Committee	Cabinet
Date and Time	2 December 2026 10:30 Public

Director of Public Health – 2026 Annual Report

Cabinet Member:	Councillor Ruth Houghton – Portfolio Holder for Adult Social Care & Public Health
Lead Director:	Rachel Robinson – Corporate Director – Population, Wellbeing and Neighbourhoods (DPH) / Deputy Chief Executive
Service Area:	Population, Wellbeing & Neighbourhoods
Report Author	Rachel Robinson – Director of Public Health Phillip Northfield – Public Health Integration & Inequalities Officer
Officer contact details	01743 252694 - Phillip.Northfield@shropshire.gov.uk
Electoral Divisions Affected	All Divisions
Key Decision?	Non-Key Decision
Cabinet Forward Plan	Not Applicable
Report considered by	Cabinet – 2 December 2026

1. Purpose of Report

1.1. Directors of Public Health (DPH) have a statutory duty to write an annual report on the health of their population and the Local Authority a requirement to publish it. The Director of Public Health Annual Report is an evidence-based vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services, authorities and communities on health gaps and priorities that need to be addressed

1.2. The Director of Public Health Annual Report 2026, "**More Than Money**: *How Poverty Shapes Lives, Places and Health*", examines poverty, hardship and deprivation in Shropshire and their relationship with health inequalities. The report particularly considers the often-hidden nature of poverty, especially rural poverty and the additional pressures associated with transport, energy, housing, access to services and lower earnings.

1.3. The report concludes that reducing poverty and health inequalities requires a continued shift towards prevention and early intervention alongside crisis support. Seven recommendations are proposed covering the best start in life, household financial resilience, a "No Wrong Door" approach, reducing fuel poverty, good-quality employment and skills, rural inequalities and improved identification of hidden poverty. The report recognises we all have a part to play in recognising poverty and its impacts on our residents today in Shropshire, supporting residents and reducing the stigma associated with poverty.

2. Recommendations

Cabinet is recommended to:

2.1. Consider the contents of the attached DPH 2026 annual report – "**More Than Money**: *How Poverty Shapes Lives, Places and Health*" and its assessment of poverty, hardship and health inequalities in Shropshire.

2.2. To endorse the seven recommendations set out within the report.

2.3. To support continued partnership working across the Council, its services, NHS, VCSE sector, education partners and communities to address the wider determinants of poverty and health inequalities.

2.4. To support a continued focus on prevention and early intervention, alongside appropriate crisis support, through the emerging Health and Wellbeing Strategy and wider partnership activity.

2.5. To continue to advocate for, promote and support access to cost-of-living support through the council, it's partners and the wider resilience landscape.

3. Background

3.1. Directors of Public Health (DPH) produce annual reports providing an independent assessment of the health of their local population. This 2026 report focuses on poverty, hardship and deprivation, building an understanding of how these issues affect health and wellbeing within Shropshire and how the challenges associated with rurality can make poverty less visible.

3.2. The report brings together local and national evidence and describes activity being undertaken by Shropshire Council and partners to address both immediate financial hardship and its wider causes. The report identifies several interconnected challenges:

- **Rurality:** 57.4% of Shropshire's population live in rural locations.

- **Fuel poverty:** around 18,500 households, or 12.8%, are estimated to be in fuel poverty.
- **Child poverty:** 23.4% of children are identified as being in relative poverty after housing costs in 2025.
- **Financial resilience:** approximately 16,000 households in Shropshire are described as being in a negative budget.
- **Employment and earnings:** median gross weekly pay for full-time workers in Shropshire was £727 in 2025, compared with £769.50 for England
- **Access to services:** the report highlights transport and access to housing and services as particularly important dimensions of rural inequality.

3.3. Taken together, the findings demonstrate why poverty in Shropshire cannot be understood through income or geographically concentrated deprivation alone. The report highlights the importance of recognising hidden poverty and the additional costs and access barriers experienced by rural communities.

3.4. Significant activity is already underway. The Crisis & Resilience Fund (CRF) provides a major component of the local response, with Shropshire's annual allocation identified in the report as £3.7 million. Its four strands comprise Crisis Payments, Housing Payments, Community Coordination and Resilience Services, with an emphasis on linking immediate financial assistance to advice and longer-term support.

3.5. Wider activity includes Best Start in Life and the Family First Partnership Programme, affordable warmth and energy-efficiency activity schemes, employment and skills programmes, local food resilience initiatives, financial skills support, community-based provision and the development of Health in All Policies. Alongside this we continue to raise awareness around the existence and challenge of poverty in Shropshire at a national level.

3.6. The overall direction is towards earlier intervention, simpler referral pathways, reduced stigma, improved access and stronger coordination between the Council, VCSE organisations and wider system partners.

3.7. The annual report proposes seven areas for continued action, with delivery extending across Council services and wider system partners. These focus on giving children the best start in life, improving financial resilience, strengthening “No Wrong Door”, reducing fuel poverty, improving employment and skills, addressing rural inequalities and improving the identification of hidden poverty.

3.8. These priorities provide an opportunity to connect poverty reduction more clearly to the wider prevention and health inequalities agenda and to the development of Shropshire's future Health and Wellbeing Strategy.

4. Summary of Main Proposals

4.1. This annual report and subsequent work being undertaken by the Crisis & Resilience Fund (CRF) network aim to address, target and support the underlying factors identified within this annual report. Continued promotion of this scheme, and the available support provided by both the Council and partners will be crucial to

targeting the wider determinants of health impacted by poverty, hardship, and financial insecurity.

4.2. The annual report identifies and proposes endorsement of the seven recommendations set out within the report:

- **Give every child the best start in life.**
  - *Poverty in childhood influences educational attainment, future employment opportunities and health throughout life.*

- **Improve household financial resilience.**
  - *Many households are one unexpected expense away from crisis.*

- **Strengthen a "No Wrong Door" approach.**
  - *People experiencing poverty often require support from multiple organisations.*

- **Reduce fuel poverty.**
  - *Fuel poverty is one of the most significant poverty-related challenges facing Shropshire.*

- **Improve access to good-quality employment and skills.**
  - *Secure employment remains one of the strongest protections against poverty.*

- **Address rural inequalities.**
  - *Poverty can be less visible in rural areas but may be intensified by transport costs, housing costs and limited-service access.*

- **Improve identification of hidden poverty.**
  - *Many residents do not recognise themselves as being in poverty or may not seek support.*

4.3. Support continued partnership working across the Council, NHS, VCSE sector, education partners and communities to address the wider determinants of poverty and health inequalities and to tackle the stigma cause by poverty.

4.4. Support a continued focus on prevention and early intervention, alongside appropriate crisis support, through the emerging Health and Wellbeing Strategy and wider partnership activity.

5. Alternative Options

5.1. Not applicable to this report.

6. Key risks and Opportunities

6.1. **Risk:** Poverty and financial hardship are associated with poorer physical and mental health outcomes and wider inequalities. Rurality can make need less visible and create additional barriers in relation to transport, housing, energy and access to

services. Failure to identify and support households' early risks problems escalating and increasing demand for crisis and statutory services.

6.2. **Opportunity:** The report provides an evidence base for strengthening preventative and partnership approaches to poverty and health inequalities. Opportunities exist through improved referral pathways, "No Wrong Door", community-based provision, better identification of hidden poverty and action on wider determinants through Health in All Policies.

7. Council Priorities

7.1. **"Early Intervention & Prevention" –** The main aim of the programmes identified within the annual report is to move from crisis support to a targeted preventative resilience support model. This supports to reduce downstream, costlier pressures, such as emergency housing, council tax write-offs and expensive (and largely inefficient) crisis payments for utilities or other debts.

7.2. **"People live in safe, inclusive places with homes that meet their needs" –** In addition to direct Housing Payments assisting with rent arrears, several support programmes directly relate to improving household quality, such as replacement of white goods, energy efficiency schemes (such as boiler schemes and more). More broadly, support around financial resilience and better education or income maximisation will also help residents remain in their homes for longer, in a more stable environment.

7.3. **"Everyone has the opportunity to be healthy and thrive at every stage of life" –** work outlined within the annual report does not restrict support based on age and is open to all cohorts of residents living within Shropshire. Poverty, and cost-of-living concerns are not restricted to the elderly, people with disabilities, families, or single individuals.

7.4. **"A thriving economy that benefits everyone" –** individuals who have greater handling of their finances, increased income through benefit entitlement, or improved budgeting are better placed to spend money within the local Shropshire economy.

8. Financial Implications

8.1. There are no direct financial decisions arising from publication of the Director of Public Health Annual Report. The report describes a range of existing programmes and interventions, including activity supported through external grant funding such as the Crisis & Resilience Fund (CRF). Shropshire's CRF allocation is identified within the annual report as £3.7 million per year for 2026-29.

8.2. Any future financial implications arising from implementation of specific programmes or recommendations would be considered through the appropriate governance and decision-making arrangements.

9. Legal and HR implications

10. The Director of Public Health has a statutory duty to prepare an annual report on the health of the people in the area of the local authority pursuant to section 73B of the National Health Service Act 2006 (as amended.) The reports must be published by

the local authority as per s73B(6) of the Act. By doing so, the Director of Public Health is meeting their statutory responsibilities.

11. Electoral Division Implications

11.1. The Crisis & Resilience fund & subsequent programmes are county-wide. Payment support schemes (Crisis, Housing, and Heating Oil cash awards) can be accessed or applied for irrespective of location within the county (*though applicants must be a Shropshire resident, and eligibility criteria may apply*).

11.2. Where possible and practical, in-person programmes are (and will be) run from a range of locations across the county to ensure coverage, avoiding exclusion and ensuring reach of Shropshire's rural communities. Phone calls and digital support is available for more rural areas where Resilience support programmes may be limited.

12. Health, Social (including "Child Friendly Shropshire") and Economic Implications

12.1. **Health in all Policies (HiAP)** - The work on reducing poverty (of all kinds) within Shropshire both by internal council teams, and external partners represents a practical, real-world example of Health in All Policies in action within Shropshire.

By investing in income maximisation, housing stability, debt reduction, food security, fuel poverty interventions and community organisation resilience, the programme addresses several wider determinants of health across multiple council services and partner organisations, reducing siloed working and providing greater opportunity and staffing capacity for referrals across the county.

The Crisis & Resilience Fund demonstrates how financial, housing and community policy decisions can contribute directly to improving health outcomes, preventing ill-health and reducing health inequalities across Shropshire particularly in the areas of, (though not limited to) fuel poverty, food insecurity, debt management, and income maximisation.

These factors reduce potential future demand on Council and partner services by improving financial resilience and skills and providing direct cash (or in-kind) support to low-income households. This represents a shift from reactive crisis response to proactive, preventative support.

12.2. A lot of the impacts of poverty occur early in life. Targeted support to families and children will provide a strong foundation for later life. Programmes such as the Best Start in Life (BSIL) & Family First Partnership Programme (FFPP) intervene early, helping to reduce childhood poverty and adverse health impacts.

12.3. Through valued partners, income maximisation, improved budgeting and support to reduce debts will lead to an increase in discretionary and disposable income, improving financial resilience, increasing savings, and providing more money to spend in the local economy.

13. Equality and Diversity Implications

13.1. Poverty affects a wide range of groups and places and can intersect with age, disability, childhood disadvantage, rurality and other circumstances. The report

emphasises accessible routes to support, reducing stigma and reaching residents whose needs may otherwise remain hidden.

14. Climate Change, Biodiversity and Environmental Implications

14.1. The report recognises the relationship between poverty, climate change, housing quality and energy costs. Lower-income households can have less capacity to adapt to extreme temperatures, flooding and increased energy costs, while Shropshire's older housing stock and reliance on off-grid heating contribute to fuel-poverty risks.

14.2. Existing activity highlighted in the report includes energy advice, affordable warmth and energy-efficiency programmes, boiler upgrades and retrofit activity. Improving household energy efficiency can therefore contribute both to reducing financial hardship and supporting environmental objectives.

15. Background Papers

15.1. Crisis & Resilience Fund (CRF) – Delivery Plan Proposals

15.2. Crisis & Resilience Fund Initial Delivery Plan – Year 1

15.3. Crisis & Resilience Fund – 6-month Progress Update

16. Appendices

Appendix A – Director of Public Health – 2026 Annual Report: "**More Than Money:** *How Poverty Shapes Lives, Places and Health"*

Appendix B - "Worrying about Money?" Leaflet – Digital Version