



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	Thursday 18 th March 2026			
Title of report	Cardiovascular Renal Metabolic (CVRM) Strategy			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	X	Information only (No recommendations)
Reporting Officer & email	Nazish Khan nazish.khan@nhs.net			
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	x
What inequalities does this report address?	All protected characteristics			

Report content

1. Executive Summary

Cardiovascular disease remains the second leading cause of death locally, accounting for 23% of all deaths between 2022–2024. The CVRM Strategy sets out a system-wide roadmap to address overlapping risk factors (hypertension, diabetes, obesity, CKD, heart failure) through early detection, equitable access to evidence-based interventions, and integrated neighbourhood health models.

Key ambitions include:

- Early diagnosis and optimised management via case finding and guideline-based treatment.
- Reducing health inequalities by targeting CORE20Plus5 populations and rural communities.
- Embedding prevention accelerators through the National Neighbourhood Health Programme (Shropshire is a vanguard site).
- Leveraging digital innovation for remote monitoring and personalised care. The strategy aligns with national priorities (NHS Long Term Plan, Major Conditions Strategy) and local Integrated Care Strategy.

2. Recommendations (Not required for 'information only' reports)

- Endorse the CVRM Strategy and Delivery Plan for system-wide implementation.
- Approve governance arrangements and Year 1 milestones (e.g., CVRM dashboard, workforce training plan, engagement workshops).
- Support development of neighbourhood-level action plans and BI dashboards to monitor KPIs

3. Report

Introduction

The Cardiovascular, Renal and Metabolic (CVRM) Strategy and Delivery Plan is presented to the Shropshire Health and Wellbeing Board to outline the system's coordinated approach to addressing one of the most significant contributors to morbidity, mortality and health inequalities in Shropshire, Telford & Wrekin. Building on extensive local data analysis and cross-sector collaboration, the strategy provides a unified framework for prevention, early intervention and targeted management across CVRM conditions, ensuring alignment with national priorities and the emerging neighbourhood health model. Its development reflects the system's commitment to shifting care closer to communities, strengthening proactive population health management and delivering sustainable improvements in outcomes for those at greatest risk.

Information

Cardiovascular disease remains the second leading cause of death across Shropshire, Telford & Wrekin, accounting for 23% of all local deaths between 2022–2024. The new CVRM Strategy and Delivery Plan sets out a unified, systemwide approach to tackling the growing burden of cardiovascular, renal and metabolic multimorbidity, with 62% of the population now living with combinations of these conditions. The strategy marks a shift from single condition management to an integrated multimorbidity model grounded in prevention, early detection and equitable access to evidence based interventions. It builds on national priorities including the NHS Long Term Plan, Major Conditions Strategy and CORE20PLUS5, while leveraging Shropshire's role as a vanguard site for the National Neighbourhood Health Implementation Programme. Priority areas include reducing unwarranted variation, improving treatment to target rates in hypertension, diabetes and cholesterol management, and embedding innovative solutions such as digital monitoring, population health analytics and neighbourhood level multidisciplinary models of care.

The Delivery Plan sets out clear Year 1 milestones, including system engagement, establishment of revised governance, development of local action plans, workforce training programmes and creation of a system CVRM dashboard to track KPIs. Proposed metrics include increasing hypertension treatment to target from 63.4% to 68% in 12 months, improving anticoagulation rates for atrial fibrillation to over 90%, increasing SGLT2i uptake from 30% to 80% over two years and delivering measurable reductions in smoking prevalence, obesity and alcohol related admissions. By focusing on prevention and shifting activity into community based neighbourhood health services, the strategy supports improved population health outcomes, reduces health inequalities and enhances system productivity. The CVRM programme directly aligns with the ICB's strategic aims, offering a clear and evidence based roadmap to reduce premature morbidity and mortality, improve patient experience and strengthen long term sustainability across the local health and care system.

Assurance

- Directly supports ICB objectives for prevention, reducing health inequalities, and improving outcomes for people with multiple long-term conditions.
- Aligns with the Integrated Care Strategy, Joint Forward Plan priorities and neighbourhood working along with the awaiting ICS Clinical Strategy.

Risk assessment and opportunities appraisal

Integrated Impact Assessment included within appendices.

Financial implications

None

Climate Change Appraisal as applicable	Included within the IIA	
Where else has the paper been presented?	System Partnership Boards	TWIPP Board – 18/03/2026 ShIPP Board – 16/04/2026
	Voluntary Sector	Requested
	Other	System Strategy and Development Group – 19/12/2025 Strategy Prevention Committee – 07/01/2026 ShIPP Accelerator Group – 13/01/2026 Health and Care Models Group – 16/01/2026 Quality and Performance Committee – 05/02/2026 GP Board – 25/02/2026 Equality Involvement Committee – 18/03/2026
List of Background Papers - NA		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Appendices Appendix A – CVRM Strategy Summary		