



# Shropshire Health and Wellbeing Strategy 2022 – 2027



# Shropshire Health and Wellbeing Strategy 2022-27

## Forward

When the Health and Wellbeing Strategy refresh was being planned in December 2019, COVID-19 was heard about, but we never imagined the impact this virus would have on our lives and the future. Every one of us has been affected by the pandemic in different ways. This may be directly or indirectly through illness or bereavement, through our own mental and physical health and that of our family and friends, juggling home schooling with working, or worrying about job security, debt or fear of losing our home.



Reviewing the health and wellbeing strategy as we start to live with, and recover from COVID, is even more important than before. We have used findings from Shropshire Council's COVID-19 impact report which collected data and insight across health and care providers in Shropshire to find out where impact had been greatest. Mental Health - Anxiety and depression, increase in low income families, child poverty and food insecurity and financial difficulties have been shown as areas of concern. We have also looked at highly localised data to confirm areas of health need and are working with our partners to address these as we all begin to recover.

COVID-19 has highlighted the importance the 'wider determinants of health' and will underpin this strategy and action arising from it. 'Wider determinants' or 'social determinants of health' are the things that affect our health and wellbeing and include having a job and income, living somewhere where we feel safe, having social contact with others and our lifestyle choices. We often associate good health as seeking medical help when we feel ill, however, The Health Foundation estimate that as little as 10% of our health and wellbeing is impacted by health care access. The Marmot review published in 2010, emphasises the strong and persistent link between social inequalities and disparities in health outcomes starting with giving every child the best start in life.

We hope you find this Strategy interesting and readable. We recognise that there may be terms and language used, which are familiar to those using them every day as part of their work. Wherever possible more straightforward language is used.



**Cllr Simon Jones**

Chair, Shropshire Health & Wellbeing Board



**Rachel Robinson,**

Director of Public Health, Shropshire

# 1. Health and Wellbeing Board (HWBB) context and Strategy

## Health and Wellbeing Strategy

This strategy sets out the long-term vision for Shropshire, identifies the immediate priority areas for action and how the Board intends to address these.

The strategy was developed through:

**Consultation** with Shropshire people and our stakeholders.

A series of **structured workshops** pre and post COVID-19 with Shropshire HWBB, to discuss and agree priorities which meet the needs of Shropshire people. This included scrutiny of local health data including areas of health inequality and the needs of our vulnerable communities.

### Joint Strategic Needs Assessment (JSNA)

Scrutiny of national and highly localised data which identifies areas of health need and is a collaborative approach across all health and care organisations (Local Authority/local NHS providers/Voluntary and Community Sector etc) also called 'Systems', to improve health in our communities.

**COVID-19 impact report** Shropshire Council's COVID-19 impact report has collected data and insight across health and care providers within Shropshire, to find out where impact had been greatest and inform our priorities in the here and now.

**Findings and recommendations from national reports** including [Build Back Fairer: The COVID-19 Marmot Review](#) and policy papers including the Government White paper [Working together to improve health and social care for all](#).

**Shropshire's Public Health Annual Report** This report is published by the Director of Public Health every year and includes necessary information for decision makers in local health services, authorities and communities on health gaps and priorities that need to be addressed.

*The strategy is for everyone, and this strategy consultation particularly raised consideration for the needs of people with autism, those who are LGBTQ+, people with learning and physical disabilities, families of prisoners, racial equality and awareness and workplace discrimination.*

## Purpose of Health and Wellbeing Boards

Health and Wellbeing Boards are an important feature of the reforms brought about by the Health and Social Care Act 2012.

[The Health and Wellbeing Board](#) (HWBB) in Shropshire acts to ensure that key leaders from health, care, and the Voluntary and Community Sector work together to improve the health and wellbeing of Shropshire residents. [Health and Wellbeing Board members](#) collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services. Shropshire's Board meets six times a year on alternate months, and [meeting dates can be found by following this link](#).

## Health and Wellbeing Board Statutory Duties

Identify the priority health and wellbeing needs in our area through the **Joint Strategic Needs Assessment (JSNA)** undertaken by Public Health.

Develop a **Joint Health and Wellbeing Strategy (JHWS)** for our local population.

Lead on the **integration of commissioning, service delivery and pooled budget arrangements**, which includes the Better Care Fund (BCF).

Publish and keep up to date a statement of the needs for pharmaceutical services, referred to as the **Pharmaceutical Needs Assessment (PNA)** every 3 years.

## 2. Vision and Priorities for Shropshire – Overview

Our vision is:

***For Shropshire people to be healthy and fulfilled***

Our priorities take two forms:

***Strategic:*** *These are the long-term aims and how we will achieve them.*

***Key focus:*** *These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA).*

Our vision is: ***For Shropshire people to be healthy and fulfilled***

**Strategic priorities**

**Key focus**

**All Priorities underpinned by Enablers: A strong evidence base, making use of digital to improve access**

**Joined up working**  
Shropshire Health, Care and Partners commit to working together, supporting the development of personalised care. This includes working closely with our Voluntary and Community Sector, in the heart of communities. We will reduce duplication, improve accountability and service experience, as well as make best use of the skills and abilities of our workforce.

**Working with and building strong and vibrant communities**  
Shropshire has many strong and vibrant rural and town communities. We will work with our communities to engage and find out what matters, reduce inequalities, promote prevention, increase access to social support and influence positive health behaviours. We will also pool information and resource to support people in our communities.

**Improving population health**  
Using a population health approach, we will aim to improve the health of the entire Shropshire population including; reduction of the occurrence of ill health, dementia support, preventative approaches including delivery of appropriate health and care services, and accessible health information, and support for those on long waiting lists for procedures. Whilst digital is the way forward, this not being appropriate for all will be considered.

**Reduce inequalities**  
We will have a clear and focused approach to health inequalities, which will be led by system Health Inequality plans, which includes the NHS Core20+ 5 model. We want everyone to have a chance to live their lives well, including those who have physical and learning disabilities, are older, and LGBTQ+. Access to housing and a fair living wage are area will be part of addressing Health Inequalities.

**Workforce**  
During COVID many people lost their job or had to take lower paid and less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all, no matter where they are employed. This includes promotion of a fair living wage, and opportunities to progress.

**Children and Young People (CYP)**  
COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from Child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age effect is included. We will also continue to monitor child development at 2,5 years. This will enable understanding of certain behaviours and help promote resilience for our young people.

**Mental Health**  
The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin will guide our ambitions over the next five years.  
  
This strategy has a 'life course' approach from pregnancy to childhood to older age.  
  
We also want to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness.

**Healthy weight and physical activity**  
Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.

## 3. What has changed since the last strategy?

### The last strategy identified 3 priorities

#### Priority 1: **Health Promotion and resilience** (Preventing a health condition starting or becoming worse)

##### What has happened

**Healthy Lives** is the name of the prevention programme of the Health and Wellbeing Board. Partners across health, social care and the voluntary and community sector are working together proactively rather than in isolation, to reach Shropshire's residents before their health or condition develops or gets worse. Regular Programme reporting is provided to the HWBB.

Key achievements from the programme:

**Social Prescribing (SP)** SP is a collaboration between Primary Care Networks, Public Health and the Voluntary & Community Sector (VCS). It supports people to take control of their health and wellbeing and improve their chances of preventing ill health. Many people visit their GP for difficulties which cannot be fixed by medicine or medicine alone. Social Prescribing referral provides people with the opportunity to talk 1 to 1 with a trained advisor and together they will come up with a plan to meet their need within their own community. Reasons for referral could be loneliness, low level mental health difficulties or wanting to become more physically active. Social Prescribing has been very successful in Shropshire and is now available in all our GP Practices. At January 2021, there were over 1100 referrals to date.

An independent university review of people using the service in 2018/19 found a reduction of 40% in GP appointments. Changes translated into improvement in weight, Body Mass Index, cholesterol, blood pressure, levels of smoking and physical activity. Also high patient satisfaction – suitable times, venue and ability to discuss concerns with the Advisor.

**Unpaid Carers – see** Priority 2.

##### **Musco-Skeletal (MSK) and Falls Prevention**

There was huge interest and community demand for the 'Elevate' programme, which was delivered by Energize and funded through the improved Better Care Fund (iBCF). Almost 600 people attended and 73% of participants assessed at 20 weeks showed a reduction in falls risk.

**Cancer recovery** The Lingen Davies grant funded 'Get Active Feel Good' programme provides support to people living with and beyond cancer to improve their health and wellbeing through physical activity. It is open to GP referral and is a registered Social Prescribing intervention.

**Food insecurity** Working closely with our partners the Shropshire Food Poverty Alliance, £10,000 of surplus grant funding was identified, and agreed to be transferred to the Shropshire Food Poverty Alliance through the Healthy Lives Steering Group. This will be used as a means for the Alliance to implement their Action Plan.

**Cardio-Vascular Disease (CVD)** It is estimated that there are 10,014 people with undiagnosed Atrial Fibrillation (AF) in Shropshire. Devices are being used for opportunistic screening in 7 pharmacies and 3 GP practices to detect AF early, and thus reduce stroke risk. At least 200 people have been screened in a community venue, pharmacy, GP Practice and at a local health conference. Of these, 13 people have had an abnormal reading and referred on to their GP for further advice.

**Mental Health** A Shropshire, Telford & Wrekin Suicide Prevention Strategy is in place and was presented at the HWBB in July 2018. A 'Z' card 'Pick up the phone, you're not alone' has also been produced.

## Priority 2: Promoting independence at home

### What has happened

**Shropshire Care Closer to Home** (Now known as Local Care Programme) is Shropshire CCG's review and transformation programme which aims to better deliver preventative care and support, with services closer to home. It is underpinned by the principles of keeping people as well as possible, for as long as possible in their own home or community environment and minimising the need for a hospital admission. A successful pilot scheme started but is currently paused.

#### **Admission Avoidance Team Shrewsbury**

This service has helped to provide preventative care and support to people where an A & E Department visit, or hospital admission can be avoided. An integrated health and social care team (FIT) work together to ensure anyone aged 75 and over who arrives via the A&E department is assessed quickly for frailty, treated or stabilised, and discharged or transferred safely back to their own homes or to another appropriate place of care based on their individual needs. This helps to ensure that people are in the best environment for them and their care needs, helping to make a better and quicker recovery, and avoiding an unnecessary admission into hospital.

**Unpaid Carers** In the 2011 Census 34,260 people in Shropshire identified themselves as unpaid carers. Caring can be rewarding but also stressful without support. Carers were an area of focus for 2016-21. A new All-Age Carers Strategy written in collaboration with carers, commissioners and service providers was produced. The 5 key priorities were; Carers are: listened to, valued and respected, enabled to have time for themselves, can access timely, up to date information, enabled to plan for the future and able to fulfil their educational, training and employment potential. Examples of work include: Two carers in a car service (night-time assistance), closer working with Telford and Wrekin – joint carer workshops and a young carers leaflet. A review of strategy progress took place in June 2019, and actions have been agreed to proceed with these, so the needs of unpaid carers continue to be addressed.

## Priority 3: Promoting easy to access and joined up care

### What has happened

Services are beginning to work more closely together, with examples such as the Frailty Intervention Team (FIT) and hospital admission avoidance.

Services across the area are beginning to align, so that social care, self-help support services and health services are located closer to people's homes.

Integrated Care System Boards will arise from the recent Government white paper [Working together to improve health and social care for all](#) and localised partnership Boards including the HWBB and Shropshire Integrated Place Partnership (SHIPP) will influence and drive easier access to joined up care for people.

There is still more to be done however, and this is key not only making people's access to services easier, but also easier for people to understand how they work and to navigate.

### **COVID-19 – working together**

The emergency situation of the COVID-19 pandemic demonstrated how well the system (health, social care, businesses, VCS, Police etc.) could work together and respond to protect the health of the Shropshire population. This included system 'Gold' and 'Silver' command daily meetings, daily situation reporting and joint task and finish groups including communications, testing and tracing and care sector.

## 4. COVID-19 – Effect and Impact of the pandemic

The COVID-19 pandemic has had a considerable impact on people experiencing health inequalities, and many people in Shropshire have felt the effect of poorer mental health, financial worries, and food and employment insecurity for the first time. [Build Back Fairer: The COVID-19 Marmot Review](#) highlights the impact of anticipated increases in poverty for children, young people and adults of working age, food insecurity, poorer mental health in children and young people, the unequal impact of the pandemic on Black and Minority Ethnic (BAME) populations, rising unemployment and low wages leading to worse health and wider inequalities.

This broadly reflects local findings. From February 2021, Shropshire Council has been gathering information on the impact of the COVID-19 pandemic. This report looks broadly at the impacts that have, and may be experienced, and the impact on individuals, households and local service providers. The type of impact and risk has been estimated based on data and provider evidence. Highlights of the findings are shown below. This tells us that this HWB strategy refresh must reflect these findings.

### Mental Health – Anxiety and depression

National data is showing that people's mental health is suffering following the pandemic, and this applies to all ages. In [The Healthwatch Shropshire May 2020 survey](#) of 568 people, 64% reported a slight or significant impact on mental health (of the 64% total, 13% indicated a 'significant' impact).

### Risk: High

Interim results from the Shropshire Schools Nutrition and Wellbeing Survey carried out October to December 2020, highlighted that approximately 21% of children had concerns over wellbeing. SATH report mental health attendances at A&E, and concern for younger adults and children.

### Increase in low income families, child poverty and food insecurity.

Shropshire has seen an upward trend in both primary and secondary school children claiming free school meals since 2018. The 2020 data saw Shropshire ranked 32 nationally with the percentage of pupils compared to the previous year increasing by 1.90% for primary and 2.20% for secondary. Source: [Local authority interactive tool \(LAIT\)](#)

### Risk: High

Trussell Trust food banks in Shropshire saw an increase of 72% from 2,935 parcels distributed 1 April to 30 September 2019 compared to 5,039 in the same period 2020.

Shropshire Food Poverty Alliance has reported the same significant increases in demand across Shropshire's independent foodbanks and projects. New food schemes were established in many communities as a response to the project.

Source: <https://www.shropshirefoodpoverty.org.uk/>

### Financial

ONS data: December provisional data saw an increase of more than 10,000 Universal Credit claimants in Shropshire since March. December provisional data saw an increase of 4,495 total claimants (+112%) since March for those who are not in work and claiming out of work benefits including Universal Credit and Job Seekers Allowance.

### Risk: High

## 5. The Health picture in Shropshire

Over the last ten years, the life expectancy of people living in Shropshire has continued to increase. However, despite significant improvements, large health inequalities still exist.

[PHE Fingertips data \(2020\)](#) provides a snapshot of which health outcomes Shropshire was doing better and worse for, compared to England and helps form our priorities.

 <b>Better in Shropshire than England</b>	 <b>Worse in Shropshire than England</b>
Male life expectancy at birth	Smoking in early pregnancy
Violent crime – hospital admission rates for violence including sexual violence (all ages)	The percentage of adults who are overweight and obese – Rated ‘amber’ at 64.6%
Prevalence of obesity in year 6 children	Obesity in early pregnancy
Mortality rate from cancer (under 75 yrs)	Child development 2.5 years
New STI diagnoses rate 15-64 years (excluding chlamydia aged <25)	The number killed and seriously injured on our roads
Under 75’s Mortality rate from all cardiovascular diseases	Estimated diabetes diagnosis rate for people aged 17+
Breastfeeding initiation	Statutory homelessness rate – eligible homeless people not in priority need
Under 75’s Mortality rate from all causes	Excess under 75’s mortality rate adults with severe mental illness
Teenage Pregnancy Under 18’s conception rate	Age 16-25 Not in Education, Employment or Training (NEET)
% of children achieving at least the expected level in communication and language skills at the end of reception.	Successful alcohol treatment

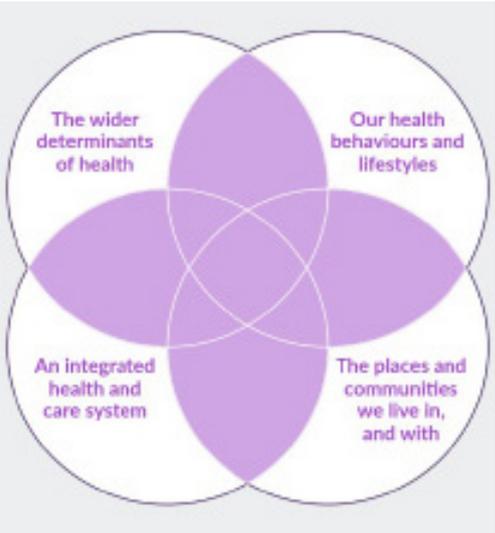
### Inequalities

It is important to consider inequalities when looking at ‘better than’ or ‘worse than’ data. Although this provides an important measure, it can hide inequalities that exist within specific communities.

For example, life expectancy is 5.4 years lower for men and 2.1 years lower for women in the most deprived areas of Shropshire than in the least deprived areas. Addressing inequalities will underpin this strategy so our more vulnerable population have a fairer chance to access to vaccinations, mental health support and other health and care services.

## 6. Strategic priorities

To make a difference to the lives of Shropshire people and reach our vision; For Shropshire people to be healthy and fulfilled, we need to consider our strategic priorities. These are the long-term aims and how we will achieve them.

Strategic Priority	Enablers – What will help enable us to achieve our priorities							
<p><b>Joined up working</b> Shropshire Health, Care and Partners commit to working together, supporting the development of personalised care. This includes working closely with our Voluntary and Community Sector, in the heart of communities. We will reduce duplication, improve accountability and service experience, as well as make best use of the skills and abilities of our workforce.</p>	<p>Wider determinants of health are the most important driver of health and wellbeing across the life course. This includes; having a job, access to education and a decent home to live in.</p>	<p><b>Population Health Approach</b></p>  <p>The 2nd most important drivers of health, and form health outcomes. These behaviours and lifestyles include; how much alcohol we consume, smoking, how much exercise we do and what we eat.</p>						
<p><b>Improving population health</b> Using a population health approach, we will aim to improve the health of the entire Shropshire population including; reduction of the occurrence of ill health, dementia support, preventative approaches including delivery of appropriate health and care services, and accessible health information, and support for those on long waiting lists for procedures. Whilst digital is the way forward, this not being appropriate for all will be considered.</p>	<p>This is key to prevent 'silo' working and bring together health, local authorities and partners, to address the health, social care, and public health needs at a system level.</p>	<p>Feeling part of a community plays a key role in health including social support and influencing positive health behaviours.</p>						
<p><b>Working with and building strong and vibrant communities</b> Shropshire has many strong and vibrant rural and town communities. We will work with our communities to engage and find out what matters, reduce inequalities, promote prevention, increase access to social support and influence positive health behaviours. We will also pool information and resource to support people in our communities.</p>	<p><b>'Place based' approach in Shropshire</b> Many factors cause inequalities to thrive such as; Wider determinants of health (e.g. employment/ housing) Psycho-social factors (e.g. social support/ self-esteem) and Health behaviours (smoking/ alcohol) and physiological impacts (e.g. anxiety/depression). These underpin our ability to be healthy and are circumstances that play out at a local level – or place. Treatment alone cannot tackle health inequalities, so it is vital that local systems (Local Authority/local NHS providers/Voluntary and Community Sector etc.) work together using strong leadership, joint planning, ambition and scale, to tackle the complex web which leads to health inequalities, across the life course. A placed based approach is being adopted by the Local Authority and Shropshire and Telford &amp; Wrekin ICS.</p>	<p><b>Health in All Policies (HiAP)</b> These embed prevention and wellbeing in all the policies that impact on our residents including, food, housing standard, health and safety, air quality, pollution and environment. This approach is important because it supports populations in living better quality lives, and for longer. This in turn supports the delivery of local priorities, including economic priorities and development of local services.</p>						
<p><b>Reduce inequalities</b> We will have a clear and focused approach to health inequalities, which will be led by system Health Inequality plans, which includes the <a href="#">NHS Core20+ 5 model</a> (page 15 shows this graphic). We want everyone to have a chance to live their lives well, including those who have physical and learning disabilities, are older, and LGBTQ+. Access to housing and a fair living wage will be a part of addressing Health Inequalities.</p>	<p><b>Linking work to operational work, plans and strategies</b> We will continue to link the NHSE elements of health inequalities in the Long-Term Plan and operational work, with our broader aims within the HWBB strategy.</p>	<p><b>Whole Systems Approach (WSA)</b> A WSA is when the local system works together to recognise the complexities of a health challenge, gain joint understanding of the causes, challenges, opportunities, interconnected issues and solutions and agree collective action to bring about sustainable and long-term change.</p> <table border="1" data-bbox="1018 1771 1528 2049"> <tr> <td colspan="2" data-bbox="1018 1771 1528 1872"><b>Engaging with our communities Voluntary and Community Sector (VCS) as a core element of our system</b></td> </tr> <tr> <td data-bbox="1018 1879 1193 1980"><b>Protecting Population Health</b></td> <td data-bbox="1198 1879 1528 1980"><b>Support our Primary care Networks to deliver Social Prescribing</b></td> </tr> <tr> <td data-bbox="1018 1986 1289 2049"><b>Intelligence-Led approach and Digital</b></td> <td data-bbox="1294 1986 1528 2049"><b>Health Inequalities Plans</b></td> </tr> </table>	<b>Engaging with our communities Voluntary and Community Sector (VCS) as a core element of our system</b>		<b>Protecting Population Health</b>	<b>Support our Primary care Networks to deliver Social Prescribing</b>	<b>Intelligence-Led approach and Digital</b>	<b>Health Inequalities Plans</b>
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<b>Intelligence-Led approach and Digital</b>	<b>Health Inequalities Plans</b>							

## 7. Key areas of focus

**Key focus:** These are specific areas of health and being need in Shropshire which have been identified through careful analysis of data – the Joint Strategic Needs Assessment (JSNA)

Key area of focus	Evidence of need in Shropshire	What will enable this?
<p><b>Workforce</b></p> <p>During COVID many people lost their job or had to take lower paid and less stable employment. We will work to make Shropshire workplaces fair, happy and healthy places for people to work in and promote wellbeing for all, no matter where they are employed.</p> <p>This includes promotion of a fair living wage, and opportunities to progress.</p>	<p>COVID-19 has had a measured impact on <b>mental health</b> and general wellbeing. <a href="#">Rates of in-work poverty have increased</a> and Shropshire is a low wage economy.</p> <p>Shropshire often loses young people due to lack of opportunity to progress, or lack of employment sector/industry which they wish to enter.</p>	<p>Across all sectors (Health, Local Authority, Business, VCS) senior leadership commitment, embedment in policies and training plans to enable:</p> <ul style="list-style-type: none"> <li>- Promotion of a fair living wage to reduce in-work poverty and promote better health</li> <li>- Adoption of 'Thrive at Work' West Midlands across all sectors. A workplace commitment that promotes employee health and wellbeing. Needs of Small &amp; Medium Enterprises (SME)s will be considered.</li> <li>- Make Every Contact Count (MECC) training to build an informed workforce on preventative health choices.</li> </ul>
<p><b>Mental Health</b></p> <p>The 5-year Mental Health Strategy for Shropshire and Telford &amp; Wrekin will guide our ambitions over the next five years.</p> <p>This strategy has a 'life course' approach from pregnancy to childhood to older age. We also want to reduce stigma, normalise mental wellbeing and consider the needs of those providing unpaid care for someone with mental illness.</p>	<p><b>The Healthwatch Shropshire May 2020 survey</b> of 568 people, 64% reported a slight or significant impact on mental health. There are an estimated 4,000 children with a mental health disorder in Shropshire. Mental Health Services have noticed a around a 30% increase in children's mental health services activity. Data is showing excess under 75's mortality rate adults with severe mental illness. All this is a concern for Shropshire.</p>	<p>The 5-year Mental Health Strategy for Shropshire and Telford &amp; Wrekin will guide our ambitions over the next five years. This includes the Community Mental Health Transformation programme which will help improve access, deliver better outcomes and experiences for people through a more integrated and a holistic care model. A key element is increasing physical health checks for people with Serious Mental Illness.</p>
<p><b>Children and Young People (CYP)</b></p> <p>COVID has had a huge impact on many families, and particular focus will be CYP mental health and wellbeing. This includes children with SEND, the transition stage from child to adult, and support for parents. In addition, plans to create a Trauma Informed workforce will be implemented. Trauma has a life course effect, and although under the CYP header, all age is included. We will also continue to monitor child development at 2.5 years.</p>	 <p>Nationally and locally, there is growing concern regarding eating disorders in young people along with self-reported suicidal thoughts and self-harm.</p>	<p>As a system, create a trauma informed workforce through training and implementation. This will help professionals, volunteers and communities better identify and support people who have suffered from trauma and build a trauma informed workforce. We will continue to receive and scrutinise reports to the Board for the 0-25 Emotional Health and Wellbeing service provision for CYP. Mental Health work will be led by the 5-year strategy above. Social Prescribing will remain a HWBB priority, and a pilot for CYP in south-west Shropshire is rolling out.</p>
<p><b>Healthy weight and physical activity</b></p> <p>Our ambition is to reduce levels of obesity in Shropshire across all ages. This priority will be linked to drugs and alcohol, smoking and mental health, through preventative work around Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk; food insecurity and reasons around obesity will all be included.</p>	<p>64.6% of adults in Shropshire are classed as overweight or obese. Health risks associated with excess weight include: <a href="#">type 2 diabetes</a>; <a href="#">coronary heart disease</a>; some types of cancer, such as <a href="#">breast cancer</a> and <a href="#">bowel cancer, stroke</a> and self-esteem.</p>	<p>This work, including actions, will be driven by the Shropshire Healthy Weight Strategy, currently in development. This will also include the effect of food insecurity and build on work being undertaken currently into the causes and links to the CYP priority above. Promotion of e.g. <a href="#">NHS on line 12-week weight loss plan</a>, <a href="#">Couch to 5k running plan</a> and referral to and uptake of <a href="#">NHS Health Check</a>, <a href="#">National Diabetes Prevention Programme</a> and Social Prescribing development will continue. Exercise costs will also be considered.</p>

## 8 Other identified Priorities

### Social Prescribing

Social Prescribing will remain a HWBB priority, and a pilot to expand the programme for children and young people in south-west Shropshire has commenced. Loneliness will continue to be addressed through this priority.

### Drugs and Alcohol

An estimated 35,319 adults in Shropshire aged 18-65 drink more than the Chief Medical Officer's guidelines of 14 units per week. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems, and alcohol is the 3rd leading risk factor for death and disability after smoking and obesity. PHE data for KSI on roads shows alcohol related collisions in Shropshire are significantly higher than the rest of England and the West Midlands, and successful alcohol treatment as lower than the rest of England.

According to the most recent prevalence estimates there are 1,353 people dependent on opiates and crack cocaine in Shropshire, this is equivalent to 7.1 per 1,000 resident population aged 15 to 64 years, a 12.7% increase on previous years estimate of 6.3 per 1,000 population. Misuse of prescription-only drugs and over-the-counter medications accounts for 10% of the treatment population compared to 14% nationally.

Monitoring of this priority will come through the new Joint Drug and Alcohol Strategy for Shropshire and reporting to the HWBB.

### Domestic Abuse

Domestic abuse affects all communities regardless of gender, age, race, religion, sexuality, disability, mental health, social and financial status. Domestic abuse is coercive, controlling, abusive and violent behaviour. Such violence can also be directed towards children, other family members or friends of the victim. Some 30,475 women in Shropshire will experience domestic abuse during their lifetime.

### County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and adults (including those with care and support needs) to move, [locally supply] and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons. Shropshire Safeguarding Partnership report annually to the HWBB.

### Smoking in pregnancy

Babies born to mothers who smoke are more likely to suffer from respiratory disease as well as being at greater risk of sudden infant death. For mothers there is an increased risk of miscarriage, stillbirth, premature delivery and having a low birth weight baby.

[Rates of smoking in early pregnancy](#) remain higher in Shropshire compared to the England average. The HWBB will continue to have smoking in pregnancy as a priority until rates decrease further.

### Food insecurity

Food insecurity has a physical and mental impact on the wellbeing of everyone experiencing it. Food insecurity remains a HWBB priority, and the developing Healthy Weight Strategy and our partnership with Shropshire Food Poverty Alliance to help address this issue will continue. [An award of £300,000](#) over the next 3 years, to tackle food insecurity in South-West Shropshire will be integral to this priority. Financial insecurity is also linked to this priority.

### Housing

Access to a safe, warm home is an essential part of good health and wellbeing. If this is not available or affordable negative impacts occur. The new Housing Strategy objectives include how the Council will: ensure people whose housing needs are not met through the local open market housing can access housing that meets their needs, and work to reduce and prevent households from becoming homeless and where this is not possible ensuring they have safe, secure and appropriate accommodation until they are able to resettle. Strategy updates will come to the HWBB.

### Suicide Prevention

Suicide prevention will remain a priority, and work will continue through the [Shropshire, Telford & Wrekin Suicide Prevention Strategy](#) and action plan. This includes raising awareness of suicide risk, promoting access to support services (including those bereaved by suicide) from a wide range of sources and encouraging more people to talk about self-harm, suicide and the risk factors associated with suicide in order to destigmatise and encourage people to seek help when they feel it is needed.

### Killed and Seriously Injured (KSI) on roads

More accidents occur on rural roads compared to urban roads in Shropshire and there are a similar proportion of traffic accidents on both urban roads and rural roads with a 30mph limit. Although COVID-19 reduced traffic on Shropshire roads and thus those KSI, the risks will increase as the pandemic declines. Thus, KSI on roads will remain a HWBB priority.

### Air Quality

[Shropshire Council's 2020 Air Quality Annual Status Report \(ASR\)](#) report that Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. Shropshire Council has a Climate Strategy and Action Plan and Shropshire, Telford & Wrekin ICS has [climate change](#) as a pledge. Linked to this priority alongside Healthy Weight and Physical Activity, is Active Travel, - increasing walking/cycling but also route availability to enable this.

## 9. Measures of success

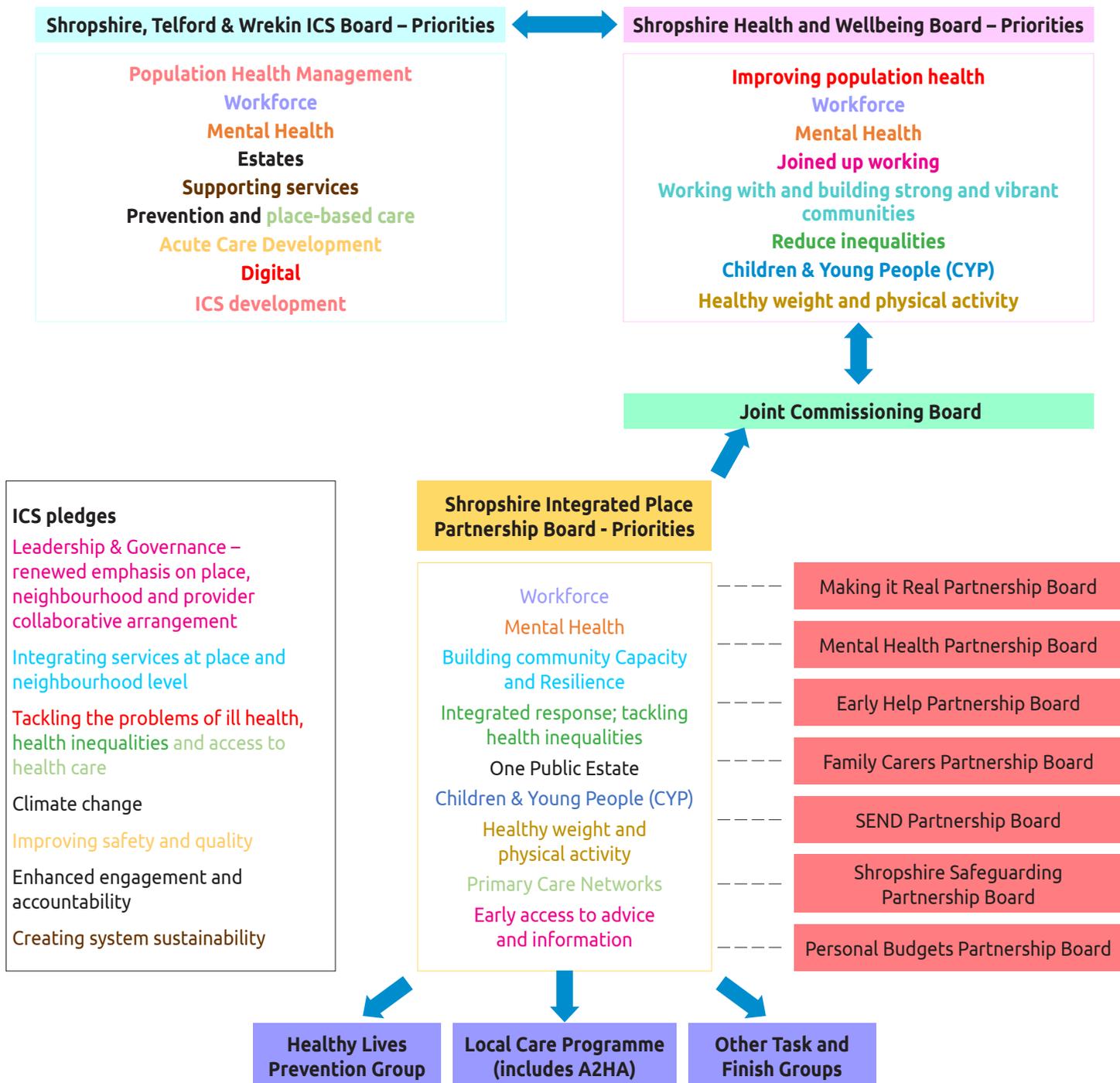
These key outcome measures from the [Public Health Outcomes Framework \(PHOF\)](#). Will be the benchmark for the success of this strategy, and are detailed below. The JSNA and Inequalities are reported on at each HWBB meeting, and the strategic priorities of Joined up working, Improving population health, Working with and building strong and vibrant communities and Reduce inequalities will underpin all we do to improve the health and wellbeing of Shropshire people and an action plan will monitor progress. The impact of the COVID-19 pandemic in Shropshire will also be used as an important source of local population data.

Strategic priority name	Key indicator description	Rating	Shropshire	England
Improving population health	Increase healthy life expectancy in all Shropshire people <a href="#">Public Health Profiles - PHE</a>	●	Male 64.6	63.2
		●	Female 64.9	63.5
Reducing inequalities	Improving access to health and care services (Measure to be decided)			
Working with and building strong and vibrant communities	Increase healthy life expectancy for those with Severe Mental Illness (SMI)	●	425.6% (2015-17)	355.1%
Joined-up working	Personalisation	Social Prescribing referral numbers increase from previous year		
	Reducing Hospital admissions			
	Reducing hospital admissions caused by unintentional injuries in Children 0 – 14 <a href="#">Public Health Profiles - PHE</a>	●	106/10,000	91.2/10,000
	Emergency Hospital Admissions for Pneumonia <a href="#">Public Health Profiles - PHE</a>	●	490.6/100,000	466.7/100,000
	Hospital admissions as a result of self-harm 10-14 yrs <a href="#">Public Health Profiles - PHE</a>	●	338.3/100,000	219.8/100,000
	Reducing pressure on primary and social care services			
	Coronary Heart Disease admissions <a href="#">Public Health Profiles - PHE</a>	●	534.4/100,000	469.9/100,000

Key priority name	Key indicator description	Rating	Shropshire	England
Workforce	Average weekly earnings	●	£421.60 (2020)	£474.4
	B05 16-17 year olds not in education employment or training (NEET) whose activity is not known	●	7.2% (2019)	5.5%
	Make Every Contact Count (MECC) training. Numbers of staff trained.	N/A	N/A	N/A
	Workforce who works together to improve access to the right services at the right time (Measure to be decided)			
Mental Health	E09b Excess under 75 mortality rate in adults with Severe Mental Illness (SMI)	●	425.6% (2015-17)	355.1%
	School pupils with social, emotional and mental health needs, % of pupils with social, emotional and mental health needs	●	2.12% (2020) getting worse ↑	2.70%
	Suicide rate (persons)	●	9.9/100,000	10.1/100,000 (2017-19)
Children and Young People	C08a Child development. % achieving a good level of development at 2 - 2 1/2 years	●	65% (2019/20)	83.3%
	C03b Child development. % achieving the expected level in communication skills at 2 - 2 1/2 years	●	78.2% (2019/20)	88.9 %
	C03c Child development. % achieving the expected level in personal-social skills at 2 - 2 1/2 years	●	84% (2019/20)	92.9 %
	Children in Care	●	66/10,1000 (2020) ↑	67 per 10,000
Healthy weight and physical activity	C16 The percentage of adults who are overweight and obese	●	64.6% (2019/20)	62.8%
	C03a Obesity in early pregnancy	●	24.1% (2018/19)	22.1%
	C22 Estimated diabetes diagnosis rate for people aged 17+	●	71.4% (2018)	78%
	C03c Smoking in early pregnancy	●	14.2% (2018/19)	12.8%

# 10. How the priorities link to other Boards and Governance Structure (updated 20.07.21)

This diagram illustrates how different Board priorities cross over, and why our strategic priority 'Joined up working' matters.

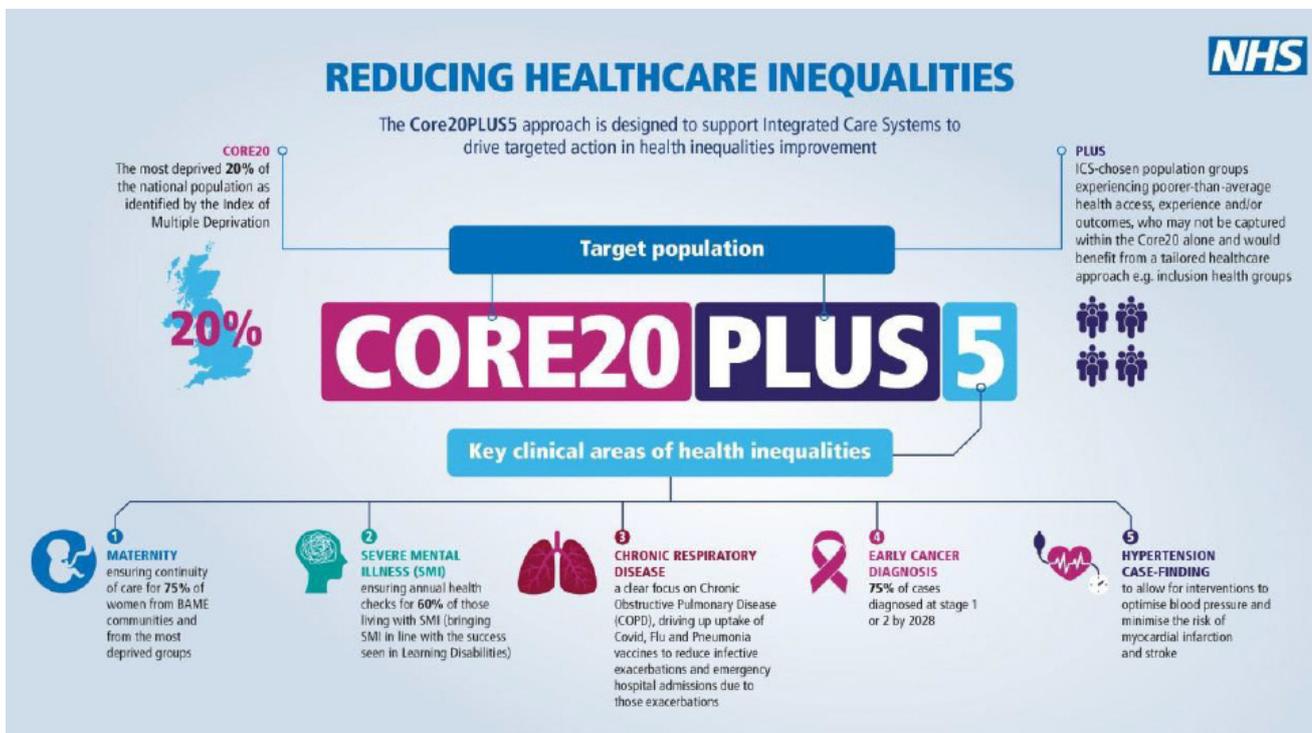


# 11. Monitoring, funding and review

Progress of priorities will be monitored through reports and action plans brought to HWBB meetings from system partners, and forward agenda planning will ensure a structured schedule of reporting. Work to implement, will include: financially from central government funding (NHS and Local Government), grants, and other external sources of funding across system partners. System commitment to joint working will be essential to enable progression. Strategy progress will be communicated to the public and stakeholders, which includes HWBB reports and meetings being publicly available on the Council website.

This strategy will be reviewed mid-term, in April 2024

## Addendum – NHS Core20+ 5 model



Shropshire Together is a collection of partners working to improve the health and wellbeing of people living and working in Shropshire. Partners include; Shropshire Council, the NHS and other health organisations, the voluntary and community sector, businesses and our communities.

Shropshire  
**together**



# Shropshire Health and Wellbeing Strategy 2022 – 2027

**For further information about Shropshire's Health  
and Wellbeing Board please visit**

<https://shropshire.gov.uk/public-health/health-and-wellbeing-board/>

**If you would like this information in a large print version,  
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