Shropshire Joint Health and Wellbeing Strategy 2022-2027
Draft Strategy consultation findings

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Introduction

Health and Wellbeing Boards (HWBB) have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS) for the local population. The draft strategy for the period 2022-2027, was developed through careful analysis of local and national data and reports, and insight from Board members. The strategy sets the planned priorities for the next 5 years, explains why these have been chosen and describes what will be done to address these. The draft JHWBS was agreed at the HWBB meeting in July 2021.

An essential part of completing and finalizing this strategy was to consult with Shropshire people and our stakeholders. This report explains how this was undertaken and provides results which will then inform the final strategy. Key activity was timetabled, to ensure the final strategy would be ready for publication in April 2022. This table can be seen in Appendix A.

Gathering the views of different groups was important, and how this was done can be seen in appendix B. COVID-19 has had an impact on everyone's lives, and on health and care services also. This meant many services had to be delivered differently, and some of the comments reflect this, such as reduction or loss of face to face appointments.

172 people responded to the surveys. 85% as a member of the public, and 15% as a stakeholder, professional or 'other'. Additionally, 10 x Partnership Boards and focus groups provided feedback.

From the public and stakeholder survey, and engagement feedback, it is clear that the priorities are acceptable, and the right ones to move forward with. The survey was hosted on the Council website and identified a need to be clear that the strategy is a whole system responsibility, and not just Local Authority.

Areas which have been identified as needing greater specific reference throughout the Strategy are detailed below. The findings will also need to be linked to current Strategies and Action Plans including: Economic, Shropshire, Telford & Wrekin 5-Year Mental Health Strategy and the developing Shropshire Healthy Weight Strategy. Key areas are in dark red text.

We are very grateful to Shropshire people, stakeholders and others who took time to complete the survey either online or on paper, and our stakeholders, Partnership Boards and groups who gave their time in meetings or at sessions to provide feedback on the strategy. Your views really matter and have been included as part of a themed response and in comment boxes.

At a glance - Key changes/additions that should be considered in the strategy

Strategic priorities

- **Reducing inequalities***: Disabilities* – recognizing needs of people with learning and physical disabilities. E.g., Fair access to employment; physical activity facilities. **Housing** - high cost and rental, stress of homelessness and temporary accommodation. **Digital** by default having potential to make inequalities worse. **Financial**: wages and income. Recognize needs of **LGBTQ+ groups.**
- **Improving Population Health***: Older people* including healthy ageing and Dementia support. **Health access/services** cited including reduction or loss of face-to-face appointments, equity across county, and in reducing inequality**. Understanding of good health (health literacy)** good health promotion. Women's health including menopause.
- **Working with and building strong and vibrant communities: Variation in community strength**; **engagement with all groups**; **rural community inequity, Public transport access equity** and traffic reduction.
- **Joined up working: Essential.** A personalized approach; sharing resource equally - pooled budgets; **accountability; knowledge** (including staff knowledge) and experience.

Key priorities

- **Healthy Weight & Physical Activity:** Complexity; **food and exercise costs;** knowledge; active travel; services to refer in to; medications and weight gain.
- **Mental Health: Access and waiting times** for adult and children; transition; Effect on other conditions; role of physical activity, buddying, arts, social groups in helping; linking to other services; **reducing stigma** and **normalizing** - OK to be sad sometimes; **Effect of living with someone with poor mental health**: Carers and partners/family members/CYP; 24-hour support when out of hours can often be the worst time for people with MH difficulties.
- **Workforce: Low wages, fair pay, lack of opportunity, pressure/stress, and young worker loss. *Thrive at Work* -** suitable for SMEs? (Small, Medium, Enterprises). Low wages and unemployment impact on poorer health.
- **Children and Young People (CYP):** Use findings from Youth Consultation report (ssyf.net) to help inform, **more reference to SEND and physical disabilities** and Transition stage from Child to adult. Support for parents and CYP. Mental health features highly and is included in that section.

Other key issues missing

Some are already covered in the strategic and key priority findings, such as disability and housing, but others of note are:
Substance misuse - raised highest as an omission in the surveys. **Safe active travel and safe roads** (cycling, walking, noise pollution) - following closely.
Greater reference to loneliness, and suicide prevention

Enablers

The term **'Enablers'** was disliked by some and **re-wording of this term and describer needs to be considered.**
More information in the strategy about: how the work will be funded, planned, committed to by partners, delivered and monitored; communications and Engagement.

Strategy vision comments

 Most said it was liked, but significant number, no or maybe, with the competitive element, and unrealistic being cited.
   It is worth considering re-visiting this strapline.

Other comments about the strategy to note

- Keep simple and keep reviewing priorities
- Honesty, health is not a tick box exercise
- A lot of thought has obviously gone into this, but the difficulty will be implementation

Equalities

All Health and Wellbeing Board partners are committed to equality. Responses from the surveys and engagement highlighted recognition of the needs of:
- LGBTQ+ groups
- Families of prisoners
- People with autism
- People with learning and physical disabilities

And
- Racial equality and awareness
- Workplace discrimination

Findings:

Online surveys

Two surveys were produced which were public and stakeholder types. These were hosted on the Shropshire Council website. For the public survey, 89% responded as a member of the public, (Fig. 27) and 12 responded to the stakeholder survey, of which 25% responded as a member of the public.

8 of the questions on both surveys focused on the strategy priorities. Text boxes, where people could give a reason for their answer if wished proved to be a popular option, and most added comments which greatly enhanced qualitative data collection.

Paper copies of the survey (including large print) were made available at Shropshire libraries. Appendix C explains the survey design process and how the survey was publicized. The survey questions can be seen in appendices D and E. The results are summarized below, starting with the priorities, with a breakdown of responses included.

Reducing inequalities: Based on the survey responses, (Figs. 1 & 2) this is an appropriate strategic priority.

- Although 64 agreed with the statement, a higher rate of 75 felt inequalities existed. Comment themes are integral to this priority, and the Strategy action plan. Some also link to the key and other priorities, such as 'Workforce' for employment themed concerns, 'Children and Young People' for education, and Suicide, Mental Health and Food Poverty.
- **Gap identified: Disability** needs greater specific reference throughout the Strategy, as does **Housing.**

Improving Population Health: Based on the survey findings, (Figs. 3 & 4) this is an appropriate strategic priority.

- 74 respondents disagreed that generally, Shropshire people can manage their own health conditions and understand the need to stay healthy. with the statement, 51 agreed and 35 were not sure.
- Comment themes are integral to this priority, and the Strategy action plan. Health access was a concern, which is a likely consequence of the COVID pandemic, but knowing what services to access, quality of services and overstretched services were also cited. This also links to understanding what good health is and is an evident gap. Food access links to the Food insecurity priority.
- **Gap identified: Dementia support**, **health access** and **understanding of good health** need greater specific reference throughout the Strategy

Working with and building strong and vibrant communities: Based on the survey findings, (Figs 7 & 8) this is an appropriate strategic priority.

- The majority (102) agreed Shropshire has a strong and vibrant community and working with communities will enhance access to social support and help keep people healthy. Disagree and not sure responses combined were 58.
- Comment themes are integral to this priority, and the Strategy action plan. Variation in community strength, reaching those unable to engage, and a lack of community engagement were cited, mainly by those who disagreed.
- **Gap identified:** Recognition in strategy of **variation in community strength** and **engagement with all groups**

Joined up working: Based on the survey findings, (Figs 5 & 6) this is an appropriate strategic priority.

- The majority (134) agreed there could be better understanding between health and care organisations of why people don't or can't get better.
- Comment themes are integral to this priority, and the Strategy action plan. Organisations working together more, was the most common theme, followed by understanding an individual's need, which links to the personalization approach.
- **Gap identified:** The comments highlighted the importance of a **personalized approach**

Reducing Inequalities I think generally, Shropshire people are able to: get a job with a good enough income, have opportunities to do well at school/college and have access to a decent home to live in.

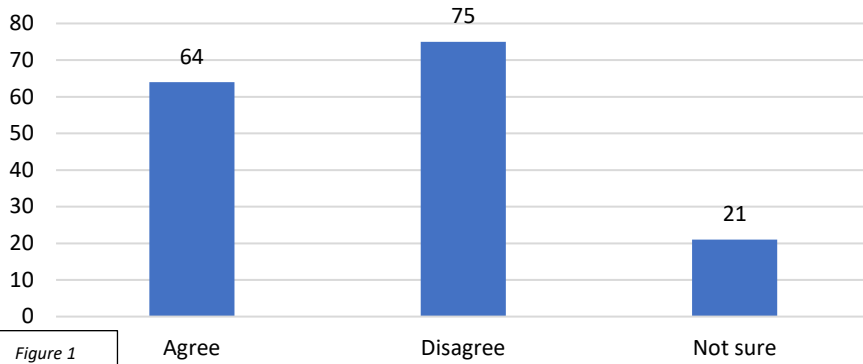|	Agree	Disagree	Not sure
	64	75	21

Figure 1

Comments: 75 respondents disagreed, and their comments are themed in Figure 2. (Agreed/not sure generally did not comment)

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 3 added to 'Agree', 42 to 'Disagree', and 3 to 'Not sure'.

Reducing Inequalities: Please provide any comments on why you gave your answer

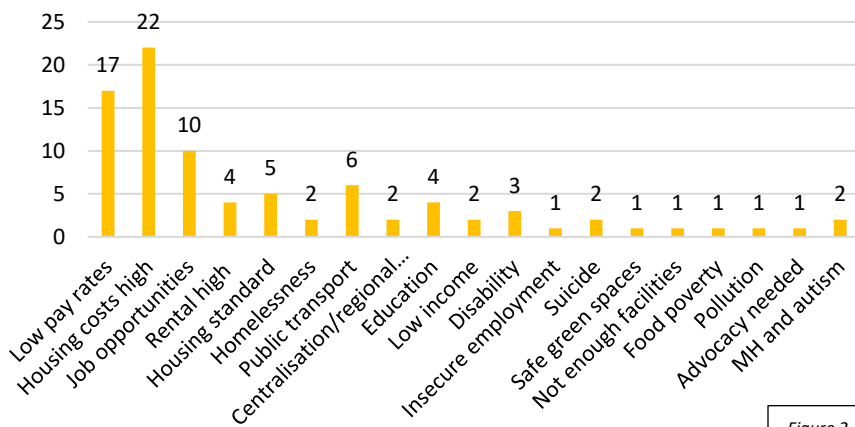| Category	Value
Low pay rates	17
Housing costs high	22
Job opportunities	10
Rental high	4
Housing standard	5
Homelessness	2
Public transport	6
Centralisation/regional...	2
Education	4
Low income	2
Disability	3
Insecure employment	1
Suicide	2
Safe green spaces	1
Not enough facilities	1
Food poverty	1
Pollution	1
Advocacy needed	1
MH and autism	2

Figure 2

Although 64 agreed with the statement, 75 did not. Themed comments can be seen in figure 2. Key elements of concern were:

- **Employment** – low pay rates and job opportunities, young worker loss
- **Housing** – high costs meaning people move away or cannot afford to buy, standard, high rental cost and homelessness
- **Public transport** – lack of and cost
- **Education** – system, public transport to further education
- **Disability** – housing and strategic inclusion

Other concerns included: **Suicide, Shrewsbury 'centric' approach**, **Mental health and autism** – often not having fair chance to live life well, **Low income, food poverty**, **Pollution and green spaces**

"Lots of larger homes being built by developers - not what for rent and not what is actually needed - give more support to those who able to provide this - a warm safe home will help children do well at school and college too - win/win."

"People work so much… don't have an opportunity… to keep fit and healthy."

All comments were valued, and a selection is given below.

"New builds aren't affordable, wages low, private rents increasing."

"…shortage of decent, affordable homes which affects the ability of people on low incomes to access one".

"I agree with this statement but would like to see targeting for hard-to-reach groups like rough sleepers, tackling suicide especially in males etc."

"Not enough public transport - young people have to rely on cars, not active travel or public transport."

"Young people are unable to afford homes to buy or rent, good jobs are not available in rural communities leading to loss of young workers…."

"Disabled people in particular are continually omitted from strategic documents/ thinking".

"Rural Shropshire is neglected, and people have little access to many facilities."

Improving Population Health: I think generally, Shropshire people can manage their own health conditions and understand the need to stay healthy.
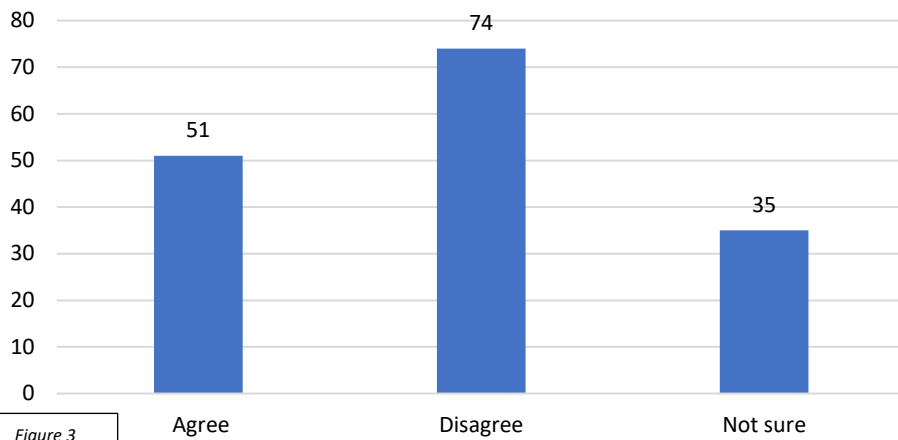
Figure 3

	Agree	Disagree	Not sure
	51	74	35

Improving Population Health: Please provide any comments on why you gave your answer

Figure 4

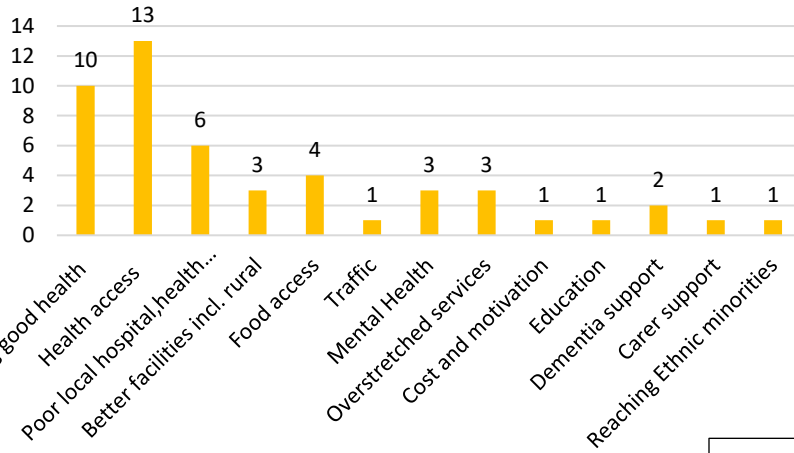| Understanding good health	Health access	Poor local hospital,health…	Better facilities incl. rural	Food access	Traffic	Mental Health	Overstretched services	Cost and motivation	Education	Dementia support	Carer support	Reaching Ethnic minorities
10	13	6	3	4	1	3	3	1	1	2	1	1

Comments were themed in terms of reoccurrence, and the results can be seen in figure 4. Key elements raised were:

- **Health access**: (highest) earlier diagnosis, help with condition, Long waiting lists/time to be seen, Knowing what services to access esp.if have difficulties (incl ineq)
- **Understanding good health**: (second highest) i.e. people's understanding. including access to information, resources and support
- **Poor local hospital/health services**
- **Food access**: cost, influence of commercial food companies,
- **Better facilities incl. rural: effect of rurality, Mental health, Overstretched services** were ranked equally
- **Dementia support** ranked next
- **Carer support, traffic, cost and motivation, education and reaching ethnic minorities** were also specifically cited.

"Dementia is one close to my heart and dementia support is poor".

"Hard for people to manage weight and possible type 2 diabetes without access to good quality cheap food, v easy to eat v bad diet cheaply at the moment."

"There is little health education in schools and colleges."

All comments were valued, and a selection is given below.

"Hard to access GP and dentist" "Difficult to get to see GP face to face due to current situation with Covid."

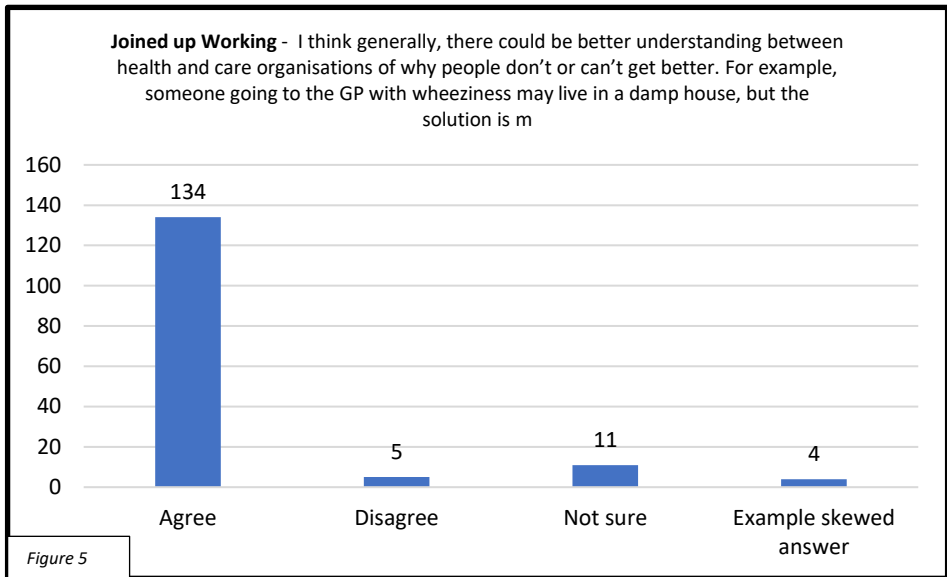"More information about resources and opportunities to maintain health required".

"Knowing what services to access can be difficult due some people if they lack motivation, low self-esteem or suffer with mental health issues, these difficulties could impact how people manage their healthy lifestyle."

"Many people are willing to do this, but primary care is so overstretched, they can't get good advice on specific conditions".

"Very long waiting lists in particular for mental health services."

"Unfortunately, some people can't manage their health conditions due to inequalities."

"They cannot do this unaided. Having a hospital in special measures will not help achieve this goal".

Joined up Working - I think generally, there could be better understanding between health and care organisations of why people don't or can't get better. For example, someone going to the GP with wheeziness may live in a damp house, but the solution is m

Figure 5

Joined up Working. Please provide any comments on why you gave your answer

Category	Value
Limits to what staff can do	2
Medication not always answer	2
Coordinated IT	2
Look at root of person's problem	4
Better links across - housing, CCCs, HSC	2
Seeing GPs Face to Face	2
Staff not understanding patient need	4
Organisations work together more	6

Figure 6

All comments were valued, and a selection is given below.

"but this also requires people and organisations to take responsibilities and actions when things go wrong."

"There could be more help to motivate people to exercise outside in a covid safe environment, e.g., outdoor gyms."

"I know this is something that we are working towards but it's a long road that requires us all to be thoughtful about how we solve problems… and being brave enough to genuinely work co-operatively - it's up to us all".

"People are often left struggling to explain their problems to staff who don't understand."

"People must be free to make mistakes in their own choices".

"However, it is always going to be difficult with different partner organizations having different funding and priorities."

Comments: 134 respondents agreed with the statement, 5 disagreed, 11 were not sure and 4 responses focused on the example given, which potentially skewed their response, but still provided good information. Disagree/not sure comments are themed in Figure 6. (Agreed generally did not comment)

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 22 added to 'Agree', 1 to 'Disagree', and 5 to 'Not sure'.
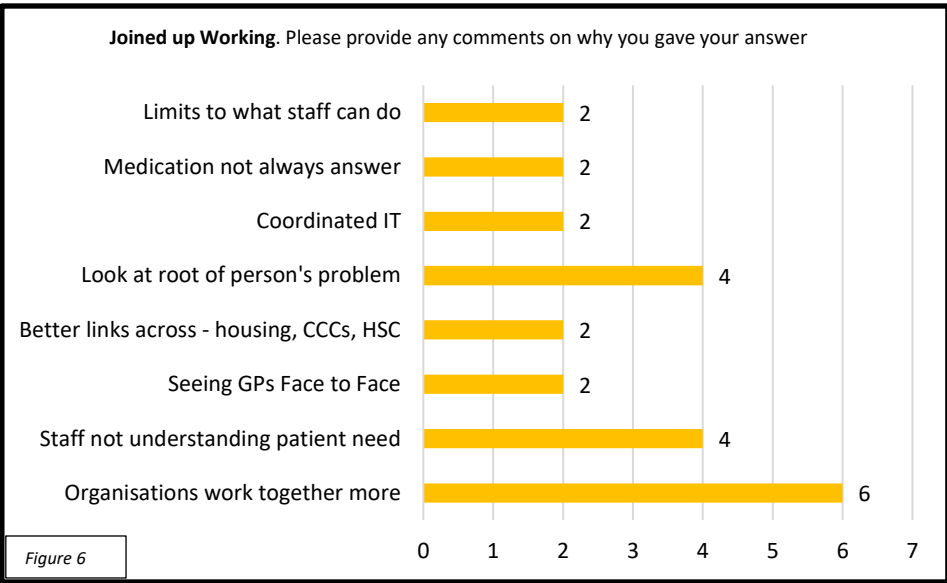
Comments were themed in terms of reoccurrence and are generally from disagree/not sure. - The majority agreed with the statement. can be seen in figure 6. This was more difficult to theme. Key elements raised (in order) were:

- **Organisations work together more**, included taking responsibility when things go wrong
- **Look at the root of a person's problem and Staff not understanding patient need** ranked the same
- **Limits to what staff can do, medication not always the answer, coordinated IT, better links across services and seeing GPs face to face** ranked equally.

…"There is a constant theme of a lack of clarity around roles and responsibilities within dementia care."

"GPs have huge caseloads, so medication is quickest solution. Involve patient in solution and encourage them to use meds as last resort".

"Coordinated patients' records are essential. Exploring the root cause of problems rather than patching problems".

Working with and building strong and vibrant communities - I think generally Shropshire has a strong, vibrant community, many which have their own proud identity. Working with communities will enhance access to social support and help keep people healthy
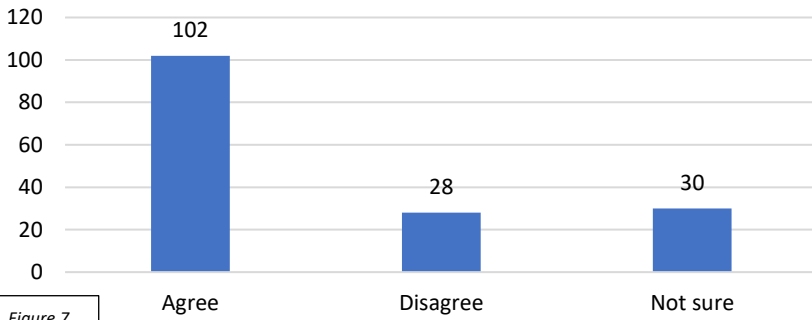

Figure 7

Comments: 102 respondents agreed with the statement, 28 disagreed, 30 were not sure. (Agreed generally did not comment) Comments are themed in Figure 8.

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 7 added to 'Agree', 6 to 'Disagree', and 7 to 'Not sure'.

Working with and building strong and vibrant communities: Please provide any comments on why you gave your answer
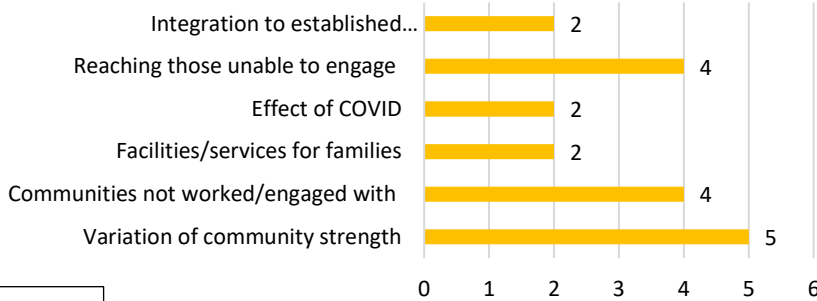

Figure 8

Comments were themed in terms of reoccurrence, which were mainly under 'disagree' or 'not sure' and the results can be seen in figure 8. Key elements raised included:

- **Variation of community strength –** Generally good, although one town cited as not. Rural community strength
- **Reaching those unable to engage -** loneliness, mental health, deprivation
- **Communities not worked/engaged with**

All comments were valued, and a selection is given below.

"Some older supportive communities exist but proud is not a good word as sometimes these communities are not open to diverse populations!"   "I moved to a new housing complex this year ran by a housing association which is on a new estate of residential properties where sadly there is very much a 'them and us' division. We are all only one step away from requiring care support so education and less stigma as to why we are living here would be greatly appreciated".   "I agree BUT many opportunities missed by a lack of community engagement at a local level and a missed opportunity to capitalize on the networks established during Covid 19 especially in rural communities."   "There isn't enough support for very young parents… facilities need to be near where people live…. covid has left many older people still frightened to go out again we need to work on social isolation."   "Part agree; however, it often sounds a cop-out to say, "work with communities" which really sounds like "we can't afford to do it so see if we can get someone else to do it." "Just because we have strong communities doesn't equal healthy lifestyles."   "It will be important to enable people living with dementia to continue to take part in their local community".

Please rank in order with 1 being the most important what is most important to help you and/or Shropshire people to live happier healthier lives?
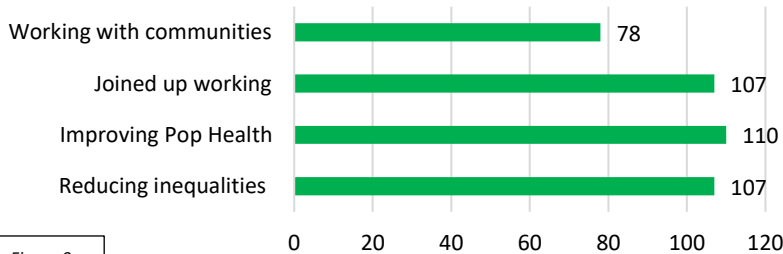

Figure 9

Comments:
Rating scores were weighted for each ranking to give a true average. i.e. 1 = 1.0, 2 = .75, 3 = .50, 4 = .25, which are reflected in figure 9.

Improving Population Health scored marginally higher, with **Joined up working** and **Reducing inequalities equally following.**

Working with Communities scored lowest, but not insignificantly.

Summary of key priority findings

Although the priorities are separated into different areas, there are links with each across all the strategic and key priorities.

Healthy Weight & Physical Activity: Based on the survey responses, (Fig.11) with 134 agreeing that obesity is a concern in Shropshire, and people needing help, this is an appropriate strategic priority. In terms of importance ranking, it scored second highest.

Comment themes shown in Fig. 12 are integral to this priority, and the Strategy action plan.

Findings including **Complexity, food costs** including fast food accessibility, **exercise** costs and knowledge, and **links to conditions** e.g., medication and weight, will feed into and help inform the developing Shropshire Healthy Weight Strategy, which will be the key mechanism to drive this priority forward. The food comments also link into the Food Insecurity project in Shropshire.

Mental Health*: Based on the survey findings (fig. 13), with 138 agreeing generally, poor mental health is a concern for all ages, and has been made worse with the COVID-19 pandemic, this is an appropriate strategic priority. In terms of importance ranking, it scored highest.

Comment themes shown in Fig. 14 are integral to this priority, and the Strategy action plan.

Access and waiting times: for services, IAPT, **Children & Young People (CYP)** including CAHMS access, transition, **Effect on other conditions:** Dementia autism and those already mentally ill were all given as concerns, and will be *linked into the Shropshire, Telford & Wrekin 5-Year Mental Health Strategy.*

Workforce: Workplaces in Shropshire being healthy places to work in, and pay a fair wage scored highest at 71 in the 'not sure' category, with 47 disagreeing, and 40 agreeing. (fig.15)

41% of respondents were employed, 48% were not, either due to retirement, unable to or not seeking work which could explain the higher 'not sure' response, and ranking 4th. From comments, including those in 'Reducing inequalities', this is an appropriate strategic priority.

Comment themes shown in Fig. 16 are integral to this priority, and the Strategy action plan. Low wages, fair pay, lack of opportunity and stress have been key themes in this priority, but also themed highly in the Reducing Inequalities strategic priority which also cited young worker loss. *This also identifies a potential need to survey the Shropshire workforce independently, and the need to link to economic strategies.*

Children & Young People (CYP): Based on the survey response to the statement that many Children and Young People have been affected badly by the COVID-19 pandemic, and efforts being focused on development and mental health being important, 115 agreed. (Fig. 17) it is fair to assume this is an appropriate strategic priority. In terms of importance ranking, it scored third highest.

There were less comments, but comments around CYP mental health had already been cited in the mental health priority and can be seen under figure 16.

The comments link into the **Shropshire, Telford & Wrekin 5-Year Mental Health Strategy**, and *the Trauma Informed workforce approach.*

Please rank in order with 1 being the most important what is most important to help you and/or Shropshire people to live happier healthier lives?

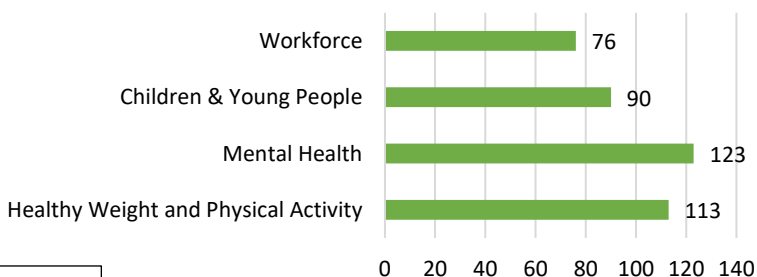|	
Workforce	76
Children & Young People	90
Mental Health	123
Healthy Weight and Physical Activity	113

0 20 40 60 80 100 120 140

Figure 10

Comments:

The rating scores were weighted for each ranking to give a true average. i.e. 1 = 1.0, 2 = .75, 3 = .50, 4 = .25, which are reflected in figure 10.

Mental Health scored highest, with **Healthy Weight and Physical Activity next.**

Children and Young People and Workforce followed.

Healthy Weight and Physical Activity I think generally, obesity is a concern in Shropshire, and people need help with this and other conditions that can happen by not having a healthy weight.
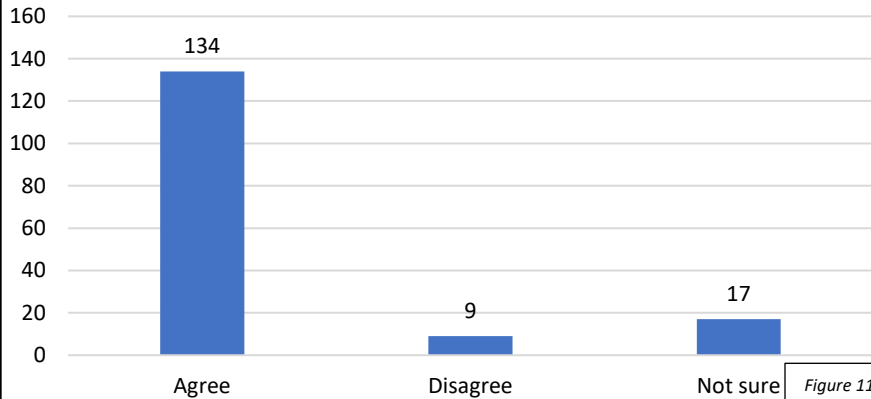

Figure 11

Comments: 134 respondents agreed with the statement, 9 disagreed, 17 were not sure. (Agreed generally did not comment)

Comments are themed in Figure 12.

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 10 added to 'Agree', 0 to 'Disagree', and 3 to 'Not sure'.

Healthy weight and physical activity: Please provide any comments on why you gave your answer
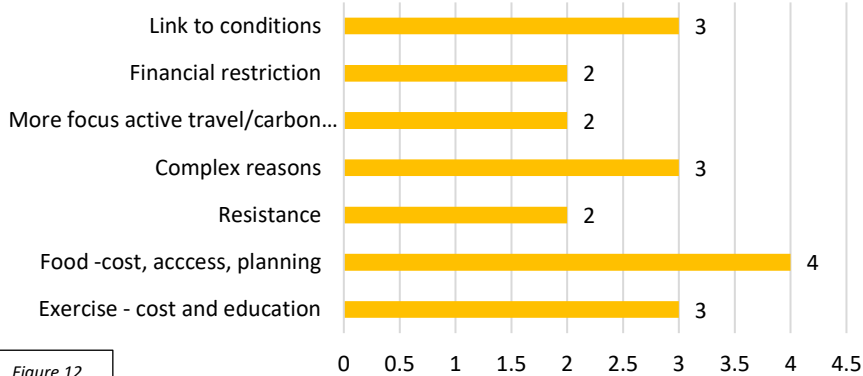

Figure 12

Comments were themed in terms of reoccurrence, which were mainly under 'disagree' and the results can be seen in figure 12. Comments were harder to theme for this question, and many are shown. Key elements raised included:

- **Complexity, food costs** including fast food accessibility, **exercise** costs and knowledge, and **links to conditions** e.g., medication and weight.

All comments were valued, and a selection is given below.

"I think obesity needs to be addressed primarily through psychological intervention. Generally, people know WHAT to do but can't mentally manage this."

"… emphasis needs to (be) placed on taking part rather than theoretical lessons. Radical reform of PE is needed."

"Shropshire Council should never have given planning permission for so many fast-food outlets. They have made the problem worse with this recklessness."

"I do not think many people in Shropshire are concerned about obesity, and there is little effort to alter diet and lifestyle to combat obesity."

"Causes of obesity are complex, but well-documented and need teasing out to apply locally."

"Access to formal exercise provision is expensive."

"This is a national issue which may not require the urgent funding that other problems need at present."

"Too much priority to private car transport such as new roads and not enough to encourage active travel."

"People needing support cannot always go to paid groups for financial or time reasons."

Mental Health – I think generally, poor mental health is a concern for all ages, and has been made worse with the COVID-19 pandemic.
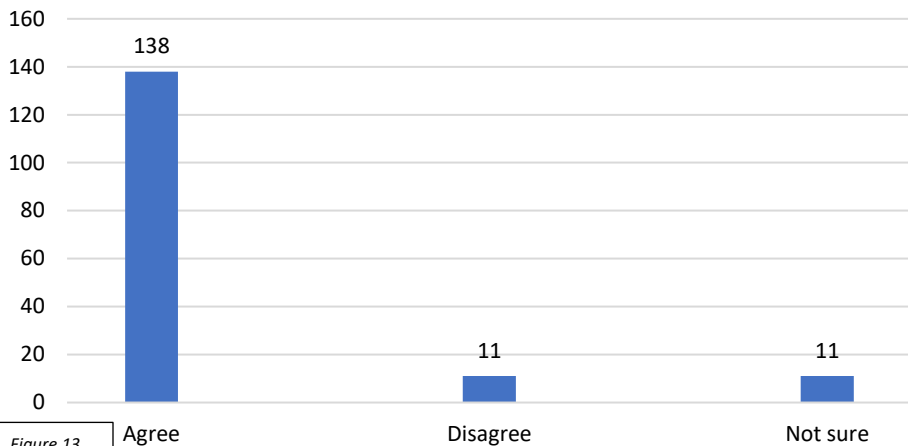

Figure 13

Comments: 138 respondents agreed with the statement, 11 disagreed, 11 were not sure. (Agreed generally did not comment)

Comments are themed in Figure 14.

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 21 added to 'Agree', 1 to 'Disagree', and 0 to 'Not sure'.

Mental Health: Please provide any comments on why you gave your answer
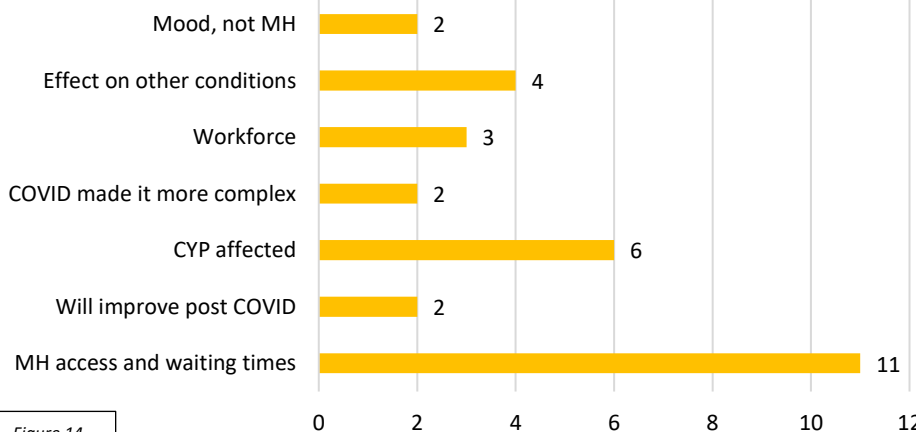

Figure 14

Comments were themed in terms of reoccurrence, which were mainly under 'agree' and the results can be seen in figure 14. Key elements raised included:

- **Access and waiting times:** for services, IAPT
- **Children & Young People (CYP)** including CAHMS access, transition
- **Effect on other conditions:** Dementia autism and those already mentally ill

All comments were valued, and a selection is given below.

"Mental health provision in Shropshire underfunded and hard to access." "A huge wait for IAPT is not good."

.." largely due to the overbearing presence and use of social media. Life generally is no more challenging than 150 years ago."

"Not sure. I suspect many people feel worse due to the pandemic but will bounce back when their circumstances improve. A 'mood' rather than 'mental health' issue."

"Strongly agree! Mental health seems to be increasingly problematic for all ages."

"Help and support for any children who do not fit 'the standard' (e.g., autism, ADHD) is hard to access, parents get little support and getting a diagnosis is difficult and expensive."

"Loneliness a real problem especially for the young."

(in Dementia UK report) "45% of people living with dementia told us that lockdown had a negative impact on their mental health."

"I disagree, mental health is mainly caused by poor employers." (Health service example given)

Workforce - I think generally, workplaces in Shropshire are healthy places to work in, and pay a fair wage.
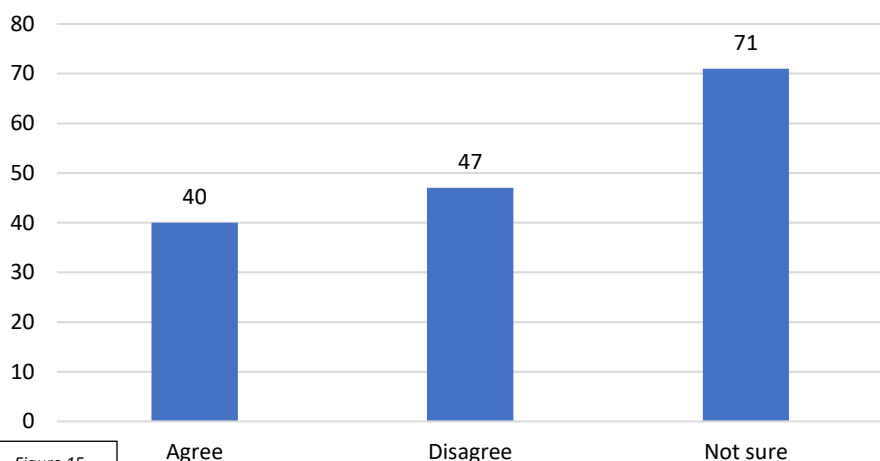

Figure 15

Agree: 40
Disagree: 47
Not sure: 71

Comments: 71 respondents were not sure with the statement. 47 disagreed, and 40 agreed. A few of the not sure responses stated specifically because they were retired or a volunteer.

Comments are themed in Figure 16.

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 2 added to 'Agree', 11 to 'Disagree', and 12 to 'Not sure'.

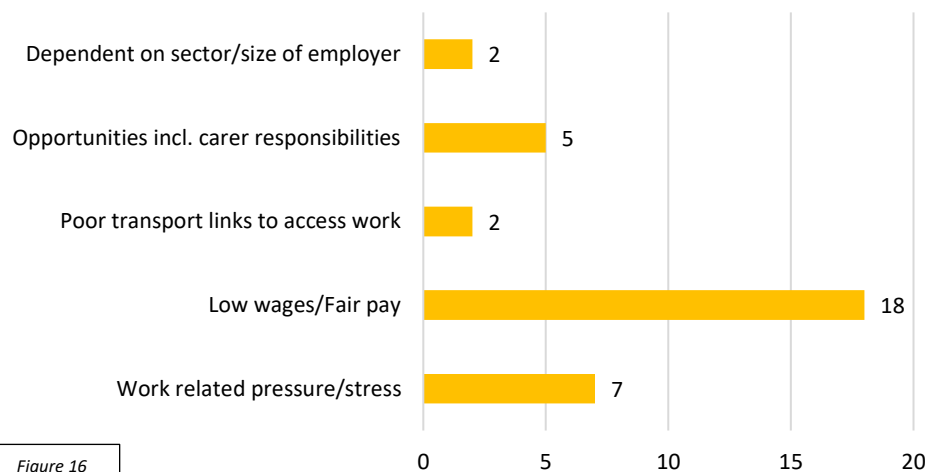**Workforce:** Please comment on why you gave your answer

Figure 16

Dependent on sector/size of employer: 2
Opportunities incl. carer responsibilities: 5
Poor transport links to access work: 2
Low wages/Fair pay: 18
Work related pressure/stress: 7

Comments were themed in terms of reoccurrence, and the results can be seen in figure 16.

- **Low wages and fair pay** were a recurrent theme, and linked to dependent on the sector
- **Work related pressure** was cited on several occasions, with mental health and excess workloads being mentioned.
- **Opportunities** to progress, and for those with caring responsibilities or health conditions to access was cited.

All comments were valued, and a selection is given below.

" It depends on what job sectors we mean and how employers treat their staff."

"Many have poorly paid work, lonely and with poor conditions. Many carers as well as agricultural workers are in this category."
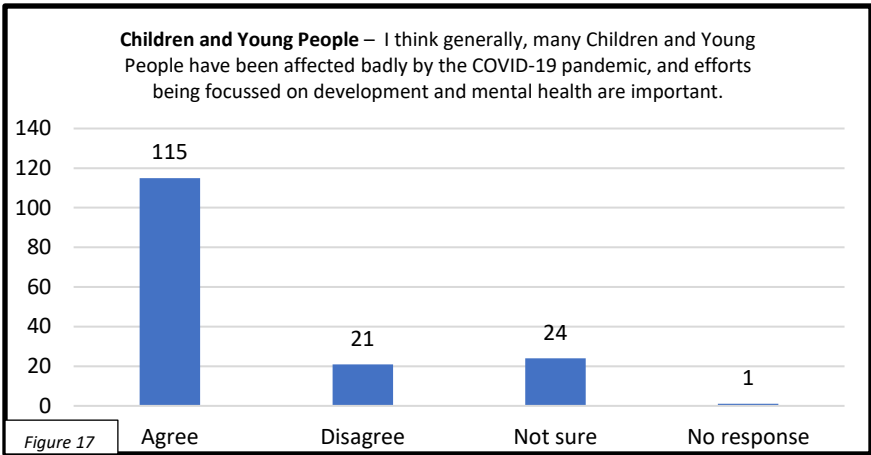
"Low wage community poor public transport lengthening the working day."

"Many places only have the funding to pay minimum wage. If you're under 25, minimum wage is not living wage."

"Many Shropshire sectors are low paid Agricultural, care, retail, factory…"

"I have been receiving care support from various people and the care teams are exhausted as they are having to work such long hours which I feel then impacts on the service that they are delivering."

"With regards to the health and social care workforce, it won't just be important to ensure there is a sufficient number of health and social care staff, but also that they are provided with ongoing training to support them in their roles."

11

Children and Young People – I think generally, many Children and Young People have been affected badly by the COVID-19 pandemic, and efforts being focussed on development and mental health are important.

Figure 17

Comments: 115 respondents agreed with the statement. 21 disagreed, 24 were not sure and 1 no response.

Note: The spreadsheet did not record the agree, disagree or not sure response if comments were made. Based on individual comment, these were manually input, and confidence that this is reflected correctly is strong.

For transparency: 7 added to 'Agree', 2 to 'Disagree', and 5 to 'Not sure'.

There were fewer comments for this, and some are given below:

"Whilst it is important that appropriate measures are taken based on age and background….EVERYONE has been affected badly by the pandemic."   "A priority, with more funding needed."   "But access must be more available."

"mental health, again, has complex causes and it might be more fruitful to focus on those e.g., quality of education." "…pressure in children to keep up with academic work during pandemic."

"Joint working is vital to promote this aim. Bring back FUN. Look to voluntary groups to provide inclusive experiences". "Statistics for children at 2.5 years.. worrying and need special attention."

"One of the factors associated with the greatest proportion of preventable dementia cases in the population is less education in early life."   "To build all round good health and educational progress not to over-emphasize poor mental health."

"As a rural county, many children… isolated from friends and schoolmates because of Covid."

"Uncertainty…had a disproportionate effect on young people and affected their life chances."

Do you have any other comments to add about the Strategy?

Many comments were helpful re-iterations of comments made in previous question responses. These ranged from practicalities such: as exercise helping reduce many issues and embedding low-level preventative work to specifics, e.g., cancer prime area of focus. Mental health service provision, suicide prevention and autism training were cited again as was disability. The strategy was described as vague by one respondent and was evidently seen as a Council strategy to deliver by another, which demonstrated the importance of being clear that the strategy is a whole system responsibility, and not just Local Authority. Keeping it simple and keep reviewing priorities were other comments. Areas not raised before as missing were ageing well, and a practical suggestion which included involving people such as the Police and Crime Commissioner.

Figure 18
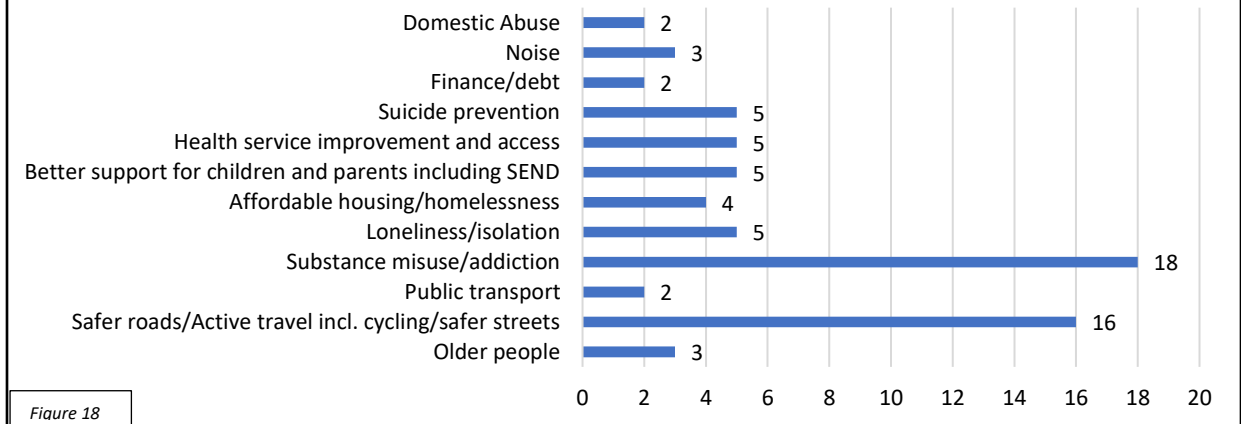
Substance misuse/drug addiction was a key theme followed by **active travel/safer roads safer streets/cycleways** as was **Loneliness and isolation**. Other themes cross into existing priorities or have been included as additions e.g., Housing. (Fig.18)

Enablers

Comments were themed in terms of reoccurrence and can be seen in figure 19. Key elements raised: (in order)

Communications and Engagement ranked highest, followed by **partner commitment to deliver**, **finance and resource** and a **sound action plan.** It is important that these are included in the strategy.

Service Access including Face-to-face GP appointments has been raised consistently in responses and appears here also. Workforce findings link into the workforce key priority. *The term 'Enablers' was disliked by some and re-wording of this term should be considered.*

Inclusion of more information in the strategy about how the work will be funded, delivered and monitored.

We talk about 'Enablers' in the strategy, i.e. the things which will help us achieve our priorities. What do you think is important to enable the strategy to be delivered effectively?
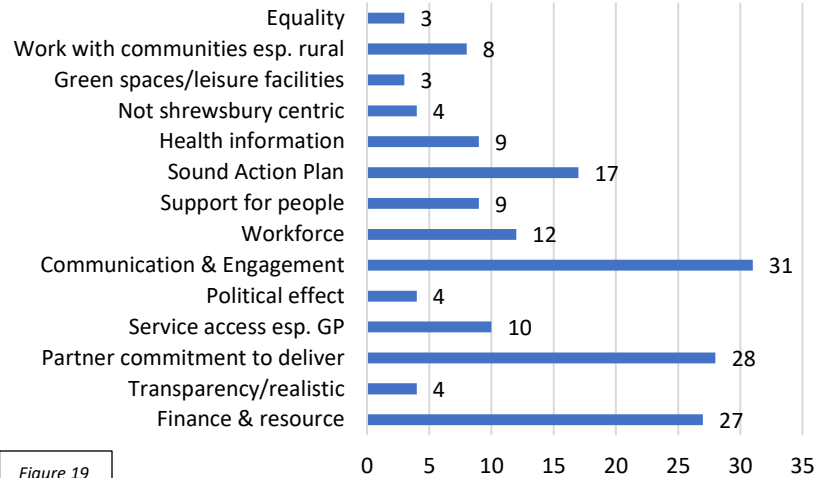
Category	Value
Equality	3
Work with communities esp. rural	8
Green spaces/leisure facilities	3
Not shrewsbury centric	4
Health information	9
Sound Action Plan	17
Support for people	9
Workforce	12
Communication & Engagement	31
Political effect	4
Service access esp. GP	10
Partner commitment to deliver	28
Transparency/realistic	4
Finance & resource	27

Figure 19

"More information, education and support for families to be provided by health and social care through schools."

"Transparency. Be open to the public about the steps being taken and the estimated progress in those steps".   "Joined up thinking and setting priorities". "Engage and communicate with the public. Work with communities, patient groups and create patient groups for PCNs. Improve the relationships and strengthen the working between primary and secondary care."

"A healthy workforce who are dedicated to what they do. Workforce looked after and listened too. Fair pay at each level. Enough workforce so present workforce is not over stretched and expected to go above and beyond."   "Be willing to test and try new initiatives which may be risky, to challenge current working culture." "Long term funding."   "Arrangements for drug and alcohol misuse projects with accommodation." "Education and communication." looking for root causes of issues and tackling them together."   "More joined up working with the council, NHS and employers."

Strategy vision comments

Comments: Figure 20 shows 'Yes' scored highest, but 74 said 'no' or 'maybe'. The comments why were themed and can be seen in figure 20.

It is worth considering re-visiting this strapline.

The vision for the strategy is "For Shropshire people to be the healthiest and most fulfilled in England" Do you like this statement?
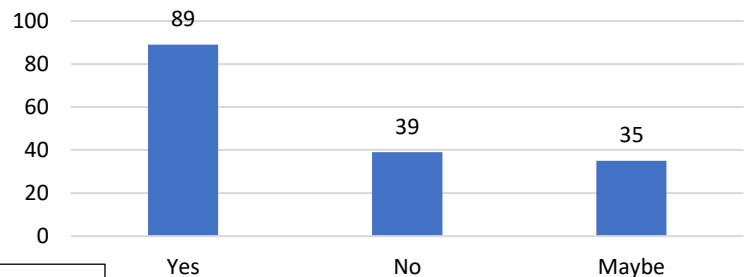
	Value
Yes	89
No	39
Maybe	35

Figure 20

Vision: If you answered No or Maybe, would you like to say why?

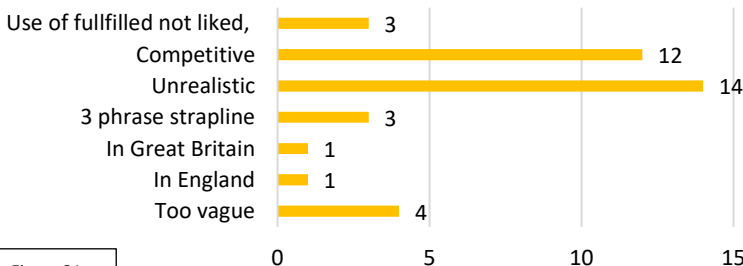| Category	Value
Use of fullfilled not liked,	3
Competitive	12
Unrealistic	14
3 phrase strapline	3
In Great Britain	1
In England	1
Too vague	4

Figure 21

Comments: Unrealistic, and the competitive element were the highlighted as main reasons. (Fig.21)

"Is it really a competition where we want to be the best? This implies that we want other areas to be worse than ours! This surely cannot be right".

"Because it sets the 'bar' too high, perhaps a more modest, yet more achievable aim would be preferable".

…"Maybe 'one of the most healthy and fulfilled?'

General respondent data – Public Survey

Self-identification: Most respondents were female at 66%, with 27% male, and 7% Non-binary/prefer not to say.

Age range: Those aged 45 to 75 years were the highest response group at 68%. Response rate for those aged 24 and under was low at 0.02%. It is appreciated a strategy may be not something that appeals to younger people (as well as adults!). Specific engagement will be done with children and young people; however, it should be considered that young adults are potentially a missing group in terms of health engagement.

Ethnicity: 85% were White English/Welsh/Scottish/Northern Irish/British, which is representative of the Shropshire population. 0.05% were from other ethnic backgrounds and 10% preferred not to say.

Economic status: 41% of respondents were employed, 48% were not, either due to retirement, unable to or not seeking work. 12% came under other or preferred not to say.

Postcode: The response spread was good, with main areas being Shrewsbury and environs, but south Shropshire and North Shropshire were well represented too. Some responses came from out of Shropshire county, e.g., TF1,2,5 and 6, CW2, ST13.

Responding as: 89% responded as a member of the public, with the remainder as a professional, organizational or other.
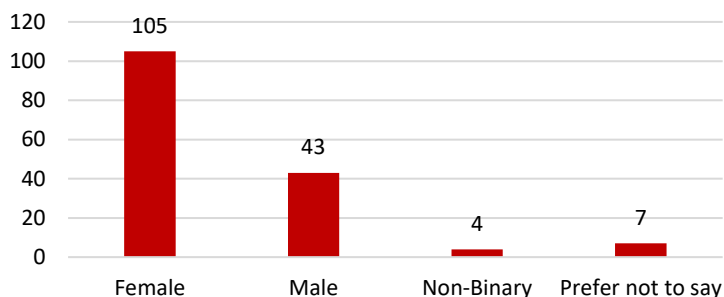
Figure 22
How do you self-identify?

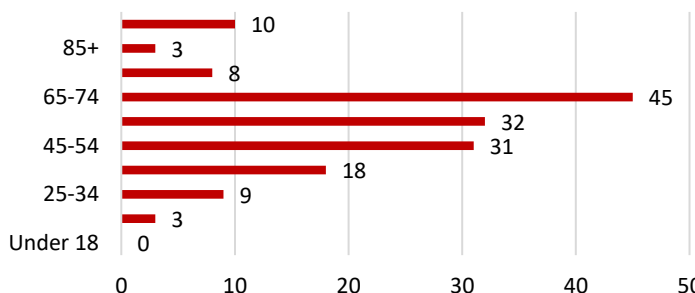Figure 23
What is your current age?
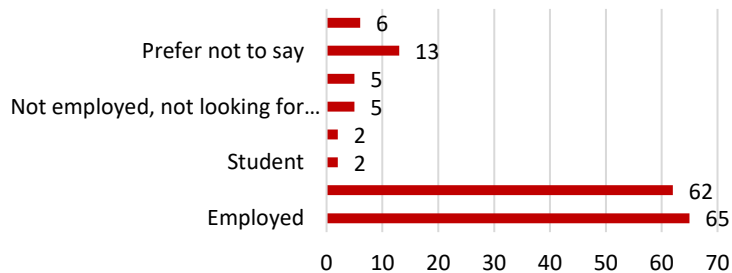

Figure 24
Economic status.

Figure 25
What is your ethnic group?

Figure 26
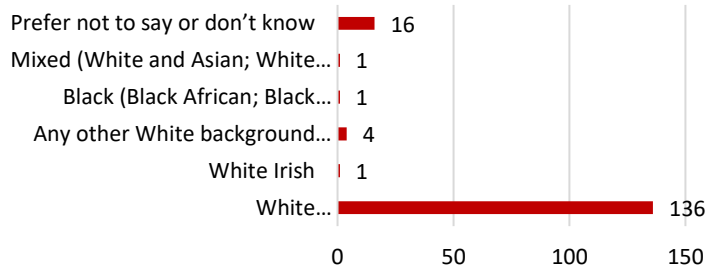### What is the first part of your postcode e.g. SY12? If responding on behalf of an organisation, please use that postcode
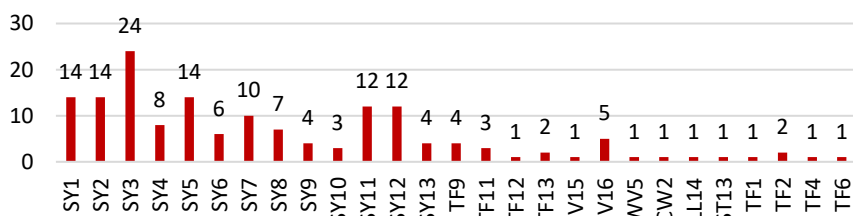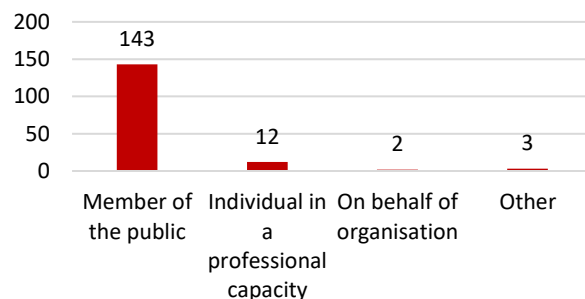

Figure 27
Are you responding as?

14

Stakeholder survey

13 responses were received, one which has been recorded through the public survey findings, due to the method received.

Reducing Inequalities themed responses and comments

- Transport: Active travel and enabling walking and cycling. 20mph speed restrictions in towns, villages and residential areas of Shropshire
- Funding: Central government funding allocation
- Rurality
- Equity: Same opportunities for jobs, education and healthcare for everyone. Important with most hard to reach and vulnerable members of our communities.
- Needs practical, achievable steps

Improving Population Health themed responses and comments

- Importance of: Physical activity; separation of traffic and people (fumes and encouraging active travel)
- Investment in services: Preventative services; improvement in local hospitals and what they provide, GP Practice pressures and effect on service provision
- Communication: More public meetings in village halls; publicity on social media and on Radio Shropshire.
- Action plan: to understand what will happen as a result to make a real difference.
- Supporting women during midlife and through menopause.

Joined-up Working themed responses and comments

- Essential/a must
- Importance of sharing resources equally: Pooled budgets, accountability, knowledge (including staff knowledge) and experience
- Importance of working together: To create a better service and avoid people being turned away ..'experienced first-hand being turned away from essential services which really may have helped me.' and duplication. 'Charities have a valuable contribution to make here'
- Look at other areas ' ….those that have achieved progress in reducing emissions and injuries'.

Working with and building strong and vibrant communities Themed responses and comments

- Fully support/agree
- Cleaner street air, less traffic creates more community interaction
- Rural community inequity: social problems 'Lack of work, affordable housing and drug and alcohol consumption, high suicide rates of young men. Lack of care and support for older people as carers cannot afford to live in the communities that need them'
- People's trust in effective service provision gone
- "Bottom up" communication.

How this compares to larger survey response and gaps identified

The finding themes were similar for all categories. For **Improving Population Health**, investment in services was clear, and an addition of note: ***Supporting women during midlife and through menopause*** which needs reference in the strategy.
Joined-up Working: ***looking at other areas*** was suggested, with an example of ' ….those that have achieved progress in reducing emissions and injuries', and more detail around ***importance of sharing resources equally*** – pooled budgets, accountability, knowledge (including staff knowledge) and experience
Working with and building strong and vibrant communities: ***Cleaner street air, less traffic*** creates more community interaction and ***rural community inequity*** were additions.

Priority ranking

Ranking in order: (scores adjusted as before) Reducing Inequalities, 8.75, Improving Population Health 7.5, Working with and building strong and vibrant communities, 6.5 and Joined up working 5.75. The rankings were similar, with the exception of Joined up working, which ranked fourth. Based on the larger public survey rating, this difference is not significant enough to be of concern.

Healthy Weight and Physical Activity – Themed responses and comments

Facilities for young people - e.g., skate parks, organized sports, cycle paths and outdoor gym equipment. Visits to schools to promote fitness & sport. Young people learning to cook / eat healthily.

- Active travel: encourage walking and cycling
- Fully support: both for prevention and effective management of LTCs
- Funding: Cuts affecting Public Health prevention & severe cuts to Health Visitors and experienced Clinicians, subsidized exercise classes, successful provision of health services
- Publicity and more utilization of community assets such as village halls.
- More social prescribing, and evidence of its effects. Promote and encourage self help

Mental Health – Themed responses and Comments

- Exercise and being outdoors: helps and links to better mental health. Active travel.
- Stigma, and needs to link better to other key services.
- More support needed: reaching crisis point. Young people ask for help with mental health outside school and not just in a crisis. Improved access to early intervention
- Publicity and education

Workforce – Themed responses and Comments

- Employers support walking and cycling to work: improves health. Structure commuter services - electric buses
- Thrive at Work - not clear how suitable for SMEs? (Small, Medium, Enterprises)
- Staff retention: provide less hour shifts, childcare and support staff at all levels, empower them to make service changes, not inflict it on them. Ensure well trained and motivated.
- Organisations such as Energize should be approached for their experience in improving workplace wellbeing.
- Importance of healthy workplace culture and better education for employees around mental health and affect on colleagues
- Happy workers feel valued: low wages and lack of job security leads to stress and ill health. Low wages and unemployment lead to mental health problems, physical health problems, and can be a factor in domestic abuse and substance abuse.

Children & Young People (comments)

- Reference to findings of Youth Consultation report (ssyf.net) Involve CYP more in what they need.
- Safe cycle/walking routes. Promotes physical health and independence
- Cleaner air
- Improved access to early intervention support -not just trauma
- SEND and physical disabilities need including. Improve referral times and support
- Educate children about the pressures of mental illness and life in general
- Talent drain as young people seek work elsewhere - lack of opportunities and affordable homes.
- Transition stage from Child to adult

How this compares to larger survey response and gaps identified

The responses had similar themes as the public responses but were often more practical For **Healthy Weight and Physical Activity**: *Prevention funding, active travel, more social prescribing* and *using community assets* were cited.
Mental Health: *Physical activity and mental health* was mentioned and also linked to active travel. Stigma and *linking to other service*s was also discussed**. Workforce:** *Thrive at Work* - not clear how suitable for SMEs? (Small, Medium, Enterprises) and *Low wages and unemployment lead to mental health problems, physical health problems, and can be a factor in domestic abuse and substance abuse* were cited. **Children & Young People:** The *findings from Youth Consultation report (ssyf.net)* will help inform, *more reference to SEND and physical disabilities* and *Transition stage from Child to adult* need inclusion.

Priority ranking

Ranking in order: (scores adjusted as before) Mental Health, 9.25, Healthy Weight and Physical Activity 9.0, Children & Young People, 6.5 and Workforce 5.0. The ranking is the same as the larger public survey rating.

Do you like the strategy 'strapline?'
Yes, 7, No, 3 and 4 Maybe.
No and Maybe Comments mirrored that in the public survey of unachievable and competitive. Suggestion of 'contentment; as wording.

Could your organisation contribute to any of the areas of focus? If so, could you explain how a little more? (Optional)

- Yes, we organize activities for CYP and run a network of organisations working with CYP. ((Organization name provided)
- We have members who can advise organisations. We support campaigns such as 20 mph and we lobby local councils (Organization name provided)
- Community-based cancer awareness work for early diagnosis and prevention. PHOF C23. Funding support for cancer survivorship and treatment, and healthy lifestyle promotion (No contact detail)
- We offer nutritional therapy personal training and life coaching. Nutrition exercise and mindset is a triangular approach to success for individuals. (No contact detail)
- Yes, if funded to do particularly in promoting healthy lifestyles and self-help (No contact detail)

This is helpful for strategy implementation and development, as specialist knowledge is evident.

Other key issues in the draft strategy include alcohol, air quality, food insecurity, smoking in pregnancy, county lines, Social Prescribing, domestic abuse, suicide prevention and killed and seriously injured on roads. Are there any gaps you feel are missing?   *8: Yes, 4: No.*

- Youth drop-ins / youth cafes and detached youth work are excellent in preventing young people's mental health becoming worse
- Inclusion of PHOF B-19 Loneliness in relation to social prescribing) NHS Health Checks, early cancer diagnosis
- All of the above need proper funding
- Counter loneliness especially in rural communities
- Inequalities are mentioned but not defined. These can include finances, ethnicity, disabilities, even access to transport.
- Housing - a lack of affordable housing, plus some privately rented properties being in a shocking condition
- Women's health
- Financial insecurities

Key themes: PHOF B-19 Loneliness, youth services, NHS Health Checks, early cancer diagnosis. Others are mentioned in the priority comments.

'Enablers' (what will help us achieve our priorities) …what…will enable the strategy to be delivered effectively?

- Difficult to understand
- Healthy environments – linking with planning
- Thinking ahead of the 'curve' - not always catching up.
- Joined up approach to delivery. More funding.
- Good communication.
- Taking into account the wider determinants of heath and a truly integrated health and care service
- Ambitious strategy with very disparate target audience. Resourcing will be needed
- Co-production on solutions from grassroots providers and our communities

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Shropshire Council works to meet the Equalities Duty and consider social inclusion and impact within all policy and service changes. …Comments on diversity, equality or social impact

- Do more work on LGBTQ friendliness of services
- This age of the survey is not relevant for organisations. It says at the top that you do not need to answer but it is not possible to skip the questions.

Note: Comment is correct and learning for future surveys. The public and stakeholders need to be kept separate in future.

Any other comments to add about the Strategy?

- Glad to see relevance of healthy weight and physical activity to cancer has been recognized
- Please be honest, health is not a tick box exercise
- A lot of thought has obviously gone into this, but the difficulty will be implementation

Engagement

Shropshire Health and Wellbeing Board agreed draft strategy, its priorities and metrics (measurements of success) and Shropshire Integrated Place Partnership Board (ShIPP) also provided feedback and input into the metrics.

Slots at 3 Partnership Boards (Mental Health; Early Help; and Shropshire Carers) the Local Pharmaceutical Committee meeting (LPC) and the Voluntary & Community Sector Association (VCSA) forum, consisted of a short presentation giving context around the strategy, then asked the following questions:

What inequalities do you see with people using your service/activities, and in the community?

The key areas of focus are
  ➢ *Healthy Weight and Physical Activity*
  ➢ *Mental Health*
  ➢ *Workforce*
  ➢ *Children and Young People*
Do you have any comment on these?

Are we missing anything?
Taking Part adapted these questions and facilitated 3 sessions with people attending their groups. A total of 43 people provided feedback.

Healthwatch Shropshire engaged with 37 people at an event to publicise the survey and provide flyers.

SYA will be doing engagement with Children and young people as a larger piece of engagement work, with the questions adapted/made into an activity, which will inform this strategy.

A summary of engagement themes and comments can be seen in the table on the following page. The themes mirrored the findings from the surveys, and provided another context, i.e., Boards and groups with specific areas of insight. These have been included in the table of page 2 in this document.

Engagement Themes
Summary of findings from engagement

Digital:
- Digital by default and potential to make inequalities worse - including for older people, homeless people and those living in poverty.
- Much more on-line since COVID

Housing and homelessness:
- Temporary accommodation and health effect on individuals and families
- Shortage for people with disabilities
- Look at alternative housing – modular?
- People leaving prison
- People feeling safe where they live
- High cost
- Availability – near family and friends

Services:
- Difficulty accessing information and services
- Lack of face to face including GP digital consultations – difficult for some to manage
- Poor experience and reluctance to re-access, including family members - has an effect on inequalities
- Staff training and skills: listen, approachable
- Services not available in smaller areas for Children & Young People (CYP)
- Getting stuck – CYP getting the diagnosis – but then what?
- Services not re-starting or having reduced hours post COVID
- Knowing how to access services especially transient populations
- Some have sense of stigma for needing to access some services
- Lack of healthy weight services to refer in to
- Physical activity facilities for all ages, esp. those who have lost confidence
- Variation of services across county

Joined up working:
- Deterioration in Partnership working, and back silo working post COVID.
- Reach out more to other partners to progress work
- Clearer pathways in place needed
- Mapping to see what is happening across Shropshire

Mental Health:
- Suicide rate measurement important
- Inequalities and mental health, some people unable to explain as they are really struggling
- Normalizing – OK to be sad when bereaved, when sad things happen.
- Reducing stigma
- Effect of living with someone with poor mental health: carers and partners/family members/CYP
- Getting support for young people esp. those with SEND
- Expectations to deliver mental health support - beyond capability of schools
- Support and understanding, social contact with others and role of animals important
- Easy to contact services with a person answering– not automated line
- Services – needing to travel a barrier
- 24-hour support. Evening often worst time for people feeling mentally unwell
- More buddy systems, arts, singing, coping mechanisms, social groups, investment in community projects
- Increased during covid

Trauma informed approach
- One accredited training offer for workforce including schools
- Prevention element important
- ACE's Trauma all age, not just CYP

Inequalities (included in other sections also)
- Language barriers – e.g., Eastern European communities, and refugees
- Loneliness – including BAME groups. Has increased during COVID
- People with drug & alcohol difficulties
- BAME groups
- Women
- Families of prisoners
- LGBTQ+ groups – including older people
- Rurality
- People with learning disabilities

Children and Young People
- Referral systems and how to refer in
- Understanding of CaHMS
- Clarity of thresholds and pathways

- Transparency
- Lack of co-ordination

Workforce
- Skills and future needs
- Disability discrimination - finding work and/or placement
- Support and counselling to prevent staff leaving

Practicalities – strategy structure
- Measures of success/action plan
- Funding
- Health protection - recognizing HWBB role in protecting populations health, from oversight and assurance (flu and screening) and protecting in terms of COVID, food, animals and environmental health.

Money and income
- Food poverty
- National policy effect e.g., UC £20 uplift going
- Cashless society –some rely on cash
- Benefits advice and support, fuel costs, paying bills

Other
- Transport – variability of public transport, across the county including villages - accessing appointments and cost
- Frailties – people not able to get out and getting physically weaker
- More facilities – skate parks, disability parks
- Hate crime

Appendices

Appendix A – Timeline

The table below outlines key activity which took place to enable the consultation process. Green text indicates forward action.

Month/Year	Key activity
July 2021	• Draft strategy to HWBB and SHIPP members for comment with a deadline response date of 26.07.21 • Positive response with comments for additions included in the final draft.
August 2021	• Communications plan completed • Attendance at Partnership Board meetings scheduled in • Questions for survey finalized • Generic email address from IT created consultation@shropshire.gov.uk • Engagement questions discussed with Healthwatch Shropshire, who arranged attendance at a forum in September • Questionnaire sent to WebSupport for upload
September 2021	• Taking Part agree to carry out strategy engagement in their groups • SYA agree to carry out strategy engagement with CYP • Survey launch: survey live, social media messaging, on Council landing webpage • Printed copies of surveys (including large print) distributed to Shropshire Libraries • C& E plan sent to systems Communications group • Insert about the survey in newsletters: Early Help; Shropshire Association of Local Councils (SALC); Community Reassurance Team • Survey information on Council staff intranet page • Engagement questions asked at: Local Pharmacy Committee meeting; Early Help Partnership Board and Mental Health Partnership Board • Press release Improving health and wellbeing in Shropshire – public and stakeholders urged to give their views - Shropshire Council Newsroom
October 2021	• Engagement questions asked at Shropshire Carers Partnership Board • Insert about the survey in Parent and Carers Council (PACC) newsletter
November 2021	• Survey closes (08.11.21) • Engagement questions asked at Voluntary and Community Sector Forum (VCSA)
December 2021 to January 2022	• Survey analysis and write up of engagement findings to inform amends to final strategy • Circulate survey findings report to HWBB members. (January HWBB meeting cancelled due to system pressures) • Final strategy to HWBB 3 March 2022 meeting
April 2022	Strategy launch with press release. • Published on Council and partner website with thanks for contributions • Send thanks for contribution and copy of strategy to those who contributed, drawing out their contribution, including Taking Part, Boards, HWS • Printed copies in libraries and community settings?

Appendix B

Meeting the needs of different groups

It is recognised that some groups will have been missed, but best efforts were made to publicise the survey and engage with as many Shropshire people as possible in the realms of timescale and officer capacity.

Survey completion for those without digital access:
- Paper version of the questionnaire, including large print, were made available in Shropshire libraries, and customers
- could return these to library staff
- Library staff were available to assist those wishing to complete the survey on-line on library computers
- Paper copies could be requested via Customer Services at Shropshire Council

People with hearing impairments
- Signed engagement sessions were offered for hearing impaired groups, but kindly declined.

People with visual impairments
- Healthwatch attended a forum in September '21, and provided large print paper versions of the survey, and flyers as to how to access the survey on-line.
- Large print versions of the survey made available in libraries
- Bespoke email address and customer services contact number to enable contact to provide feedback by email, letter phone or another format

Adults with additional learning and/or physical needs
- 3 x engagement sessions. Questions adapted and session facilitated by Taking Part, with people attending their groups.

Children and Young People (CYP)
- Initially SYA were carrying out specific strategy engagement. It became apparent that multiple partners wished to engage with CYP. To avoid duplication and consultation fatigue, the different questions were assimilated, and SYA will be carrying out wider engagement in schools and youth groups from January 2022. Findings will be integral in the implementation of the Joint HWBS.

General
- To see the reach of the survey, there are optional questions to collect data on: how the respondent self-identifies, their age range, ethnic group, economic status and first part of postcode
- Question 17 states 'Shropshire Council works to meet the Equalities Duty and consider social inclusion and impact within all policy and service changes. If you have any comments on diversity, equality or social impact that you would like us to consider in the work to deliver the Health and Wellbeing Strategy, please provide your feedback below'.

Privacy
- GDPR/Privacy statement is clearly stated in the questionnaire.

The survey asked: *Shropshire Council works to meet the Equalities Duty and consider social inclusion and impact within all policy and service changes. If you have any comments on diversity, equality or social impact that you would like us to consider in the work to deliver the Health and Wellbeing Strategy, please provide your feedback below.*

There was a substantial amount of feedback raised which included inclusion and consideration of: people with disabilities (including learning disability); LGBTQ+ people, women and girls, young people, workplace discrimination, rurality, migrants and asylum seekers, autism, racial equality and awareness of the needs of different cultural groups, elderly people, dementia, and social inclusion being explained/included more in the strategy. There were some responses which cited positive discrimination, which could potentially cause resentment.

This section gave good insight and highlighted that more information around this is needed in the strategy.

Appendix C

Survey design and publicity

<u>Survey design</u>

- The questions were drafted, and the expertise of the Council's Information, Intelligence and Insight Team was used for advice and to finalize these. This included the wording of the Privacy statement.
- Two surveys were produced, one for stakeholders and one for the public.
- Stakeholder survey: The questions were similar, but stakeholders had 18 questions and were asked for comments on the priorities, rather than agree/disagree/not sure and had an additional question 'Could your organisations contribute to any of the areas of focus? If so, could you explain how a little more?' *(Optional)*
- Public survey: a total of 17 questions were asked of which 8 were themed around the strategy priorities. A sentence giving context about each priority was provided, followed by a statement where respondents could answer 'agree' disagree' or 'not sure'. This was followed by a text box, where people could give a reason for their answer if wished. This proved to be a popular option, and most added comments
- Other questions asked respondents: to rank the priorities from 1 – 4 in order of importance; if they liked the strategy vision statement; any gaps in terms of priorities; enablers; comments on diversity, equality and social impact and any other comments.
- Remaining questions collected basic data about the respondent. These were: the capacity they were responding in; (public, stakeholder) how they self-identify; age range; ethnic group; economic status and first part of postcode.
- Both surveys were placed on the Council website Portal, and opened at 12:30 on the 9th September 2021, and closed on the 8th November 2021 at 17:00.
- Paper copies of the survey (including large print) were made available at Shropshire libraries. Paper copies including large print could also be requested by contacting Shropshire Council Customer Services by telephone.
- A generic email address with a set time period was created where people who preferred not to complete a survey, could send comments.

<u>Publicizing the survey</u>

Various mechanisms were used to publicize the survey which are detailed in the key timeline table. These included:

- Newsletter inserts: Early Help; Shropshire Association of Local Councils (SALC); Community Reassurance Team and Parent and Carers Council (PACC)
- Partnership Board meetings: Local Pharmacy Committee meeting; Early Help Partnership Board and Mental Health Partnership Board, Shropshire Carers Partnership Board, Voluntary and Community Sector Forum (VCSA)
- Communications and Engagement Plan: A Communications and Engagement Plan was produced and shared with the systems Communication group, who were asked to place the information in their websites and through staff communications in order to maximize reach. The plan included a.) Newsletter/circulars text b.) Web copy text for Council and partner websites c.) Survey landing page text and questions (Stakeholder and Public) d.) Engagement Plan e.) Press release for 12.20 p.m. 09/09/21 f.) Social media messaging.
- Press release
- Landing page of Shropshire Council website
- Shropshire Council staff intranet pages
- Flyers (see appendix G) COVID considerations meant these were not extensively produced but were used at a face-to-face engagement session, placed in libraries and at a Lateral Flow Kit collection point.

Appendix D

Public Survey Questions

Page 1 (Public survey cover)

Shropshire together

Public survey

Improving Health and Wellbeing in Shropshire

Please give your views!

Shropshire's Health and Wellbeing Board has drafted a Joint 2022-2027 Health and Wellbeing Strategy which describes priorities based on local evidence and data and explains how the Board will work together to action these.

We want to create opportunities to improve health and wellbeing for all residents and communities in Shropshire, while reducing inequalities in health.

This strategy is in draft form and is for everyone. Your views really matter, and we would appreciate your time to complete this **short survey**. This should take around 10 minutes to complete. You will find it helpful to take a look at the strategy first, which is which is on the Shropshire Council website under the Health and Wellbeing Board page.

There is also a **survey for stakeholders** which you are welcome to complete as an alternative if you wish.

The survey runs for 9 weeks from the 9th September to the 8th November 2021

The findings from the survey will be published on the Shropshire Council website under the Health and Wellbeing Board page, and the new strategy will be published early next year. This final strategy will be based on feedback received from Shropshire people and our stakeholders. Your voice really does count.

If you would prefer to contribute in a different way, such as email or letter, please email consultation@shropshire.gov.uk A large text version of this survey is available on request. Please contact consultation@shropshire.gov.uk

Strategic Priorities
Long-term aims and how we will achieve them

Key Priorities
Specific areas of health and wellbeing need in Shropshire, identified through careful analysis of data and evidence

| Joined up working | Working with and building strong and vibrant communities | Workforce | Healthy Weight and Physical Activity |
| Improving population health | Reduce inequalities | Children and Young People | Mental Health |

Other Key Issues
Although these are listed, they should not be considered as 'separate' priorities and will form part of the key and strategic priorities above.

Social Prescribing	County Lines	Smoking in Pregnancy
Killed and Seriously Injured (KSI) on Roads	Alcohol	Food Insecurity
Air Quality	Suicide Prevention	Domestic Abuse

Page 2

Improving Health and Wellbeing in Shropshire – Public survey **Shropshire together**

1. **Are you answering as?** *(please tick)*
   - [ ] A member of the public
   - [ ] As an individual in a professional capacity
   - [ ] On behalf of an organisation who provides health and wellbeing services and/or support
   - [ ] Other

   Please state your organisations name:

2. **The vision for the strategy is "For Shropshire people to be the healthiest and most fulfilled in England" Do you like this statement?**
   - [ ] Yes
   - [ ] No
   - [ ] Maybe

3. **If you answered No or Maybe, would you like to say why?** *(Optional)*

4. **The strategy has 4 Strategic Priorities. These are the long-term aims, and how we will achieve them. Please tick which of these statements most represents your views for each and provide more comments if you wish.**

   a. Reducing Inequalities –
   Everyone has a fair chance to live their life well, no matter where they live.
   I think generally, Shropshire people are able to: get a job with a good enough income, have opportunities to do well at school/college and have access to a decent home to live in.
   - [ ] Agree
   - [ ] Disagree
   - [ ] Not sure

   Please provide any comments on why you gave your answer (optional)

Page 3

Improving Health and Wellbeing in Shropshire – Public survey **Shropshire together**

b. Improving Population Health –
Improving the health of the entire Shropshire population, including preventing avoidable health conditions and helping people manage existing health conditions so they don't become worse.
I think generally, Shropshire people can manage their own health conditions and understand the need to stay healthy.
- [ ] Agree
- [ ] Disagree
- [ ] Not sure

Please provide any comments on why you gave your answer (optional)

c. Joined up Working –
The local System (i.e. the organisations who provide or support health and care such as NHS/Council/Voluntary and Community Sector), will work together and have joint understanding of health being social and economic, not just absence of disease.
I think generally, there could be better understanding between health and care organisations of why people don't or can't get better. For example, someone going to the GP with wheeziness may live in a damp house, but the solution is medication, rather than support to move to a decent home.
- [ ] Agree
- [ ] Disagree
- [ ] Not sure

Please provide any comments on why you gave your answer (optional)

Page 4

Improving Health and Wellbeing in Shropshire – Public survey **Shropshire together**

d. Working with and building strong and vibrant communities – Working with our communities to increase access to social support and influence positive healthy lifestyles.
I think generally Shropshire has a strong, vibrant community, many which have their own proud identity. Working with communities will enhance access to social support and help keep people healthy.
- [ ] Agree
- [ ] Disagree
- [ ] Not sure

Please provide any comments on why you gave your answer (optional)

5. **Please rank in order from 1 – 4 with 1 being the most important, what is most important to help you and/or Shropshire people to live happier healthier lives?**
   - [ ] Reducing Inequalities
   - [ ] Improving Population Health
   - [ ] Joined up Working
   - [ ] Working with and building strong and vibrant communities

6. **Thinking about the key areas of focus, please tick which of these statements most represents your views for each and provide more comments if you wish.**

   a. Healthy Weight and Physical Activity – reduce levels of obesity in Shropshire across all ages. This will link to Musculoskeletal (MSK) conditions, respiratory health, Cardio-Vascular Disease (CVD), and cancer risk. Food poverty work and understanding of obesity will be included.
   I think generally, obesity is a concern in Shropshire and people need help with this and other conditions that can be happen by not having a healthy weight.
   - [ ] Agree
   - [ ] Disagree
   - [ ] Not sure

   Please provide any comments on why you gave your answer (optional)

b. **Mental Health** – The 5-year Mental Health Strategy for Shropshire and Telford & Wrekin has a 'life course' approach from pregnancy to childhood to older age and includes the Community Mental Health Transformation programme.

I think generally, poor mental health is a concern for all ages, and has been made worse with the COVID-19 pandemic.

☐ Agree
☐ Disagree
☐ Not sure

Please provide any comments on why you gave your answer (optional)

[ ]

c. **Workforce** - 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.

I think generally, workplaces in Shropshire are healthy places to work in, and pay a fair wage.

☐ Agree
☐ Disagree
☐ Not sure

Please provide any comments on why you gave your answer (optional)

[ ]

d. **Children and Young People** – Focus on child Development at 2.5 years and mental health and wellbeing and workforce training.

I think generally, many Children and Young People have been affected badly by the COVID-19 pandemic, and efforts being focused on development and mental health are important.

☐ Agree
☐ Disagree
☐ Not sure

Please provide any comments on why you gave your answer (optional)

[ ]

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7. **Please rank in order from 1 – 4 with 1 being the most important, what is most important to help you and/or Shropshire people to live happier healthier lives?**

☐ Healthy Weight and Physical Activity
☐ Mental Health
☐ Workforce
☐ Children and Young People

8. **Other key issues in the draft strategy include alcohol misuse, air pollution, food insecurity, higher rates of smoking in pregnancy and reducing the number of people killed and seriously injured on roads.**
Are there any gaps you feel are missing?

☐ Yes
☐ No

9. **If you answered 'yes' would you like to add any comments?** *(Optional)*

[ ]

10. **We talk about 'Enablers' in the strategy, i.e. the things which will help us achieve our priorities. What do you think is important to enable the strategy to be delivered effectively?**

[ ]

11. **Do you have any other comments to add about the Strategy? If so, please add in the box below** *(Optional)*

[ ]

About you

We use this information to see if the feedback we receive is representative of the wider community. You do not have to complete this section if you don't want to, but it will help us to understand the feedback we receive and improve our engagement work if you do.

12. **How do you self-identify?**

☐ Female
☐ Male
☐ Non-Binary
☐ Prefer to self-describe
☐ Prefer not to say

13. **What is your current age?**

☐ Under 18
☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65-74
☐ 75-84
☐ 85+
☐ Prefer not to say

14. **What is your ethnic group?** *(Optional)*

☐ White English/Welsh/Scottish/Northern Irish/British
☐ White Irish
☐ White Gypsy, Roma or Irish Traveller
☐ Any other White background e.g. Bulgarian, French, Lithuanian, Polish, Portuguese, White South African, etc.
☐ Asian (Asian British; Bangladeshi, Chinese; Indian; Japanese; Pakistani; any other Asian background)
☐ Black (Black African; Black British; Black Caribbean; any other Black background)
☐ Mixed (White and Asian; White and Black African; White and Black Caribbean; any other mixed background)
☐ Arab
☐ Other Ethnic Group
☐ Prefer not to say or don't know

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15. **Economic status. Are you**

☐ Employed
☐ Retired
☐ Seeking employment
☐ Student in part-time/full-time education
☐ An unpaid carer for family member/friend
☐ On a Government Training Scheme
☐ Not employed, and not looking for work
☐ Unable to work through illness/disability
☐ Other
☐ Prefer not to say

16. **What is the first part of your postcode e.g. SY12?**
If responding on behalf of an organisation, please use that postcode

[ ]

☐ Prefer not to say

17. **Shropshire Council works to meet the Equalities Duty and consider social inclusion and impact within all policy and service changes. If you have any comments on diversity, equality or social impact that you would like us to consider in the work to deliver the Health and Wellbeing Strategy, please provide your feedback below.**

[ ]

Privacy Statement

By submitting this survey, you are agreeing for the information to be used in line with the Information Governance/GDPR statement below:

The information you have provided will be used by Shropshire Council to inform the final 2022-2027 Shropshire Health and Wellbeing Strategy. We will only publish anonymised responses, parts of responses, or a summarised version of responses and will ensure individual survey respondents cannot be identified. Your response will be stored electronically and kept in line with Shropshire Council's Retention Schedule.

Your information may be shared with Health and Wellbeing Board members. We will not share your information with any other external third parties. Your information will be held securely, and if shared it will be shared securely.

We work to comply with data protection laws concerning the protection of personal information, including the General Data Protection Regulation (GDPR) For more information on how information is held by Shropshire Council and your rights to gain access to the information we hold on you please see our corporate privacy policy at www.shropshire.gov.uk/privacy

Thank you for your contribution

Appendix E

Stakeholder Survey Questions

Stakeholder survey
Improving Health and Wellbeing in Shropshire
Please give your views!

Shropshire's Health and Wellbeing Board has drafted a Joint 2022-2027 Health and Wellbeing Strategy which describes priorities based on local evidence and data and explains how the Board will work together to action these.

We want to create opportunities to improve health and wellbeing for all residents and communities in Shropshire, while reducing inequalities in health.

This strategy is in draft form and is for everyone. Your views really matter, and we would appreciate your time to complete this **short survey for stakeholders.** This should take around 10 minutes to complete. You will find it helpful to take a look at the strategy first which is on the Shropshire Council website under the Health and Wellbeing Board page.

There is also **a survey for the public** which you are welcome to complete as an alternative if you wish.

The survey runs for 9 weeks from the 9th September to the 8th November 2021

The findings from the survey will be published on the Shropshire Council website under the Health and Wellbeing Board page, and the new strategy will be published early next year. This final strategy will be based on feedback received from Shropshire people and our stakeholders. Your voice really does count.

If you would prefer to contribute in a different way, such as email or letter, please email consultation@shropshire.gov.uk A large text version of this survey is available on request. Please contact consultation@shropshire.gov.uk

Strategic Priorities
Long-term aims and how we will achieve them

Joined up working	Working with and building strong and vibrant communities
Improving population health	
	Reduce inequalities

Key Priorities
Specific areas of health and wellbeing need in Shropshire, identified through careful analysis of data and evidence

Workforce	
	Healthy Weight and Physical Activity
Children and Young People	
	Mental Health

Other Key Issues
Although these are listed, they should not be considered as 'separate' priorities and will form part of the key and strategic priorities above.

Social Prescribing	County Lines	Smoking in Pregnancy
Killed and Seriously Injured (KSI) on Roads	Alcohol	Food Insecurity
Air Quality	Suicide Prevention	Domestic Abuse

---

1. **Are you answering as?** *(please tick)*
   - ☐ A member of the public
   - ☐ As an individual in a professional capacity
   - ☐ On behalf of an organisation who provides health and wellbeing services and/or support
   - ☐ Other
   Please state your organisations name:
   _____

2. **The vision for the strategy is "For Shropshire people to be the healthiest and most fulfilled in England" Do you like this statement?**
   - ☐ Yes
   - ☐ No
   - ☐ Maybe

3. **If you answered No or Maybe, would you like to say why?** *(Optional)*
   _____

4. **Thinking about the Strategic Priorities, please provide any comments you would like to make on each of these priorities.**
   Reducing Inequalities
   Please provide any comments on this priority (optional)
   _____

   Improving Population Health
   Please provide any comments on this priority (optional)
   _____

   Joined up Working
   Please provide any comments on this priority (optional)
   _____

   Working with and building strong and vibrant communities
   Please provide any comments on this priority (optional)
   _____

---

5. **Please rank in order from 1 – 4 with 1 being the most important, what is most important to help you and/or Shropshire people to live happier healthier lives?**
   - ☐ Reducing Inequalities
   - ☐ Improving Population Health
   - ☐ Joined up Working
   - ☐ Working with and building strong and vibrant communities

6. **Thinking about the key areas of focus, please provide any comments you would like to make on each of these priorities.**
   Healthy Weight and Physical Activity
   Please provide any comments on this priority (optional)
   _____

   Mental Health
   Please provide any comments on this priority (optional)
   _____

   Workforce
   Please provide any comments on this priority (optional)
   _____

   Children and Young People
   Please provide any comments on this priority (optional)
   _____

7. **Please rank in order with 1 being the most important what is most important to help you and/or Shropshire people to live happier healthier lives?**
   - ☐ Healthy Weight and Physical Activity
   - ☐ Mental Health
   - ☐ Workforce
   - ☐ Children and Young People

---

8. **Could your organisation contribute to any of the areas of focus? If so, could you explain how a little more?** *(Optional)*
   _____

9. **Other key issues in the draft strategy include alcohol, air quality, food insecurity, smoking in pregnancy, county lines, Social Prescribing, domestic abuse, suicide prevention and killed and seriously injured on roads. Are there any gaps you feel are missing?**
   - ☐ Yes
   - ☐ No

10. **If you answered 'yes' would you like to add any comments?** *(Optional)*
    _____

11. **Thinking about the 'Enablers' (what will help us achieve our priorities) on pages 9 and 10 of the strategy, what do you think will enable the strategy to be delivered effectively?**
    _____

12. **Do you have any other comments to add about the Strategy? If so, please add in the box below** *(Optional)*
    _____

About you

We use this information to see if the feedback we receive is representative of the wider community. You do not have to complete this section if you don't want to, but it will help us to understand the feedback we receive and improve our engagement work if you do.

13. **How do you self-identify?**
    - ☐ Female
    - ☐ Male
    - ☐ Non-Binary
    - ☐ Prefer to self-describe
    - ☐ Prefer not to say

14. **What is your current age?**
    - [ ] Under 18
    - [ ] 18-24
    - [ ] 25-34
    - [ ] 35-44
    - [ ] 45-54
    - [ ] 55-64
    - [ ] 65-74
    - [ ] 75-84
    - [ ] 85+
    - [ ] Prefer not to say

15. **What is your ethnic group?** *(Optional)*
    - [ ] White English/Welsh/Scottish/Northern Irish/British
    - [ ] White Irish
    - [ ] White Gypsy, Roma or Irish Traveller
    - [ ] Any other White background e.g. Bulgarian, French, Lithuanian, Polish, Portuguese, White South African, etc.
    - [ ] Asian (Asian British; Bangladeshi, Chinese; Indian; Japanese; Pakistani; any other Asian background)
    - [ ] Black (Black African; Black British; Black Caribbean; any other Black background)
    - [ ] Mixed (White and Asian; White and Black African; White and Black Caribbean; any other mixed background)
    - [ ] Arab
    - [ ] Other Ethnic Group
    - [ ] Prefer not to say or don't know

16. **Economic status. Are you**
    - [ ] Employed
    - [ ] Retired
    - [ ] Seeking employment
    - [ ] Student in part-time/full-time education
    - [ ] An unpaid carer for family member/friend
    - [ ] On a Government Training Scheme
    - [ ] Not employed, and not looking for work
    - [ ] Unable to work through illness/disability
    - [ ] Other
    - [ ] Prefer not to say

17. **What is the first part of your postcode e.g. SY12?**
    If responding on behalf of an organisation, please use that postcode

    [   ]

    - [ ] Prefer not to say

18. **Shropshire Council works to meet the Equalities Duty and consider social inclusion and impact within all policy and service changes. If you have any comments on diversity, equality or social impact that you would like us to consider in the work to deliver the Health and Wellbeing Strategy, please provide your feedback below.**

    [   ]

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The information you have provided will be used by Shropshire Council to inform the final 2022-2027 Shropshire Health and Wellbeing Strategy. We will only publish anonymised responses, parts of responses, or a summarised version of responses and will ensure individual survey respondents cannot be identified. Your response will be stored electronically and kept in line with Shropshire Council's Retention Schedule.

Your information may be shared with Health and Wellbeing Board members. We will not share your information with any other external third parties. Your information will be held securely, and if shared it will be shared securely.

We work to comply with data protection laws concerning the protection of personal information, including the General Data Protection Regulation (GDPR).For more information on how information is held by Shropshire Council and your rights to gain access to the information we hold on you please see our corporate privacy policy at www.shropshire.gov.uk/privacy

Thank you for your contribution

Appendix G

Shropshire together

Shropshire together

Improving Health and Wellbeing in Shropshire

Survey

Please give your views!

Online: (Quickest and easiest way).

Public survey link:
www.surveymonkey.co.uk/r/PublicHW

As a member of an organisation:
www.surveymonkey.co.uk/r/StakeholderHW

At your Library – Library staff can help you do the survey on line or will have Large Print versions which you can complete, and give back to them.

@ Request paper copies including Large Print by email: consultation@shropshire.gov.uk or by calling 0345 678 9000

Shropshire Libraries

Shropshire together

These are the draft priorities:

Strategic Priorities
Long-term aims and how we will achieve them

Key Priorities
Specific areas of health and wellbeing need in Shropshire, identified through careful analysis of data and evidence

Joined up working	Working with and building strong and vibrant communities	Workforce	Healthy Weight and Physical Activity
Improving population health		Children and Young People	
	Reduce inequalities		Mental Health

Other Key Issues

Although these are listed, they should not be considered as 'separate' priorities and will form part of the key and strategic priorities above.

Social Prescribing	County Lines	Smoking in Pregnancy
Killed and Seriously Injured (KSI) on Roads	Alcohol	Food Insecurity
Air Quality	Suicide Prevention	Domestic Abuse