

“Floreat Salopia”

May Shropshire Flourish

Director of Public Health’s
**Annual Report
2020**



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If you would like this information in a different format, please contact 0345 678 9000.



Introduction

As Shropshire's new Director of Public Health, I am delighted that you are reading this, my first Annual Report. The theme of this report is the County's motto, 'Floreat Salopia' – 'may Shropshire flourish' which describes my ambition for the health and wellbeing of Shropshire's population. This report outlines the areas we need to prioritise in order to achieve this ambition. It reminds us that Public Health is a shared responsibility for everyone in Shropshire: you and me, our communities, local businesses, and our health and care providers.

Over the last ten years, the life expectancy of people living in Shropshire has continued to increase. However, despite significant improvements, large inequalities still exist. Public Health is about reducing these health inequalities, and reaching people earlier so everyone has a fair chance at keeping well.

I am pleased to report that compared to England, Shropshire is doing **better** for:

- Male life expectancy at birth
- Teenage Pregnancy rates (under 18 and under 16 conception rates)
- Hip fracture rates in people aged 65 and over
- Prevalence of obesity in year 6 children.

However, I know that Shropshire has **worse** performance compared to the rest of England for:

- The number of pregnant women smoking at the time of delivery
- The percentage of adults who are overweight and obese
- Estimated diabetes diagnosis rate for people aged 17+
- The number killed and seriously injured on our roads.

Gathering all our data together with proven evidence of what works best, enables me to plan with our local partners in health and social care to implement Public Health interventions. We can then act to help reduce these inequalities.

You can read more about Patterns of Health and Wellbeing across Shropshire in Chapter 1 and the priorities for 2020 and beyond in chapter 2 of my report. These include: Smoking in Pregnancy, Social Prescribing, Mental Health, Health in All Policies (HiAP) and Physical Activity and Obesity. Chapter 3 describes work the Public Health Team is doing to address health concerns with key services and initiatives.

I hope you enjoy reading this report.



Rachel Robinson,
Director of Public Health,
Shropshire Council



Cllr. Dean Carroll,
Portfolio Holder for Adult
Social Care, Public Health
and Climate Change

If you have picked up a copy of this report or are reading this on-line, thank you for your interest in Public Health in Shropshire. Overall, health in Shropshire is good, but we know there are areas where we still struggle with poorer health outcomes for our communities. We want to keep everyone as well as they can be, and this report shows 'why' and 'how' this is being done.

Public Health is a shared responsibility. Everyone can do their bit in keeping well, be it; taking up vaccinations, attending routine health screening appointments or exercising. Public Health connects us all.



Recommendations

Preventing people from getting ill by promoting and protecting health and wellbeing, is not only necessary to halt increasing demand on health and social care, but is also key to reducing inequalities and improving the quality and quantity of a person's life. It is in reality, very cost effective. Prevention and early intervention should be integral to every aspect of organisational planning, to help build a resilient community and promote independence.

Recommendation 1 – Prevention as a Shared Responsibility

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

Recommendation 2 - Community Wellbeing and Social Prescribing

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

Recommendation 3 - Place Based/Neighbourhood Working

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

Recommendation 4 – Intelligence Led

I recommend that we use intelligence and information to underpin all of our decision making across HWBB partners. This includes using the Joint Strategic Needs Assessment (JSNA) as the foundation of that evidence base.

Recommendation 5 – Workforce

I recommend that all statutory partners in Shropshire promote wellbeing in their workplaces and adopt a framework to promote wellbeing. That partners commit to a Making Every Contact Count (MECC) type approach across their workforce to promote wellbeing.

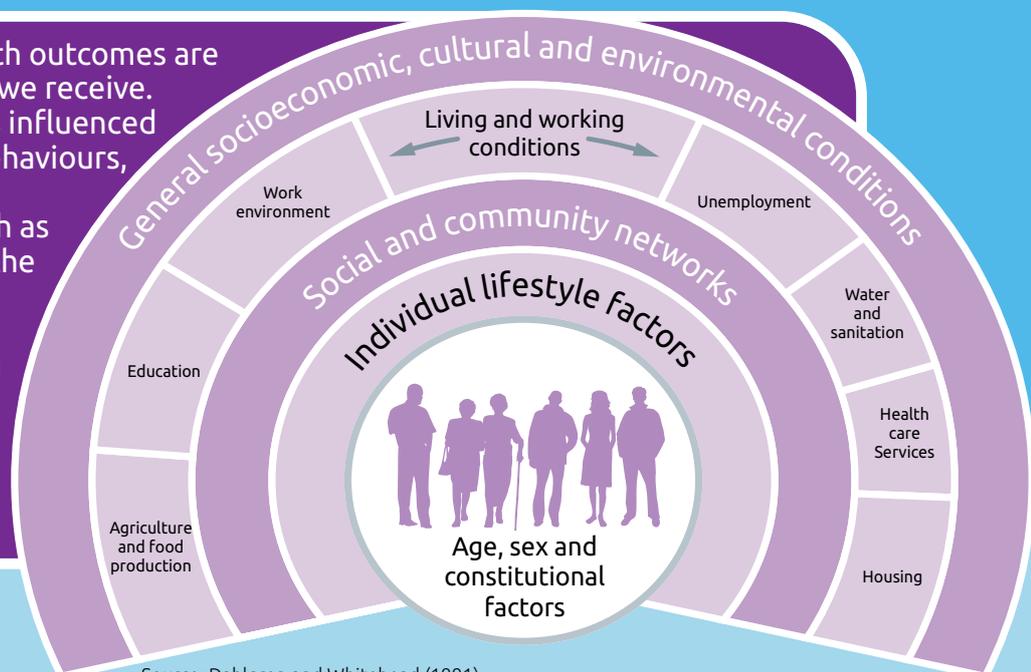
Recommendation 6 – Areas of Focus

In addition to the core health and wellbeing delivery of statutory services and Sustainability and Transformation Partnership (STP) and HWBB priority areas, Public Health will focus on smoking in pregnancy, social prescribing, mental health and wellbeing, a health in all policies approach and weight management over the next 12 months.

Reasons to Invest in Public Health and Wellbeing

As little as 10% of our health outcomes are affected by the healthcare we receive. Our health and wellbeing is influenced by not only genetics and behaviours, but importantly, the wider determinants of health such as housing, employment and the environment. In fact, the wider determinants have a greater influence on health than health care, behaviours or genetics.

This diagram shows how these factors interact.



Source: Dahlgren and Whitehead (1991)

Evidence shows a Return of Investment up to **£14 for every £1 invested** in Public Health interventions. (BMJ, 2017)



Shropshire

£39



This is one of the lowest allocations in England (national average of **£59 per head**)

England

£59

Shropshire was allocated Public Health funding of **£39 per head up until 2019.**



Costs to Society of Poor Health and Wellbeing

The following costs for the health and social care system have been estimated by looking ahead to trends of common risks to health without continued Public Health preventative and lifestyle (behaviour modification) intervention.



Mental Health: Costs nationally: **£105bn per year**

In Shropshire costs to health and social care for depression or similar common mental illness **£1,354 per adult per year.** This includes treatment, loss of productivity, human costs and impact on relationships.

Obesity:

Costs nationally **£15bn per year**

This includes increased costs related to caring for people with Type 2 diabetes and cardiovascular disease, extra sick days taken by employees who are obese, walking aids and home adaptations costs. Severely obese people are more than 3 times more likely to need social care compared to people of healthy weight.



Smoking in Pregnancy: Costs nationally **£8.1m to £64m for mothers £12m to £23.5m for infants.**

Return on investment is an estimated **£5 for every £1 invested** Smoking during pregnancy can increase risk of miscarriage, still birth, infant death and respiratory illness for both mother and children exposed to tobacco smoke in the womb.



Illicit Drug Misuse Costs Nationally: **£10.7 billion per year**

Costs relating to drug related crime, deaths, enforcement and treatment.



Alcohol misuse costs nationally: **£4.4 billion per year**

In Shropshire an estimated **£15,259 per person per year.** Costs relate to alcohol related harm and related anti-social problems.



Falls costs nationally: **£4.4 billion per year**

£12,229 per person per year health and social costs as a result of a fall requiring hospital admission. People aged over 65 years significant injury such as fractured hips and may require relocation into care homes.



Diabetes (90% of people have type 2) Costs nationally: **£6 billion**

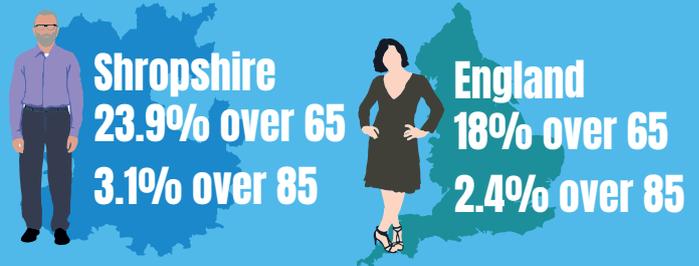
In Shropshire, estimated **£5,474 per person** for health and social care costs. Increased costs from treatment and complications, (including heart attacks, strokes, kidney failure, blindness and limb amputations).

Chapter 1: Patterns of Health & Wellbeing



In 2017, Shropshire's population was 317,459 people, it is a large inland county which has a population density of 0.98 people per hectare compared to 4.24 in England.

Compared to England, Shropshire has a noticeably smaller percentage of population aged 0-9 (10.2%) and 20-39 (21.3%). The smaller number of 20-39 year olds is likely to reflect young people seeking higher education and employment opportunities outside of Shropshire.



Compared to England; Shropshire is doing better for:



Male and female life expectancy at birth

Disability free life expectancy for females

Levels of obesity and obesity / overweight combined for children in year 6

Teenage Pregnancy under 18 and under 16 conception rate

Hip fractures in people aged 65 and over

Emergency readmissions within 30 days of discharge from hospital

However Shropshire is doing worse for:



Estimated diabetes diagnosis rate for people aged 17+

Pregnant women smoking at time of delivery (all ages)

People killed and seriously injured on Shropshire's roads (All ages)

Percentage of adults (aged 18+) classified as overweight or obese

Statutory homelessness – eligible homeless people not in priority need

School readiness: percentage of children achieving a good level of development at the end of Reception

Disease Prevalence across Shropshire

The Quality and Outcome Framework (QOF) in 2017/18 provides a snapshot of disease prevalence in Shropshire.

Within Shropshire, hypertension is the disease which has the biggest prevalence in all ages at 16.5%. GP Practices in South Shropshire report a much higher prevalence of 20%.



Depression in adults is the second most prevalent disease at 11.8%. Oswestry (13.8%), South Shropshire (12.7%) and Shrewsbury and Atcham (12.5%), have significantly higher levels than the rest of Shropshire.



Adult obesity has the third highest prevalence with 11.5%. Oswestry (12.3%) and North Shropshire (12.2%) have significantly higher rates.



Disease Prevalence on QOF 2018/19	Population	Bridgnorth	North Shropshire	Oswestry	Shrewsbury & Atcham	South Shropshire	Shropshire
Cancer	All Ages	4.6%	3.7%	3.6%	3.6%	4.9%	4.0%
Hypertension	All Ages	16.5%	16.5%	16.7%	14.8%	20.0%	16.5%
Stroke	All Ages	2.8%	2.6%	2.5%	2.3%	3.0%	2.6%
CHD	All Ages	4.1%	3.6%	3.5%	3.3%	4.3%	3.7%
CVD-PP	Age 30-74	1.0%	1.2%	1.6%	1.0%	1.3%	1.2%
LVSD	All Ages	0.6%	0.4%	0.3%	0.3%	0.6%	0.4%
Obesity	Age 18+	10.3%	12.2%	12.3%	11.3%	12.1%	11.5%
Depression	Age 18+	10.3%	10.2%	13.8%	12.5%	12.7%	11.8%
Osteoporosis	Age 50+	0.8%	0.3%	1.7%	0.8%	1.7%	1.0%
Diabetes	Age 17+	7.2%	7.2%	7.0%	6.5%	7.0%	6.9%
Palliative Care	All Ages	0.4%	0.4%	0.3%	0.4%	0.6%	0.4%
Atrial Fibrillation	All Ages	4.1%	3.6%	3.5%	3.3%	4.3%	3.7%
Heart Failure	All Ages	1.2%	1.0%	1.0%	0.8%	1.2%	1.0%
Peripheral Arterial Disease	All Ages	0.9%	0.9%	0.8%	0.8%	0.9%	0.9%
Asthma	All Ages	6.5%	6.8%	6.7%	7.4%	7.2%	7.0%
Chronic Kidney Disease	Age 18+	5.5%	5.8%	5.3%	5.9%	7.9%	6.0%
Dementia	All Ages	1.3%	1.0%	1.1%	1.1%	1.4%	1.2%
Epilepsy	Age 18+	0.8%	0.9%	1.0%	0.9%	1.0%	0.9%
Learning Disabilities	All Ages	0.4%	0.4%	0.8%	0.6%	0.5%	0.5%
COPD	All Ages	1.9%	1.9%	2.0%	1.7%	1.9%	1.9%
Rheumatoid Arthritis	All Ages	0.9%	0.9%	1.0%	0.9%	1.2%	0.9%
Mental Health	All Ages	0.6%	0.6%	0.8%	1.0%	0.9%	0.8%

Significance to Shropshire Avg

Higher

Similar

Lower

Chapter 2: Public Health Areas of Focus

Public Health commissions a range of services to improve health and wellbeing of the Shropshire population. This chapter focusses on 5 key priorities, and provides; background, evidence as to why this is a health issue, what is happening in Shropshire to address this, and next steps.

Smoking in Pregnancy

a health harm at the start of life

For Mums –

increased risk of miscarriage, stillbirth, premature delivery and having a low birth weight baby.



For Babies –

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.

Source: Better Births and Saving Babies Lives

£

Cost of smoking in Shropshire is estimated to be £28.6 million for health and social care.

What works?

Routine carbon monoxide testing is done by maternity staff during pregnancy. Mothers are referred to smoking cessation services on an opt out basis.



Targeting areas where women are smoking. This includes areas of deprivation and young parents.



Having specialist trained staff to deliver smoking cessation support.

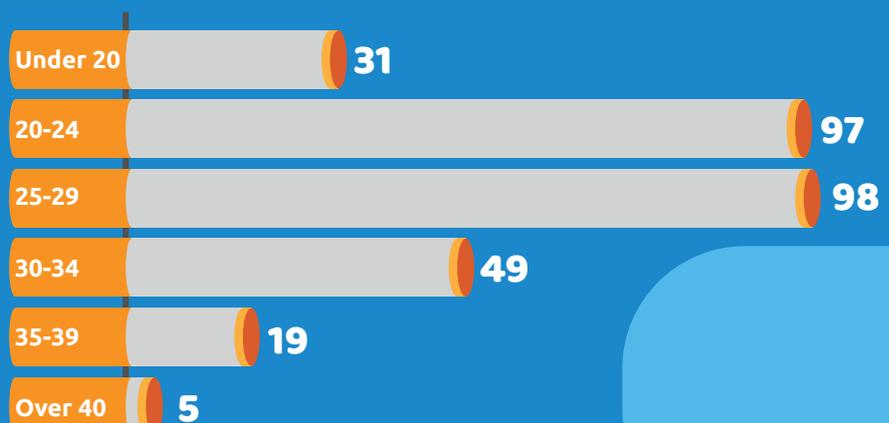


Champions, particularly at Board level.



Training for maternity staff and other organisations coming in to contact with prospective mothers or women.

Number of mothers smoking at time of delivery by age



Addressing Smoking in Pregnancy in Shropshire

Pregnancy Stop Smoking Service



Support from a Smoking in Pregnancy Specialist Advisor is given in preparation for quitting. Throughout, help and encouragement is tailored to the individual up until birth.

The Shropshire Pregnancy Stop Smoking Service has been working alongside the Family Nurse Partnership (FNP) to support young pregnant women and their partners to quit smoking. This has provided seamless support and easy access to treatments for stopping smoking.

In 2018/19 the service supported

115 quit attempts during pregnancy

48 of these achieved 4 weeks quit

Smoking in Pregnancy



Identified as a local and national key priority by both Public Health and the Local Maternity Service.

We will:

- Continue to support pregnant women through the Pregnancy Stop Smoking Service
- Invest in the Family Nurse Partnership
- Work in partnership to redesign smoking cessation services.

What we all can do A shared responsibility



If you are the friend or family of a pregnant smoker, encourage her to talk to her midwife and take up the support offered to quit.



If you are a lead in a public or private sector organisation, show leadership in supporting the reduction of smoking in pregnancy.



If you work with pregnant women, take every opportunity to support them, and their families to stop smoking.



If you are pregnant and a smoker, take up the offer to quit. You won't be judged and people want to give help and support.

Social Prescribing

Why is it needed?

Our health and wellbeing is generally good in Shropshire but many people, are turning to their GPs for help with non health problems, which doctors and nurses are not always trained to deal with. In addition, there are many people registered with GP practices who have preventable health conditions that can be improved through a 'social prescription'

Social Prescribing

Links patients with non-medical sources of support within the voluntary sector to improve their long-term health and wellbeing.



Social Prescribing Advisors

- Hour long person centred appointment
- Jointly developed plan and follow up support.
- Access to community activities.



Local Interventions Offered

Include:

- Walking groups
- Swimming
- Arthritis support
- Yoga
- Housing support
- Debt advice



Quality Assured Interventions

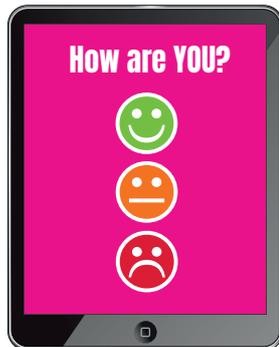
Locality based
Something for everyone
Local directory of support



Measurement Tools

To show change:

- Measure Yourself Concerns and Wellbeing (MYCAW)
- Patient Activation Measure (PAM)
- Loneliness Questionnaire



3 month follow up

By the adviser to...

- Check the intervention is working
- Measure outcomes/patient satisfaction
- Feedback to the GPs



Shropshire Council, working with Shropshire CCG, local GPs and the Voluntary and Community Sector, have been supporting the health and wellbeing of local residents by offering them a different kind of prescription. Social Prescribing in Shropshire is now being delivered in 11 GP practices and community venues across the county. Following an extensive evaluation, it is now being expanded to other parts of the county.

Evaluation of the Shropshire Programme

The programme has been externally evaluated by Westminster University to assess the local model and the impact and outcomes. The results have been very positive, and some are shown below.



40%
Reduction in GP appointments.

60%
More physically active.



56%

- Experienced weight loss
- 20% lost more than 3Kg



What we all can do A shared responsibility



Do you know someone who may benefit from Social Prescribing? Find out if it is available in their GP practice yet. If not, in the meantime is there something you could do with them to help their health and wellbeing, such as walking or going to a hobby/interest class together?



Would you benefit? You may be finding it difficult to make that move to change your health or lifestyle. Ask if Social Prescribing is available at your GP practice yet. If not, in the meantime, is there something you enjoy that would help your health and wellbeing



Leader in a public or other sector organisation? Could you support Social Prescribing with an activity that people in your community could access? Or could you refer people in your service for Social Prescribing?

Mental Health and Wellbeing



1 in 4 of the
adult population



And **1 in 10 children** are affected by a mental disorder at any one time

Having good mental health is as important as having good physical health. As human beings we need both to live our lives well.

Social

eg relationships with others

Economic

eg financial worries

Environmental

eg access to good housing

Past experiences

eg Adverse Childhood traumas

Current circumstances

eg caring for someone; alcohol or substance misuse



Seeking help early through recognition and treatment is also associated with a range of positive outcomes for both the individual and society such as improvements with

Physical health and life expectancy

Resilience to better manage life challenges

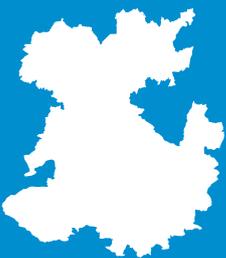
Developing skills, employment and building financial security

Managing or avoiding risky health behaviours such as smoking or alcohol misuse

Developing meaningful relationships with others



What is happening in Shropshire?



Mental Health Strategy for Shropshire and Telford & Wrekin

Public Health are an active partner in developing a Mental Health Strategy for Shropshire and Telford & Wrekin which will guide our ambitions over the next five years.

This strategy has a 'life course' approach from pregnancy to childhood to older age, and local programmes and initiatives are being used to promote good emotional health and address mental ill health. A co-ordinated approach is aided through Public Health commissioning and agreement through relevant Partnership groups and Boards.

Guidance and confidential support for suicide concern



Shropshire and Telford Suicide Prevention Network

Suicide Prevention

We believe suicide is preventable but requires as many people across our communities as possible to be aware of the risk factors, the wide range of support that is available and how to signpost access to this support. Shropshire and Telford & Wrekin Suicide Prevention Network have launched a wallet sized Z-Card providing brief advice for anyone contemplating suicide or who is worried

about someone else, along with primary contact numbers for immediate support. A targeted approach to upskill the workforce on suicide risk and awareness of how to intervene has been taken with the launch of a Suicide Prevention training programme in Shropshire. Those trained include; staff from Health and Social Care, representatives from the armed forces, Ministry of Defence, Fire and Police services, National Farmers Union and Shrewsbury Colleges Network.

Mental Health – Maternal, Children and Young People

A number of priorities have been identified through local agreement of a Children and Young People's Transformation Plan.

Maternal Mental Health

Maternal mental ill-health includes: antenatal or postnatal depression, anxiety, obsessive compulsive disorder and post-traumatic stress disorder. Emotional mental health assessments for mothers are provided by Health Visitors, who will offer additional support as needed. Self-help methods as well as referral to appropriate services are also offered as required.

There is an estimated 4,000 children with a mental health disorder in Shropshire

Targeted Adolescent Mental Health Support (TaMHS)

TaMHS provides support and training for schools and other organisations to promote emotional health and wellbeing and develop resilience in ages 0 to 19 years. Training programmes include: self-harm, suicide prevention, loss and bereavement, anxiety, managing emotions, teen yoga, building self-esteem and relaxation.

The Link Programme

The Link Programme is a major national initiative in which all CCGs and every school and college in England will be invited to participate. The programme aims to bring together education, and mental health professionals from the CCG, so that more children and young people get the help and support they need when they need it. Over 14 organisations have accessed so far. A first round of workshops has taken place and 65 schools and colleges, 4 GP Practices and 12 other partners working with Children and Young People attended. 22 schools are already booked on the second round of workshops.

Mental Health Lead Network Meetings

These meetings provide an opportunity to share good practice and challenges, impart knowledge, and provide support for a whole school approach to emotional and mental health wellbeing. Members include BeeU, Early Help, the Public Health Nursing Service and SEN & Education with Public Health providing strategic input.

What we all can do A shared responsibility

Know someone who is struggling with their emotional health? Encourage them to talk to their GP and find useful contact details for organisations such as Mind.

Struggling yourself? Don't put off talking to someone, as things can start to feel much worse. Speak to your GP and/or contact organisations like Mind.

Promote positive mental health and wellbeing in your organisations through publicity, training and policies.



Health in All Policies (HIAP)

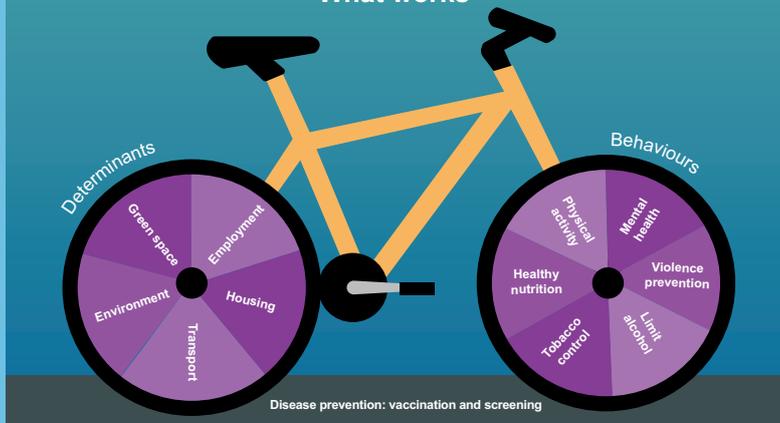
In Shropshire we know that preventing ill health is better than cure and we want to embed prevention and wellbeing in all the policies that impact on our residents.

Health and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors. These are important factors over which Shropshire Local Authority has significant influence.

Public health can be part of the solution:

Investment in prevention reduces health costs and lowers welfare benefits
Promoting health and wellbeing enhances resilience, employment and social outcomes

What works



Source: LGA Health-all-policies WHO (2013)

The 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. It also supports the development of local services as an integrated care system.

Health in All Policies is also important because:

- It reduces harm and improves health
- Systematically and explicitly takes into account the health impact of decisions we make
- Targets the key social determinants of health.

The integration of the Health in All Policies Approach is shown below:

A cross-sector approach to improving health, wellbeing and health equity by focusing on joined-up decision-making across multiple services, programmes and policy areas.

Highlights health, wellbeing, equity, and sustainability consequences of different policy and decision-making options.

Identifies how decisions in other services, departments and sectors affect health – and how better health can support achievement of other sectors' goals.

Engages multiple stakeholders to work together to improve health and advances other goals, which in turn reduce demand for scarce resources.

Emphasises co-benefits, encourages a multilens perspective and points to the need for inclusive boundary-spanning language and joined-up narratives.

What are we doing with Health in All Policies in Shropshire

We are working with several partners across the council whose work impacts on the wider determinants of health including food, housing standards, health and safety, air quality, pollution and environment. The data below shows how data for Shropshire, compared to the rest of England for these 'wider determinants.'

Employment % of people aged 16-64 in employment:

Shropshire 83.5%
England: 75.6%

Fuel Poverty

Shropshire: 11.8%
England: 10.9%

Air Pollution – fine particulate matter

Shropshire: 6.4 µg/m³
England: 8.9 µg/m³

Statutory homelessness – Eligible homeless people not in priority need

Shropshire 2.8 per 1000,
England 0.8 per 1000

To support Health in All Policies we have taken an approach that is joined up and includes:

- Embedding wellbeing and prevention into all work practices, services and policies
- Knowledge and skills into department job descriptions and reviewing during professional appraisal
- Maintaining high quality practice by supporting staff to keep their knowledge and skills eg Healthy Conversations, Making Every Contact Count + and Mental Health First Aid.
- Shropshire Council is already offering training opportunities in these areas.
- Working across Shropshire Council and with partners to embed Health in All Policies,

In 2020 we plan to:

- Formally embed a Health Impact Assessment framework in order that we can apply this to all policies to ensure that health is considered whenever a policy is written and implemented
- Empower our staff with skills in wellbeing and prevention.

We will continue to:

- Support our workforce to be active in taking care of their own health and the health of their families. We will do this in partnership and through the successful employee wellbeing strategy – Be mindful, be active, be informed



What we all can do A shared responsibility



Find out about health and wellbeing policies in your workplace, and if you think something is missing, find out who to contact.



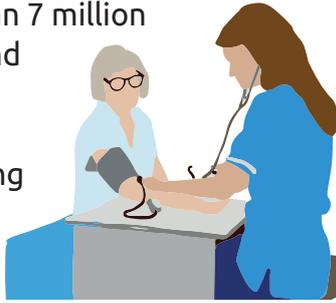
If you are a lead in a public or private sector organisation, understand the importance of preventative health. Do your policies support this?

Weight Management and Obesity

Obesity poses a significant threat to population health and is a major risk factor for disability, diabetes, cancer, heart disease, stroke, dementia and joint problems. Severely obese people are **3 times** more likely to require social care support.

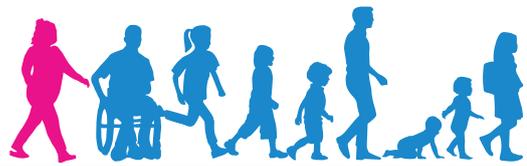
Cardiovascular Disease is the term used to describe conditions affecting the heart and blood vessels.

It affects more than 7 million people UK wide and is the 2nd largest cause of death in England, accounting for 1 in 4 deaths.



Being overweight or obese is associated with a reduction in life expectancy of:

- 5-7 years for people with a BMI of 30-35 (kg/m²)
- 8-10 years for those with a BMI of 40-50 (kg/m²).



Addressing Obesity in Shropshire

Public Health will lead a whole systems approach to obesity, and the following programmes describe work happening to address obesity and weight management.

NHS Health Check

The NHS Health Check is a national programme for adults in England aged 40-74 and attempts to reduce the risk of cardiovascular disease. The aim is to reduce the incidence of heart attacks, stroke, diabetes, kidney disease, some cancers and dementia.

The programme is commissioned by Shropshire Public Health and delivered in partnership with General Practice. Of the 10,200 NHS Health Check delivered in Shropshire during the financial year 2018-19, 15% of attendees were recorded as Obese (1550) and 27% (2713) Overweight.

Results from the 10,200 patients attending their NHS Health Check during 2018-2019 also found:

2,063 pre-diabetics

814 smokers identified

1,550 patients recorded as obese

4,308 recordings of high cholesterol

249 patients recorded as High Risk CVD

1,545 high blood pressure readings

4,875 patients recorded as physically inactive

Help2Slim

In 2018/19 Shropshire Council's Help2Slim service supported 1123 people to lose weight.

30% of those attending went on to achieve a weight loss equivalent to or greater than 5% of their initial body weight.



Weight Loss and Pre-Diabetes

Weight loss support is available for people with pre-diabetes. The NHS Diabetes Prevention Programme (NHS DPP) identifies those at high risk and refers them onto a tailored, personalised, behaviour change programme.



Social Prescribing

Many people who have accessed Social Prescribing have been supported to lose weight and take up physical activity. An independent evaluation by the University of Westminster found 56% of participants accessing the programme experienced weight loss, and 60% became more physically active.

National Child Measurement Programme (NCMP)

Within Shropshire, around 5,000 pupils are measured every year, which is approximately 90% of all the eligible pupils.

National Child Measurement Program

NCMP	Bridgnorth	North Shropshire	Oswestry	Shrewsbury & Atcham	South Shropshire	Total
% Very Overweight Reception 13/14 to 17/18	8.6%	8.4%	8.8%	8.6%	9.6%	8.7%
% Very Overweight Year 6 13/14 to 17/18	12.1%	16.8%	17.9%	14.6%	15.0%	16.4%
% Overweight or Very Overweight Reception 13/14 to 17/18	20.9%	22.0%	23.3%	22.0%	24.8%	22.3%
% Overweight or Very Overweight Year 6 13/14 to 17/18	26.6%	30.8%	34.0%	27.9%	30.8%	30.8%



Physical activity

Significance to Shropshire Avg	Higher	Similar	Lower
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Physical activity is a key element of healthy weight management. Encouraging people to keep active by moving more and sitting less is one of the most important things we can do for health and wellbeing. It can help control weight as well as reduce risk of falls, heart disease, high blood pressure, some cancers and type 2 diabetes. There are a wide range of local opportunities in Shropshire including:

- Shropshire Outdoor Partnerships – walking groups and volunteering to maintain pathways
- Exercise on referral
- Leisure centres and activities in the local community
- Couch to 5k.

What we all can do A shared responsibility

Aged 40-74? Go for the NHS Healthcheck when you get the invitation, and encourage friends and family to attend too. Learn to love moving more, doing something you enjoy. If you know your weight is affecting your health and daily life, seek support.

If you are a lead in a public or private sector organisation, show leadership in supporting healthy weight for your own staff and for people within the service you provide. Shropshire Council offers a Preventive Health Check service in the workplace. For information email info@preventativehealth.org.uk for more information

If you work in services that support people, gain confidence around healthy weight conversations and know where to signpost.

Friend or family of someone who is struggling with extra weight? Provide encouragement to seek support and offer to exercise together, if that is what they want. It is often easier doing things together!

Chapter 3: Key Services and Initiatives

Services are commissioned across the life course from pregnancy to older age. The information below illustrates some of these services and partners.

**Smoking in Pregnancy –
Quitting support**
preventivehealth

Health Visiting



@ShropPHNurses

School readiness



Immunisations



NHS
Shropshire
Clinical Commissioning Group

School Nursing



@ShropPHNurses



Pregnancy and early years

School and beyond

Specialist services

Drug and Alcohol support



Shropshire
Recovery
Partnership

Wild Teams



Shropshire's
**GREAT
OUTDOORS**

Living with cancer and exercise

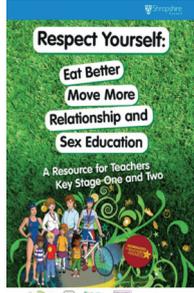


**Get
Active
Feel Good**

Regulatory Services, Trading Standards and Licensing



Relationships and Sex Education



Immunisations



NHS Health Check for people aged 40+ years



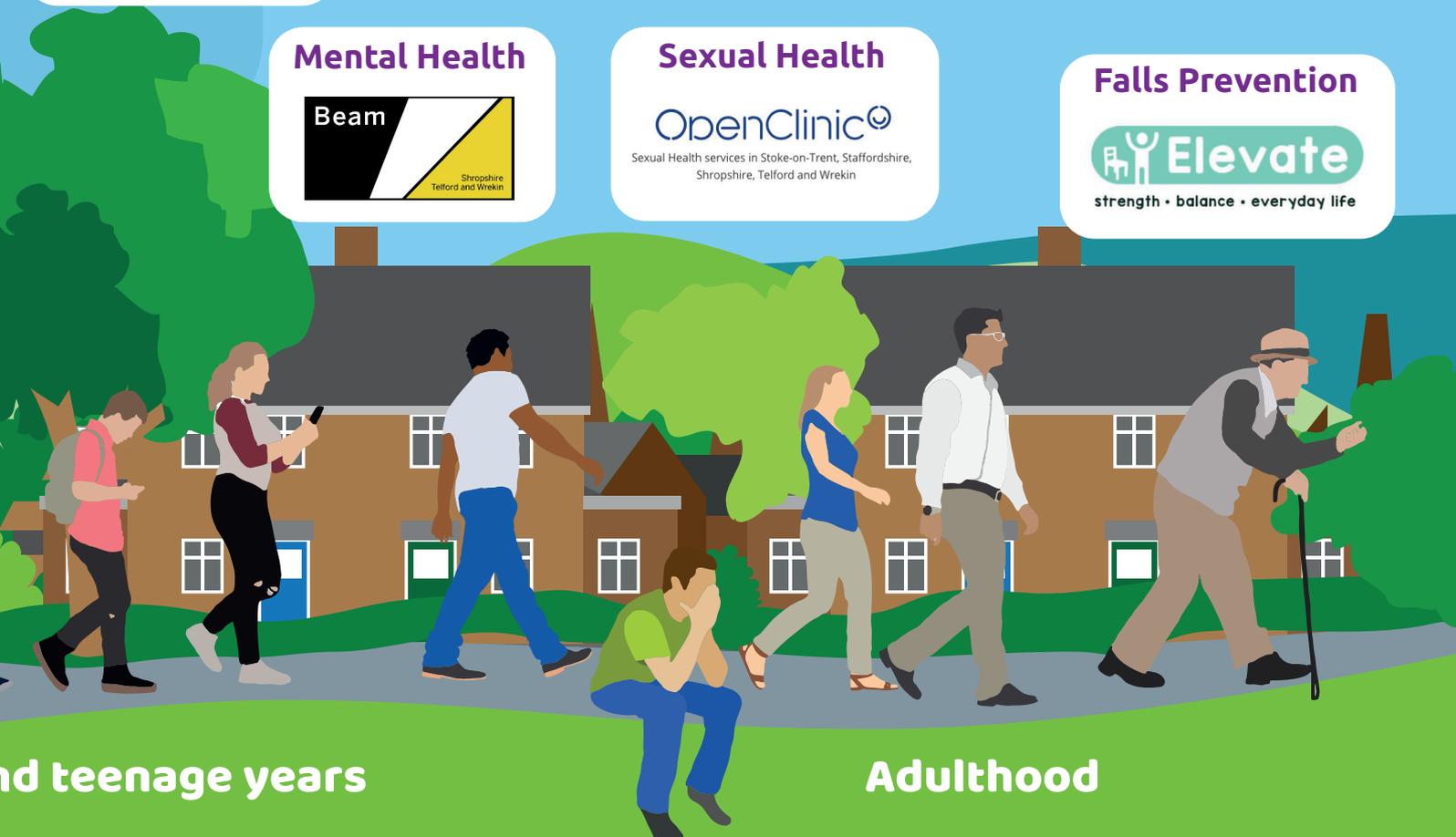
Mental Health



Sexual Health



Falls Prevention



and teenage years

Adulthood

Partners



Public Health England

Alcohol Message in a bottle

2815 adults in Shropshire are estimated to be alcohol dependent

Alcohol has been shown to contribute towards 60 medical conditions

An estimated 35,319 adults in Shropshire aged 18-65 drink more than the Chief Medical Officer's guidelines of 14 units per week

Alcohol is the 3rd leading risk factor for death and disability after smoking and obesity

Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems

What is happening?

- Shropshire Recovery Partnership provide specialist treatment. This includes the evidence based web service Breaking Free On Line.
- The Licensing Statement for Shropshire sets out an environmental approach to reduce alcohol related harm
- Safeguarding Children Affected by Others Drug and Alcohol Misuse Guidance. For practitioners to help them support families affected by alcohol misuse.

Road Traffic Accidents in Shropshire



There are more accidents which 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.

Killed and Seriously Injured Casualties on England's roads:

England: 42.6/100,000
Shropshire 52.6/100,000.

Alcohol related collisions 37.5/1000

This is significantly higher than the rest of England and the West Midlands.

Nationally a large proportion of road accidents and deaths take place in residential areas. In Shropshire in the year to 2018, 160 people suffered a slight injury in road traffic collisions on roads with a 30mph speed limit, at a cost to Shropshire estimated to be £1.3 million.

This excludes serious and fatal injuries, which come at a cost of £220,000 and £1.8 million respectively. Lowering speed limits is an evidence based recommendation from the National Institute for Clinical Excellence (NICE) as an intervention to reduce unintentional injuries in young people. Increasing active travel through walking and cycling, air pollution, risks of obesity, improved mental health and wellbeing creates multiple benefits to population health.

What is happening?

- We need to continue to work with our partners to promote a range of targeted road safety programmes. This will allow local road users and those who commute through our county to travel safely and reduce risk of accidents.
- As most serious road traffic accidents occur on rural roads with a national speed limit of 60mph in Shropshire, we need to be mindful of ensuring we target the most appropriate measures where both safety and traffic management can be balanced.

Statutory homelessness – Eligible homeless people not in priority need:

England 0.8/1000
Shropshire 2.8/1000

Housing Services include the Housing Options Service, Private Sector Housing, Shropshire HomePoint and Housing Support.

What is happening?

Disabled Adaptations

In 2018/19 there were 350 Occupational Therapy referrals to the Private Sector Housing Team for property adaptations. The most common adaptations are stairlifts.

Technology-Based Projects

Several innovative projects to maximise the benefits of technology have begun, including the 'Broseley Project'.

Cold Homes

Living in a cold home has been linked to Chronic Obstructive Pulmonary Disease (COPD), Cardio Vascular Disease (CVD), falls, and poorer mental health and increases the risk long-term conditions such as asthma and bronchitis. In addition, cold homes may slow down recovery following discharge from hospital.

Hoarding

A dedicated taskforce has been set up to enable better multi-agency working throughout departments around hoarding.

Rough sleeping

This team works to reduce the numbers of those sleeping rough and improve the support ongoing when housing is sourced.

Accommodation pathways

These aim to support groups identified at high risk of becoming homeless or threatened with homelessness.

Warm Homes Funding

This provides free First Time Central Heating for residents that do not have central heating



Diabetes

People with diabetes are at higher risk of having a heart attack or stroke.

In Shropshire and England 6.9% of people have a diagnosis of diabetes, of which about 90% have Type 2 Diabetes

People with diabetes in Shropshire are 74.6% more likely to have a stroke. Compared to England it is 58.5%.

Type 1 Diabetes can't be prevented but around 3 in 5 cases of type 2 Diabetes are preventable through keeping active eating well and weight management.

What is happening?

- Structured education classes provide advice on living and eating well.
- The NDPP supports people with pre-diabetes.
- Eye screening and foot screening ensure that complications are reduced.

More information, advice and guidance can be accessed through community pharmacies and nurses at GP practices. A good source of information is www.diabetes.org.uk



Reading Well is a



Shropshire Libraries

Learn imagine discover

great health and wellbeing option available in our communities

It supports people to understand and manage their health and wellbeing using helpful reading. The books are all endorsed by health experts, as well as people living with the conditions covered and their relatives and carers. People can be recommended a title by a health professional, or they can visit their local library and take a book out, or choose an e-book/e-audio if available from our 24 hour library online.

Reading Well for mental health

Self-help books covering common mental health conditions such as anxiety, stress, depression, eating disorders and self-harm for adults.

Reading Well for dementia

Books offering help to people living with dementia, their families and carers. Each collection includes information and advice, personal stories, and ideas for therapeutic activities.

Shelf Help for young people

Expert endorsed books about mental health, providing 13 to 18 year olds with advice and information about issues like anxiety, stress and OCD, and difficult experiences like bullying and exams.

Reading Well for long term conditions

Advice and information about living with a long-term condition, common symptoms, and titles focused on specific conditions such as arthritis, bowel conditions, diabetes, heart disease and stroke.



strength • balance • everyday life

Strength and balance classes

This evidence based programme is delivered by local experienced instructors in Postural.

Stability Instruction (PSI). The sessions focus on strengthening muscles to maintain strength and balance, rather than becoming muscular. It is aimed at those aged 65+ who are a bit unsteady on their feet, and at risk of falling, rather than frail.

The courses have been well attended by over 600 people.

73% of participants assessed at 20 weeks showed a reduction in falls risk through improved physical function, as measured by the 'Timed Up and Go' Score.

Atrial Fibrillation (AF)

devices to detect risk of Cardio-Vascular Disease (CVD)

It is estimated that there are **10,014 people with undiagnosed AF in Shropshire**

What is happening?

As a form of early intervention, and using a preventative approach, these devices are being used for opportunistic screening in 11 pharmacies, 3 GP Practices and in a community venue to detect AF early, and thus reduce stroke risk. Those with abnormal readings are referred to their GP.



School Readiness

% of children with free school meal status achieving a good level of development at end of Reception:

England 56.5% Shropshire 54.3%

Child Development: % of children reaching a good level of development at 2 - 21/2 years

England 84.1% Shropshire 70.6%

The Department for Education has set a goal to halve by 2028, the number of children leaving reception year without the appropriate level of communication and language skills they require.

What is happening?

- Communication and language training for health visitors and early years practitioners
- 2 year health review undertaken by the Public Health Nursing service which includes a parent led questionnaire on child development and follow up support where required.
- Development of a school readiness leaflet with key messages to help parents support their child's development using the voice of the child
- Parenting courses
- Hungry Little Minds campaign
- Shropshire libraries: Rhyme and story time sessions and Let's get Ready book bags
- Bookstart Baby Packs and Treasure Packs



Adverse Childhood Experiences (ACE)

Around half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence.

ACE's are stressful or traumatic events that children and young people may be exposed to. This includes:

- physical, verbal or sexual abuse
- neglect
- sub optimal environment such as parental separation or exposure to domestic abuse
- mental illness
- alcohol abuse, drug use or imprisonment.

These experiences can change the way in which children and young people react to stressful situations not only in childhood but also across the life course.

What is happening?

Training in trauma informed approaches for professionals, volunteers and communities, is being implemented to help better identify and support people who have suffered from ACE's.

Healthy Conversations

Over 100 staff across the health, social care and community and voluntary sectors have received training.

Evidence-based tiered behaviour change training has been developed by Public Health as a key part of Shropshire's Healthy Lives Programme, which brings together the work of Shropshire Council and wider local healthcare systems to support people to stay well in their community.

Healthy Conversations encompasses Making Every Contact Count (MECC+) and Social Prescribing and supports front-line staff in their valuable role as an extended Public Health workforce.

The training helps the workforce to promote health opportunistically and offer relevant signposting to those they come into contact with in their day to day role. Those training at a higher level learn about motivational interviewing and behaviour change techniques.

Measles Mumps and Rubella (MMR)

Between January and March 2019 97.3% of under 5's had received one dose of MMR and 91.5% had received the recommended two doses. Further work is therefore required to increase the uptake.

Measles is a highly infectious disease and can lead to serious complications. Following the implementation of the measles vaccine and the MMR immunisation programme the UK reached elimination status in 2016. However, since this time the number of children receiving two doses of MMR has declined and we have lost our elimination status requirements. Young people and teenagers aged 15-20 years are also a susceptible group. Public Health England have introduced an MMR .

Elimination Strategy as well as requesting that each local authority area develop their own local action plan.



What is happening?

In Shropshire we have developed a local action plan to increase awareness and uptake of the MMR vaccine.

GP's are undertaking catch up immunisations where children and young people have not received two doses of MMR. Social media campaigns have been developed.

Online training is available for professionals to support them to have conversations with children, young people and families around immunisations.

Green Open Spaces

Utilisation of outdoor space for exercise/health reasons

England 17.9% Shropshire 16.5%

The Shropshire Wild Team initiative uses Shropshire's free and abundant natural environment to promote physical activity and wellbeing, and is underpinned by the growing research evidence suggesting positive health benefits for people engaging with the natural environment.

The programme supports people aged 16+ in Shropshire who are socially isolated or leading inactive lifestyles to engage in countryside conservation and management volunteering. Groups are based across the

county and each go out one day a week to carry out meaningful conservation tasks such as clearance work, tree felling, hedge laying, gate installation and wildlife surveys. They work in partnership with environmental organisations such as The Shropshire Wildlife Trust, Forestry Commission England and The Canals & Rivers Trust.

140+ volunteers have participated over the last 4 ½ years and at least 27 of these have moved into employment, education or other volunteering roles.

More than medical — Wider determinants of health, an explanation

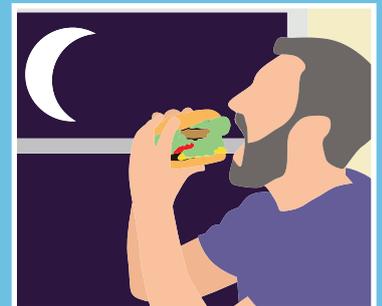
Wider determinants of health are other factors that impact on our health, such as where we live, educational opportunities, employment, and social contact with others. All of these contribute to the health information you have been reading.

So, if we think of this in terms of a fictional family and their situation, the links can be seen;

Kirsty and John live in a village, with poor transport links, but manage to keep their ageing car running so John can drive to his job. It isn't particularly well-paid, but just about covers the bills. Kirsty cannot drive and is at home looking after their young daughter. She gets lonely in the day, and has been diagnosed with mild depression.

John worries about money quite a lot, and would like to get a better paid job. This would help them to own their own home back nearer to their families, and would make Kirsty happier, but prices are mostly unaffordable there now.

He knows he would need to get further qualifications as well, which just isn't possible right now. He doesn't smoke, but does eat a lot of high calorie food and rarely gets a chance to exercise as he works shifts and is tired all the time. The GP has warned him he is at risk of type 2 diabetes and needs to try losing weight.



Kirsty's sister has heard that a developer is building homes which are to be let to people with a local connection in their home village. Kirsty and John quickly find out more and are delighted to be accepted. Although the house won't be owned by them, they will be nearer their families and that network of support. John's mum has said she will be able to look after her grand-daughter a couple of days a week so Kirsty can look for a part-time job and they can have a bit of extra money to do things as a family. Kirsty already feels brighter, which has made John feel more positive and he has arranged to do Couch to 5K with Kirsty's younger brother when they move. Her brother is doing sport studies at college, so this helps them both.

This is why when we talk about health, there are nearly always wider reasons (determinants) affecting the ability of a person to be able to make a change or recover.



Case Studies

Case studies are an important way of collecting real-life stories, and show the impact services have had on people's lives. Two are detailed below.

CASE STUDY

Shropshire libraries are a partner in supporting Shropshire people's health and wellbeing. A librarian describes how a local customer had been coming into the library for eighteen years, and she had noticed how he was very withdrawn, upset, and in general not himself.

She was really concerned that he would take his own life, and with his consent, contacted safeguarding and social prescribing teams. She says: "Thankfully I talked to him at length giving him lots of positive reasons to be alive, and explained all the health & well-being things we have to offer at the library and in the community. I said I would refer him and somebody would be in touch. Thankfully this happened quite quickly too. Looking back, I am so glad I did the referral and he was so grateful. He calls in to see me most days to give me an update which also helps get things off his chest".



CASE STUDY

Social Prescribing - Joanna's* story* Joanna is a pseudonym

Joanna has had rheumatoid arthritis for four years and has had to give up work. Her health care assistant at the GP practice offered to refer Joanna to the Social Prescribing service, as they felt this could offer the additional support she was looking for. Joanna said; "when you are diagnosed you are distraught and in agony. There's no branching out only closing in. I didn't want people to know and it made me feel vulnerable" Joanna still felt there was more she could do to help herself but felt she had "plateaued out". The Social Prescribing Advisor and Joanna met at the GP practice. She said Social Pre-scribing "just fitted in with where I was at the time and I saw it as an opportunity to keep progressing."

Joanna had been working hard to help herself, but it was not easy. At the point she was referred to Social Prescribing she had been working to train as a Tai Chi teacher to run classes with versus Arthritis specifically for people with arthritis like herself.

Joanna and her husband met with the Advisor and both decided to focus on losing weight. Joanna says "I felt privileged to be able to go, and that someone was willing to spend time with me and that someone cared. If Social Prescribing had been recommended earlier we'd be where I am now earlier"

Joanna has been losing weight and feeling the benefits. She also feels Social Prescribing helped with her resolve to become a Tai Chi teacher for people with arthritis and is keen to contribute to her community. "I feel I can offer something. It's nicer to give and I'd rather be giving. I feel better, more confident and more mobile"

Attention Deficit Hyperactivity Disorder (ADHD) – is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.

Atrial Fibrillation (AF) – a heart condition that causes an irregular and often abnormally fast heart rate.

BeeU – is the emotional health and wellbeing service for people up to the age of 25, living in Shropshire and Telford & Wrekin.

Cardio-Vascular Disease (CVD) – the term used to describe conditions affecting the heart and blood vessels.

Chief Medical Officer – the most senior medical advisor on health matters in a government.

Clinical Commissioning Group (CCG) – groups of GP Practices that are responsible for commissioning most health and care services for patients.

Commissioning (Public Health) – the contracting, or setting up of a service.

Deprivation – the damaging lack of material benefits considered to be basic necessities in a society.

Early Help – means taking action to support a child, young person or their family as soon as a problem emerges. It can be required at any stage in a child's life, from pre-birth to adulthood, and applies to any problem or need that the family can't deal with alone.

Family Nurse Partnership – a home visiting programme for first-time young mums and families.

Health Inequalities – differences between people or groups due to social, geographical, biological or other factors.

Health Impact Assessment – a tool to consider impacts on health and wellbeing.

Health Intervention – action to prevent or alter a result or course of events relating to health.

Health Needs Assessment – is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

Health Outcome – a change in the health status of an individual, group or population which is attributable to an intervention.

Hypertension – another name for high blood pressure

Incidence – the number of new events eg new cases of disease in a defined population within a specified time period.

Joint Strategic Needs Assessment – a systematic method for reviewing the health and wellbeing needs of a population.



Local Authority – an organisation that is responsible for the public services and facilities in a particular area.

Measles Mumps and Rubella (MMR) – a safe and effective combined vaccine that protects against measles, mumps and rubella (German measles) - in a single injection. The full course of MMR vaccination requires 2 doses.

National Child Measurement Programme (NCMP) – the NCMP measures the height and weight of children aged 4-5 and 10-11 years each year in primary schools in England. NCMP helps increase understanding of the patterns and trends in underweight, healthy weight, overweight, and obesity among the child population.

NHS Long Term plan – as medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years' time there is a service fit for the future. The NHS Long Term Plan is drawn up by frontline staff, patients groups, and national experts to be ambitious but realistic.

Pre-diabetes – higher than normal blood sugar, but not high enough for a diagnosis of type 2 diabetes.

Prevalence – measures existing cases of disease and is expressed as a proportion eg 1% of the population or as a rate per 1,000 or per 100,000.

Public Health Nursing Service – consists of health visitors, school nurses, the Family Nurse Partnership and skilled practitioners to support the Healthy Child Programme delivery.

Return on Investment – compares the cost and benefits of alternative actions to see whether the returns are worth the costs of intervening. So, a public health intervention that saves the NHS cash but does little to improve health can be compared to one that doesn't save the NHS cash, but improves health.

Shropshire Health and Wellbeing Board – a board made up of partners from the council, NHS and public and social care sector to ensure a coordinated approach.

Stakeholder – in terms of business, an organization interested in your area of work, or a 'partner'.

Sustainability and Transformation Partnership (STP) – these are areas covering all of England, where local NHS organisations and councils drew up shared proposals to improve health and care in the areas they serve.

Wider determinants of health – other factors that impact on our health, such as where we live, educational opportunities, employment, and social contact with others.



Closing Summary

Public Health and Wellbeing – A shared responsibility for us all

We are all members of the public and improving public health for everyone is something that we can all contribute to. Here are some simple ideas which can really make a difference.

Me (I)

- Use screening services when invited, and take-up offers of vaccinations for yourself and your family members
- Look after your sexual health.

Community (including friends and family) (We)

- Take notice of those around you. People who are more vulnerable or in distress may not always be able to express themselves, but may benefit from some extra help or support
- Participate in volunteering or other local programmes such as conservation activities or befriending schemes that contribute to improving the lives of many within your local community
- Be kind 'Be kind whenever possible, it is always possible' (Dalai Lama)
- Signpost to support where appropriate.

Service providers (You)

- Listen
- Be compassionate
- Highlight and signpost to other supportive services where individuals may benefit if they are experiencing difficulties which may hinder their opportunity to thrive.

Five ways to wellbeing (I)



Connect... with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.



Be active... Swap your inactive pursuits with active ones. Go for a walk. Step outside. Cycle. Play a game. Garden. Dance. Walk or cycle when making short journeys. Being active makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.



Take notice... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.



Keep learning... Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.



Give... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.