy
- Relationships and Trust  
e.g. Crime Rate
- Cost of Living Vulnerability  
e.g. Fuel Poverty
- Housing and Occupancy  
e.g. Affordability

<https://next.shropshire.gov.uk/jsna-whitchurch>



## Section 4: Previous Recommendations Progress Review

[The previous DPH Annual Report 2023/24](#) had a focus on rural health and wellbeing in Shropshire and particularly the often hidden inequalities in rural communities. The report shows the need to more fully understand impact of living in rural areas on the health and wellbeing of our communities if we are to both embrace the strengths and work with communities to tackle some of the real challenges faced on a daily basis. It highlighted the 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. 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	Summary Detail	Update
<b>Recommendation 1 – Rural Proofing</b>	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 for a new service or policy.	Through the work of the Health Overview and Scrutiny Task and Finish Group, this is in place with partners agreeing to take account of the toolkit and regular updates and reports are received by committee.
<b>Recommendation 2 – Prioritise and develop community-based interventions</b>	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	This is a core programme of work within STW and is aligned across Shropshire Council. Work continues to seek investment in the voluntary sector through Shropshire Integrated Place Partnership and the Health and Wellbeing board and other external grants to support health checks and social prescribing in our more rural communities. Continues to be an area of focus
<b>Recommendation 3 – Place Based/ Neighbourhood Working</b>	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.	This is a core programme of work within STW and is aligned across Shropshire Council and Health Partners in the neighbourhood working and customer journey The NHS 10-year plan – includes this shift
<b>Recommendation 4 – Intelligence Led</b>	Improving the evidence base to understand and monitor rural outcomes is essential to underpin all our decision making across HWBB partners.	Completion of al place based JSNAs in 2025. Continuation to build the Population Health Management approach including risk stratification and local place-based data such as the JSNA
<b>Recommendation 5 – Infrastructure solutions</b>	Continue to recognise and support the transport and infrastructure challenges in rural areas and develop innovative solutions to address these needs.	We are now using data to drive performance and ensure the right treatment is carried out at the right time to prevent future deterioration of the network. Analysis and commercial focus on defect data capture has allowed for better decision making and budget allocation.

## Section 5: Conclusions and Recommendations

Living in 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. However, while overall outcomes are good, there are hidden inequalities in our communities and specific challenges including poorer access to services, continuing concerns regarding mental health in our communities, services for children and young people, poor housing and increased vulnerability through the cost-of-living crisis.

Life expectancy (how long you live) and healthy life expectancy (how long you live in good health) are important measures of the overall health of our residents. In Shropshire, life expectancy overall is higher than the England average, however, there is significant variation. This means in some of our towns and villages residents life expectancy and healthy life expectancy are significantly lower because of the differences in the environment where they were born and live. These stark health inequalities are unfair and avoidable.

This report provides the context to understand the issues that impact on life expectancy and health and wellbeing in our communities, 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. The recommendations seek to highlight specific areas of action and further action identified by the engagement with communities in the JSNA. The action plans highlight work already in progress, good practice in interventions, services, collaboration and engagement. Implementation of further actions and or scaling up and sustainability of the current actions will continue to improve outcomes.

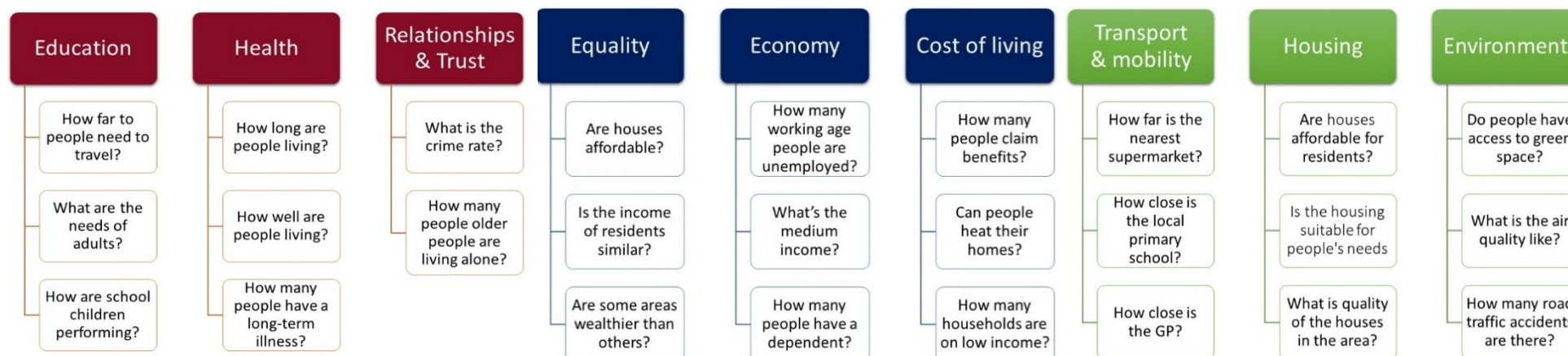
Recommendation	Summary Detail
<b>Recommendation 1 – Place Based/ Neighbourhood/ Community Working</b>	Given the variety and variation of villages, hamlets and towns across Shropshire, partners renew their commitment to Local Community/Neighbourhood Based Working, to improve health and wellbeing. That all statutory partners with health and wellbeing responsibilities, recognise the essential role communities play in delivering improved outcomes across Shropshire. That we continue to shift investment into our communities and services that support our communities including the Voluntary and Community Sector
<b>Recommendation 2 - Alignment</b>	That all partners take account of and assess the Governments neighbourhood guidance and align to the current development within Shropshire around Community Hubs and the JSNA intelligence to align future services in our distinct and varied neighbourhoods and build on the current work and programmes already in place but at scale.
<b>Recommendation 3 – Intelligence Led</b>	Improving the evidence base to understand and monitor rural outcomes is essential to underpin all our decision making across HWBB partners. That we continue to engage with our communities in developing and delivery of our community led action plans with a collective ownership, including our understanding of rural inequalities.
<b>Recommendation 4 – One Shropshire</b>	Continuing to work together as one community of partners to serve our residents of Shropshire, asking how can we help? Enabling communities and the voluntary and community sector to take more of central role in the development of our services and work.



## Appendix: Place Plan Index Definitions

The index uses several indicators to rank each place plan area out of the 18 place plan areas across 9 categories in 3 different domains

- Education and learning access includes: average journey times to primary schools, secondary school and further education, and indicators from the index of multiple deprivation relating to adult skills and children and young people.
- Health includes: several indicators related to disease prevalence on primary care registers, children's vaccination rates, prevalence of obesity in reception and year 6, life expectancy and measures related to pregnant women.
- Relationships and trust: includes measures related to various crime rates, pensioners living alone, and percentage of young people
- Equality: includes lower quartile house price affordability, income ratios and
- Economy, work and employment: includes unemployment of working age people, business rates, income levels and indicators from the index of multiple deprivation related to income deprivation of older people and income deprivation of children
- Cost of living vulnerability: includes lower quartile income levels, claimant counts from the department of work and pensions and the levels of households that are fuel poor
- Transport mobility and connectivity: includes indicators from the index of multiple deprivation related to the geographical barriers
- Housing and occupancy: includes the mean housing affordability, the percentage of households that have enough rooms for the people who live within them and have central heating, and indicators from the index of multiple deprivation related to barriers to housing and services
- Environment: includes the index of multiple deprivation related to the outdoors sub-domain which includes air quality and road traffic accidents



*"Floreat Salopia" – May Shropshire Flourish*

# Director of Public Health Shropshire

## Annual Report 2024/2025

