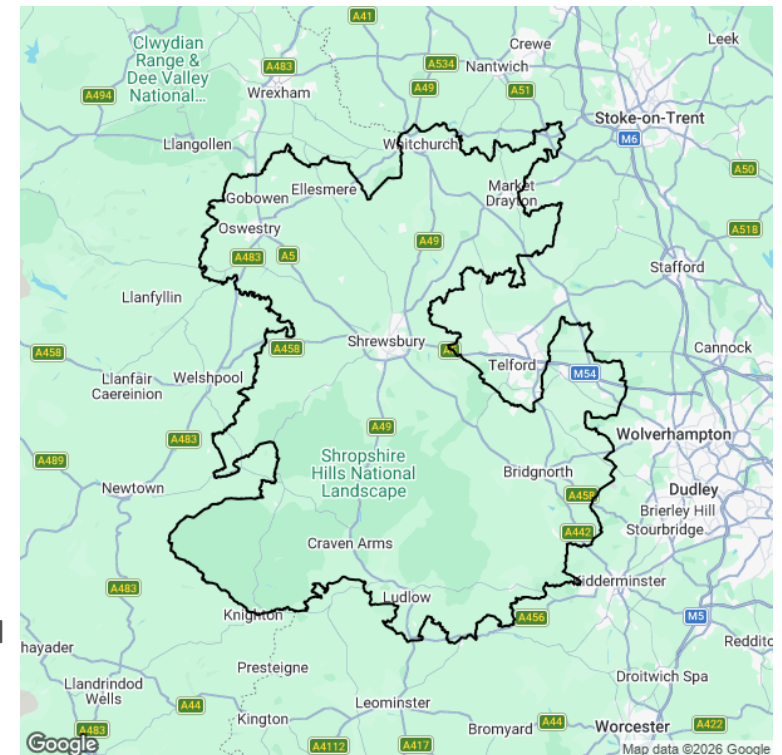


Local Insight England Custom Report

Shropshire Local Authority Area

Created for Shropshire Council on 19 June 2026

Oxford Consultants for Social Inclusion Ltd. All rights reserved. Copyright ©2026. This report is provided for public benefit use only and must not be used for commercial purposes.



This report was generated using Local Insight by Shropshire Council

This report was generated with [Local Insight](#), the small-area data insight platform from OCSI.

Local Insight provides instant access to the information you need for the neighbourhoods you care about. Explore up-to-date social and demographic data through intuitive maps, dashboards and reports.

You can book a demo to receive a two-week free trial, and generate your own Local Insight report: <https://localinsight.org/learn-more/book-a-demo/>

About OCSI

For over 20 years, OCSI has combined expertise in research and technology to support organisations working for social good to make evidence-based decisions. We have worked with more than 250 public and community sector organisations from local to international levels.

Our research and services are based on unrivalled knowledge and use of place-based social, economic and demographic data. Find out more at: ocsi.uk

About the data

OCSI keeps the platform's data current and provides comprehensive metadata so you can be confident in the indicators you use.

Sourced from more than 50 government agencies and other reputable bodies, we identify key indicators relevant to local authorities, grantmakers and charities to include within this report and the Local Insight platform.

Subscribers can get in touch to discuss designing bespoke report themes with a member of the OCSI team: localinsight.org/bespoke-report-theme-interest/

How we have identified the area of Shropshire Local Authority Area

This report is based on the “Shropshire Local Authority Area” area, created by Shropshire Council. The map image of the area is shown at the beginning of this report. The map imagery is provided by Google, using boundary definitions published by the Office for National Statistics (ONS). Statistical and geographic data are sourced from the ONS and are used under the terms of the Open Government Licence v3.0. Contains Ordnance Survey data © Crown copyright and database right [2026].

Local Insight draws on data from a range of official sources. Where values are not available directly for the geographies used in this report, they are calculated using an ONS-aligned statistical aggregation and apportioning methodology

Alongside data for the “Shropshire Local Authority Area” area, we also display data for the selected comparator areas: West Midlands and England.

At a glance

A quick overview of key data in this Local Insight report for Shropshire Local Authority Area and how it compares to West Midlands and England.

Health (Children)



18.36% of children in Shropshire Local Authority Area are in relative low income families before considering housing costs

This is lower than the proportion in West Midlands (26.74%) and lower than the proportion in England (19.48%)

Health (Disability and Long-Term Illness)



9.1% of the working-age population in Shropshire Local Authority Area are receiving Personal Independence Payments (PIP)

This is lower than the proportion in West Midlands (10.81%) and lower than the proportion in England (9.85%)

Health (General Health and Unpaid Care)



1.13% of people in Shropshire Local Authority Area have self-reported 'Very bad health'

This is lower than the proportion in West Midlands (1.31%) and similar to the proportion in England (1.17%)

Health (Mortality)



In Shropshire Local Authority Area, the rate of deaths for those aged under 65 was 0.94%

This is similar to the rate in West Midlands (0.98%) and similar to the rate in England (0.91%)

Contents

Health (Children)

Health (Disability and Long-Term Illness)

Health (General Health and Unpaid Care)

Health (Mortality)

Appendix: Data sources

Health (Children)

The following data is a selection of indicators relating to children's health. Understanding and monitoring children's health is crucial for policymakers and healthcare professionals. These children's health indicators provide valuable insights into well-being, areas of concern, and helps formulate evidence-based interventions and policies. By examining indicators such as birth outcomes, poverty rates, mortality rates, and healthcare utilisation, we gain a holistic understanding of the factors influencing children's health. This data aids in identifying vulnerable populations, tracking progress, addressing disparities, and ultimately improving the overall health outcomes and quality of life for children.

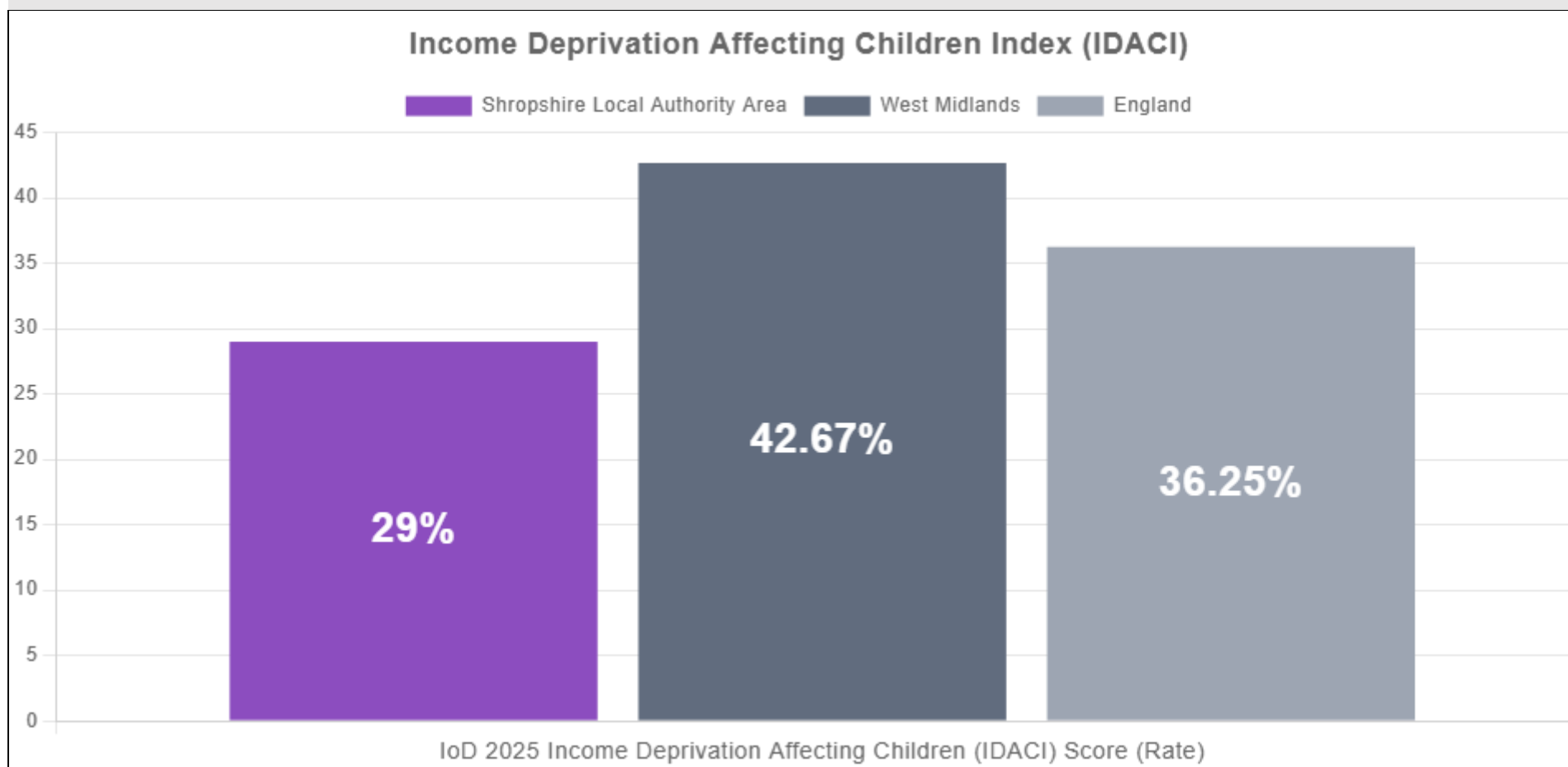
Income Deprivation Affecting Children

The boxes below shows the 2025 Income Deprivation Affecting Children Index (IDACI) developed as part of the Index of Multiple Deprivation. This specific measure comprises children aged 0-15 living in income deprived families, defined as families that either receive Income Support, Jobseekers Allowance, income-based Employment and Support Allowance, Pension Credit (Guarantee), Universal Credit (in the 'Searching for work', 'No work requirements', 'Planning for work', 'Working with requirements' and 'Preparing for work' conditionality groups) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Note: Child asylum seekers are not included.

29.00% of children in Shropshire Local Authority Area are income deprived. This is lower than the proportion in West Midlands (42.67%) and lower than the proportion in England (36.25%).

Income Deprivation Affecting Children Index (IDACI)



Source: Ministry of Housing Communities and Local Government (MHCLG; 2025)

Children in Low Income Families (CiLIF)

The boxes below show the Children in Low Income Family (CiLIF) statistics broken down by work status and family type. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions:

- Children living in absolute low-income families (before housing costs) is defined as a family with an equivalised income below 60% of median income in the base financial year 2024/25.
- Children living in relative low-income families (before housing costs) is defined as a family with an equivalised income below 60% of current-year (2024/25) median income.
- Children living in relative low-income families (after housing costs) is defined as a family with an equivalised income below 60% of current-year (2024/25) median income after deducting housing costs. Housing costs are taken directly from UC/Housing Benefit records where available, with proxies applied where not.

Notes:

- *As the financial year 2024/25 is the base year for the absolute low-income measure, figures for both relative and absolute before housing costs indicators are identical in the 2024/25 release.*
- *A family must have claimed one or more of; Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.*
- *Children are dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education.*
- *A family is defined as in-work if they have accumulated at least 26 weeks of paid employment or self-employment within the tax year.*
- *A lone parent family type means the parent/guardian has had no partnerships at any point in the year.*

- *Statistical disclosure control has been applied to these count figures to avoid the release of confidential data. Breakdowns may therefore not sum to the total amount of children in relative low-income families due to the disclosure control applied.*

18.36% of children in Shropshire Local Authority Area are in relative low income families before considering housing costs. This is lower than the proportion in West Midlands (26.74%) and lower than the proportion in England (19.48%).

22.59% of children in Shropshire Local Authority Area are in relative low income families after housing costs. This is lower than the proportion in West Midlands (31.54%) and lower than the proportion in England (26.43%).

Children Aged 0-19 in Absolute Low-Income Families (BHC) 12,187 18.36% (West Midlands = 26.74%, England = 19.48%)	Children Aged 0-19 in Relative Low-Income Families (BHC) 12,187 18.36% (West Midlands = 26.74%, England = 19.48%)	Children Aged 0-19 in Relative Low-Income Families (AHC) 14,994 22.59% (West Midlands = 31.54%, England = 26.43%)
---	---	---

Source: Department for Work and Pensions (DWP; 2024/25)

Children in Absolute Low-Income Out of Work Families (BHC) 3,302 27.09% (West Midlands = 32.25%, England = 31.23%)	Children in Absolute Low-Income In-Work Families (BHC) 8,886 72.91% (West Midlands = 67.75%, England = 68.77%)	Children in Absolute Low-Income Lone Parent Families (BHC) 6,449 52.92% (West Midlands = 46.64%, England = 50.85%)	Children in Absolute Low-Income Couple Families (BHC) 5,740 47.1% (West Midlands = 53.36%, England = 49.15%)
--	--	--	--

Source: Department for Work and Pensions (DWP; 2024/25)

Children in Relative Low-Income Out of Work Families (BHC) 3,302 27.09% (West Midlands = 32.25%, England = 31.23%)	Children in Relative Low-Income In-Work Families (BHC) 8,886 72.91% (West Midlands = 67.75%, England = 68.77%)	Children in Relative Low-Income Lone Parent Families (BHC) 6,449 52.92% (West Midlands = 46.64%, England = 50.85%)	Children in Relative Low-Income Couple Families (BHC) 5,740 47.1% (West Midlands = 53.36%, England = 49.15%)
--	--	--	--

Source: Department for Work and Pensions (DWP; 2024/25)

Children in Relative Low-Income Out of Work Families (AHC) 3,523 23.5% (West Midlands = 29.58%, England = 27.62%)	Children in Relative Low-Income In-Work Families (AHC) 11,472 76.51% (West Midlands = 70.42%, England = 72.38%)	Children in Relative Low-Income Lone Parent Families (AHC) 8,061 53.76% (West Midlands = 48.68%, England = 52.04%)	Children in Relative Low-Income Couple Families (AHC) 6,938 46.27% (West Midlands = 51.32%, England = 47.96%)
---	---	--	---

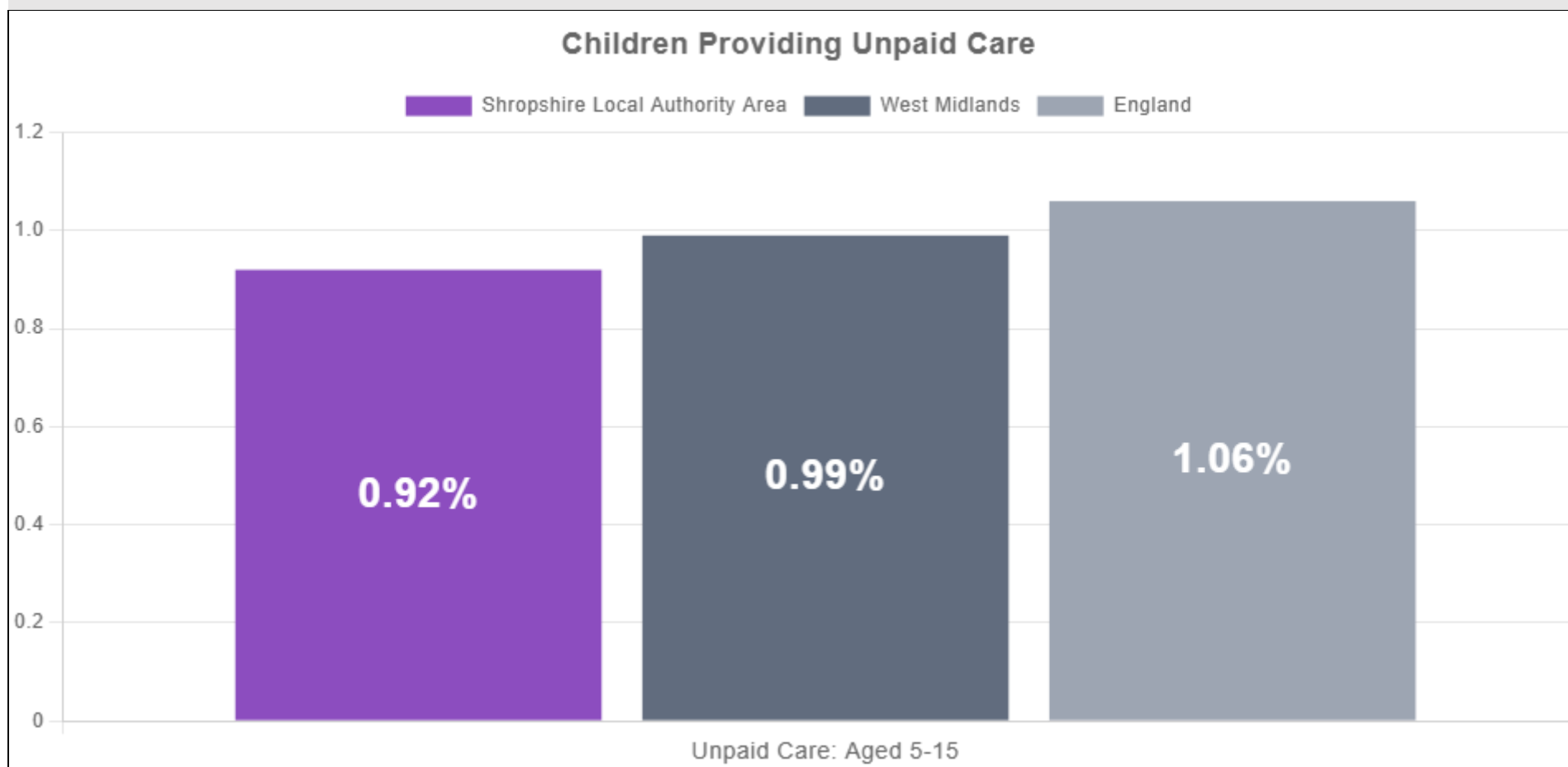
Source: Department for Work and Pensions (DWP; 2024/25)

Children Providing Unpaid Care

The bar chart below shows the proportion of children (aged 5-15) that are providing informal unpaid care. The figures are based on self reported responses to the 2021 Census. A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health disability, or problems related to old age.

The proportion of children providing unpaid care in Shropshire Local Authority Area is 0.92%. This is similar to the proportion in West Midlands (0.99%) and lower than the proportion in England (1.06%).

Children Providing Unpaid Care



Source: Census 2021

Infant and Child Mortality

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The boxes below show the mortality rate for all causes of death for those aged Under 28 days (neonatal), Under 1 (infant), Aged 0-4 (child) or Aged 0-14 between 2019 to 2023. The mortality rate is calculated from the sum total of deaths over the 5 year period, divided by the average population of that age group over those years and multiplied by 100 to provide a percentage.

Note: Data is suppressed when the number of deaths is less than 5, which is often the case when looking at MSOA-level data and below.

The neonatal mortality rate in Shropshire Local Authority Area between 2019 to 2023 was 1.58%. This is lower than the rate in West Midlands (2.2%) and higher than the rate in England (1.43%).

Deaths Under 28 Days (Neonatal Mortality)	Deaths Under 1 Year (Infant Mortality)	Deaths Under 5 Years (Child Mortality)	Deaths Under 15 Years
42	55	55	65
1.58% (West Midlands = 2.2%, England = 1.43%)	2.07% (West Midlands = 2.82%, England = 1.95%)	0.38% (West Midlands = 0.6%, England = 0.42%)	0.13% (West Midlands = 0.22%, England = 0.16%)

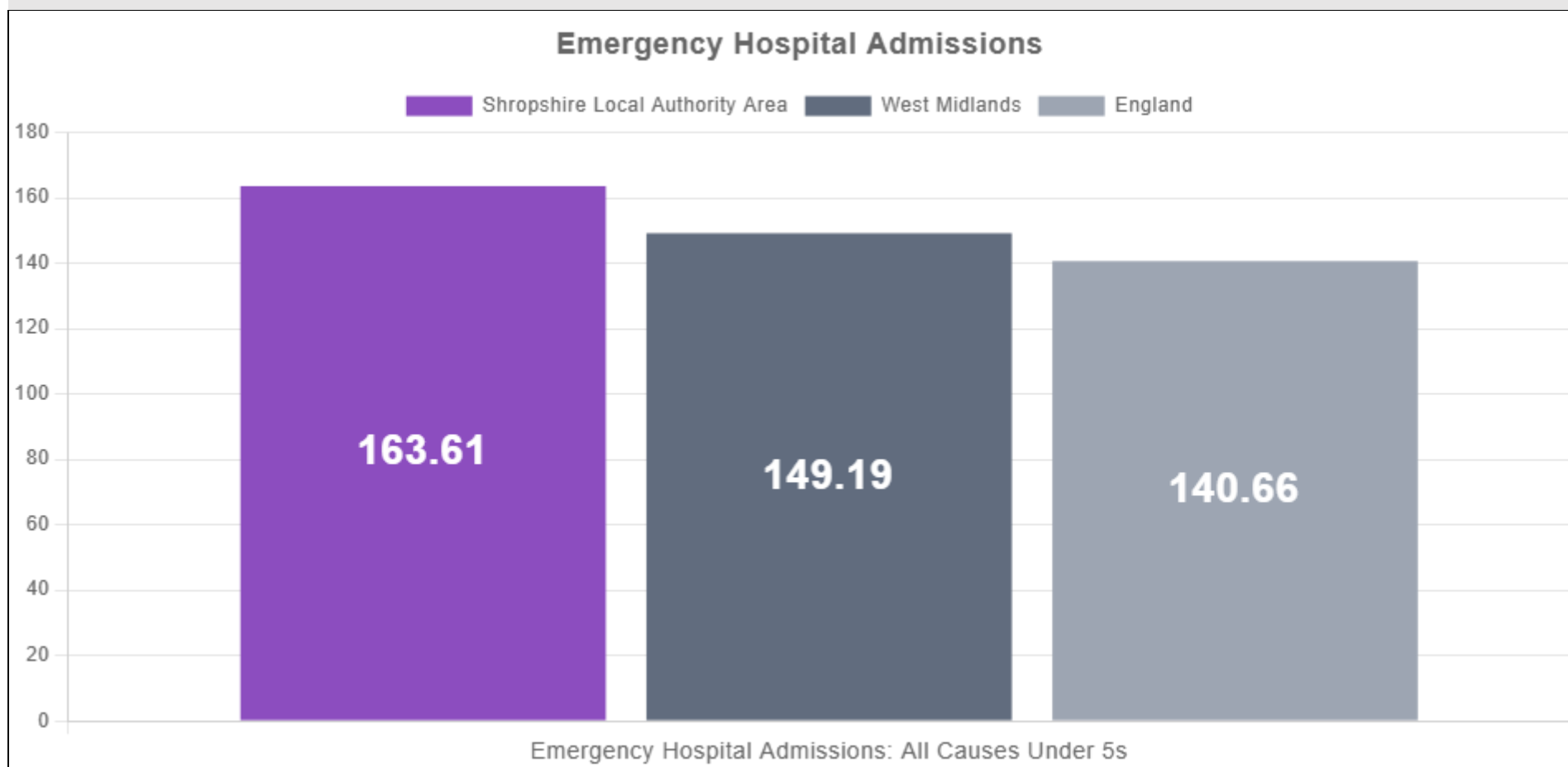
Source: Office for National Statistics (ONS; 2019 to 2023)

Emergency Hospital Admissions

The bar chart below provides insight into the rate of children and young people admitted to hospital between 2016 to 2021. It gives the crude rate of emergency hospital admissions for children (aged under 5 years) per 1,000 resident population.

There were 163.61 emergency hospital admissions for every 1,000 children in Shropshire Local Authority Area between 2016 to 2021. This is higher than the rate in West Midlands (149.19) and higher than the rate in England (140.66).

Emergency Hospital Admissions



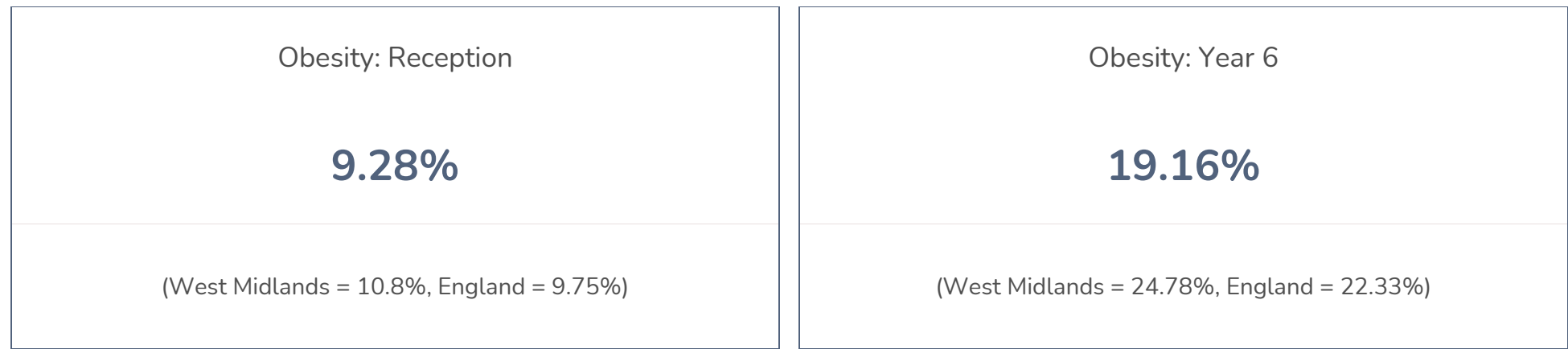
Source: Hospital Episode Statistics (HES) NHS Digital

Obesity in Children

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The boxes below show the proportion of children in either Reception year (aged 4-5) or Year 6 (aged 10-11) classified as obese (including severe obesity) between 2022 to 2025. For population monitoring purposes, a child’s body mass index (BMI) is classed as obese where it is on or above the 95th centile based on the British 1990 (UK90) growth reference data. The population monitoring cut offs for overweight and obesity are lower than the clinical cut offs. This is to capture children in the population in the clinical obesity BMI categories and those who are at high risk of moving into the clinical obesity category.

9.28% of children aged 4-5 were categorised as obese or severely obese in Shropshire Local Authority Area between 2022 to 2025. This is lower than the rate in West Midlands (10.8%) and similar to the rate in England (9.75%).



Source: National Child Measurement Programme, NHS Digital (2022 to 2025)

Health (Disability and Long-Term Illness)

The following data visualisations provide insights into the prevalence and distribution of disability and long-term illness. This data can help us understand and measure the impact of government policies and programs on those affected and provide an indication of the level of need and support required for people with disabilities in a local area.

Disability Benefits

The table below shows a series of indicators related to disability benefits providing the total numbers of claims and proportions within each area that are accessing the support systems available. It includes the following benefits;

- Personal Independence Payment (PIP) can help with extra living costs if you have both: a long-term physical or mental health condition or disability and difficulty doing certain everyday tasks or getting around because of your condition.
- Disability Living Allowance (DLA) is payable to children and adults who become disabled before the age of 65. It is being replaced by other benefits (mainly PIP).
- Attendance Allowance helps with extra costs if you are over 65 and have a disability severe enough that you need someone to help look after you.
- Universal Credit (UC) disabled child entitlement is an increased award for the child element of UC where a child is entitled to a rate of DLA or PIP.
- Universal Credit (UC) limited capability to work entitlement is for when a household member has limited capacity to work due to poor mental or physical health conditions.

9.1% of the working-age population in Shropshire Local Authority Area are receiving Personal Independence Payments (PIP). This is lower than the proportion in West Midlands (10.81%) and lower than the proportion in England (9.85%).

Disability Benefits

Indicator	Shropshire Local Authority Area		West Midlands		England	
	Count	Rate	Count	Rate	Count	Rate
Personal Independence Payment (PIP)	17,510	9.10%	413,476	10.81%	3,631,445	9.85%
Disability Benefit (DLA)	5,272	1.59%	133,743	2.16%	1,296,588	2.21%
Attendance Allowance	11,495	13.09%	173,872	14.89%	1,547,937	14.10%
Households on Universal Credit (Disabled Child Entitlement)	1,947	1.39%	59,392	2.44%	517,156	2.21%
Households on Universal Credit (Limited Capability for Work Entitlement)	9,588	6.87%	253,287	10.43%	2,307,411	9.85%

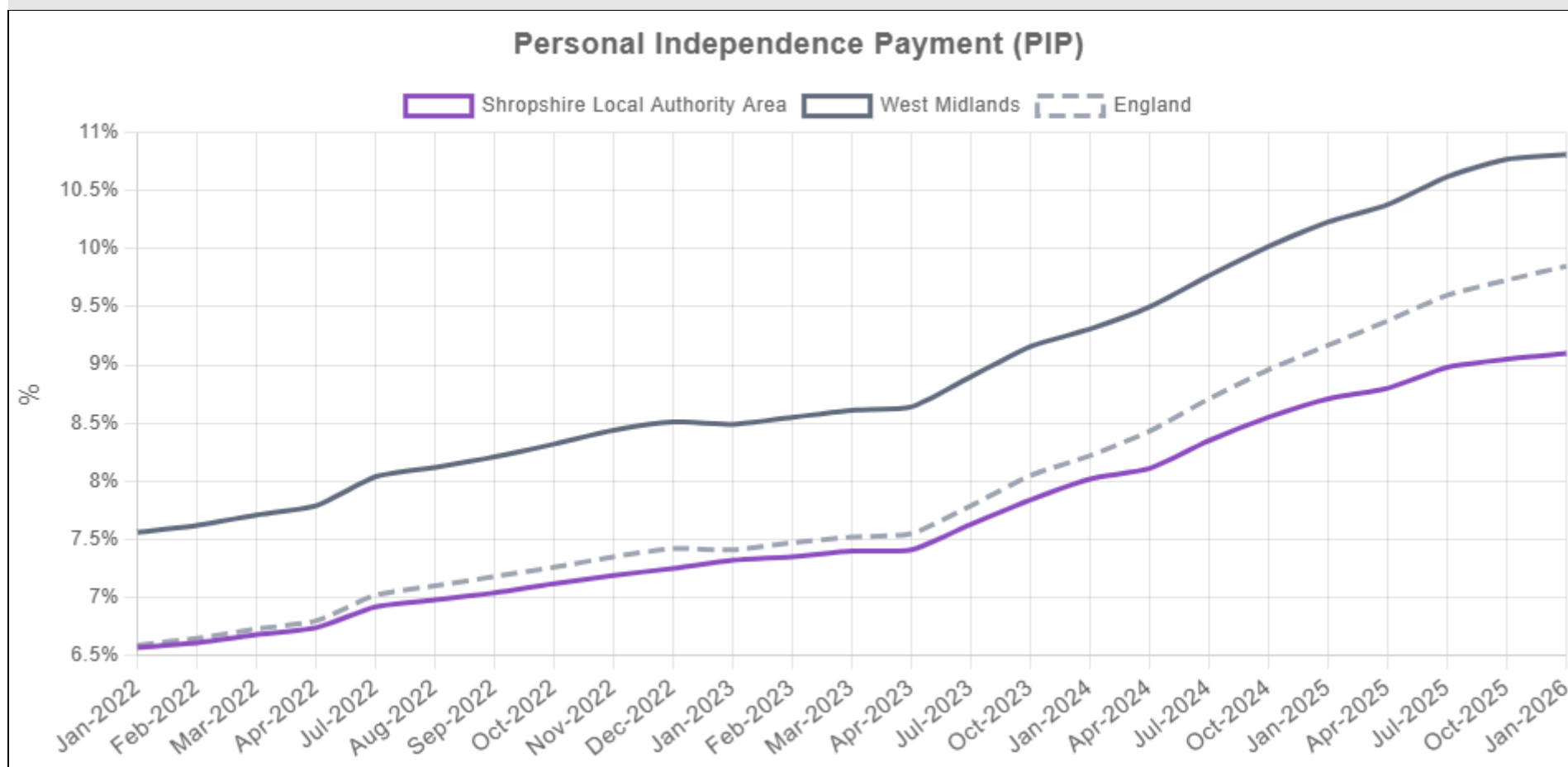
Source: Department for Work and Pensions (DWP)

Personal Independence Payment (PIP)

The line chart below shows a time series of the proportion of the people (aged 16-64) currently receiving Personal Independence Payment (PIP). PIP helps with some of the extra costs caused by long-term disability, ill-health or terminal ill-health. From 8th April 2013 DWP started to replace Disability Living Allowance (DLA) for working age people with PIP so there has been a consistent increase in PIP since then as the process of replacing DLA continues.

In Jan-2026, 9.1% of those aged 16-64 in Shropshire Local Authority Area were receiving PIP. This rate has increased since Jan-2022 (6.57%).

Personal Independence Payments (PIP)



Source: Department for Work and Pensions (DWP)

The boxes below give further insight into Personal Independence Payment (PIP) claimants. The breakdowns include numbers and proportions of male and female recipients as well as for those claiming for mental health or respiratory disease.

0.29% of residents in Shropshire Local Authority Area are receiving PIP due to mental health conditions. This is similar to the proportion in West Midlands (0.37%) and similar to the proportion in England (0.35%).

PIP Claimants: Male	PIP Claimants: Female	PIP Claimants: Mental Health	PIP Claimants: Respiratory Disease
7,700	9,812	556	6,256
8.03% (West Midlands = 9.75%, England = 8.94%)	10.17% (West Midlands = 11.86%, England = 10.73%)	0.29% (West Midlands = 0.37%, England = 0.35%)	3.25% (West Midlands = 4.07%, England = 3.83%)

Source: Department for Work and Pensions (DWP; Jan-2026)

Long-Term Physical/Mental Health Conditions: People and Households

The boxes below show:

- The number and proportion of people disabled under the Equality Act with different limitations on day-to-day activity and also for those who have a long term physical or mental health condition but are not limited day to day.

- The number and proportion of households with at least one person who is disabled under the Equality Act.

Figures are taken from responses to the 2021 Census and are based on a self assessment of whether or not a person has a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.

In Shropshire Local Authority Area, the proportion of people disabled under the Equality Act with their day-to-day activities limited a lot is 7.53%. This is similar to the proportion in West Midlands (7.87%) and similar to the proportion in England (7.33%).

Day-to-Day Activities Limited a Lot 24,375 7.53% (West Midlands = 7.87%, England = 7.33%)	Day-to-Day Activities Limited a Little 35,615 11.01% (West Midlands = 10.24%, England = 9.97%)	Physical or Mental Health Condition but Day-to-Day Activities Are Not Limited 23,887 7.38% (West Midlands = 6.49%, England = 6.83%)
--	---	--

Disabled Under the Equality Act in Household: 1 Person	Disabled Under the Equality Act in Household: 2+ People
36,594	9,390
26.22% (West Midlands = 26.4%, England = 25.39%)	6.73% (West Midlands = 7.38%, England = 6.65%)

Source: Census 2021

Small Area Mental Health Index (SAMHI)

The box below shows the Small Area Mental Health Index (SAMHI) score in 2022.

The Small Area Mental Health Index (SAMHI) is a composite annual measure of population mental health for each Lower-layer Super Output Area (LSOA) in England. The SAMHI combines data on mental health from multiple sources (NHS-Mental health related hospital attendances, Prescribing data - Antidepressants, QOF - depression, and DWP - claimants of Incapacity Benefit and Employment Support Allowance for mental illness (prior to 2019) or claimants of Disability Living Allowance and Personal Independence Payment for mental illness (in iterations post-2019 when IBESA got discontinued) into a single index. Each indicator was standardised and re-scaled before Maximum Likelihood Factor Analysis was used to combine indicators into a single score, where a **higher score represents higher levels of need**.

The SAMHI score in Shropshire Local Authority Area is 0.73. This means Shropshire Local Authority Area has lower levels of mental health need compared to West Midlands (0.88) and higher levels compared to England (0.67).

Small Area Mental Health Index (SAMHI) Score

0.73

(West Midlands = 0.88, England = 0.67)

Source: Place-Based Longitudinal Data Resource (PLDR) (2022)

Health (General Health and Unpaid Care)

The following visualisations offer insight into various health related data for Shropshire Local Authority Area, West Midlands, England. It includes prevalence of specific chronic conditions, emergency hospital admissions, self-harm or alcohol related hospital admissions, self-reported health quality, and estimated population activity levels. This selection of data together provides a comprehensive overview of an area's health landscape, shedding light on critical indicators with significant impact on individual and public well-being.

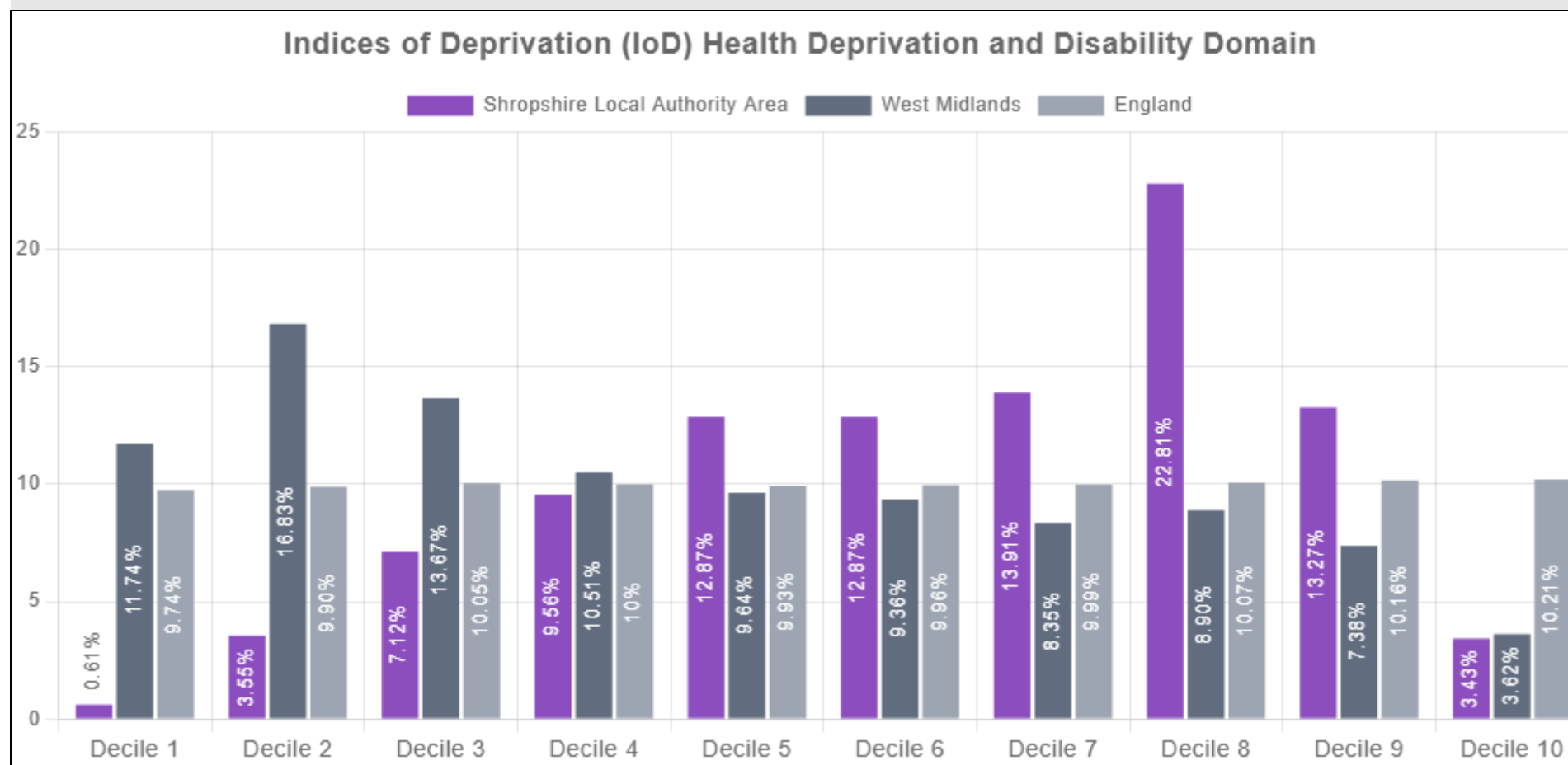
Indices of Deprivation (IoD) Health Deprivation and Disability Domain

The bar chart below shows the proportion of people living in neighbourhoods, grouped into deciles, according to the level of deprivation derived from The Indices of Deprivation (IoD) 2025 Health Deprivation and Disability domain. A higher score indicates that an area is experiencing greater levels of deprivation relating to health and disability measures. To clarify, all neighbourhoods in England are grouped into ten equal sized groups referred to as “deciles”. Neighbourhoods in decile 1 fall within the most deprived 10% of neighbourhoods nationally and neighbourhoods in decile 10 fall within the least deprived 10% of neighbourhoods nationally.

The IoD Health Deprivation and Disability domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. The following indicators are included: Comparative Illness and Disability Ratio: an age and sex standardised ratio of people receiving disability benefits; Years of Potential Life Lost: an age and sex standardised measure of 'premature death', defined as death before the age of 75 from any cause; Acute Morbidity: an age and sex standardised rate of hospital spells starting with an admission in an emergency and lasting more than one calendar day; Mental health sub-component 1: Suicide - a rate of deaths coded as intentional; Mental health sub-component 2: Hospital admissions - a rate of hospital admissions related to mental health; Mental health sub-component 3: Prescribing data - a rate of patients prescribed pharmaceuticals for mental ill-health; Mental health sub-component 4: Health benefits - the number of residents claiming Personal

Independence Payment (PIP) and Disability Living Allowance (DLA) in disease groupings associated with mental health or behavioural disorders as a proportion of the population aged 0-66.

IoD 2025 Health Deprivation Deciles



Source: Ministry of Housing, Communities and Local Government (MHCLG) 2025

Self-Reported General Health

Oxford Consultants for Social Inclusion Ltd. All rights reserved.

Copyright © 2026. Not to be used for commercial purposes.

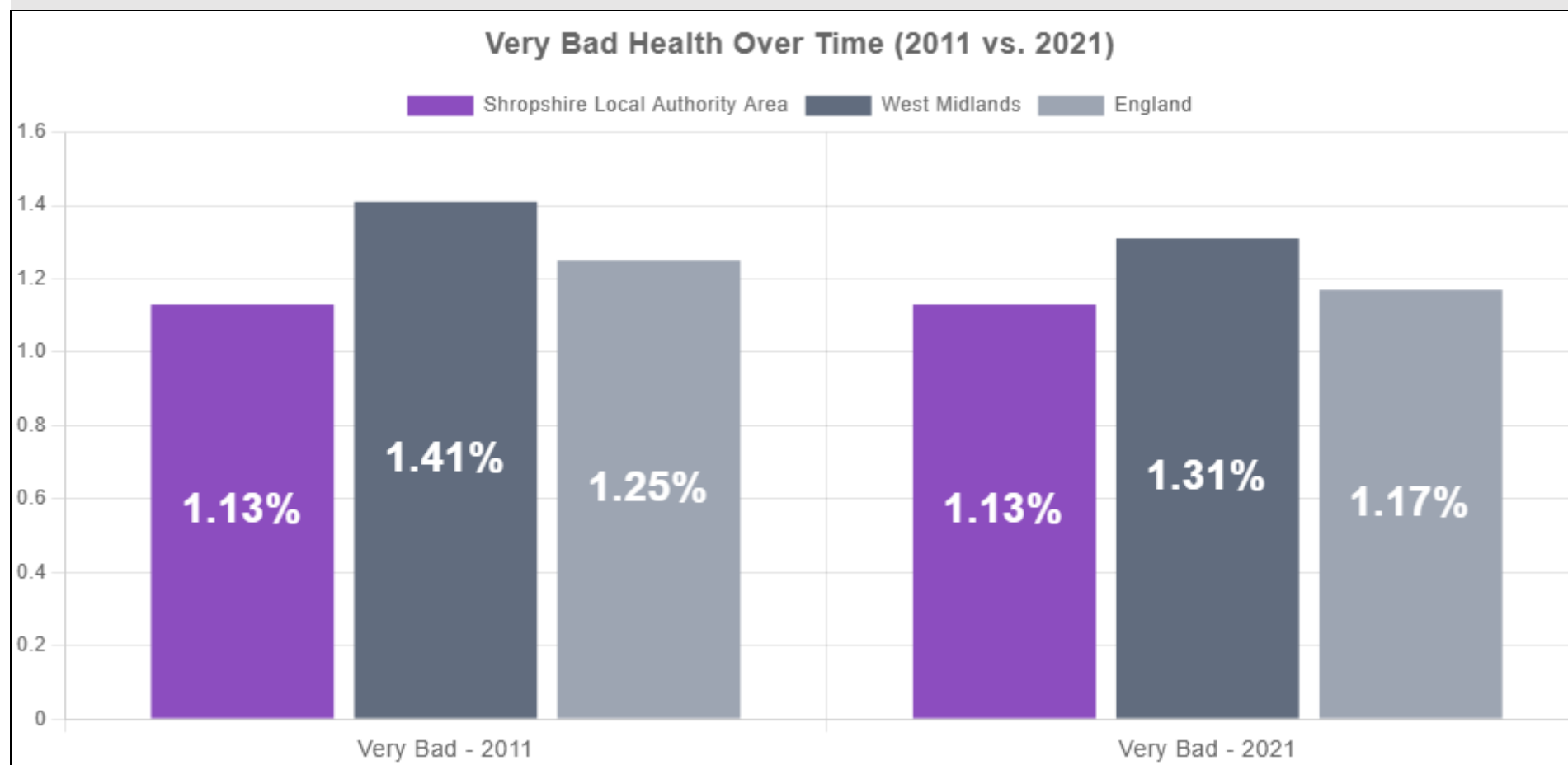
The table below shows data from Census 2021 on the total number and proportion of residents within each response category from a self-assessment of general health.

1.13% of people in Shropshire Local Authority Area have very bad health. This is lower than the proportion in West Midlands (1.31%) and similar to the proportion in England (1.17%).

Self-Reported General Health						
Indicator	Shropshire Local Authority Area		West Midlands		England	
	Count	Rate	Count	Rate	Count	Rate
Very Good	150,899	46.63%	2,760,968	46.40%	27,390,829	48.49%
Good	112,330	34.71%	2,045,948	34.38%	19,040,735	33.71%
Fair	43,932	13.58%	805,905	13.54%	7,147,346	12.65%
Bad	12,796	3.95%	259,955	4.37%	2,248,255	3.98%
Very Bad	3,649	1.13%	77,981	1.31%	662,881	1.17%
Source: Census 2021						

In Shropshire Local Authority Area the proportion of people suffering with very bad health has remained stable since 2011, from 1.13% to 1.13%.

Very Bad Health Over Time



Source: UK Census

Condition Prevalence

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The table below shows the estimated percentage of various condition prevalence. These estimates are calculated based on the number of people listed on GP registers in 2024/25, and the number of people recorded as having the relevant health conditions. The data from England's GP practices was published by NHS digital at small area level, therefore the data showing at local authority or a higher level has been aggregated from smaller geographies.

High blood pressure, obesity and depression are often the most prevalent three conditions in population samples from the categories.

16.68% of people in Shropshire Local Authority Area are recorded as having depression. This is higher than the proportion in West Midlands (15.23%) and higher than the proportion in England (14.45%).

19.14% of people in Shropshire Local Authority Area are recorded as having high blood pressure. This is higher than the proportion in West Midlands (16.18%) and higher than the proportion in England (15.5%).

13.43% of people are recorded as obese in Shropshire Local Authority Area. This is lower than the proportion in West Midlands (15.43%) and lower than the proportion in England (14.06%).

Note: These are only estimates and they are sensitive to the accuracy of GP data reporting. Some differences between areas may reflect differences in the way that GP practices operate, measure and record, rather than genuine differences in prevalence.

Condition Prevalence			
Indicator	Shropshire Local Authority Area	West Midlands	England
Asthma	7.57%	6.70%	6.64%
Cancer	5.55%	3.83%	3.89%
Coronary Heart Disease	3.86%	3.12%	3.04%

Condition Prevalence

Indicator	Shropshire Local Authority Area	West Midlands	England
Chronic Kidney Disease	7.18%	5.28%	4.73%
COPD	1.95%	1.91%	1.93%
Dementia	1.14%	0.79%	0.80%
Depression	16.68%	15.23%	14.45%
Diabetes	7.78%	8.82%	7.98%
Epilepsy	0.93%	0.88%	0.81%
Heart Failure	1.41%	1.12%	1.12%
High Blood Pressure	19.14%	16.18%	15.50%
Learning Disabilities	0.55%	0.62%	0.59%
Obesity	13.43%	15.43%	14.06%
Osteoporosis	1.57%	1.20%	1.15%
Peripheral Arterial Disease	0.73%	0.53%	0.57%
Pre-Diabetes	8.22%	9.04%	9.31%
Rheumatoid Arthritis	0.95%	0.87%	0.80%
Stroke & Transient Ischaemic Attack	2.84%	1.94%	1.93%

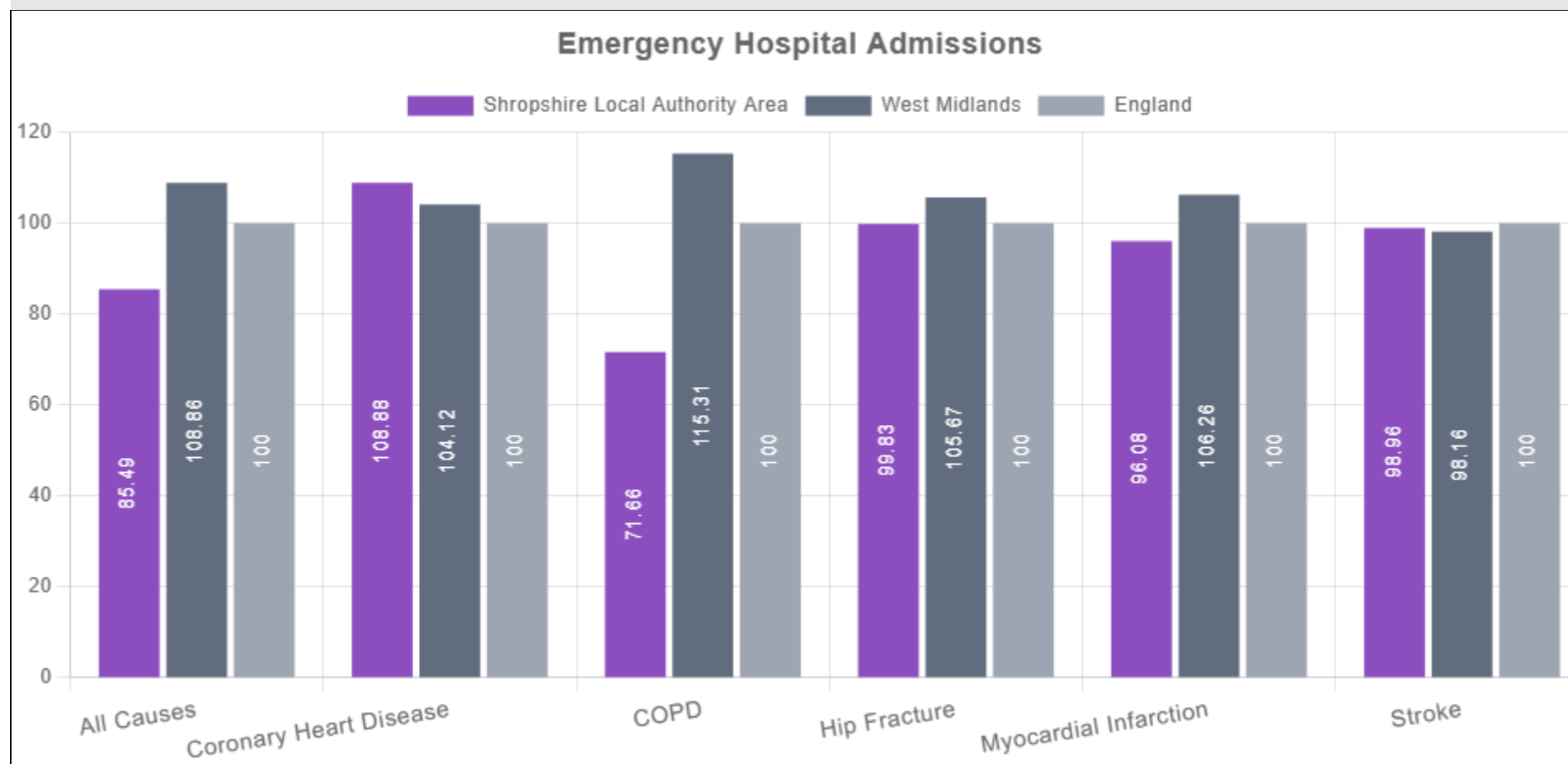
Source: House of Commons Library

Emergency Hospital Admissions

The bar chart below shows emergency admissions to hospital for various conditions. The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. High levels of emergency admissions may be due to a variety of causes such as high levels of injury within a population or poor management of chronic conditions within primary care. It should be viewed as an indication of the levels of unplanned secondary care use within a population and care should be taken when interpreting these results. To clarify, figures of over 100% indicate actual admissions were above the expected.

In Shropshire Local Authority Area, the proportion of emergency admissions for strokes was 98.96% of the predicted. This is higher than the proportion in West Midlands (98.16%) and lower than the proportion in England (100.00%).

Emergency Hospital Admissions



Source: Office for Health Improvement and Disparities (OHID)

Alcohol and Self-Harm Related Hospital Admissions

Oxford Consultants for Social Inclusion Ltd. All rights reserved.

Copyright © 2026. Not to be used for commercial purposes.

The boxes below show:

- The standardised emergency admission ratio (SAR) for hospital admissions for alcohol attributable conditions (broad definition) between 2016 to 2021. This is defined as whenever the primary diagnosis or any of the secondary diagnoses contain an alcohol-attributable condition. Children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the alcohol-attributable fraction (AAF) equalled one, meaning that alcohol consumption was a contributory factor in all cases. For other conditions, the AAF estimates were not available for children. A SAR is a measure of how more or less likely a person living in that area is to have an emergency admission to hospital compared to the standard population, in this case England, where more than 100% would show more likely and vice versa.
- The standardised emergency admission ratio (SAR) for hospital admissions or intentional self harm (ICD10 code X60 to X84) between 2016 to 2021. Again, a SAR measures how more or less likely a person living in that area is to have an emergency admission to hospital compared to the standard population, in this case England, where more than 100% would show more likely and vice versa.

In Shropshire Local Authority Area the proportion of emergency admissions for alcohol attributable conditions was 92.87% of the predicted. This is lower than in West Midlands (110.02%) and lower than in England (100.00%).

Emergency Admission Ratio: Alcohol-Attributable Harm	Emergency Admission Ratio: Intentional Self-Harm
92.87%	82.56%
(West Midlands = 110.02%, England = 100.00%)	(West Midlands = 98.82%, England = 100.00%)

Source: Office for Health Improvement and Disparities (OHID; 2016 to 2021)

Provision of Unpaid Care

The table below shows the proportion of people providing unpaid care for different amounts of time each week. Figures are based on the self reported responses to the 2021 Census. A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age. The figures include all people of all ages providing unpaid care.

Provision of Unpaid Care						
Indicator	Shropshire Local Authority Area		West Midlands		England	
	Count	Rate	Count	Rate	Count	Rate
0 Hours	279,482	90.39%	5,094,202	90.72%	48,734,833	91.24%
< 9 Hours	11,637	3.76%	175,875	3.13%	1,668,989	3.12%

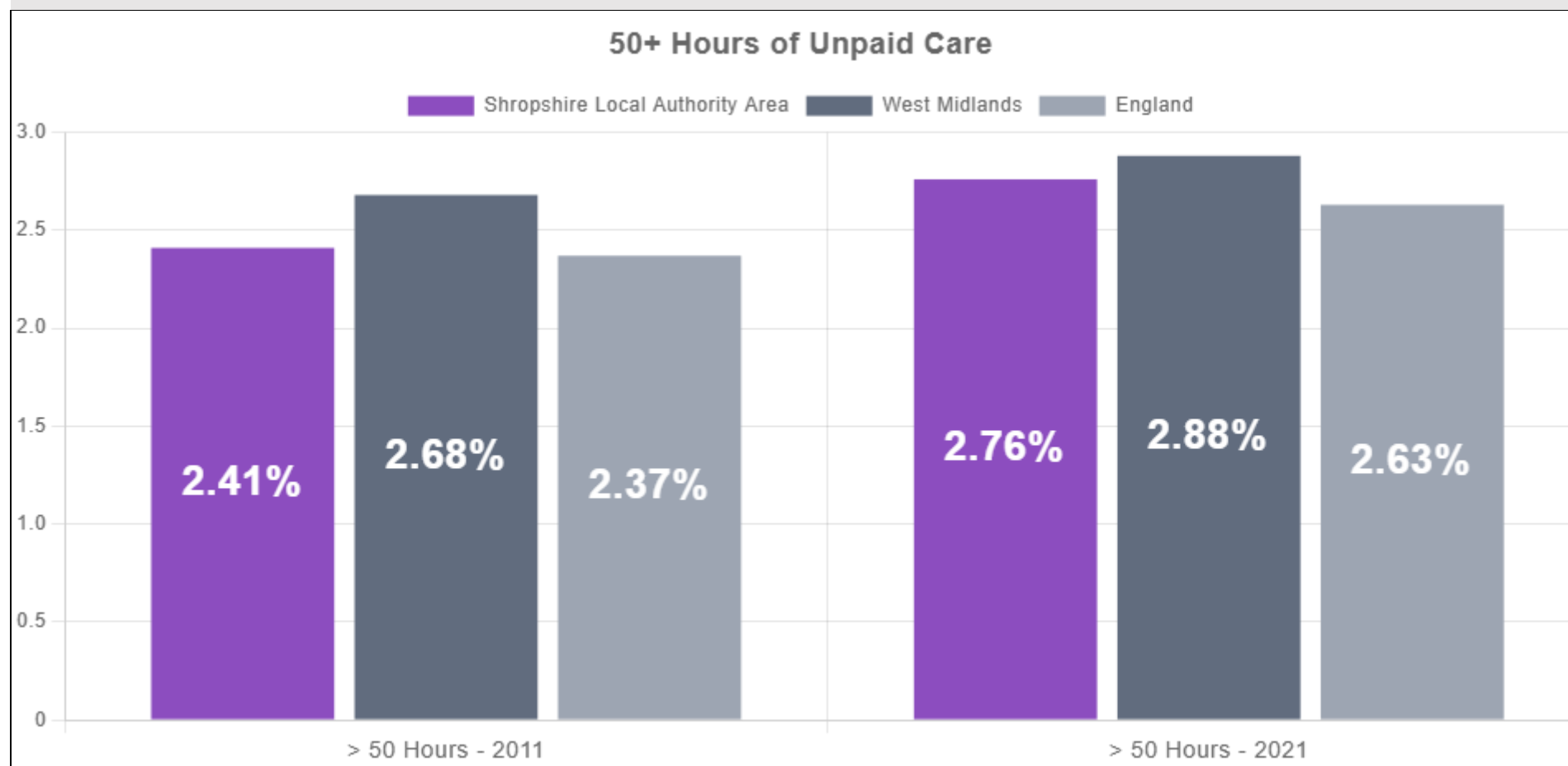
Provision of Unpaid Care

Indicator	Shropshire Local Authority Area		West Midlands		England	
	Count	Rate	Count	Rate	Count	Rate
10-19 Hours	4,044	1.31%	71,148	1.27%	634,736	1.19%
20-34 Hours	2,721	0.88%	51,656	0.92%	452,264	0.85%
35-49 Hours	2,771	0.90%	60,836	1.08%	517,505	0.97%
> 50 Hours	8,531	2.76%	161,650	2.88%	1,404,771	2.63%

Source: Census 2021

The bar chart below shows the proportion of people providing unpaid care for 50 or more hours per week between the 2011 and 2021 Censuses. A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age. The figures include all people of all ages providing unpaid care.

50+ Hours of Unpaid Care



Source: Census 2011/2021

Physical Activity

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The boxes below show the modelled estimated percentage of adults (aged 16+) who are classed as either physically active or inactive.

In Shropshire Local Authority Area, 66.81% of all adults are classed as physically active. This is higher than the proportion in West Midlands (58.32%) and higher than the proportion in England (62.23%).

People are described as being inactive if they have done fewer than 30 minutes of moderate intensity equivalent (MIE) physical activity (excluding gardening) in the past week. Activity is counted in MIE minutes whereby each 'moderate' minute counts as one minute and each 'vigorous' minute counts as two moderate minutes. Moderate activity is defined as activity where you raise your breathing rate, whereas vigorous activity is defined as doing activity where you are out of breath or are sweating (you may not be able to say more than a few words without pausing for breath).

Physically Active Adults	Physically Inactive Adults
66.81%	22.09%
(West Midlands = 58.32%, England = 62.23%)	(West Midlands = 29.98%, England = 26.54%)

Source: Sport England (2023/24)

Health (Mortality)

The following data visualisations provide a variety of mortality indicators including; life expectancy, causes of death, and years of potential life lost as a result of deprivation. Mortality data is a valuable resource for decision making in public policy, resource allocation and addressing health inequalities to improve population health and well-being.

Life Expectancy

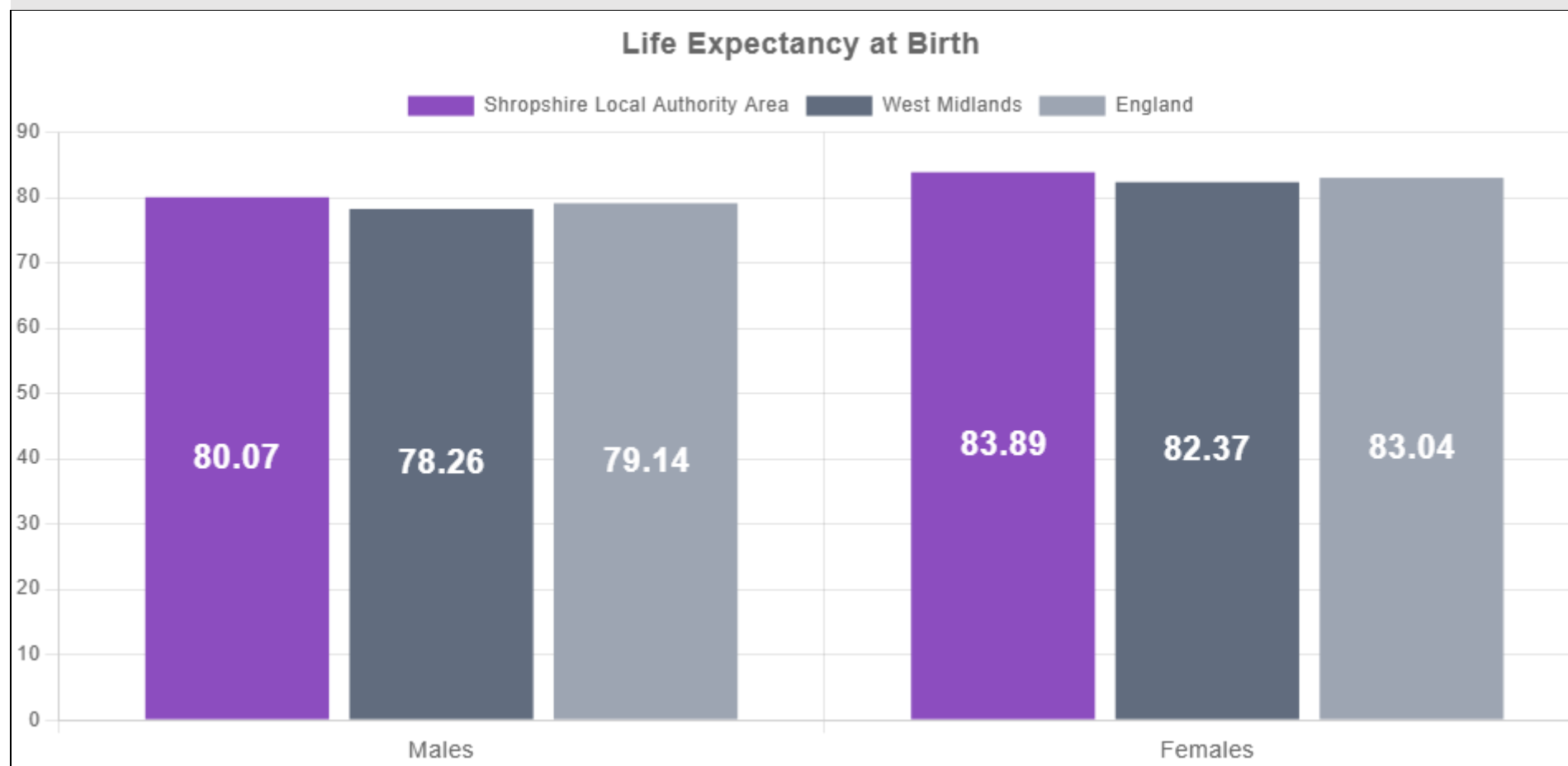
The bar chart below shows male and female life expectancy at birth in 2019 to 2023. Life expectancy at birth is a useful summary measure of all cause mortality as it quantifies the differences between areas in units (years of life) that are more readily understood and meaningful to the audience than those of other measures. All cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, the prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes, and ethnic groups.

In Shropshire Local Authority Area the male life expectancy from birth is 80.07 years old. This is higher than the life expectancy in West Midlands (78.26 years old) and higher than the life expectancy in England (79.14 years old).

The female life expectancy from birth in Shropshire Local Authority Area is 83.89 years old. This is higher than the life expectancy in West Midlands (82.37 years old) and higher than the life expectancy in England (83.04 years old).

Note: Some areas may be missing data due to data suppression for data quality purposes.

Life Expectancy at Birth



Source: Office for National Statistics (ONS)

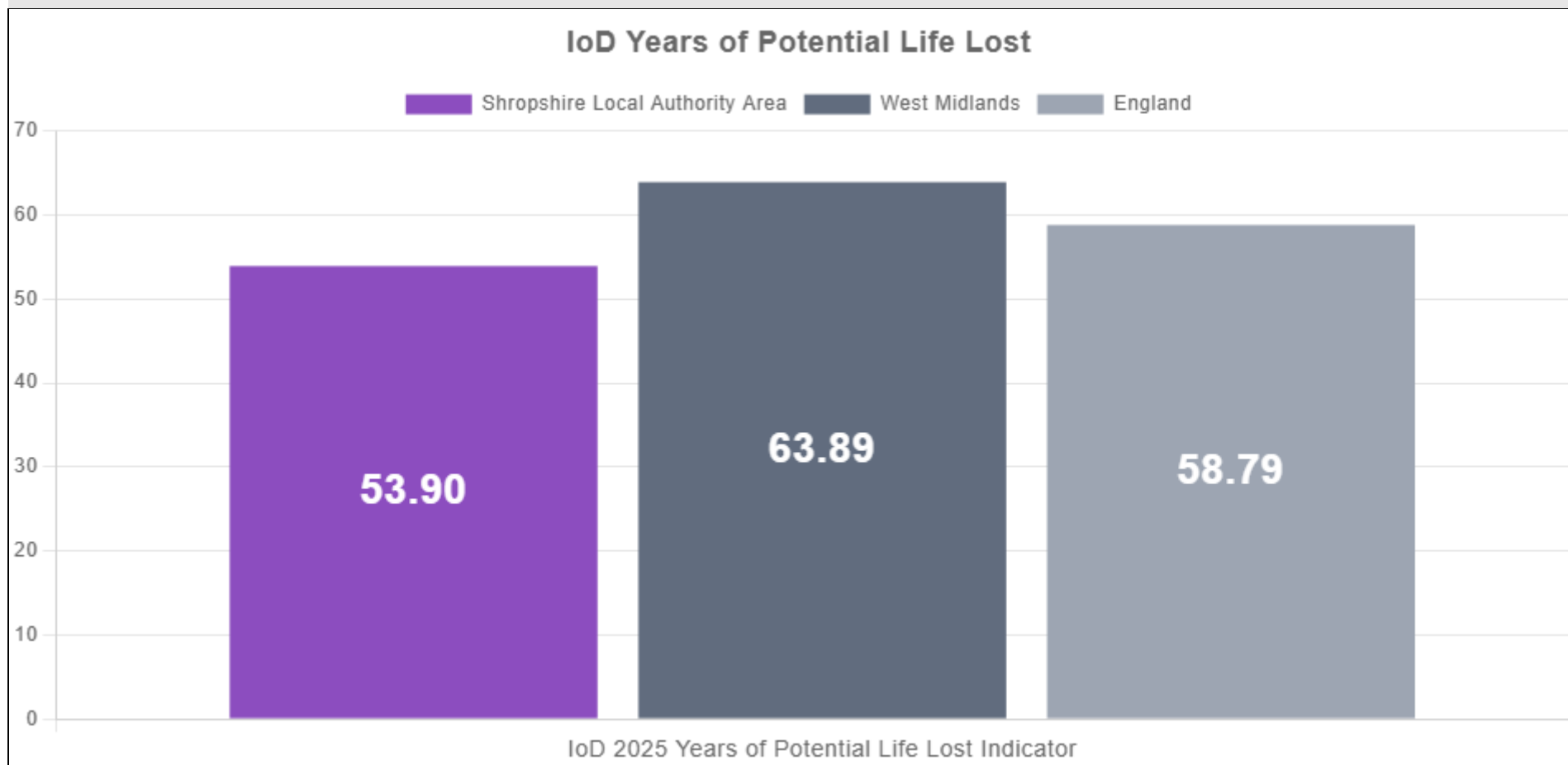
Years of Potential Life Lost

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The bar chart below shows the 2025 Indices of Deprivation (IoD) Years of potential life lost (YPLL) score covering the years 2018 to 2022. The score is a measure that helps us understand the impact of deprivation on people's health and well-being. It focuses specifically on the number of years of life that are lost prematurely due to various factors related to deprivation. It calculates the number of years that individuals die before they would be expected to, based on average life expectancy. For example, if someone dies at the age of 60, but the average life expectancy in their area is 75, they would contribute 15 years to the YPLL score. By examining this score, we can identify areas where deprivation has a significant impact on people's health and longevity.

In Shropshire Local Authority Area the YPLL score is 53.90 years. This is lower than the score for West Midlands (63.89) and lower than the score for England (58.79).

IoD Years of Potential Life Lost



Source: Ministry of Housing Communities and Local Government (MHCLG) 2025

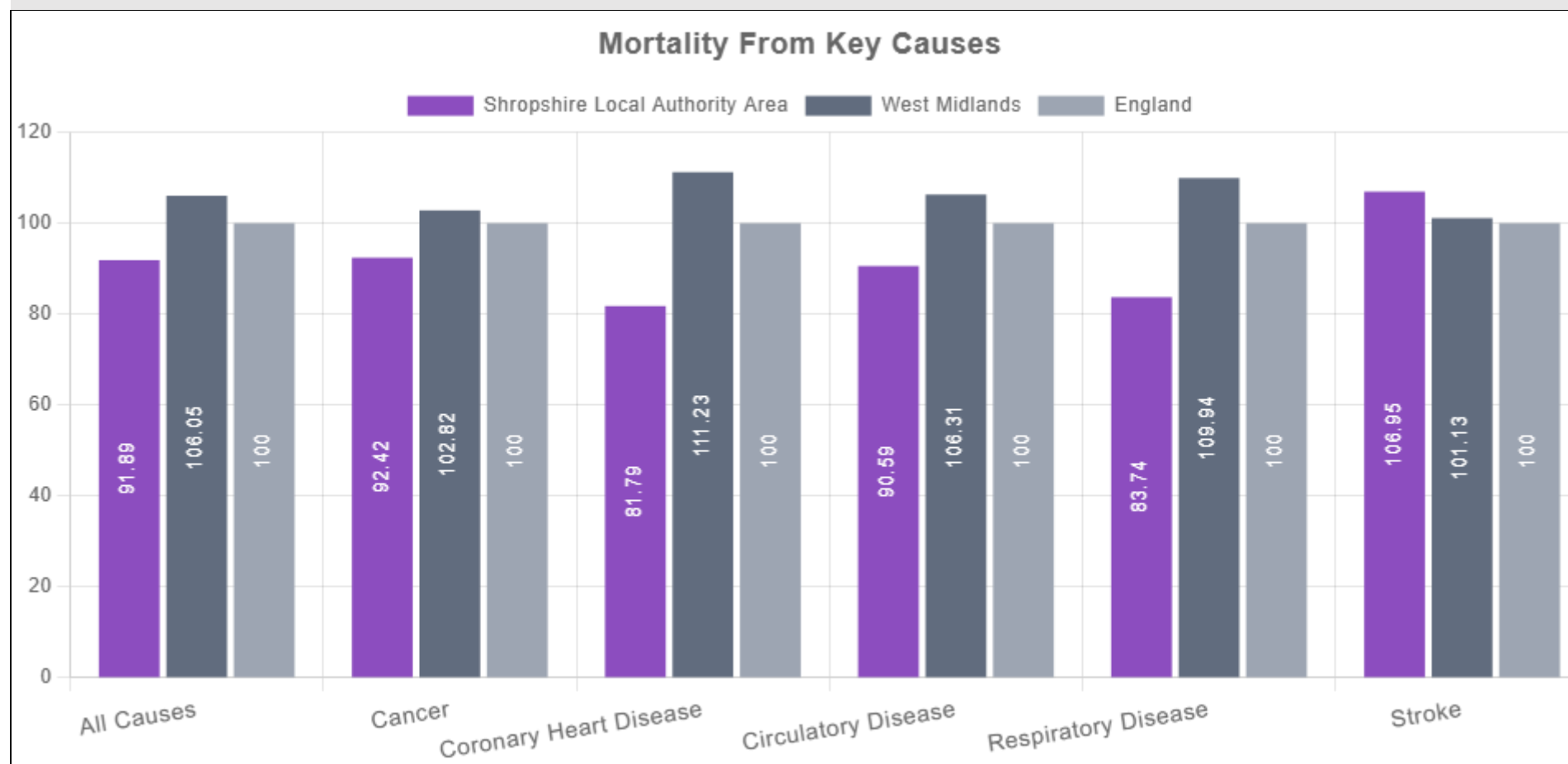
Mortality From Key Causes

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The bar chart below shows age standardised estimates of deaths from various key causes in 2019 to 2023. The data is presented as a standardised mortality ratio calculated by dividing the observed total deaths in the area (by five year age and gender band) by the expected deaths (applying age-specific death rates for England) and multiplying by 100.

In Shropshire Local Authority Area the actual number of deaths from cancer was 92.42% of the predicted number. This is lower than the percentage in West Midlands (102.82%) and lower than the percentage in England (100.00%).

Mortality From Key Causes



Source: Office for National Statistics (ONS)

Mortality: Aged Under 75

Oxford Consultants for Social Inclusion Ltd. All rights reserved.
Copyright © 2026. Not to be used for commercial purposes.

The boxes below show:

- Age standardised estimates of deaths for people aged under 75. The data is presented as a standardised mortality ratio calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100. Data is presented for all causes, circulatory disease and all cancers.
- The crude rate of mortality of those aged under 65 for all causes of death recorded in the ICD-10 codes (A00-R99 - U00-Y89).

In Shropshire Local Authority Area the rate of deaths for those aged under 65 was 0.94%. This is similar to the rate in West Midlands (0.98%) and similar to the rate in England (0.91%).

Deaths Under 75: All Causes (Ratio)	Deaths Under 75: Circulatory Disease (Ratio)	Deaths Under 75: All Cancers (Ratio)	Deaths Under 65: All Causes (Crude Rate)
87.54	89.30	90.21	0.94%
(West Midlands = 110.19, England = 100.00)	(West Midlands = 113.05, England = 100.00)	(West Midlands = 105.54, England = 100.00)	(West Midlands = 0.98%, England = 0.91%)

Source: Office for National Statistics (ONS; 2019 to 2023)

Appendix: Data sources

Theme	Data	Data source / time period
Health (Children)	IoD 2025 Income Deprivation Affecting Children (IDACI) Score (Rate)	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (Children)	Children Aged 0-19 in Absolute Low-Income Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children Aged 0-19 in Relative Low-Income Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children Aged 0-19 in Relative Low-Income Families (AHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Absolute Low-Income Out of Work Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Absolute Low-Income In-Work Families (BHC)	Department for Work and Pensions (DWP; 2024/25)

Theme	Data	Data source / time period
Health (Children)	Children in Absolute Low-Income Lone Parent Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Absolute Low-Income Couple Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income Out of Work Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income In-Work Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income Lone Parent Families (BHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income Couple Families (BHC)	Department for Work and Pensions (DWP; 2024/25)

Theme	Data	Data source / time period
Health (Children)	Children in Relative Low-Income Out of Work Families (AHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income In-Work Families (AHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income Lone Parent Families (AHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children in Relative Low-Income Couple Families (AHC)	Department for Work and Pensions (DWP; 2024/25)
Health (Children)	Children providing unpaid care (Census 2021)	Census 2021 (2021)
Health (Children)	Deaths Under 28 Days (Neonatal Mortality)	Office for National Statistics (ONS; 2019 to 2023)
Health (Children)	Deaths Under 1 Year (Infant Mortality)	Office for National Statistics (ONS; 2019 to 2023)

Theme	Data	Data source / time period
Health (Children)	Deaths Under 5 Years (Child Mortality)	Office for National Statistics (ONS; 2019 to 2023)
Health (Children)	Deaths Under 15 Years	Office for National Statistics (ONS; 2019 to 2023)
Health (Children)	Emergency Hospital Admissions: All Causes Under 5s	Office for Health Improvements and Disparities (OHID) (2016 to 2021)
Health (Children)	Obesity: Reception	National Child Measurement Programme, NHS Digital (2022 to 2025)
Health (Children)	Obesity: Year 6	National Child Measurement Programme, NHS Digital (2022 to 2025)
Health (Disability and Long-Term Illness)	Personal Independence Payment (PIP)	Department for Work and Pensions (DWP) (Jan-2026)

Theme	Data	Data source / time period
Health (Disability and Long-Term Illness)	Disability benefit (DLA)	Department for Work and Pensions (DWP) (Nov-2025)
Health (Disability and Long-Term Illness)	Older people social care benefit (Attendance Allowance)	Department for Work and Pensions (DWP) (Nov-2025)
Health (Disability and Long-Term Illness)	Households on Universal Credit, Disabled Child Entitlement	Department for Work and Pensions (DWP) (Feb-2026)
Health (Disability and Long-Term Illness)	Households on Universal Credit - Limited Capability for Work Entitlement	Department for Work and Pensions (DWP) (Feb-2026)
Health (Disability and Long-Term Illness)	Personal Independence Payment (PIP)	Department for Work and Pensions (DWP) (Jan-2022)
Health (Disability and Long-Term Illness)	PIP Claimants: Male	Department for Work and Pensions (DWP; Jan-2026)

Theme	Data	Data source / time period
Health (Disability and Long-Term Illness)	PIP Claimants: Female	Department for Work and Pensions (DWP; Jan-2026)
Health (Disability and Long-Term Illness)	PIP Claimants: Mental Health	Department for Work and Pensions (DWP; Jan-2026)
Health (Disability and Long-Term Illness)	PIP Claimants: Respiratory Disease	Department for Work and Pensions (DWP; Jan-2026)
Health (Disability and Long-Term Illness)	Day-to-Day Activities Limited a Lot	
Health (Disability and Long-Term Illness)	Day-to-Day Activities Limited a Little	
Health (Disability and Long-Term Illness)	Physical or Mental Health Condition but Day-to-Day Activities Are Not Limited	
Health (Disability and Long-Term Illness)	Disabled Under the Equality Act in Household: 1 Person	Census 2021
Health (Disability and Long-Term Illness)	Disabled Under the Equality Act in Household: 2+ People	Census 2021

Theme	Data	Data source / time period
Health (Disability and Long-Term Illness)	Small Area Mental Health Index (SAMHI) Score	Place-Based Longitudinal Data Resource (PLDR) (2022)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 1	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 2	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 3	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 4	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 5	Ministry of Housing Communities and Local Government (MHCLG) (2025)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 6	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 7	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 8	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 9	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	IMD 2025 Health Decile 10	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (General Health and Unpaid Care)	Very good health (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	Good health (Census 2021)	Census 2021 (2021)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	Fair health (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	Bad health (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	Very bad health (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	Very bad health (E&W Census 2011)	Census 2011 (2011)
Health (General Health and Unpaid Care)	Very bad health (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	Asthma prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Cancer prevalence (diagnosis since 2003)	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Coronary Heart Disease prevalence	NHS Digital via House of Commons Library (2024/25)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	Chronic Kidney Disease prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	COPD prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Dementia prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Depression prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Diabetes prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Epilepsy prevalence	NHS Digital via House of Commons Library (2024/25)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	Heart Failure prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	High Blood Pressure prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Learning Disabilities prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Obesity prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Osteoporosis prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Peripheral Arterial Disease prevalence	NHS Digital via House of Commons Library (2024/25)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	Pre-Diabetes prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Rheumatoid Arthritis prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Stroke and Transient Ischaemic Attack prevalence	NHS Digital via House of Commons Library (2024/25)
Health (General Health and Unpaid Care)	Emergency Hospital Admissions: All Causes	Office for Health Improvements and Disparities (OHID) (2016 to 2021)
Health (General Health and Unpaid Care)	Emergency Hospital Admissions: Coronary Heart Disease	Office for Health Improvements and Disparities (OHID) (2016 to 2021)
Health (General Health and Unpaid Care)	Emergency Hospital Admissions: Chronic Obstructive Pulmonary Disease (COPD)	Office for Health Improvements and Disparities (OHID) (2016 to 2021)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	Emergency Hospital Admissions: Hip Fracture (65+)	Office for Health Improvements and Disparities (OHID) (2016 to 2021)
Health (General Health and Unpaid Care)	Emergency Hospital Admissions: Myocardial Infarction	Office for Health Improvements and Disparities (OHID) (2016 to 2021)
Health (General Health and Unpaid Care)	Emergency Hospital Admissions: Stroke	Office for Health Improvements and Disparities (OHID) (2016 to 2021)
Health (General Health and Unpaid Care)	Emergency Admission Ratio: Alcohol-Attributable Harm	Office for Health Improvement and Disparities (OHID; 2016 to 2021)
Health (General Health and Unpaid Care)	Emergency Admission Ratio: Intentional Self-Harm	Office for Health Improvement and Disparities (OHID; 2016 to 2021)
Health (General Health and Unpaid Care)	No unpaid care (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	9 hours or less unpaid care a week (Census 2021)	Census 2021 (2021)

Theme	Data	Data source / time period
Health (General Health and Unpaid Care)	10 to 19 hours unpaid care a week (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	20 to 34 hours unpaid care a week (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	35 to 49 hours unpaid care a week (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	50+ hours unpaid care a week (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	50+ hours unpaid care a week (E&W Census 2011)	Census 2011 (2011)
Health (General Health and Unpaid Care)	50+ hours unpaid care a week (Census 2021)	Census 2021 (2021)
Health (General Health and Unpaid Care)	Physically Active Adults	Sport England (2023/24)
Health (General Health and Unpaid Care)	Physically Inactive Adults	Sport England (2023/24)

Theme	Data	Data source / time period
Health (Mortality)	Male life expectancy at birth	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	Female life expectancy at birth	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	IoD 2025 Years of Potential Life Lost Indicator	Ministry of Housing Communities and Local Government (MHCLG) (2025)
Health (Mortality)	Deaths (all causes)	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	Deaths from cancer	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	Deaths all ages, coronary heart disease (CHD)	Office for Health Improvements and Disparities (OHID) (2019 to 2023)

Theme	Data	Data source / time period
Health (Mortality)	Deaths all ages, circulatory disease	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	Deaths all ages, respiratory disease	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	Deaths all ages, stroke	Office for Health Improvements and Disparities (OHID) (2019 to 2023)
Health (Mortality)	Deaths Under 75: All Causes (Ratio)	Office for National Statistics (ONS; 2019 to 2023)
Health (Mortality)	Deaths Under 75: Circulatory Disease (Ratio)	Office for National Statistics (ONS; 2019 to 2023)
Health (Mortality)	Deaths Under 75: All Cancers (Ratio)	Office for National Statistics (ONS; 2019 to 2023)

Theme	Data	Data source / time period
Health (Mortality)	Deaths Under 65: All Causes (Crude Rate)	Office for National Statistics (ONS; 2019 to 2023)